SLF AT FIVE YEARS

"I genuinely believe that we're creating a model others can emulate." – Stephen Lewis

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A new report on HIV/AIDS from the Secretary-General of the United Nations contains some pretty grim and sobering material. Let me give you a sense of the contents:

- In 2007, there were 2.1 million deaths worldwide and 2.5 million new infections;
- In Africa, only 40% of boys and 36% of girls have ‘accurate knowledge’ of AIDS;
- By the end of 2007, there were 3 million people in treatment worldwide, but there are 7 million more who require treatment and are not receiving it, the great majority in Africa;
- A 2007 analysis of households in eleven high-prevalence countries shows that only 15% of orphan children receive some form of assistance;
- In 2007, only 33% of all HIV-positive pregnant women were receiving drugs to prevent transmission of the virus from mother to child during the birthing process.

There’s more, much more. But what this says is that the pandemic is still outstripping our capacity to subdue it.

Curiously, there’s only passing reference to grandmothers in the document. But, in an odd way, that’s progress of sorts because grandmothers have never been mentioned before. Finally, if slowly, it’s beginning to be realized that grandmothers are more and more the anchor for communities and their children in the midst of this dreadful pandemic.

The statistic in the document that’s most shocking is the figure for the number of orphans receiving some form of assistance: 15 per cent. By ‘some form of assistance’ the report means financial support for food, or shelter, or healthcare or school fees. If we assume that there are 13 million children orphaned by AIDS in sub-Saharan Africa, it means that there are roughly 11 million children without assistance of any kind whatsoever.

We certainly have our work cut out for us. Tragically, most governments are simply not in a position to provide subsidies to the children directly, or to the grandmothers looking after them. And the problem with the big donors – the Global Fund to Fight AIDS, Tuberculosis and Malaria, the American Presidential Initiative (known as PEPFAR), the Gates Foundation, the Clinton Foundation – is that their money mostly goes to Governments for drugs, lab equipment, training, health systems, health infrastructure and the like.

Orphans and grannies then become the casualties.

I’m not suggesting that the Stephen Lewis Foundation can single-handedly sustain the 11 million children needing help! But with the network of grandmothers we’re developing, and the focus on orphan grandchildren, I genuinely believe that we’re creating a model that others can emulate. In the meantime, we will continue to direct the funds we raise to these desperate human imperatives.

And here’s a tidy footnote. Last month I was at the National Institutes of Health in the United States. I met with a large number of researchers to discuss the many areas that have yet to be explored in the struggle against the AIDS pandemic. Lo and behold, they raised grandmothers with me, and talked of the fascinating work of the Stephen Lewis Foundation.

Thus does the Foundation’s reputation ripple outwards. And you have made it possible.

Thank you for the strong ongoing support.

Chair, Stephen Lewis Foundation
Since the discovery of the AIDS virus a quarter century ago, sixty million people have been infected with HIV, and nearly half have died of AIDS – most of them in Africa. Efforts to discover a vaccine and to develop a microbicidal are underway, but the virus continues to confound researchers and we are years away from a viable cure. Fewer than one-third of those who require treatment today are receiving it, and the number of new infections outpaces efforts to provide antiretroviral drugs. For every person who received treatment in 2007, there were 2.5 people newly-infected with HIV.

There are signs of hope. Each day, those at the frontlines of the pandemic struggle valiantly to fight stigma, push for the greater involvement of persons living with HIV and AIDS in decisions that affect their lives, and ensure that palliative care and life-saving antiretroviral drugs continue to be made available to those who need them. Not only are these grassroots organizations providing vital care and treatment to people living with the virus, they are providing HIV awareness and education, and working to empower girls and women to protect themselves from infection.
When the safety and continuity of the services of our project partners is threatened, we are committed to responding as quickly as possible to meet their needs.

In recent months, a number of the projects we fund have been affected by the political instability and violence following the disputed elections in both Kenya and Zimbabwe.

The effects of the instability on the sick and vulnerable are wide-ranging, long-lasting and can be life-threatening. Our Kenyan and Zimbabwean partners have faced challenges in securing safe transportation and accessing rural communities. HIV/AIDS treatment has been interrupted, already-scarce food supplies have been threatened, and women and girls are increasingly subject to rape and violence.

