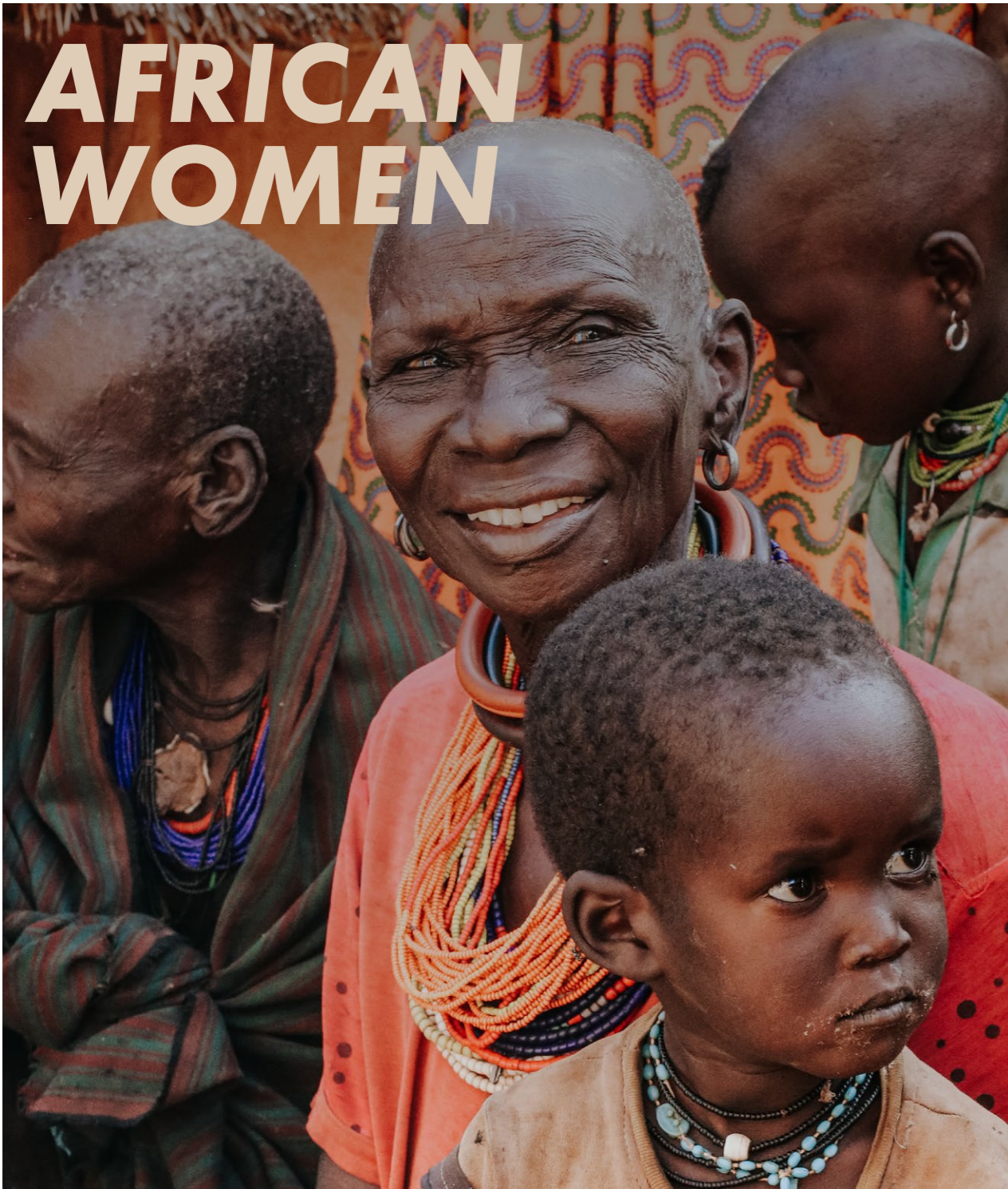


# FOUR REMARKABLE

# AFRICAN WOMEN



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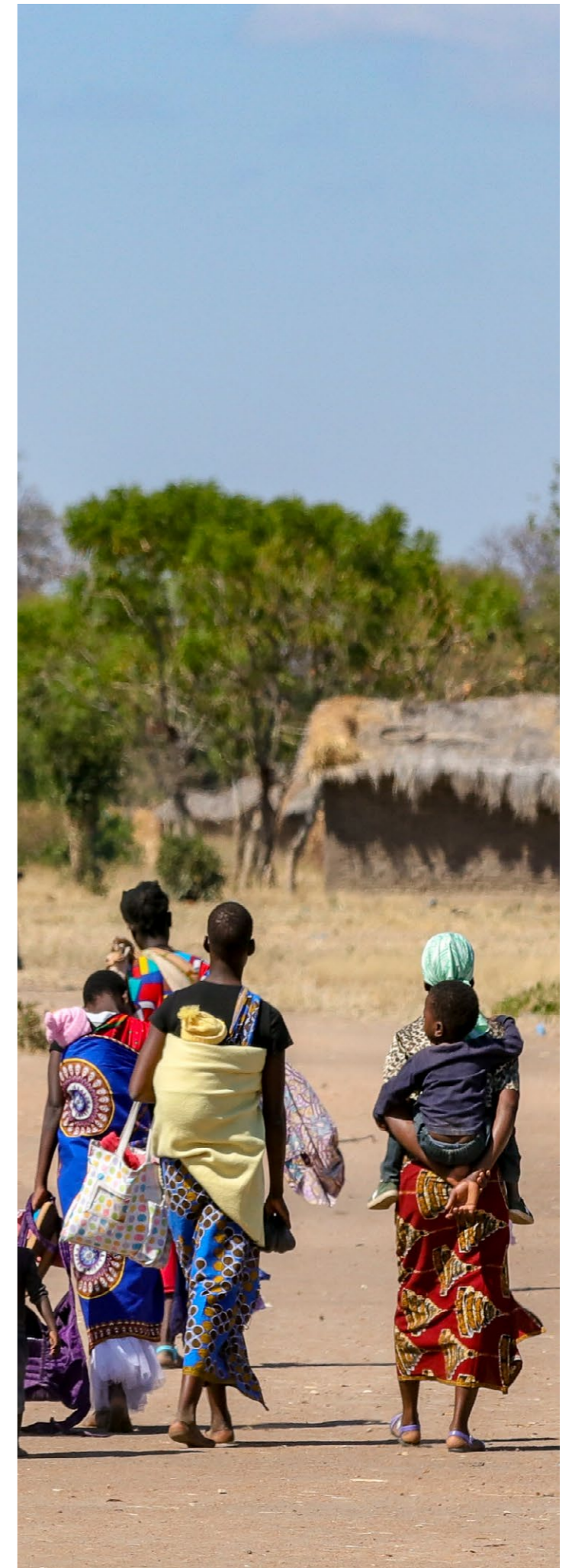
## INTRODUCTION:

For close to 10 years, our work has taken us all over Africa. The continent and its people can be confusing to an outsider hoping to walk away from a visit with simple descriptions. However, to fully be able to understand and embrace such a vast continent, the traveler requires a heart and mind that can bear the ambiguity of complexity.

One of our favorite authors, thinkers, and theologians, John O' Donahue writes "If you make your gaze beautiful, then the beauty will come and meet it".

And this is so true of Africa and its people. On the surface, you may witness enough injustice to make you want to shout against it for a lifetime. But if you allow your eyes, to see beyond the poverty, the disease, the tragedy, you will find a treasure like none other.

We would like to share with you the stories of four women from three countries, who have risen above circumstances, to encapsulate strength, resilience, leadership, and beauty.



# GRACE LUOMO



**Grace: “Sometimes it takes an outsiders perspective to change the status quo.”**

Grace Loumo first came to the Karamoja region, in northeast Uganda, over 30 years ago. She was shocked by how disempowered the local women were.

“I found the situation very bad. There were a lot of human rights abuses, especially against women. Traditionally, a woman is not supposed to own any property, have a voice in the home, or go to school, a woman is there to be married.”

