NEWSFLASH:
U.N. SAYS GLOBAL AIDS NUMBERS DOWN, BUT SITUATION IN AFRICA REMAINS CALAMITOUS: 22.5 MILLION PEOPLE LIVING WITH HIV (61% ARE WOMEN), TWO-THIRDS OF NEW INFECTIONS WORLDWIDE, 76% OF TOTAL DEATHS, 11.4 MILLION ORPHANS.
DEAR FRIENDS:

Three years ago, when I was still in my role as UN Envoy for HIV/AIDS in Africa, I was witness to a fascinating debate in Swaziland. A number of us were meeting with the National AIDS Council (called NERCHA) in Swaziland, when the head of the Council unexpectedly announced that because of the monumental number of AIDS orphans in the country, they were going to ask several thousand women to act as special caregivers for the children, over and above all the other daily work they did.

It seemed to make good sense. It’s estimated that between 10% and 15% of the entire population of the country will consist of orphans by 2010!

One of the members of my Envoy team, and an accompanying Canadian journalist then asked if the women would be paid. The answer was no. There followed a vigorous and heated exchange between my colleagues and members of NERCHA who insisted that the women were volunteers. We agitatedly disagreed but lost the argument.

That night, at a reception at the home of the UNICEF representative, we (physically) backed the head of NERCHA into a corner and (rhetorically) pounded him into submission. By the end of the evening, he agreed to pay the women, and said he would seek funding from the Global Fund to Fight AIDS.

Swaziland did exactly that, and lo’ and behold, the Global Fund agreed. The funding was provided, and a major principle was won. The bitter irony is that the women never received the actual payment because of some subsequent nonsense in Swaziland (although they did benefit from the money in other ways).

Still, a precedent had been established, and now women caregivers are increasingly compensated for the work they do in response to the AIDS pandemic in all the high-prevalence countries of Africa.

For our Foundation, it’s a matter of over-riding significance. Women caregivers are not volunteers. They’re really conscripted labour. They must be acknowledged and they must be paid. It’s a principle we endeavour to apply in as many projects as possible. It’s a continuing struggle, but we’re making progress, and we’ll only cease when everyone is covered.

Yours,
Stephen Lewis

OUR MANDATE:
The Stephen Lewis Foundation (SLF) works to ease the pain of HIV and AIDS in Africa where people have been hardest hit by the pandemic. We provide resources to small, front-line groups that make tremendously effective use of comparatively small amounts of money.

The Foundation provides funds in four critical areas to:

★ Ease the plight of women who are ill and struggling to survive;

★ Assist orphans and other AIDS-affected children in every possible way;

★ Support grandmothers who bury their own children and then care for their orphan grandchildren;

★ Assist the remarkable efforts of associations of people living with HIV and AIDS (PLWHAs).
Ida Mukuka is indomitable: as a counsellor for HIV-positive pregnant women, she stood up to abusive husbands and helped women cope with their status. As a widow, she stood her ground and fought off her late husband’s family when they tried to take her property. As an activist, she fights stigma by advocating for people living with HIV and mobilizing communities throughout Zambia.

Ida, a 36-year-old HIV-positive mother of three, first got involved with grassroots HIV/AIDS work after the death of her brother. Working as a counsellor and as a Community Outreach Coordinator in Zambia, she mobilized positive women and men to join support groups and become peer educators in their community.

A year ago, she took on a new role: Field Representative for the Stephen Lewis Foundation in Africa. Ida travels constantly in sub-Saharan Africa, assessing new grassroots projects for funding, and visiting on-going projects for monitoring and discussion.

Ida recounts a recent visit to the shores of Lake Victoria in Kenya. “The Foundation funds in places where there are no roads;” she said. “I was going to visit a project, and the road ended. They told me to keep coming.” Twenty minutes later, Ida arrived at a small group of houses. “They didn’t believe that I would come…no one had visited them before.”

Ida was astonished at the resourcefulness of the women she encountered there. “These women are HIV-positive, they have no property, and have been kicked out of their homes,” she said. “…they’ve acquired some pigs, and other animals, and [can now] buy food for their families or send their children to school.”

