DEAR FRIENDS,

When it was created, the Stephen Lewis Foundation chose its descriptive mantra with great care: “Easing the pain of HIV/AIDS in Africa” is exactly what we wanted to do. There was no pretense that we would have some profound effect on the pandemic as a whole, only that we desperately wanted to reduce the levels of misery to which women and children and men were subject.

The virus was deadly. We wanted to ease the pain of the carnage.

I think it’s fair to say that we’ve been reasonably successful in doing just that over the last five years. Whether it’s people living with AIDS, or orphans or grandmothers, life has been made bearable for many who would otherwise have languished in isolation and despair. We’ve worked at the grassroots in over three hundred projects in fifteen countries, and we have a good sense of how to make an impact.

But two things happened along the way that are changing our approach. First, it became clear that the big funders involved with AIDS — from the Global Fund to the Gates Foundation to the World Bank — are making a magnificent contribution to the purchase of drugs, the creation of laboratories, the repair of health systems, the replenishment of healthcare workers, the search for a vaccine. But not a lot of the money gets to the ground… to the grassroots communities that need it most.

Second, it became equally clear that investment at community level has had a huge impact. Over the last five years, in project after project, we saw lives and hope restored.

We began to think to ourselves that if only we had greater resources to invest, we could help to subdue the pandemic at community level; we could take the lessons we’ve learned and apply them across the board. This is not meant to be grandiose: it’s simply meant to recognize that with enough money, we’re on the precipice of creating major change right across the continent.

So we’re taking the next dramatic step in the evolution of the Foundation. We’re launching a campaign called Turning the Tide. We’re going to try to raise enough funds to support all the worthy proposals that come to us — putting into operation, at country level, scores of additional projects. Our goal is to raise $100 million over the next five years to fund hundreds more grassroots organizations in sub-Saharan Africa.

We believe to the depths of our being that it’s possible to Turn the Tide in this way. What we need are the numbers, and the broadening range of experience, to show everyone that it can be done; that at the grassroots, where people live and die, such energy and prevention and care can be unleashed and employed that the pandemic is reversed.

It’s incredibly ambitious. People will be skeptical. We’re used to that. We heard it when the Foundation got started. We heard it in the Grandmothers Campaign. But the Foundation has shown, we believe, that the skeptics were wrong. We’re now ready for the next brave leap forward: we want to turn the tide.

Chair, Stephen Lewis Foundation
OUR WORK

WHAT WE DO

The Stephen Lewis Foundation (SLF) exists to support the efforts of grassroots organizations working to turn the tide of HIV/AIDS in Africa. We fund community-level initiatives in 15 sub-Saharan African countries that provide care to women who are ill and struggling to survive, assist orphans and other AIDS-affected children, support grandmothers and the children in their care, and sustain networks of people living with HIV and AIDS.

DID YOU KNOW?

You can donate your Aeroplan miles to the Stephen Lewis Foundation. In just two years, we’ve used miles for over 300 flights to support our project work in Africa through Aeroplan’s Beyond Miles programme! To donate, visit www.stephenlewisfoundation.org/aeroplan or call 416-533-9292 ext.0 or toll-free at 1-888-203-9990 ext.0.

HOW WE FUND

There is a groundswell of responses at the grassroots in Africa to meet the needs of communities affected by the pandemic. We receive an average of 100-200 proposals each month and each one is carefully considered. Before we make a funding decision, we send an experienced Field Representative (such as Ida Mukuka, pictured left in Uganda) to visit the organization to help us assess its connection to the community, its ability to implement programmes, and its financial accountability systems. We work closely with African organizations to foster mutual respect and understand their needs and challenges. Our initial grants range from USD $10,000 to $35,000. As our African partners grow in strength and capacity, so do our grants. We are currently supporting a number of organizations with grants up to $200,000.

TURNING THE TIDE CAMPAIGN

Over the last five years, we have provided more than $24 million to support over 300 community initiatives in Africa. With your support, we hope to raise $100 million over the next five years to enable us to fund many more tremendously effective organizations and sustain a critical mass to turn the tide of HIV/AIDS at the grassroots. Stay tuned to learn how you can get involved!

www.stephenlewisfoundation.org
For North American parents who hover protectively over their children, feed them organic food, drive them to school, monitor their computer use, and even pester university officials with questions about their children’s wellbeing, the raw vulnerability of girl children in Zimbabwe is almost unimaginable.