Having grown up in Lira, an urban city in the Northern Region of Uganda, Grace had experienced a community that treated women with dignity and a setting, where women had the same decision-making power as men. Grace knew, she could not live in Karamoja and merely accept the status quo.

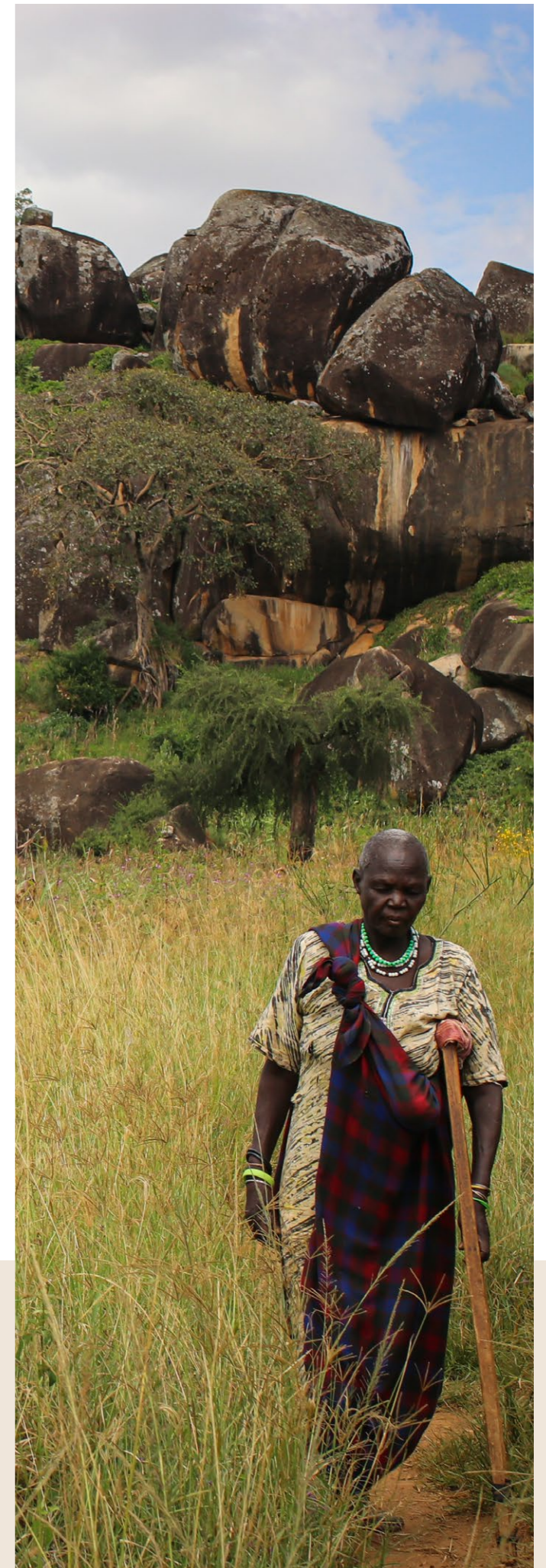
The Karamoja region has a long history of armed conflict, extreme environmental patterns (severe droughts leading to mass famine), and low human

development indicators due to poor infrastructure, education, and healthcare. Karamoja is also an area where gender-based violence is rife and child marriage remains a common practice ([1.5 million girls in Uganda become child brides every year](#)).

Undeterred by this legacy, Grace was determined to help her fellow women to realize an alternative future despite the odds, even if they could not even imagine it.

Bringing about change in a setting where cultural and institutional patterns are deeply engrained was not easy, but Grace decided that facilitating dialogue and conversation among the women on the issues affecting them as individuals and as a collective, was a good starting point. Shortly thereafter, joined by five other women, Grace and her colleagues established AWARE – Action for Awakening Women in Rural Environments. Since 1989, AWARE has grown into a multi-faceted organization that advocates for women’s rights, pursues legal cases of violence against women, supports income generation, delivers health services such as maternity care and HIV/AIDS care, and focuses on food security and environmental training. After 30 years of dedicated investment in the lives of the Karamojan women, AWARE has brought about a positive impact on the lives of individual women but even more importantly, influenced the broader cultural and societal perspectives on gender. Grace’s determination is stronger than ever, “I am so committed because by the time I am not there, I want people would have seen great change in their communities.”