Ida recently visited a rural village in Mozambique, where treatment is not yet available. “Sometimes I go to areas where women are not able to access treatment, and as a woman living with HIV, I cry,” she said. Accompanied by project staff, she visited home after home, meeting women who were gravely ill. “These women are dying,” Ida said, “but at least now the Foundation is there to help provide palliative care. Our support provides food, soap, clothing, and home-based care kits. In places where treatment is not available, we are helping people to die with dignity.”

In Kenya, Ida witnessed community health workers feeding, washing and dressing women who are on treatment, but still too weak to care for themselves. Home-based care workers are a lifeline for so many people; they embrace the vulnerable with courage and love and devote their own time to lessening others’ pain. Home-based care workers are almost always women, who work tirelessly to keep families and communities alive.

Ida’s personal strength and drive is boundless. “I want to keep going because of my children and all of the children growing up without parents. I want them to grow up HIV-negative, and to have the resources to live in an environment without AIDS. I want people living with HIV and their families to be able to access information on prevention, treatment and HIV care so that they can live long, happy, healthy lives.”

When asked if she misses counseling, Ida replied: “I don’t miss being a counsellor because, in a way, I am still counselling people;’ she said. “It’s just on a much larger scale.”

Ida’s story is featured in Stephanie Nolen’s powerful book, 28 Stories of AIDS in Africa.
“It is hard to imagine that a virus, barely visible under a microscope, can change a woman’s life so profoundly; ravaging her body, infecting her infants, turning her children into orphans and leaving her grieving mother to care for them. Until you realize that it’s simply not the HIV/AIDS virus alone. It’s about the inequality which governs her life, with little or no control over her personal security, her health, her finances, her sexual autonomy.

In the midst of strategies for survival and hope, the women are ubiquitous – grandmothers caring for the ill and dying and orphans, home-based care workers, women living with the virus running income-generating projects. We are determined to fund these women and their innovative initiatives to beat back HIV/AIDS. It is gender inequality that drives the pandemic, and it is the women fighting to end it who will turn the tide.”

- Ilana Landsberg-Lewis, Executive Director

**Disproportionate vulnerability of women**

Women account for almost 61% of HIV infections in sub-Saharan Africa, and three-quarters of new infections among young people aged 15-24.

Gender inequality translates into double jeopardy for women in the context of HIV and AIDS. Women are twice as likely as men to contract HIV from unprotected sex and they lack adequate control over their health, finances, and sexuality. Women are also less likely to have adequate food, shelter, and access to health services and security, and are more likely to adopt survival strategies that put them at risk of being exploited and contracting HIV.

In the context of HIV/AIDS, marriage can be a danger zone for women in Africa. In a number of urban centres in Africa, the prevalence rates for HIV among married women are often higher than for single, sexually active women. A recent study in rural Uganda found that nine in ten HIV-infected women aged 15-19 were married. It is not uncommon in sub-Saharan Africa for young women to marry men who are five to ten years older, many of whom have been sexually active for some time and may have already been infected.

In intimate relationships, “Women really don’t have a choice. They can’t say no,” says Mary Chidgey, volunteer coordinator at Ranchod Hospice in Kabwe, Zambia. “…and the husband more often than not refuses to use condoms in the marital situation. So I think women are at risk all of the time. Because you never really know if their husband is being faithful or not.”

Existing patterns of sexual exploitation and violence threaten women’s lives: studies in South Africa have shown that women who experience intimate partner violence are more likely to contract the virus, due in part to the fact that abusive men are more likely to be infected with HIV and to impose risky sexual practices on their partners. Practices such as sexual trafficking, concurrent partners, widow inheritance and intergenerational sex have also contributed to the spread of HIV.

**Survival strategies**

Struggling with poverty and hunger, young women and girls often end up in relationships with affluent older men – ‘sugar daddies’ – exchanging sex for food, school fees and other necessities: “As girls we face different problems from boys. There is pressure from irresponsible men to
have sex for money, which is not the same for boys,” says M., a teenage girl affiliated with Consol Homes Orphan Care in Malawi. “Because we are orphans, sometimes people think we should be sex workers instead of going to school, so that we can provide income for our caregivers.”

When their husbands or parents die, many women lose their homes, inheritance, livelihoods and even their children. “Women don’t know their rights, especially around property succession and widow inheritance,” says Yvonne, a home-based care worker with Women Fighting AIDS in Kenya (WOFAK). “We try to empower them through training on human rights issues, and refer them to legal associations so that they can be helped.”