Picture little girls left without parents by the AIDS pandemic. Hungry, hurt, emotionally devastated, alone in the world, these orphaned girl children have no encircling arms to comfort them. (Imagine: one quarter of the girls the Network has rescued from sexual abuse are between the ages of three and seven).

Betty Makoni didn’t have to imagine it. This Zimbabwean hero had lived the abuse from the age of six and had overcome its legacy of despair. As a teacher, though, she was torn apart once again to witness the suffering of her female students. She created the Girl Child Network (GCN) in 1998, and it has blazed across Zimbabwe with its message of support and empowerment.

One quarter of the girls rescued from sexual abuse by the Girl Child Network are between the ages of 3 and 7 years old.

More than 60,000 youngsters now belong to Girls’ Empowerment Clubs scattered across the country. They find shelter from abuse, access to education, training for self-sufficiency. They are given food, school fees and uniforms, and even — in a particularly poignant example of how desperate these girls can be — sanitary napkins and underpants. To help rape survivors heal from the trauma, the Network goes far beyond material help. Art therapy (through art, plays, poetry and dance), plus counselling and career mentoring, are part of the rehabilitation. GCN’s vision is eloquent: that “girls should walk in the fullness of their potential”.

Our Foundation is particularly pleased that the Girl Child Network has aggressively advocated for profound social and attitudinal changes in Zimbabwe, a country currently in political and economic crisis. Despite the odds, GCN is already able to see a shift in social attitudes and a gradual enlightenment toward the girl child. Recently, GCN led a huge anti-sexual-abuse campaign which rallied churches, schools and politicians against the scourge of child rape. The justice system has slowly begun to respond to the Network’s pressure for greater access and fairness for abuse victims. GCN activists have even reached out to ethnic and religious leaders to begin the work of sensitizing them to the rights of girl children.

Despite global recognition of Betty Makoni’s work, many donors have shunned Zimbabwean projects because of the Mugabe government’s poor reputation. Recently, GCN workers have been threatened and injured in daring “rescue operations” to save young children, many of them orphaned by AIDS, from critical situations of trafficking and abuse. That’s why SLF has stood by — and increased — its support. GCN receives an average of 15 crisis calls a day, but is able to respond only to three, partly because of the price of fuel. With the Foundation’s help, the Network will be able to scoop up, comfort and rehabilitate more and more young girls who, even now, with the encouragement of the Girl Child Network, are helping to transform the country’s future.
Consol Homes Orphan Care of Malawi is out of control — and that’s great news for this impoverished country. New orphan support groups are forming and grandmothers are spontaneously organizing and actually building new centres with their own hands, despite Consol’s intention to slow down its explosive growth.

The unstoppable energy is breathtaking proof of how one grassroots group, starting small and aided by the SLF, has sparked a country-wide turn-around. Consol Homes began with one married couple, Alfred and Yasinta Chapomba, going door-to-door in a village to get support for a pre-school centre, where 63 tiny orphans could gather for story-telling, emotional support and health-monitoring. Soon, Consol Homes grew to offer feeding and school fee support for school-age orphans as well. Even more radically, it offered participation in the dynamic Orphan Affairs Unit (OAU) run by the youth themselves. It’s an astonishing and transformative experiment: youth gain tremendously in confidence, skill and optimism through OAU activism. Each Community-Based Child Care Centre elects one “member of parliament,” aged 10 to 18, boys and girls equally, to identify problems and bring them to the attention of the larger orphan-run meetings. The self-actualization is extraordinary. The youngsters are so proud of their autonomy that they push themselves to one achievement after another, raising money for school fees and uniforms, helping to build homes and tend gardens for grannies, identifying cases of sexual abuse, and promoting skills training.

In just eight intense years, Consol Homes has grown to 107 child care centres serving more than 30,000 children, with more than 500 community volunteers covering 1,200 villages. Hundreds of grandmothers are harvesting more ample crops since Consol Homes began distributing fertilizer; 500 students have their high school fees paid; 9,780 vulnerable children are regularly given food to take home; home-based care workers tend to the sick; committees of widows help the newly bereaved; village self-help groups are participating in microcredit initiatives and opening bank accounts.