Although the Foundation is not an emergency relief organization, when the safety and continuity of the services of our project partners is threatened, we are committed to responding as quickly as possible to meet their needs. In the wake of the post-election violence in Kenya, we sent over $200,000 in additional funds to eight projects to provide temporary shelter for the displaced, fuel for transportation, trauma and rape counselling, food and nutritional supplements to HIV-positive clients, and basic supplies such as soap, clothing and mosquito nets.

In Zimbabwe, where we are currently funding 15 projects, rural areas in particular have become virtually inaccessible due to militia and armed groups that are wreaking havoc and burning homes, forcing thousands to flee. With inflation at over 100,000%, there are constant power cuts, increasingly empty store shelves, and skyrocketing prices for food and basic goods. Zimbabweans in general and community-based organizations in particular have had to devise new and sophisticated strategies to cope. They are planting gardens in any available patch of land, developing complex systems of bartering in order to acquire essential goods and services, coordinating trips to neighbouring countries simply to get the most basic supplies, creating voucher systems to lessen the devastating impact of fuel shortages, and providing salaries in travellers cheques so that staff can also care for their own families while they work to provide a lifeline of support to vulnerable communities.

On a recent project visit, SLF Field Representative Lucy Steinitz described the situation: “The country is in such dire straights. I have seen deprivation like never before — situations where even a little means the world to people because it gives them hope for the future. The inflation is so crazy that it costs more to buy bread today than it did to buy a house some years ago. I am in awe that people still keep going, but they do.”

When we wire money to projects in Zimbabwe, we send smaller payments more often as a way to help offset the impact of inflation. We maintain close contact with our colleagues in the field, and are flexible when needs shift and escalate. As one of our Zimbabwean partners put it, “So far since the crisis in Zimbabwe, [the SLF] is the only funder who asked what our needs are and that is a unique way of funding.”

The SLF continues to admire deeply the courageous grassroots organizations who, with such agility, compassion, and resourcefulness, respond to the vast and varied needs of their community. These organizations mean the difference between life and death for so many. It is in times of crisis that our partners need us the most, and we are committed to support their efforts.
Although sub-Saharan Africa is home to two-thirds of all people living with HIV, the continent is experiencing a shortage of nearly 1 million doctors, nurses and midwives. This poses a serious barrier to prevention and treatment. Out of necessity, countries such as Malawi – which has only one doctor for every 100,000 people – are using home-based care workers as a way of providing essential counselling, treatment and care to the sick and bed-ridden.

Across the continent, home-based care workers are on the frontlines of the pandemic. Most are women; many are HIV-positive and are already caring for orphans and sick family members at home. They travel, often on foot or by bicycle, to visit the sick in their homes – gently bathing and feeding them; bringing food baskets, soap and other essentials; helping to minimize stigma; teaching family members to tend to the sick; distributing medication; and providing comfort and counselling. They are the ones who identify vulnerable households and refer them for medical care, food supplements and other kinds of support.

This is a stressful, full-time job. Home-based care workers are women who cannot tolerate the suffering that surrounds them, and devote themselves to lessening others’ pain. But they can’t raise their families and sustain the projects indefinitely if they are working for free. They deserve to be paid. Everything changes for the better when the work is acknowledged and compensated.

As a full-time caregiver with Ranchod Hospice in Kabwe, Zambia, Betti spends her days distributing medication, feeding patients and tending to the sick. Like many of the caregivers at Ranchod, Betti is HIV-positive. She was devastated when she was first diagnosed, but the responsibility of caring for her four children and three of her sister’s children gave her a reason to carry on. With a CD4 count of just 11, Betti was admitted to a hospice for palliative care where she received antiretroviral treatment and regained her strength.

She became a caregiver as a result of her own experiences in the hospice. “I have to put into practice what I learned at palliative care, because one day, I will also need the care that I’m giving to the patients,” she said.

For the first six months, she worked without pay. “The reason I kept on coming was that I want to work for the people – to give them support and care,” she said. Since then, Ranchod has been able to provide Betti and the other caregivers with a monthly stipend, regular meals, medication, a uniform, and supplies in exchange for their work.

“They are working 40 hours a week and would never have enough time to look for another source of income,” explained Mary, Ranchod’s coordinator. “Of our caregivers here, I would say most of them are the breadwinners in their homes, and nearly 75% are HIV-positive. Their allowance recognizes that they are a very important part of our work here. It gives them the feeling of self-worth they deserve and lets them know they are valued.”