**Grassroots response to HIV/AIDS**
Across the continent, women are leading the response to HIV/AIDS. Their grassroots initiatives are sophisticated, resourceful and effective. They are speaking openly about sexuality, and HIV and AIDS, and providing women with critical knowledge about HIV prevention. They are providing counselling and testing services to ensure that people know their status and can cope with a positive diagnosis. They are helping to pay school fees and providing food baskets and clothing to vulnerable children and their families. They ensure access to home-based care – visiting the sick and the house-bound when there are no family members available to tend to them. “When we visit [Mercy], our client, we go and prepare meals for her, we take care of her, we bed-wash her, we clean the house and we sing to her…. She is very happy we are here because her family members are not there for her,” says Yvonne.

Women activists, in particular, have played an important role in articulating the concerns of people living with HIV and AIDS (PLWHA) and demanding access to services for HIV prevention, treatment and care. They raise their voices at every opportunity, with passion and eloquence, to insist on support, and to advocate for changes that must come for women to protect themselves from HIV and AIDS: accessible and affordable services, economic opportunities, and programmes to combat stigma.

**The way forward**
The grassroots response is critical and groundbreaking, but only part of the solution. What is missing, of course, are the resources to fund their activities, and the political will to make women’s rights paramount in the struggle against the pandemic. So long as women and girls are unable to exercise their rights to education, to earn a living wage, and to exercise control over their own health, sexual autonomy, property and inheritance, they will remain vulnerable to the virus.

**Karmela, a Ugandan grandmother who cares for 28 AIDS orphans, works at a stone quarry 7 days a week to support her grandchildren. She receives food baskets and support from the grassroots organization Reach Out Mbuya.**

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www.stephenlewisfoundation.org
Inviolata Mmbwavi sits perched on the edge of her seat, her brow furrowed, ready to hear some painful news. She is waiting for her CD4 count test results – the measure of her body's ability to combat infection.

Since 1995, she has been coming to Kenyatta National Hospital in Nairobi for regular check-ups. The health care is free in exchange for her participation in research on HIV and AIDS. Inviolata hasn’t been tested for several months and is worried that the stress of her job has weakened her body’s immune system.

Inviolata first learned her status at age 19 and felt the harsh stigma of living with the virus in her village, some 300 miles from Nairobi. “I couldn’t go out during the day. My nieces used to come and visit me, but the neighbours would talk.” She decided to leave her rural community and head for the city.

In her early 20s, she began writing for a youth magazine called Straight Talk and spoke out publicly about living with HIV. Soon after, she took a job as a counsellor, where she encouraged other young people to get tested. “If you know your status,’ she told them, ‘you have options. It lets you plan for the future.”

During this time, Inviolata attended support groups run by Women Fighting AIDS in Kenya (WOFAK), where she was able to draw on the strength of other women living with HIV and speak openly about stigma. “It gave me the self-esteem to do what I am doing today,’ she said. “I decided to become an activist because I wanted to help as many other people as possible in the way that I was helped.”

After working as a home-based care coordinator and earning a Master’s degree in counselling, Inviolata went on to help found and lead NEPHAK, the national network for people living with HIV and AIDS in Kenya (PLWHAs). NEPHAK works to further the rights of PLWHAs through awareness-raising campaigns, lobbying for treatment and advocating on behalf of people who have been marginalized because of their HIV status.

“Your CD4 count has risen,” says the doctor, looking down at the chart. “It is now 830.” A wave of relief sweeps across Inviolata’s face – her CD4 count has actually increased. (A healthy person’s CD4 count is usually 800 or higher. In Kenya, people with a count of 200 or lower are eligible for anti-retroviral treatment, because their bodies are extremely vulnerable to infection.) Even though she has been HIV-positive for 15 years, Inviolata has never been on medication, which she attributes to a combination of genetics, proper nutrition, and the ability to rest.

Inviolata’s friend Rosemary is also HIV positive; she works as an HIV/AIDS nurse at a local hospital. On weekends, they visit their friends who are sick and house-bound.

Rosemary believes that Inviolata is very much the voice of the people living with HIV in Kenya. “She is my inspiration,” said Rosemary. “I saw her on TV, and I said, ‘If she can be positive and not worry, then why should I hide?’