It can truly be said that Consol Homes re-ignited the spark of resiliency in a devastated country. The projects now draw national and international attention; the government is extending a hand to the grandmothers and Consol Homes was awarded the 2008 Red Ribbon Award by UNAIDS.

We can all take heart from this stirring example of how courageous initiatives that start very small – after all, Consol Homes started with just 38 extended relatives caring for orphans – can significantly alter the course of history. In Malawi, we can actually see the turning of the tide.
It’s hard to imagine a more demanding work site than Sophiatown, described by the community workers as a harsh slum near Johannesburg. People are packed into tiny houses separated by narrow alleyways, alcoholism and gangsterism are rife, a third of the people are HIV positive, and some are so desperately poor that they will refrain from taking their AIDS drugs lest, when their health improves, their family lose the meagre disability allowance on which they all survive. Volunteer caregivers for bereaved children and ailing parents are so stressed by their own family emergencies that they desperately need help themselves. It’s intractable urban agony, the grim legacy of the apartheid years.

Sophiatown Community Psychological Services (formerly Reginald Orsmond Counselling Services) has had to pioneer new ways to deliver emotional support to this huge, suffering population. Western styles of individual counselling are simply unworkable in the face of the overwhelming demands.

In the last year, the organization recruited two “barefoot counsellors,” Valerie and Grace, who simply walked door to door and shelter to shelter, listening to people, identifying problems, and building trust and friendship.

Recent violence showed the mettle of this unique agency when xenophobia exploded in brutal riots against the thousands of African refugees (from Zimbabwe, the Congo and other war zones) living in the area. When the riots broke out, 2,000 terrified refugees fled to a local church, camping in the halls, bathrooms and grounds. Sophiatown counsellors were there, running group healing sessions for anyone willing to talk, and helping them develop “strategies of resilience.”

Later, when hundreds were herded into a fenced refugee camp and the counsellors were forbidden entry, they circled the perimeter and practiced “fence counselling” for children inside the camp who were convinced they were going to be killed.

In despair that they could not offer more help, the counsellors were told by one of the refugees, “You go with us wherever we go; it doesn’t matter you can’t do anything; you are a part of us.”

Aside from the refugees, the counsellors in Sophiatown face crushing burdens. Few of us can imagine a place where it’s necessary to run holiday camps for bereaved children; where so many have died that children are left living with known murderers and drug dealers, or are routinely on their own, selling themselves for food. At the local clinic, about 64 teenagers are tested for HIV every month, and 75% of them test positive. Helping such children and youth cope with their trauma is crucially important for their survival. In Sophiatown support groups, many youngsters are safe, for the first time, to express their anger and fear, to let go of their defensive delinquencies, and to reach out for help.

The leaders of the Sophiatown community service persevere. Despite the horrors that surround them, they know that the emotional healing they offer is spread from grandmother to child, from child to friend, from friend to parent. Indeed, the agency’s unique approach is now being studied as a model by national researchers.

In a culture where no one survives as an individual alone, but only as part of a community, the solace and strength offered to each one is multiplied a thousandfold. Each child made more whole, each teenager helped to value herself, each grandmother enabled to grieve and go on, guards against more infection, despair and death.
Swaziland Positive Living (SWAPOL)

thulisile Dladla is stirring the contents of a huge black pot over an outdoor fire, while a crowd of children gather hungrily but quietly. Eleven of them are “hers,” six of her own children and five children orphaned by AIDS from her extended family. As she ladles up plates of steaming cabbage and maize to the horde of children, Thulisile explains to a visitor from SLF that she is working for a Neighbourhood Care Point established by SWAPOL, Swaziland Positive Living.

A Neighbourhood Care Point is a village house where women gather to tend large community gardens, cook two homegrown meals a day for local AIDS orphans, and sew school uniforms to generate income for the project.

In desperately poor little Swaziland, where the AIDS pandemic has swept up a quarter of the population, and the average life expectancy is 32 years, women and children are at double jeopardy. Not only are young women being infected at a terrifying rate, due to their unequal status, but they are frequently left destitute thanks to “inheritance grabbing”.

Thulisile points to one little boy sitting in a wheelchair. When his parents died, other relatives snatched what little inheritance there was. Swazi women have no inheritance rights, so grandmothers who “inherit” the AIDS orphans inherit nothing else. SWAPOL is trying to help one woman who refused to hand over her orchard to her husband’s family after his death. Her brother-in-law, in revenge, cut down all the fruit trees.