Betti is proud that she can be a role model for others living with HIV. “I tell them, ‘Look at me. I was bedridden as well, worse than you. But now I’m fine and I can even go out and give support to other people.’”

The Stephen Lewis Foundation is currently providing Ranchod Hospice with allowances for 12 caregivers and salaries for nurses, a project coordinator and support staff. We also fund essential operating costs.
More than five million people have been killed in the Democratic Republic of the Congo since 1998 — some as a direct result of fighting, most from malnutrition and disease. For more than a decade, multiple warring parties have employed a stunningly effective tactic: militias brutally rape women and girls in a village, instilling fear in the community. Women are afraid to go to the fields to harvest, or to collect firewood and water. When the militias return to rape again, the villagers flee and set up makeshift displaced persons’ camps near a water source shared by many others in similar situations, where food is scarce and they are vulnerable to disease.

In Bukavu, a city in the eastern province of South Kivu, the Panzi Hospital has become a refuge for victims of war. Founded in 1999 as a maternity hospital, Panzi soon began treating women with severe internal injuries resulting from heinous acts of sexual violence. More than 3,500 women and girls undergo reconstructive surgery for fistula and other obstetric complications at Panzi each year. Many have been violated in ways too terrible to contemplate — women and girls who have been gang raped with broken glass, knives or guns; family members forced to rape each other at gunpoint, or to watch in horror as their loved ones were mutilated and killed.

The dedicated team of surgeons rebuild women’s bodies and provide free medical care, food, accommodation and support to survivors of sexual violence. Each week, Panzi’s mobile clinic visits outlying areas and brings more women to the hospital. Each woman meets with a social worker and the hospital’s psychologist, but the sheer volume of traumatized women makes it impossible to address their vast psychosocial needs. Their only respite is through sleeping pills; in sleep, they find refuge from the pain they endure daily.

Those who have been raped are also highly vulnerable to contracting sexually transmitted infections. “The AIDS virus thrives on sexual violence,” says Stephen Lewis. “Sexual violence thrives on armed conflict. As if one was not devastating enough, these two malevolent realities have joined forces to declare war on the women of the Congo.” No one knows the real HIV infection rates among the women of the Congo, but at Panzi, an estimated 10% of the women have tested HIV-positive.

In November 2007, the Stephen Lewis Foundation began funding a number of Panzi Hospital’s most urgent needs, including HIV counselling, testing and treatment, and post-rape kits to reduce the likelihood of HIV infection following an attack. Support to Panzi includes salaries for a number of nurses and project staff, gynaecological equipment, and a safe blood screening centre. In conjunction with V-Day, the global movement to end violence against women, SLF is also funding the construction of a ‘City of Joy’; a transitional housing complex where 150 rape survivors will recover and be trained to become leaders in their communities.

In June 2008, Panzi received an additional grant of $300,000 from SLF, which will enable them to increase the number of HIV tests and blood transfusions, reach more women in outlying communities, support children who have been orphaned by AIDS and provide food to HIV-positive patients who are taking antiretroviral drugs.

At the end of June, the Foundation will host a meeting of experts on sexual violence from SLF–supported projects in DRC, Rwanda, South Africa, Zimbabwe and Kenya to address the urgent psychosocial needs of the survivors of rape and violence in the Congo. Together, they will formulate an immediate plan of action to provide counselling and care and create an ongoing network of support.

“Nowhere on this planet is there such an ongoing litany of horror visited on women and girls.” - Stephen Lewis
On the grounds of their newly-constructed community centre, Malawi’s Consol Homes Orphan Care has created an innovative obstacle course that combines play with grief counselling. The goal is to help children orphaned by AIDS work through the trauma of losing their parents with the help of their friends. It is one of the many creative approaches to orphan care that we’ve supported.

AN OBSTACLE COURSE LIKE NO OTHER
At first, the ‘Practical Joy Playground’ looks like any other park – see-saws, swings, ropes, parallel bars and a climbing wall. But each structure is part of an obstacle course and represents a real obstacle that the child has had to overcome in their journey as an orphan.

The children begin the obstacle course by playing freely on see-saws and swings. This represents the joyful, carefree days of childhood – before the loss of their parents. They then encounter a rope, which they struggle to climb. The difficult ascent symbolizes the death of their first parent.