As shown by Grace, it sometimes takes an outsider, with a different viewpoint and set of experiences, to help us envision what our future could be like, beyond our current constraints. And for those of you who may feel like outsiders, may you take comfort in the fact that your different perspectives and experiences could be exactly what is needed to bring a fresh hope and a vision for change to people.



# MAGGIE CHIRWA

Rwanda



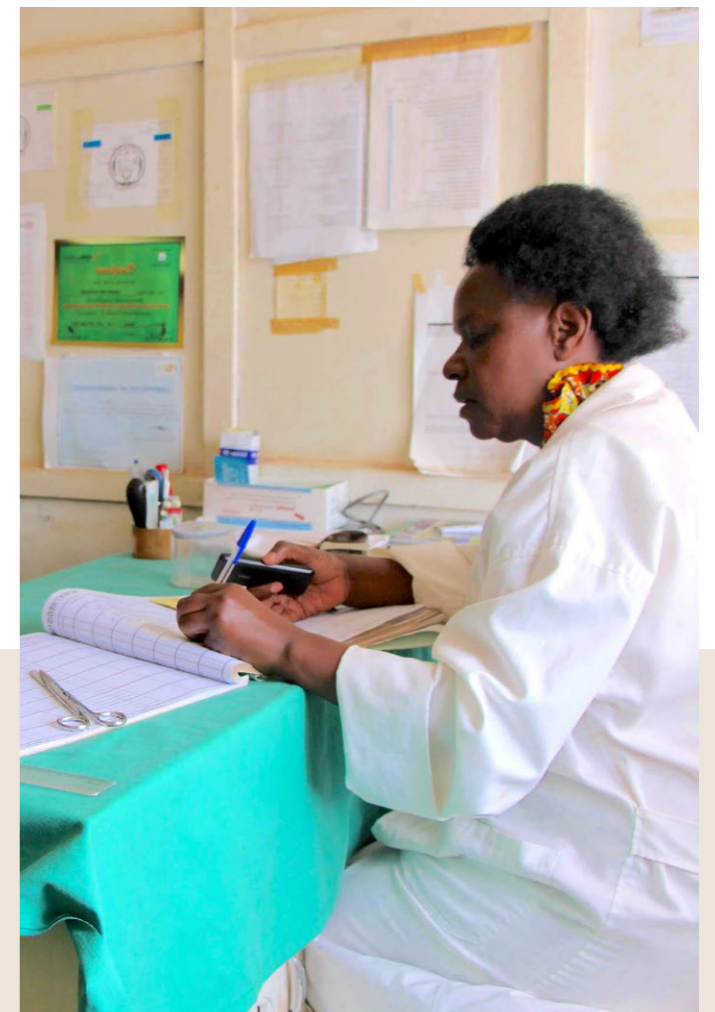
**Maggie: “Someone just has to do this, and that someone is me.”**

“I heard a baby crying relentlessly one day and an elderly woman trying her best to comfort the child. I asked the woman where the baby’s mother was, and the woman responded that her daughter had died two weeks ago, and now her grandchild was ill as well. I then asked why she didn’t take the child to the hospital, but the woman replied that she did, but there was no medicine available at the hospital.”

When hearing about this woman’s struggle to receive healthcare for her baby, Maggie Chirwa knew that she could stand by and wait for someone else to come along and improve healthcare in Rwanda, while babies were dying. At that point, Maggie said to herself: “Someone just has to do this, and that someone is me. I will stay. I am not going anywhere.”

As a former Malawian nurse by training, Maggie felt compelled to improve healthcare for mothers and babies in Rwanda. “For too long, Africans have just accepted certain things as normal, and some things we should not accept,,” says Maggie. She believes that when you approach a problem with an open mind, you will start to see the gaps and realize that it is in your power to decide if you want to be the one to jump in and fill them.