Despite the poverty, the drought, and the legal discrimination against them, SWAPOL is a testament to the strength and potential of women. Siphiwe Hlope, SWAPOL’s founder and director (profiled on p.8) learned she was HIV positive on the eve of her departure to study for her master’s degree. She and her five children were immediately abandoned by her husband. Siphiwe’s response was to start mobilizing other stigmatized women, especially in rural areas. Word spread like wildfire. Soon, 35 grassroots support groups emerged, and SWAPOL is working with each one to establish those vital community and backyard gardens for food security, and to keep AIDS orphans in school and fed.

SWAPOL is not just keeping orphan children alive, but inspiring them to aim for a better future. Tandega, a 13 year old orphan, is responsible for her two siblings, because their frail grandmother is more than 100 years old. With SWAPOL’s help, Tandega has managed to stay in school. That’s crucial, because every girl who stays in school is “immunized” to some degree against the submissiveness and vulnerability that lead to young women’s high infection rate.

SWAPOL has recently established a mobile clinic, and is preparing to mount a legal fight on behalf of women’s inheritance rights. SLF will be at their side.

While King Mswati presides over the annual festival of virgins, who dance bare-breasted in hopes of being chosen as one of his pampered wives, the dedicated rural women of SWAPOL may be the only bulwark against Swaziland’s collapse as a nation-state. Their incredible resilience – and SWAPOL’s determination to change harmful customs and laws – are Swaziland’s best hope for a stronger future.


www.stephenlewisfoundation.org
What motivated you to create SWAPOL and what have you achieved so far?
In 2000, I was working for the Ministry of Agriculture and I met so many women like me, with a positive status, who were experiencing the same problems. We called it Swaziland Positive Living because we were positive that we’d live long. The most important thing that we’ve achieved is working with the rural communities whose knowledge of HIV and AIDS was slim or none at all. Now, people know about HIV and AIDS. Secondly, we established support groups within the community so that people living with HIV and AIDS can open up about their status, talk to each other, and go to the community.

How many communities does SWAPOL serve?
We are serving 46 communities and 4,500 members — 95% [of whom] are on treatment. We encourage them to take blood tests and learn their CD4 count. We’re even establishing home-based care to encourage community members to sleep, to eat, [to ensure] that they are taking their drugs as the doctor prescribed. The caregivers are also managing the terminally ill and training family members in how to take care of a sick one at home. [SWAPOL is] also providing food security and nutrition for these people.

How many people are on ARVs in Swaziland?
Well right now we are talking about 23,000 that are on treatment. As compared to, I think, 220,000 people eligible for treatment. The government in Swaziland doesn’t have the [capacity to] follow up on treatment, but as an organization, we make a follow-up visit so that we know whether they’re still alive. We monitor them and ask: “What is happening? Are you adhering to the drugs? Any side effects? What are your problems with the treatment?”

Do you think organizations like SWAPOL can turn the tide of the pandemic?
We are in one-third of the communities in all of Swaziland. If we are organized, if we have enough resources, we can turn the tide of HIV and AIDS. Women are getting the knowledge they need to tell their husband to use a condom so they won’t be infected or re-infected. And, they are going to their families and their neighbours to impart their knowledge. Knowledge is power. If all of the women in Swaziland have the knowledge — I’ll tell you, the next five years, women won’t be infected by anybody!

You hosted a grandmothers’ solidarity march on International Women’s Day this year with 1,800 Swazi grandmothers and 12 Canadian grandmothers. Do you see a lasting impact from that?
The impact from that march was the very good participation. People were saying, “What are these women doing? Why?” Because they didn’t know that you can have so many women on the street. As a result, the government is now reviewing the Swaziland National Strategic Plan and talking about the incorporation of grandmothers’ interventions on HIV and AIDS. That was a great achievement.

What are your greatest hopes for Swaziland in the next five years?
First, I want to see the removal of cultural barriers so that women are recognized as people. Secondly, the decentralization of the ARVs to the community level and their distribution to positive children. I’m dreaming of a time when 10,000 or 15,000 Swazi women [will] march to the King and tell him “this is what we want from you, failing which, there’ll be a revolution in the country.”