After that comes the parallel beam. Children must hold themselves up while hanging from two thin bars. This is very difficult to do and few children cross without falling. This part of the obstacle course signifies the death of both parents: the loss of the primary supports that hold a family together.

The children then encounter a hanging bridge, which must be crossed by scaling the underside of the ropes. This symbolizes the fact that after the death of their parents, orphaned children often feel as though their lives have been turned upside-down. They may not have enough to eat, or a place to stay, or the chance to go to school. Their whole world has been upended.

After crossing the bridge, the children then face a brick wall. It’s too tall to climb over unless another child climbs the steps on the other side and helps to pull them up. This stage demonstrates how orphans need to come together and support each other to survive.

Finally, they come to a slide, which they glide down to celebrate the fact that they have overcome so many difficult obstacles, and have found some joy through being part of a loving community.

At the end of the course, the children gather for a debriefing session with a counsellor to discuss the different obstacles they faced and what each one represents. For many children, coping with loss and terrible grief — even anger — this physical expression of their emotional turmoil is an important catharsis. By participating in this obstacle course, they share their experiences with their peers and take comfort in knowing they’re not alone. Consol Homes understands the critical link between play, counselling, and emotional health for orphans. We have much to learn from them.

Consol Homes Orphan Care will receive the prestigious UNAIDS Red Ribbon Award at the XVII International AIDS Conference in August 2008. SLF funds school fees, support groups, bicycles, food and supplies for home-based care visits. We also support Consol Homes’ community-based childcare programme and fund key operational costs, including salaries.
After five hours on a bus heading to Kampala, the landscape began to blur. But as the bus slowed down due to some obstruction, perhaps a pothole or some goats ahead, a large billboard caught my eye. It read:

**Beware HIV/AIDS Doesn't Discriminate!**
**Self-Actualization: People with disabilities should be able to pursue opportunities for the full development of their potential.**

The billboard was created by the Uganda Disabled Women’s Association, an organization supported by the Stephen Lewis Foundation.

People with disabilities worldwide are often said to be ‘the poorest of the poor,’ and they face layers of societal stigma and marginalization. In Uganda, people with disabilities do not have access to basic mobility aids, transportation to, or interpretation at health care facilities. In the face of HIV/AIDS, this social and economic marginalization has deadly effects. People with disabilities are excluded from HIV prevention campaigns, as well as educational and economic opportunities, and women with disabilities are targets of rape and sexual abuse.

The Uganda Disabled Women’s Association (UDWA) has undertaken a national awareness campaign extending into each of Uganda’s five regions. Staff visit families door-to-door, assessing needs and responding whenever possible with food, mosquito nets and social support for families of people with disabilities. UDWA also holds regional workshops, providing HIV information and puts on educational performances. The drama group integrates people with a range of disabilities as well as their family members. They cut through layers of stigma by the simple fact that they include people visibly disabled and those who aren’t, all of whom come together on stage to sing, dance and talk about life, death, love and HIV/AIDS. Through music, comedy and drama, UDWA reaches people’s emotions and changes their attitudes. The drama group is a living example of the famous disability movement slogan, “Disability is Not Inability.” As people with disabilities, we are able to fall in love, to be infected, but also to do something positive in the face of this pandemic.

**Myroslava Tataryn is an Advisor on Disability Issues for AIDS-Free World. Learn more at: www.aids-freeworld.org.**
ON MARCH 8, 2008, THE GRANDMOTHERS TO GRANDMOTHERS CAMPAIGN CELEBRATED ITS SECOND ANNIVERSARY AND RECORDED ANOTHER MILESTONE: OVER $3 MILLION HAS BEEN RAISED TO SUPPORT GRANDMOTHERS AND THE ORPHANS IN THEIR CARE IN SUB-SAHARAN AFRICA. THERE ARE NOW SOME 200 GRANDMOTHER GROUPS, REPRESENTING MORE THAN 5000 INDIVIDUAL GRANDMOTHERS AND ‘GRAND-Others’ ACROSS CANADA. TOGETHER, THEY’RE AIMING TO RAISE $4 MILLION FOR THE CAMPAIGN IN 2009!

THE DETERMINATION OF GRANDMOTHERS IS ASTONISHING. AS GRANDMOTHERS IN SUB-SAHARAN AFRICA STRUGGLE COURAGEOUSLY, HOLDING COMMUNITIES TOGETHER IN THE FACE OF THE PANDEMIC, GRANDMOTHERS IN CANADA CONTINUE TO HONOUR THEM — REITERATING THE COMMITMENT MADE AT THE GRANDMOTHERS’ GATHERING IN AUGUST 2006: “WE WILL NOT REST UNTIL THEY CAN REST.”