In Rwanda, nurses are the backbone for the provision of health services. More than 85% of Rwanda’s population seek care from rural health posts which are nurse-led and managed. Maggie has a vision to empower other nurses, to not only provide the best care for their patients but to also become entrepreneurs who run their small health clinics (or village health posts) as financially independent businesses. In her role as Rwanda’s Country Director for [One Family Health](#), Maggie has been able to do this. One Family Health, in partnership with the Ministry of Health in Rwanda, developed an innovative social franchise model providing low-cost health services to some of the most remote parts of the country. Nurses who live in these communities know best what their communities need, and the One Family Health model incentivizes them to remain in the rural areas and receive legitimacy as health providers and entrepreneurs. From 2012-2018, 110 nurse-run health posts were established, serving more than 1.6 million people.





# TAURAI KANFOSI



Malawi

**Taurai: "Your background does not determine your future."**

Taurai Kanfosi is a 22-year-old Malawian woman from Zomba town, with an abundance of vigor, motivation, and zest for life. She was the firstborn to a single mother and one of six children in her family.

Due to extreme financial shortages by her family, Taurai's early years were marked by standing in front of the local grocery store begging with other

children in her area. One day, a man called Pastor Ncozana came past. He asked her and the other children if they would not rather be in school compared to spending their days on the streets. Until then, school was not a dream Taurai could even have imagined having. Pastor Ncozana said that the local church will commit to paying their schooling if they can promise to be diligent students.

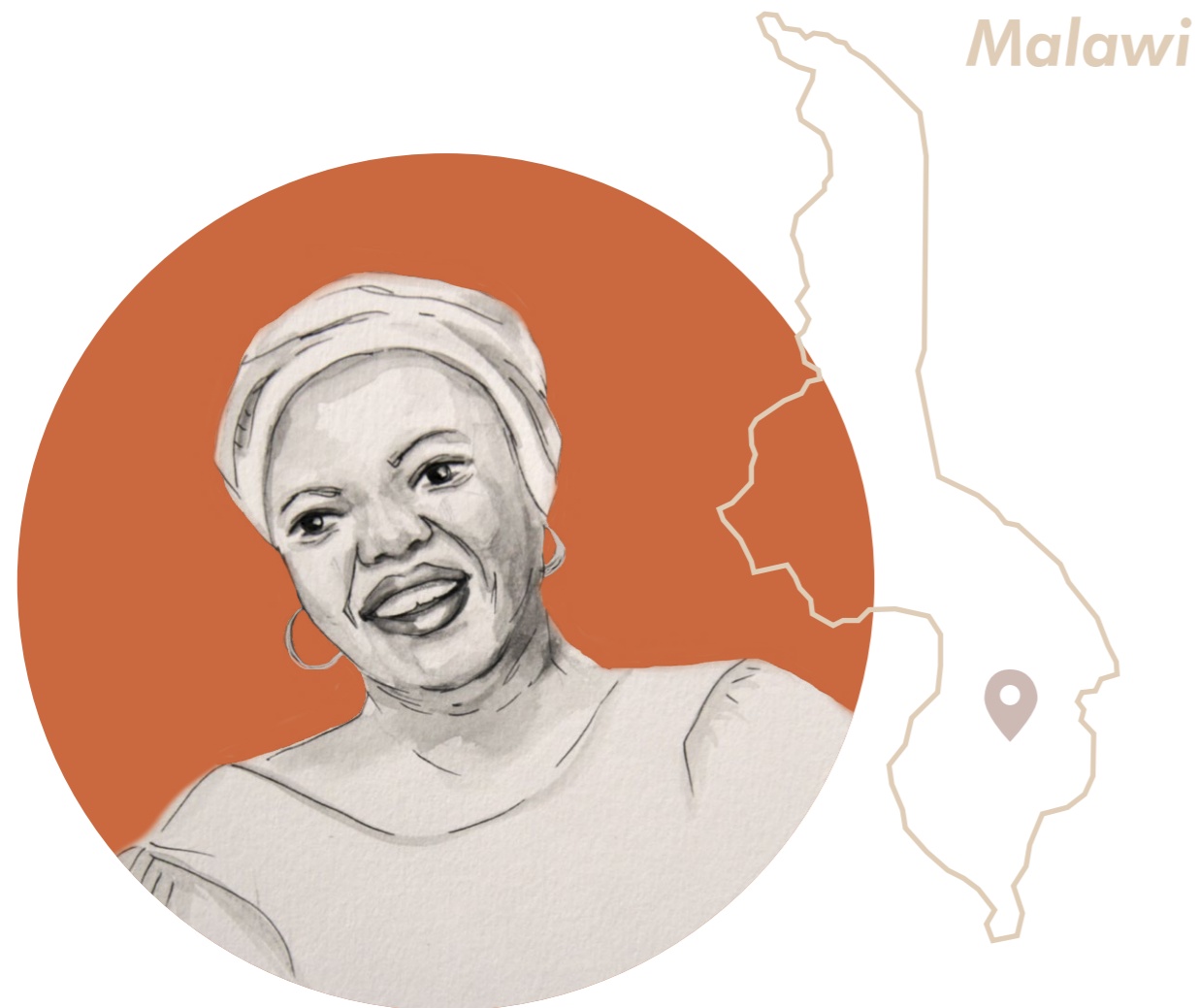
This was the turning point in Taurai's life. Not only did she finish her primary school education, but she became one of three girls in her class who was able to go to high school. Taurai completed high school, the first in her family to do so. She will never forget the opportunity given to her, by a kind-hearted pastor, who believed that girls deserve an education as much as boys.