During her recent visit to Canada, we sat down with SWAPOL founder and renowned Swazi AIDS activist Siphiwe Hlope to ask her a few questions:
The AIDS pandemic has significantly affected the traditional family structure. Millions of children have lost one or both parents and are now cared for by their grandparents. For two years, we have worked with grannies and their grandchildren in the Kahama and Wacheba villages of Kabale, Uganda and I have learned that the war against poverty and HIV/AIDS has its frontlines at the grassroots — not only because of the pain inflicted, but because the war against AIDS will be won at the grassroots.

ROTOM supports grannies and children under their care by looking after their spiritual, emotional and physical needs, including food, water, sanitation, shelter and medical care. We empower them economically through income-generating activities and facilitate bi-weekly community support group meetings for grandmothers and grandfathers. By sharing with each other under the guidance of a counsellor, they are better able to deal with the trauma of losing their children to HIV/AIDS and can learn to cope with the new challenge of parenting orphaned grandchildren. Grannies are taught about the virus with an emphasis on prevention and caring for the sick. With this knowledge they have the armour to battle the scourge. Grannies also develop friendships, which have become the fabric for mutual support.

We also sponsor regular medical screening and treatment for grannies and provide much needed food supplements. Because of this, they are now in better health which enables them to engage in economic ventures like raising goats and planting potatoes. This creates a safer and better environment to raise their grandchildren with less pressure to marry young girls off at an early age.

For children, we pay for school tuition, meals and scholastic materials to give them a chance to acquire a basic education and eventually get a job and earn an income. Even more important are the self-esteem and confidence-building programmes. Each of the children supported by ROTOM has developed confidential and trusting relations with social workers and volunteers so they can easily seek support to deal with past trauma and abuse. Girls have gained confidence to seek counsel for personal challenges and are now better educated and equipped to resist detractors and deal with potential sex abusers.

We have also established relations with grassroots leaders, including faith leaders, civic and opinion leaders. Working through these leaders and with local police authorities, we have educated the broader community about child abuse, especially sexual abuse of girls. We work on reporting cases to the police, some of which have been acted on with arrests and warnings, sending a strong message to would-be abusers. In one case where local men at a bar were demanding inappropriate hugs and touches from girls on their way from school, we alerted the police who warned the men and the practice stopped.

We now feel that the grannies are empowered to raise their grandchildren, the community is ready to protect the children and the children themselves are empowered to fight for their lives. With this new war front against the pandemic, it will not be long before HIV/AIDS in this community is significantly reduced.

Kenneth Mugayehwenyi is the Executive Director of Reach One Touch One Ministries (ROTOM).
Ranchod Hospice is situated in the small impoverished town of Kabwe, north of the Zambian capital city, Lusaka. The town was once a thriving zinc and lead mining centre, but after the liberalization of the economy in the early 1990s, the industry collapsed. Almost overnight, most of the other industries that were auxiliary to the mines also went under.

As the state of the economy worsened in the town, the AIDS epidemic took root, which in turn fuelled the spread of poverty. By the year 2000, fewer than one in 20 adults held any meaningful employment and the HIV/TB co-infection rate was the highest in the province. The main hospital and other smaller health facilities often had no drugs and there were widespread shortages of doctors and nurses. Whenever there was an emergency, such as a bus accident, terminally ill persons – many of whom were AIDS patients – were immediately discharged to make room for the new casualties.

Ranchod Hospice was set up to respond to patients who urgently needed extended palliative care. The hospice was spearheaded by Mary Chidgey, an Irish retired nurse, together with a couple of Zambian nurses, some of whom were on leave from their government jobs. But the backbone of the work at the hospice is carried out by 87 volunteer community caregivers. These were mainly women who had no previous training, could not read or write, but had a big heart to help comfort the patients. Some were also living with HIV. Through basic training, they learned how to feed, bathe, change and nurture the patients. For 24 hours, seven days a week, they were on call — responding to the needs of their patients.

And they continue their tireless work today — providing services that help to save thousands of lives.