GOOD WORDS FOR AFRICA

In 2007, the GANG (Grandmothers of Alberta for a New Generation) in Sherwood Park and Edmonton, AB, held a Scrabble® game tournament* and raised $50,000. This year, grandmothers in B.C. and Ontario are holding their own Scrabble® events and are challenging other granny groups to join them! We challenge groups to hold their own ‘Good Words for Africa’ event between September 26 and October 12, 2008. There is a special prize for the community with the highest average score!

*SCRABBLE® is a registered trademark of Hasbro Inc. in Canada. Any and all uses of the word SCRABBLE® on this page refer to this trademark. Hasbro Inc. is not affiliated with the Stephen Lewis Foundation and has not sanctioned this event.

GIVING GRANNIES...

Holding a Scrabble® event is of course only one example of the many creative ways that grandmothers across Canada are raising awareness and funds. Many groups are making and selling tote bags, including the South Fraser Gogos in British Columbia and the Mississippi Grannies in Ontario. Others, like the Togogos and Old Orchard Blossoms in Toronto are holding evening concerts, and still more groups – including Purses and Projects for African Grandmothers in Calgary – are holding gin parties or tea parties. From penny rolling to chili cook-offs to planned giving, Canadian grandmothers are unstoppable. And in the face of the HIV/AIDS pandemic, which has left millions of orphans in the care of their African grandmothers, they must be.
In February 2008, twelve Canadian grandmothers from seven provinces travelled as representatives of the Grandmothers Campaign to visit projects funded by the Stephen Lewis Foundation in Uganda, South Africa and Swaziland. The women were selected by a panel of two SLF staff and five grandmothers, and each of them raised their own funds and Aeroplan points to cover the cost of the trip. The grandmothers have committed to a year of public speaking and fund-raising in their communities upon their return. Grandmothers Carole Holmes (Niagara-on-the-Lake, ON) and Judith Penner (Vancouver, BC) share their impressions of the trip.

**BY CAROLE HOLMES**

What a privilege it was to be one of 12 Canadian women who visited projects funded by the Stephen Lewis Foundation. We travelled in three groups to community-based projects in Uganda, South Africa and Swaziland in February 2008. This educational trip allowed us to see firsthand the impact of grassroots programmes on the lives of African grandmothers and their orphaned grandchildren.

We discovered that the circumstances and realities for each grandmother were quite different — depending on how the country was responding to the pandemic, the poverty level, the availability of social services, urban versus rural living. However, every grandmother’s family experience was the same. They spoke of grief and loss over having buried their children and felt overwhelmed by the responsibility of caring for their orphaned grandchildren.

We observed devastating tragedies and uplifting triumphs. We saw pain and suffering alongside resilience, strength and hope. We observed this in the grandmothers themselves and in the community workers, whose own lives often mirror those whom they serve.

Who are these dedicated and competent African project workers? They are grandmothers! They are orphans! They are siblings who have buried their brothers and sisters!

**AT THEMBALETHU**

**BY JUDITH PENNER**

At Thembaletu Home-Based Care, orphaned pre-schoolers sit at colourful little tables in the centre of the compound, across the yard from the coffin shop. With hand gestures and innocent expressions they stand and sing their isiSwati nursery song.

“This is my body, my beautiful body/ No one can touch it/ No one can touch it/ Call the police, Nine triple zero, nine triple zero.” Along with letters and numbers, they are learning how to protect themselves against rape, trauma, HIV/AIDS and death.

The coffins stacked up by the carpentry shop are an accepted part of the landscape for the 4,500 orphans registered here and rarely arouse comment. But one day, a young girl saw a plain wooden container being loaded into the back of a truck. She remembered her mother being taken away in such a box. “That’s where they put dead people,” said one of the kids. Shocked into inconsolable grief, she realized, in that moment, that her mother would never get better and come back to her.

On the second day of our visit to Thembaletu, which lies in South Africa near the border of Swaziland, we met with a local grandmothers group. When we arrived, the women, many up since early morning, were sitting on the stubbly grass eating lunch. Inside, we broke up into four circles (with translators) to hear individual stories.