“I don’t know what the future holds for me,’ said Inviolata. “But the truth is that I’ve been alive for 15 years when I thought I would be dead. I know that now I will live my life for others.” That’s largely why she has decided to run for Parliament in Kenya’s next federal election. People have been asking her to represent them at the national level – to be a voice for PLWHAs in the corridors of power.

Rosemary concurs: “We are pushing her. We want her at the table when decisions are being made,” she said. “We have survived and no one is taking that space from us.”
In intimate relationships, violence – and the threat of violence – affects women’s ability to protect themselves from infection. They may not have the ability to negotiate when they have sex, or to insist on the use of a condom, or have the option to leave a partner who is putting them at risk. The risk of contracting HIV is magnified when sex is forced: tearing and other genital injuries provide a pathway for the virus to enter the body.

In conflict areas, violence and the virus go together. A survey of 1,125 women raped during the Rwandan genocide found that two-thirds were HIV-positive. Rape is commonly used as a weapon of war to humiliate and traumatize women and their families.

The Stephen Lewis Foundation actively seeks to fund projects run by and for women to mitigate the impact of violence and HIV/AIDS:

- In the Democratic Republic of the Congo, an estimated 30% of women survivors of sexual violence are HIV-positive. Through V-Day, the global movement to stop violence against women and girls, SLF funds psychosocial counselling, HIV prevention and treatment at the Panzi Hospital in South Kivu, which specializes in treating women who have suffered sexual atrocities. We also support the ‘City of Joy,’ which aims to provide a safe house for survivors of sexual violence who cannot return to their families and communities.

- In Rwanda, SLF funds the Rwanda Women’s Network, which provides palliative care, counselling, nutritional support, education and treatment to survivors of sexual violence from the Rwandan genocide.

- In Zimbabwe, the Musasa Project offers counselling, shelter and legal advice to 3,500 survivors of intimate partner violence. The organization has a strong focus on outreach and public education on gender-based violence and HIV/AIDS.

NEW FILM ON WOMEN

Women: The Face of AIDS is a half-hour documentary that traces the stories of five courageous HIV-positive women in sub-Saharan Africa and the tremendous grassroots organizations that support them. This is the third film in a trilogy about the Stephen Lewis Foundation’s work to support grandmothers, orphans and women in Africa.

The film was launched on October 18, 2007 at the Ridge Theatre in Vancouver. Four outstanding women joined us for the premiere to discuss gender inequality and women and HIV/AIDS in Africa:

- Ida Mukuka, Zambian AIDS activist and SLF Field Representative,
- Dr. Lydia Mungherera, renowned Ugandan activist, physician and director of Mama’s Club, Inviolata Mmbwavi, AIDS activist and National Coordinator of NEPHAK, and Rose Nakanjako, a member of the Mama’s Club in Uganda. To read more about the film, the premiere and the activists, please visit our website.

DVD copies of Women: The Face of AIDS are available on loan for community events or can be purchased for $20. Visit the ‘Films’ page on our website to learn more.
The Stephen Lewis Foundation currently funds more than 140 grassroots initiatives in 15 countries across sub-Saharan Africa. These are just a few examples:

**HILLCREST AIDS CENTRE TRUST**

**Hillcrest, South Africa**

Hillcrest AIDS Centre Trust provides support for people affected and infected by HIV and AIDS. Hillcrest has 50 trained home-based care volunteers who assist HIV-positive clients in their homes. More specialized palliative care is performed by the Centre’s five registered nurses who assess clients’ health status, supervise the volunteers and provide medication, counselling, and testing. SLF funding has enabled Hillcrest to pay for a full-time nurse and administrative assistant, test CD4 counts, provide transportation and incentives (food, uniforms, equipment and supplies) for home-based care volunteers and nurses, so that they can visit clients in their homes, and distribute food packages to families within the community.

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**CHRISTINA’S STORY**

*By Lucy Steinitz, SLF Field Consultant*

On a visit to CHATA (Combatting HIV/AIDS in Tanzania), SLF Field Consultant Lucy Steinitz visited a child-headed household led by Christina (pictured left).

“Christina, age 14, has been living alone with her brothers Simoni (age 8) and Tobias (age 7, and HIV+), since 2002. We approached their tiny mud and grass-thatch house on foot. Christina quickly produced a few low stools for us to sit on – their only furniture except for a single bed and mattress from CHATA. Every night, they sleep together in the one bed.