Ranchod Hospice has 25 beds, but that is only part of the support they provide to the community. Dotted all over the town and its outskirts, the volunteers visit patients in their huts, providing much of the same care as they do in the hospice. Every month they reach hundreds of patients with medicines, food, care and love. For many people in the outlying areas of Kabwe, Ranchod’s homecare team is the only healthcare system available to them. These volunteers are not teams of “experts” who carry out so-called ‘needs assessment’ surveys and analyses. They are women and men who live within the community and know, through everyday experience, when to provide food or medicine to a patient. Through their energy, commitment and compassion, they are changing the course of this pandemic.

There was a time when grassroots organizations apologetically explained that they were only around to complement governments’ activities. It is time to acknowledge that these grassroots organizations are creating an impact that no government in the region can do without.

Winstone Zulu is a renowned Zambian AIDS activist and a founding member of Kara Counselling’s Positive and Living Squad (PALS). He lives in Kabwe, Zambia and is currently advising the Stephen Lewis Foundation in Toronto.
A powerful theme emerged at the recent International AIDS Conference in Mexico City: the urgent need to “scale up” the most effective HIV/AIDS programmes that are functioning so well at the grassroots level. At the SLF, we are persuaded that the answers the world is seeking already exist: they are there at ground level, just below the radar of the industrialized world. We have watched effective, village-based programmes expand in the course of five years to medium-size and even larger-scale operations — with the appropriate support both for programme work and core administration. Of course, these projects still remain “grassroots” in their essence, but now they reach across regions to serve hundreds, sometimes thousands, more people, offering succour to women, grandmothers and children.

Sadly, the insights and voices of these hands-on experts are rarely heard, and even less frequently do projects have the opportunity to share their knowledge and challenges with one another within their own countries and across borders in sub-Saharan Africa.

That’s why we convened a Home-Based Care Roundtable (with a grant from the MAC AIDS Foundation) to create a space for the projects to engage in dynamic and thoughtful conversation. We invited nine sophisticated organizations from seven African countries to gather in South Africa in September. Together, they shared their insights, expertise, frustrations and hopes for the future.

Home-based care, as we know, has become the backbone of the health care response to AIDS in sub-Saharan Africa. “Home-based care workers are holding all the health services together,” said one participant. These stalwart women do everything from treatment adherence to emotional support for the affected families, from nutritional support to gentle care for the dying. They are a tower of strength to the grandmothers and the children soon to be orphaned by AIDS.

A powerful understanding of, and vision for, home-based care arose from the meeting. Funders and policy-makers who want to know what works, and what and how to scale up, need only listen to these hands-on project practitioners.

Poverty and hunger, they said, remain the most insidious predictors of illness. They said that families fall apart in the aftermath of death unless they have bereavement and paediatric counselling. They stressed that pain management and palliative care must be better integrated into the training for home care workers. They told us that vulnerable households, especially youth- and child-headed households, are slipping through the cracks of the fractured social service systems. They wanted us to hear how drastically the rural communities are being left behind as access to treatment rolls out in urban centres. Women, they said, are sometimes empowered to move from being patients to being caregivers. Above all, they emphasized the way women who provide home care take on huge responsibilities with insufficient, if any, compensation. Burn-out is a phenomenon that is causing mounting alarm.

The Roundtable results will be captured in a report to be widely shared with the participants themselves and with other African projects. The goal is to build capacity by sharing vital information that will help organizations deepen and strengthen their work. It is time to start acknowledging, documenting and learning from those grassroots activists who are working to turn the tide of HIV and AIDS in Africa. They provide a responsive and viable healthcare response to the pandemic, improving the quality of life through their essential services and providing care and dignity in death.
UPDATE ON THE CAMPAIGN

Here’s breaking news: The Grandmothers to Grandmothers Campaign has now surpassed 200 grassroots groups, spanning most of the provinces and territories of Canada, two U.S. states and the United Kingdom. Those incredible groups of grandmothers and grand-others have now helped to raise more than $4 million dollars for grandmothers in sub-Saharan Africa.

Many of the Canadian grandmothers’ fundraising activities – such as quilting, gardening, sewing and sharing community meals – are the same activities in which African grandmothers participate. That’s truly a grassroots movement and we are so inspired by the strength, determination and tenacity of grandmothers everywhere.

SCRABBLE UPDATE

This fall, 20 grandmothers’ groups across Canada held Scrabble® game benefit tournaments. And while pledges are still coming in, well over $155,000 was raised to support grandmothers in sub-Saharan Africa. Some tournaments were large and involved nearly 200 players — others were intimate games of four players around the kitchen table. From Comox to Red Deer to Petawawa, grandmothers everywhere were spelling up a storm. We hope that all grandmothers groups will organize or participate in tournaments next year.