In my group, two women wept quietly and couldn’t speak. Then one of them came over to us and fell down on her knees, sobbing. The others told us, “She lost her daughter only three days ago and now she has all these grandchildren to care for and she doesn’t know what she is going to do.” Everyone there understood her despair, her fear for the future. What would she do without enough food for her grandchildren, not even enough for one meal a day, with a house too small, its mud walls crumbling, and no money to bury her dead child? How would she care for the grandchildren who might also be ill?

This is where I saw directly the hope provided by Thembaletu (‘our hope’) and projects like it. By raising awareness, by sending our donations,
Many are HIV positive and all are affected by the pandemic. Yet every day they work tirelessly to give a little dignity, and a sense of self worth and hope to people in their own community. We Canadians were awed by their indomitable spirit, resolve and compassion. Grassroots organizations truly are a lifeline for the grandmothers and orphans.

As grandmothers, we did not go to Africa as experts or professionals. We were listeners. We were observers. We returned home as story tellers to demonstrate to you that SLF projects are making a difference. In fact, we promised our African sisters that we would share their stories, amplify their voices, hold their hope in our hearts and work to improve the quality of their lives.

Deep poverty and extreme gender inequality are fueling the pandemic. This reality drew me to the Grandmothers Campaign. I am a lifelong activist for women’s rights and social justice and have been involved with women’s advocacy groups since the early 1980’s when women organized across Canada to ensure the equality clause in our Constitution.

In an Oakville church, in the fall of 2005, I heard Stephen Lewis describe how women suffer disproportionately, how the face of AIDS in Africa is a woman’s face. He spoke about his conviction that the best hope for Africa was with women, particularly with the grandmothers ‘holding the continent together’. This was my call to action.

With a few friends, we started to organize the dynamic women that today make up my granny group ‘oomama’. We have become advocates, educators and fundraisers!

Stephen Lewis says, “If AIDS is to be defeated, it will happen at the community level, drawing on the astonishing resilience of grassroots organizations in Africa.” In Canada, we — the 5,000 strong grandmothers — are the grassroots and the lifeline for the Grandmothers to Grandmothers Campaign.

Let’s grow this movement in solidarity with our African sisters! Let’s involve every grandmother in Canada and all the friends and family she can muster. Let’s join our African sisters in this struggle. To quote my African sisters: “Go forward with strength!”

www.stephenlewisfoundation.org
By Ilana Landsberg-Lewis, Executive Director

From the beginning, I’ve been adamant about keeping our administration costs to 10 per cent so that 90 per cent can go directly to the programme work. This is critical in the face of African desperation and suffering in the face of the pandemic.

How have we managed to tap into such a wellspring of support for a horror that is so remote from the lives of most Canadians? I think that my father has the gift of communicating his urgency and passion to people, and that they know they can trust his integrity. Canadians have a history of giving, but our present time is one of cynicism, confusion and distrust. When people understand that they are hearing about a real crisis, from someone they believe will act with total probity, they help wholeheartedly. We at the Foundation are determined to earn, to keep and to honour that trust.

That’s why I’m delighted to seize this opportunity to answer some “Frequently Asked Questions” about our work.

What is different about the Foundation’s approach?
First, we keep learning from our African colleagues. We started our work by funding grassroots projects that sprang up from the immediate needs of local communities, needs that were being answered locally. We never imposed our own solutions. We’ve been able to sustain our original approach, to support groups working at the front lines of the AIDS pandemic, and to do so with as little bureaucracy as possible.

We visit every project before funding it, because there’s no substitute for seeing and judging a project’s capacity, its connection to the community, and its ability to deal properly with the finances.

Another departure is that we support the projects’ infrastructure. We help with rent and salaries, internet access — there’s even a Stephen Lewis Latrine, fondly named by the project! — all in conjunction with the programme funding.

Can you describe just what it is you learn from the projects?
We feel it is crucial to maintain meaningful relationships with the African project staff. It is they who can tell us best about emerging needs and alert us to developing trends. That’s how the Grandmothers Campaign sprang...
into being, directly from what we were taught by project workers — and that campaign has dramatically raised the visibility of grandmothers’ vital role in Africa. Now we’re learning of other important gaps: the mounting crisis in orphan care, the need for support for home-based care workers, the importance of psychosocial support for children orphaned by AIDS, and the rising hunger emergency.