“How do you manage every day?” I asked. “I get up about 6:00 every morning. If there is flour, I make porridge. If not, we go to Theresia [a CHATA volunteer]. Then we wash the dishes and I sneak onto the plantation (private land) to fetch some firewood. If it is a school-day, we all go to school. Afterwards, I prepare food if we have some, or go back to Theresia. At night, if it is dry we can stay in our hut, but if it is raining the roof leaks and then we go to Theresia’s to sleep, as well.”

I asked Simoni – how does he help? Simoni was shy so Christina answered for him. “He helps carry wood and water,” she said. “But he also goes and plays with the other children like Tobias does.” As the girl-child, Christina has obviously given up her entire child-
Kitovu Mobile AIDS Organization
Masaka District, Uganda

Kitovu Mobile AIDS Organization provides care and support to the most vulnerable groups in their district, including people living with HIV and AIDS (PLWHAs), orphans and other vulnerable children, widows and grandmothers. It provides medical care, home visits, constructs and repairs shelters and latrines, and distributes monthly food supplements, clothing, bedding and household utensils to 300 grandmothers. Kitovu also sponsors 200 children through the payment of school fees, scholastic materials and uniforms, and holds an annual conference on HIV/AIDS awareness and life skills for local students.

Pastoral Activities and Services for People with AIDS (PASADA)
Dar es Salaam, Tanzania

PASADA provides medical and counselling services in the homes of 900 HIV-positive clients. During these visits, PASADA's staff teach family members how to provide basic nursing skills and counsels them on how to cope with the stresses of caring for someone living with AIDS. Much of PASADA's outreach work is done by a network of 250 volunteer community health educators and eight home-based care nurses. These volunteers are trained in home-based and palliative care, basic counselling skills, general knowledge about HIV/AIDS, and community entry skills. They also attend workshops on TB management, antiretroviral drugs, and nutrition.

Ranchod Hospice / Busy Bees
Kabwe, Zambia

Ranchod Hospice is a sanctuary for AIDS patients. The Hospice provides beds, treatment and counselling for the sick and comfort for the dying. The Children's Centre provides day-care and schooling for orphans and children whose parents are at the hospice. The Hospice is also home to a growing group of women, mostly grandmothers, called the Busy Bees who meet each day to produce crafts which are sold monthly at a large craft market in Lusaka. With SLF support, the Busy Bees have received sewing machines, tailoring training and materials (including cloth, buttons, scissors and wool) to help them start a business making school uniforms. The income from their activities helps to pay for school fees, medicines, food, shelter and clean water for their families.

Theresa explained, “It gives me pleasure to share what I can.”

The Stephen Lewis Foundation is funding CHATA to help them assist children like Christina and her siblings. SLF support will also help CHATA improve housing for the elderly and child-headed households, provide home-based care for the sick and house-bound, and education, food and other forms of support to orphans and vulnerable children.
**LESOTHO:** TURNING THE TIDE

Lesotho was a country on the verge of extinction. The tiny land-locked mountain nation has one of the highest HIV prevalence rates in the world – nearly a quarter of the population is living with HIV – and a staggering number of AIDS orphans. With more than half the population living on less than $2 a day, and a life expectancy in the low 40s, the prognosis looked grim.

But Lesotho is also a country with strong political leadership and has been engaged in a major effort to scale up treatment, prevent new infections and mother-to-child transmission of the virus, and conduct nation-wide HIV testing. The country’s dynamic new Minister of Health, Dr. Mphu Ramatlapeng (formerly of the Clinton Foundation) has reported that 24,000 people are receiving anti-retroviral drugs, with the aim of reaching 30,000 people by year’s end. Although there are still many, many people who need treatment and there is a desperate shortage of health care workers, it represents a significant achievement for a country that was struggling desperately to get 3,000 people on treatment just three years ago.

Through the ground-breaking “Know Your Status Campaign,” the government provides voluntary and free door-to-door HIV testing and counselling, with the aim of testing the entire country by the end of 2007. The campaign also focuses on children: the Ministry of Health sees the prevention of mother-to-child transmission during labour, delivery and breastfeeding as one if its top priorities, and as the entry point for treatment and care.