GOFOR GOGOS 1ST ANNUAL TEA FOR TRIUMPH

GoFor Gogos – a new Vancouver-based group – held a smashingly successful rain-soaked garden party on the large veranda of a heritage Victorian home, which included tea, food, entertainment, and an auction. More than $15,000 was raised for grandmothers in Africa.

GRANDMOTHERS’ CYCLING TOUR

In September, the Victoria Grandmothers for Africa held their second annual Grandmothers Cycling Tour from Campbell River to Victoria. The event was a huge success, with 20 cyclists raising more than $29,000 on this three-day, 270 kilometre ride.

MEET THE CAMPAIGN TEAM!

As the Grandmothers Campaign grows, so has the Campaign Team. We each undertake a specific role in order to ensure that every group gets the personal contact we all value so much. We would like to welcome Janis Purdy, Hannah Diamond, and Kaitlin Short to the Campaign Team. Here’s what we do:

- **Julie Coultas** – Regional Coordinator Western Canada including the National Capital Region, Kenora, ON, MB, SK, AB, BC and the territories
- **Janis Purdy** – Regional Coordinator for Eastern Canada including ON (except the National Capital Region and Kenora), QC, NB, NS, PEI and Newfoundland
- **Mary Anna Beer** – Advisor for Eastern Canada
- **Hannah Diamond** – Advisor for Western Canada
- **Helen Silbiger** – Liaison for events across Canada
- **Kaitlin Short** – Assistant for events across Canada

HAVE YOU SEEN THE RESOURCES FOR REGIONAL GROUPS ON THE GRANNY WEBSITE?

We’ve got information, newsletters and updates available for the Ontario Regional Resource Group (ORRG) and the Greater Vancouver Gogos. Visit the ‘Regional Groups’ page on www.grandmotherscampaign.org.
In July, Julie Coultas, Grandmothers Campaign Coordinator, embarked on a month-long road trip from Toronto to Vancouver. She met with 43 granny groups and shared stories from the solidarity-building trip to Africa that took place earlier this year, when twelve Canadian grandmothers visited SLF-funded projects and saw firsthand how Campaign funds help communities build.

I set off in a rented car on a sunny Sunday morning, brimming with anticipation of the open road and the hundreds of grandmothers I would meet on the “Great Granny Road Trip”. The plan was simple: visit as many groups as possible along the trans-Canada highway between Toronto and Victoria, share stories from the grandmothers’ trip to Uganda, South Africa and Swaziland, and learn more about the exciting activities of Canadian grandmothers. I camped and stayed with grandmothers along the way and enjoyed the opportunity to put a face to some of the 10,000 inspiring individuals participating in this movement.

I met with Canadian gogos (a Zulu word for ‘granny’) in living rooms, church halls, public libraries and pubs, gave 25 presentations and covered 43 groups (benefiting from almost as many pot lucks!). Each meeting underscored Canadians’ strong sense of solidarity with grandmothers in sub-Saharan Africa. They were excited by the opportunity to make a meaningful difference in the world at this point in their lives. And they acknowledged the important involvement of ‘grand-others,’ including young women and men, children and grandfathers.

In Nanaimo, Donna Anthony of the Nan Go Grannies shared that for her, “the Grandmothers Campaign isn’t a destination, it’s a journey.” Grandmothers across Canada are finding creative ways to balance their Campaign involvement with other work, family and community commitments. The Toronto Statement says, ‘We will not rest until they can rest’ and Canadians have stayed true to their word!

One underlying theme on my visits was the concept of giving. I thought back to our trip to Uganda where, as we prepared to leave one village, a small elderly woman emerged from the group and gently placed four eggs in the hands of Kathy Reid, a grandmother from Nova Scotia. We were all completely overwhelmed by this gesture. We realized that this gift must have represented most of her food for the next few days and struggled with accepting it. Kathy later reflected: “That’s generosity at a level I don’t think we can even conceive of, but in accepting, you acknowledge the giver. You give validity to her and to her gift. As hard as it was to take the eggs, we did. I had never received as generous a gift in any other circumstance, and what’s really sobering about this whole thing is to think that I’ve probably never given a gift as generous as that.”