How do you measure success?
This is one of our most frequent questions, and I believe it arises in part from the current model of accountability in government development projects. With development aid, the answers can be direct and factual: was the well drilled? Did the school get textbooks? In the case of AIDS in Africa, we’re dealing with a crisis of humanity and the measurements are utterly different. One South African project told us that their goal for a particular child was to get him to smile once before he died. And although his life had been so hard, and he was too weak to join the other children in play, they did bring him to that one moment when he smiled. Another measure we use as staff of the Foundation, is the strength of the trusting relationships we build with our African colleagues. For example, there’s one project in South Africa where the staff and clients were paralyzed with grief over the deaths of three children, all in the same week, for whom ARV treatment had come too late. The Director of that project knew she could come to us to ask if she could take some of the money designated for a quite different purpose and use it, instead, for the funerals.

Why is this a measure of success? When things started to unravel, the project staff felt they could come to us honestly without jeopardizing their status with the Foundation. In this instance, we simply sent the additional money so the children could be buried with dignity.

How do you know that the money is reaching those who need it most?
We have two full-time and six part-time skilled Field Representatives in Africa who regularly visit ongoing and potential new projects. They meet with everyone from community to board members and get a strong grasp of how well the programme is functioning.

Do you ever feel that the struggle is futile?
No! The urgency and commitment we feel is driven as much by hope as by loss. There’s just so much ingenuity, care and resolve at the grassroots level – for us to despair is simply unthinkable. In the month of March ’08 alone, we received 300 proposals from Africa, most of them excellent, clamouring for help and we know our donors will help us meet the demand.

What’s ahead for the Foundation?
There’s so much unfolding. Let me tell you about one initiative we feel is truly original which will have a powerful impact. Faced with the horror of sexual violence (and the spread of AIDS) in areas of conflict and civil unrest, we realized that the very best experts in helping survivors of violence are African counsellors. We’re bringing directors of counselling programmes from Africa, along with some of their counselling staff, to Toronto to meet and discuss their daily challenges, to share their best approaches, and to create a plan of action to help the women of the Congo. In five years, we’ve seen the grassroots projects grow in strength, and we ourselves have come a long way in understanding how best to support them.
In 2007, Canadians like you hosted over 500 community events from coast to coast. We know that you spent thousands of volunteer hours planning and organizing these initiatives ... and we just can’t say thank you often enough!

LETHBRIDGE, AB
Graham Jones, age 8, decided to support orphaned children in Malawi by engaging kids in his elementary school to fundraise for SLF. He created a narrated PowerPoint presentation to spread the word and raised $2,000. View his presentation online at: http://breeze.ucalgary.ca/p56298164

COURTENAY, BC
Billy Strachan had an idea: designate one day each month as ‘A Day for Africa’ and encourage members of his community to perform odd-jobs in exchange for donations to SLF. The initiative has been a huge success, raising over $17,000 so far. And there’s more: discount coupons from local businesses, ‘A Day for Africa’ wristbands, and a donated day of “Learning for Africa”.

HALIFAX, NS
Launched in February at Halifax’s Citadel High School, the 20M by 2010 Campaign is a student-led initiative to raise $200,000 by 2010. That’s one penny for each of the estimated 20 million children who will be orphaned by AIDS by the year 2010. Students sell red shoelaces to remind us how small acts can make a big difference and have inspired churches and other groups across Nova Scotia to join the campaign.

CALGARY, AB
This is the fifth year that teachers of the Calgary Catholic School District have adopted the Foundation as their Lenten project. And this year, a member of the wider school community promised to match all funds collected. It’s been a huge success, $45,000 to date.

TORONTO, ON
Inspired by their mother’s activism for grandmothers in Africa, two sisters — Alison and Kate Lawler-Dean — organized an art show and party featuring over 70 pieces of original art created in honour of those struggling with the pandemic. As first time organizers, “we were thrilled with the outcome” and raised $11,000 in one night.

DURHAM, ON
A multi-faith group of Christians, Muslims, Hindus, Bahai, and Jews screened the Stephen Lewis Foundation’s Grandmothers film on International Women’s Day. “Despite the terrible weather – one of the worst snowstorms of the year – more than 100 brave souls joined in the celebration,” raising over $3,000 for grass-roots African projects.