In September 2007, Stephen Lewis returned to Lesotho to meet with government officials and to see first-hand the impressive work being done at the community level by organizations that receive support from SLF.

One powerful organization, mothers2mothers, works to prevent and treat HIV by providing a place for HIV-positive mothers (and mothers-to-be) to come for counselling, advice, treatment and support. Stephen met with a remarkable group of HIV-positive women who are pregnant, or have given birth, and in each case desperately hope to avoid an HIV-positive child. By joining support groups, organized amongst each other, they’re sharing affection and knowledge and experience and an incredibly strong determination not to succumb to the disease so that their children won’t be orphans.

Lesotho has also been supported through partnerships with organizations that set up operations in the country, including the Clinton Foundation, Partners in Health, MSF, Columbia University and the Ontario Hospital Association.

His Majesty, King Letsie III paid tribute to Stephen and the work of the Foundation, investing him with Lesotho’s highest honour as the Knight Commander of the Most Dignified Order of Moshoeshoe. Later, in a formal ceremony, the King presented Stephen with an official citation and thanked him for his service to the country. As the King struggled to push the commemorative pin into Stephen’s lapel, he whispered: “I’m ruining your suit.” To which Stephen whispered back: “Your Majesty, you are, but it’s a small price to pay for Lesotho.”
PHOTOS: Clockwise from top left: Grandmother and child at a support group meeting; parade through the streets to eradicate stigma; home-based care workers visit the sick and house-bound in their community; a woman sells textiles as an income-generating activity; 10-year old orphan girl who receives housing, food and school supplies from a local NGO; children sing to raise awareness about AIDS.
On September 8, 2007, over 500 grandmothers from across Canada came together on Parliament Hill for the Grandparents Solidarity March, organized by Canadian Grandmothers for Africa: a national advocacy network. They were joined by two South African activist grandmothers, Mama Zodwa Ndlouv and Mama Darlina Tyawana, as well as the new UN Special Envoy for HIV/AIDS in Africa, Elizabeth Mataka.

Read more about the March at www.grandmotherscampaign.org.

I had the great privilege and honour of spending five intense days of travel and solidarity with Mama Darlina and Mama Zodwa, attending the Solidarity March in Ottawa, and meeting with grandmothers groups. Zodwa and Darlina are activists and community workers with a passion for social justice rooted in the struggle against apartheid. They are both involved with the indomitable and effective Treatment Action Campaign (TAC), a grassroots organization that advocates for treatment for people living with HIV and AIDS in South Africa.

In addition to working with TAC, Mama Darlina is involved with two other grassroots organizations, and is a caregiver for six grandchildren. Mama Zodwa, a retired nurse, lost both of her children to AIDS. Every morning, she runs a soup kitchen for orphans in her community. She calls them “her children” and she is their “Gogo” (Zulu for grandmother).

Mama Darlina shared her message for women newly diagnosed with HIV. She tells them, “HIV lives in you. You do not live in HIV.” Mama Zodwa says that she has internalized this message to keep from feeling overwhelmed by her own HIV-positive status: “I named mine [HIV] Betsy,” she said. “Some mornings I say, ‘Come on, Betsy, let’s get out of bed,’ and other mornings, I say ‘Betsy, you are not going to keep me in bed today.’ I am in control of Betsy – it is not she who is in control of me.”

In an interview with CBC Radio’s All in a Day, Mama Zodwa shared her story of heartbreak and courage: of nursing her daughter through her final days of battling AIDS; of taking over the primary care of her grandchild after her daughter passed; of coming to terms with her own HIV-positive status; and of living through the death of her son (who committed suicide rather than put her through the protracted pain of an AIDS-related death). Despite such overwhelmingly tragic circumstances, Mama Zodwa makes a pledge to “help other people’s children so they cannot die like my children.”

Over the years, Mama Darlina and Mama Zodwa – and countless thousands of women like them – fought hard for human rights, equality and social justice. Their visit to Canada was a purposeful and powerful recommitment to solidarity with Canadian grandmothers. As Mama Darlina said, “Let us not break the bonds of solidarity that we have worked hard to establish – rather let’s work together to make them unbreakable!”
Canadian grandmothers continue to prove themselves a force to be reckoned with: there are now more than 180 grandmother groups, with more joining the Grandmothers to Grandmothers Campaign each month. All across the country, groups of committed, imaginative women are raising funds and awareness to support grandmothers in Africa through the Stephen Lewis Foundation.