Taurai has become determined to also encourage other girls in her community to complete school and to make healthy choices for their lives. She has directed energy towards sharing her testimony with other young girls and women so that they will believe that it could be possible.

Her way of doing this is through music. During her schooling, Taurai discovered that she 'had a golden voice'. She has become a talented musician, singing, playing guitar, keyboard, and drums. Taurai writes her own songs and in her words, "I do positive music, encouraging young girls, promoting girl child education. I want young girls in Malawi to know that coming from a poor background doesn't mean that is the end of life. They can still achieve their goals. They must work hard at school and find their talent."



# JULIANA LUNGUZI



**Juliana: “Stop taking no for an answer and just try something.”**

“Let’s just do it,” said Juliana.. After sitting in countless parliamentary meetings, as Chair of the Parliamentary Committee on Health in Malawi,, Juliana Lunguzi was tired of hearing about scarcity and challenges. So often, money and a lack of resources were cited as a reason for why something could not be tried in her country. Malawi is one of the poorest countries in the world with 51.5% of the population living below the poverty

line in 2016. “We struggle a lot in the health sector. We look at the health budget and it’s never enough and everyone says, we are dealing with the poor so, we can’t charge them for services.”

Often the measurement of material resources in health systems is regarded as the only kind of resource. However, social capital resources abound in Malawian people and communities.

As soon as Juliana started noticing these non-material resources, her perspective changed from one of resource scarcity to one of resource abundance. This perspective shift allowed a solution to emerge that can extend health services to more Malawians. Juliana proposed the development of a community-owned and managed health insurance scheme. The skeptics and critics were plentiful, doubting the local community’s capacity and capability to manage their own health insurance scheme. They have been proven wrong! In collaboration with the Christian Health Association of Malawi (CHAM) (an organization that provides 29% of health services in Malawi) and community members, Juliana set up a community-based health insurance scheme at the Kaundu Health Center. The scheme is managed by a health insurance committee, comprised of community health workers, traditional leaders (chiefs and village headman), and other community members. Monthly premiums are as little as \$0.26 and are deposited directly at the health center, where they track the community’s expenditure and overall service use. The additional cash flow also ensures that essential drug stocks are maintained and is used to pay staff salaries when government reimbursements are delayed. Before the scheme, the center only had one nurse but now, through the scheme, can employ and retain two full-time nurses. In addition, membership has grown steadily, and more adults are seeking healthcare services. Outpatient services have almost doubled from 4325 to 8443 patients in 5 years. The initiative’s success is largely attributed to the strong involvement of the community who are actively involved in outreach activities, and volunteering, frequently providing feedback on health services received, and offer suggestions for improvement.

Juliana believes that all ideas are worth trying and if you truly believe in something... persevere, it may just work.