PLANNING AN EVENT?
We have a variety of materials (flyers, photos, DVDs) to help inform your guests about the pandemic and the work of the Stephen Lewis Foundation. Please contact community@stephenlewisfoundation.org. We would love to help you make your event a success.

YOU ASKED US ABOUT WHEN STEPHEN’S IN TOWN
People often ask us how to get tickets when Stephen Lewis is speaking in their area. Unfortunately, many of his speeches are for private events and aren’t open to the public. When he does speak at a public event, we’ll post the details on how to get tickets on the ‘Upcoming Events’ section of our website.
FINANCIAL INFORMATION

Since 2003, over 60,000 individual Canadians and organizations have given generously to ease the pain of HIV/AIDS in Africa through the Stephen Lewis Foundation. With your support, we have distributed and committed more than $22 million to over 250 grassroots projects in 15 countries across sub-Saharan Africa.

Our fiscal year runs from July 1st to June 30th. SLF financial statements are audited annually by Cowperthwaite Mehta Chartered Accountants, and our accountant is Kellie James. View our financial information on the CRA website: www.cra-arc.gc.ca. SLF’s charitable number is 89635 4008 RR0001. A summary of the current year audited statements will be available in the fall issue of Grassroots.

WHERE OUR SUPPORT COMES FROM

65% INDIVIDUALS
7% SERVICE ORGANIZATIONS
9% FOUNDATIONS
3% SCHOOLS & YOUTH
5% LABOUR/UNIONS
4% FAITH

ADMINISTRATION AS A % OF REVENUES

<table>
<thead>
<tr>
<th>Fiscal Years</th>
<th>Revenues</th>
<th>Foundation Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003 - June 30</td>
<td>$10.4 million</td>
<td>$0.6 million</td>
</tr>
<tr>
<td>6 months (fiscal year changed to July 1st – June 30th)</td>
<td>$7.4 million</td>
<td>$0.6 million</td>
</tr>
</tbody>
</table>

THANKS TO OUR VOLUNTEERS!

We would like to extend our heartfelt thanks and appreciation to all of the volunteers who give so generously of their time and talents. In our office, 38 dedicated volunteers give an average of 241 hours of their time each week – the equivalent of six full-time staff members!

Across the country, hundreds of community event organizers and thousands of grandmothers dedicate countless hours to increasing awareness and raising money to support grassroots projects in Africa. This work would not be possible without you!
BECOME A REGULAR DONOR

Monthly donations are, frankly, the bread and butter of the Foundation. The pressing question is always sustainability and longevity. Will we be able to continue our support to keep children in school where they receive meals at least once a day? Will we be able to pay for funerals, grief counselling, and support for economic sustainability?

Monthly contributions allow us to plan ahead and provide a secure future to projects that are doing so much with so little. But, it’s so much more than that. By deciding to give us a monthly contribution, you are ensuring that the strides made by grassroots initiatives are strengthened. You give us certainty, you give them certainty. You are funding hope.

HOW YOU CAN HELP:

- Donate online, by cheque, credit card or pre-authorized monthly payment. To learn more visit: www.stephenlewisfoundation.org
- To donate in the US, visit: www.stephenlewisfoundation.org/usa
- Donate your Aeroplan miles at: www.aeroplan.com/donate
- Donate securities or make a legacy gift in your will
- Make a tribute gift in honour of a special occasion
- Give a day’s pay for AIDS in Africa. Learn more at www.giveaday.ca.
- Organize a fundraising event in your community

CELEBRATE WITH A TRIBUTE GIFT

Looking for a gift for someone special? Make a donation to the Stephen Lewis Foundation in the name of a friend, loved one or colleague. You can give a tribute donation in lieu of gifts for many special occasions and achievements, including birthdays, anniversaries, holidays, weddings, graduations, retirements and more! You can also honour a favourite teacher with a donation in their name.

Give a tribute gift on Grandparents’ Day (Sept. 7th) to honour a beloved grandparent or grandchild. We will send a special tribute postcard or a personalized letter to notify the honoree of your gift. As a donor, you will receive a tax receipt for the amount of the donation. To make a tribute gift, you can donate online, mail in a cheque or donate by phone (1-888-203-9990).

DID YOU KNOW THAT YOU CAN MAKE SLF A BENEFICIARY OF YOUR RRSP OR RRIF?

To learn more, visit our website or call Nancy Forgrave, Director of Development, at 416-533-9292 ext. 262 or 1-888-203-9990 ext. 262.