To date, the Grandmothers Campaign has raised more than $2 million – enabling SLF to increase much-needed funding to grandmothers and their orphaned grandchildren in 15 countries across sub-Saharan Africa.

Funding for projects that support grandmothers includes: food, shelter, school fees, uniforms and supplies, income-generating projects (e.g. communal gardens, crafts, tailoring, raising small animals), workshops, counselling, and more. We are often reminded of just how desperate the need is through close consultations with the projects we fund. In Uganda, one organization which provides food, soap, and bed linens to grandmothers visited a home in which the bed linens did not appear to be in use. The grandmother revealed that she was saving the linens for a funeral shroud as she had no other burial covering.

**HOW TO GET INVOLVED**

- Join a grandmothers’ group or start your own
- Hold a fundraising event in your community
- Screen Grandmothers: The Unsung Heroes of Africa or another SLF film.
- Visit the Campaign website to learn more: www.grandmotherscampaign.org
- Contact campaign@stephenlewisfoundation.org for more ideas

**CANADIAN GRANDMOTHERS’ SPEAKERS TRAINING**

Many Canadian grandmothers who are doing awareness-raising and fundraising in support of African grandmothers have told SLF that they feel self-conscious or unprepared to speak publicly about AIDS in Africa. The Foundation decided to respond to this commonly expressed sentiment by sending Mary Anna Beer, Special Advisor to the Grandmothers’ Campaign, to cities across the country to provide training for grandmothers interested in spreading the message in their communities.

Mary Anna is a passionate advocate for the work to combat HIV/AIDS. She is a retired teacher who has traveled to Africa several times and speaks regularly to large and small gatherings across Canada about the pandemic, the courageous and resilient African grandmothers and the children in their care.

To date, 210 women have received speakers’ training. We have had wonderful feedback from Canadian grandmothers, coast to coast, who feel empowered and better equipped (with materials, resources and stories of their own) to raise awareness and support for African grandmothers. Further sessions will continue in 2008.
Our work wouldn’t be possible without the generosity of individual Canadians. From coast to coast, people are finding creative ways to support the courageous struggle against HIV/AIDS in Africa.

NEW RESOURCE FOR EVENT ORGANIZERS

We are pleased to share a new video to show at community events. **Small Acts** is a 60-second spot that celebrates some of the creative fundraising efforts Canadians are undertaking to support grassroots efforts in Africa. It shows a bake sale, dance-athon, a grandmother knitting toques and a young girl collecting coins. The tagline reads: **“Small Acts make a big difference. Your fundraising helps to ease the pain of HIV/AIDS in Africa.”**

**Small Acts** was produced *pro bono* for SLF. Special thanks to the Canadian Film and Television Production Association, Wasserman and Partners, Broken Social Scene, Shaftesbury Films, Technicolor, Deluxe and Relish. **DVDs are available for free through SLF.**

GRANNY GARAGE SALE

We had a large sign that read:

“A generation of children in Africa is being raised by their grandmothers because their parents have died of AIDS. The money from this sale will go directly to them through the Stephen Lewis Foundation. Please be generous.”

A teenage boy rode up on his bicycle, read our sign, turned to us and said, “I’ll walk home. Sell my bike.” And we did. In total, we raised $2,810 in support of African grandmothers.

Roma Dehr, Vancouver, BC

YOU ASKED US ABOUT ‘PARTIAL TAX RECEIPTS’

“I sometimes buy a ticket for a charitable concert or dinner. And I always get a tax receipt for part of my ticket price. How come the Stephen Lewis Foundation doesn’t do the same?”

Even though this seems like a simple question, it actually has a long answer. But, it’s an important question, so please refer to our website: [http://www.stephenlewisfoundation.org/plan_receipts.htm](http://www.stephenlewisfoundation.org/plan_receipts.htm) for an explanation. Thank you.

THE MAGIC OF THEATRE

CAST is a youth development project of Theatre Woodstock, which includes a youth for youth outreach program that raises money and awareness for youth-based issues across the Globe. In just two years, CAST has raised over $25,000 for the Foundation. “I am so proud of these young people who are proving that they are involved in something so much more than a youth theatre. Combating the horrific HIV/AIDS crisis in Africa is essential work that CAST is proud to support.”

Jennifer Paquette, Founder and Artistic Director

WORDS FOR AFRICA

How perfect! Stephen Lewis is known for his love of words and superlative use of the English language. Members of the GANG (Grandmothers of Alberta for a New Generation) brought together more than 200 people in Sherwood Park, Alberta to play in a Scrabble tournament. **Good Words for Africa** raised an incredible $50,000 “for our sister grandmothers and their wards in Africa.”

LOOSE CHANGE

Marina Place is a townhouse complex of 42 units (age 55 and over), most on fixed incomes. I came up with the idea of keeping a jar in which our owners could drop their loose coins. The ultimate plan would be to send your Foundation a donation each time we reach $200. It has been a resounding success! **In less than three weeks,** we have collected $200. Hopefully, the enthusiasm will continue and more donations will follow. Many, many thanks for your good work.

June Hillman, Marina Place, Gibsons, BC
Give a Day to World AIDS

“Give a Day is an intensely individual response to the AIDS pandemic. You can’t imagine what a few dollars will do to transform human life amongst the sophisticated and resilient people who are struggling for survival each day.”

– Stephen Lewis

Give a Day to World AIDS is a simple and powerful way to make a difference in the AIDS crisis in Africa. Since 2004, Canadians have participated in Give a Day by donating one day’s pay for World AIDS Day – December 1st – to the Stephen Lewis Foundation or Dignitas International. Through campaigns organized in hospitals, law firms, businesses, high schools, universities and more, participants are part of a coast-to-coast campaign making a difference. The 2006 effort raised more than $500,000 and this year the campaign continues to grow. Contributions can be made anytime, and will continue throughout the month of December. For more information, visit www.giveaday.ca.

Planned Giving: Dignity in the Present, Hope for the Future

Through your generous donations, you have already played an integral role in providing dignity in the present for those most affected by the pandemic in sub-Saharan Africa. Many of you have also asked us about making a gift in your will to ensure hope for the future. If you would like more information about planned giving, please contact Nancy Forgrave at (416) 533-9292, ext. 262 or complete the enclosed reply form and return it to SLF.

Nancy Forgrave joined SLF as our first Director of Development in October 2007. She previously worked as the Director of Fundraising at Médecins Sans Frontières (Doctors Without Borders) Canada.

Our current fiscal year runs from July 1, 2007 to June 30, 2008.

Since the Foundation began in March 2003, we have distributed and committed more than $17 million to over 270 grassroots initiatives in 15 countries across sub-Saharan Africa. We remain committed to applying 90% of your contributions to our project work in Africa.

Our accountant is Karen Forrest, CMA. SLF financial statements are audited annually by Cowperthwaite Mehta Chartered Accountants. Our financial information is also accessible on the Canada Revenue Agency’s website: http://www.cra-arc.gc.ca/tax/charities/menu-e.html

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Easing the pain of HIV/AIDS in Africa

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HOW YOU CAN HELP:

There are many ways to lend your support:

• Donate online, by cheque, credit card or pre-authorized monthly payment. To learn more visit www.stephenlewisfoundation.org
• To donate in the US, visit stephenlewisfoundation.org/usa
• Donate your Aeroplan miles to support our work in Africa at www.aeroplan.com/donate
• Give in someone’s memory or in honour of a special occasion
• Donate through Canada Helps at www.canadahelps.org
• Donate securities or make a legacy gift in your will
• Give a day’s pay in honour of World AIDS Day at www.giveaday.ca
• Organize a fundraising event in your community

We are deeply committed to ensuring that 90% of your contribution supports our project work in Africa.

Help us keep our costs low: sign-up to receive future SLF newsletters and updates by e-mail at info@stephenlewisfoundation.org

MAKING A GIFT OF SECURITIES: A TAX-EFFECTIVE WAY TO SUPPORT SLF

Increasingly, individual donors have opted to donate stocks and securities to the Stephen Lewis Foundation. Gifts of publicly-traded stocks and securities are exempt from capital gains tax. The Foundation has set up a system to make this as effortless as possible. Tax receipts will be valued based on the closing price of the date upon which the shares are transferred to the Foundation’s brokerage account. To make a gift of shares, please contact 416-533-9292 ext.0 or info@stephenlewisfoundation.org.