Participating in the Grandmothers Campaign is about giving our time, talent and resources in support of grandmothers and the children in their care in sub-Saharan Africa. But it is also about receiving — learning from African grandmothers, making new friends in our own communities, and truly understanding the difference between standing apart from and standing side-by-side in solidarity. It challenges us to discover what our own ‘eggs’ might be to give.

Julie’s car rental was made possible through the Aeroplan Beyond Miles Programme. Read her trip journal online in the ‘Blogs’ section of the Grandmothers Campaign website: www.grandmotherscampaign.org.
Our work wouldn’t be possible without the generosity of individual Canadians like you. From coast to coast, people are finding creative ways to support the courageous struggle against HIV/AIDS in Africa. Here are just a few examples:

**Country Homes & Garden Tour**
**Port Perry, ON**
Community members opened their doors to showcase fantastic properties in and around the village of Claremont — some historic, some contemporary, each unique and interesting. After the tour, they served lunch, listened to the music of Soul Influence, and sold African crafts. Over $20,000 was raised for orphan care and support!

**Big Game for Africa**
**Sherwood Park, AB**
“Big Game for Africa” went well beyond Bev Facey High School’s initial objective to raise awareness and funds in their community. They created a life-size, papier-mâché giraffe to stand in their school cafeteria and “eat” loose change. English classes collected pledges and competed in a variety of word games. In the end, the school raised $8,000 to help orphans in Africa attend school.

**Northumberland Strait Swim**
**PEI / New Brunswick**
Kristin Roe is determined to make waves! She swam 40km across the Northumberland Strait – from PEI to New Brunswick and back – in 15 hours and 40 minutes. Her goal is to raise $100,000 for the Stephen Lewis Foundation and Farmers Helping Farmers.

**Hair and Beard Cutting**
**Kangirsuk, QC**
Students at Sautjuit School in Kangirsuk, a northern Quebec village, sold tickets for the opportunity to cut their teacher’s hair. On the day of the cut, students learned about AIDS in English, French, and Inuktitut. Prizes were drawn, the winning design was selected, and the four winning students were chosen to perform the cut and shave in front of the whole school. The total raised was $513.13.

**Servers Against AIDS Day**
**Bow Valley and Jasper, AB**
The Mountain Movement campaign aims to raise funds and awareness for HIV-related issues in Africa. Co-founders Meghan Ward and Paul Zizka looked for a way to combine their work as servers in Banff with this important international cause. This year, they held the largest ever annual Servers Against AIDS Day, with participants in Banff, Lake Louise, Canmore, Jasper and the Icefields Parkway. On July 26th, servers from over 50 participating restaurants donated their tips to AIDS — raising close to $9,000 for local AIDS organizations and the Stephen Lewis Foundation.

**Eat My Words**
**Toronto, ON**
Eat My Words generously donates a portion of the sales from their baked creations to the Foundation. Proceeds from the *Wild About Africa* party cake and other delicious treats go to fund projects that support orphans in Africa.

**Give A Day To World AIDS**
Join the growing movement of Canadians who are giving one day’s pay for AIDS in Africa on World AIDS Day (December 1st). Visit www.giveaday.org to get involved.

© Bev Facey Community High School

© Eat My Words
Financial Overview

From July 1, 2007 to June 30, 2008 we disbursed $10.7 million to African projects. This brings the five year total to over $24 million to support projects in 15 countries. We received some 40,000 donations this year — 73% from individuals.

Over a five year period, our average administrative expenses (as a percentage of revenue) were below 10%. This was made possible in part by the generous contributions of volunteers and through pro bono support from a variety of sources, from photographers and film editors to media professionals.

Our financial statements are audited annually by Cowperthwaite Mehta Chartered Accountants. Audited statements are available upon request. The Stephen Lewis Foundation’s financial information is available on the Canada Revenue Agency website (www.cra-arc.gc.ca). SLF’s charitable number is 89635 4008 RR0001.

Where Our Support Comes From

2007-2008 Fiscal Year

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School and Youth</td>
<td>2%</td>
</tr>
<tr>
<td>Small Business</td>
<td>6%</td>
</tr>
<tr>
<td>Faith</td>
<td>2%</td>
</tr>
<tr>
<td>Foundations</td>
<td>13%</td>
</tr>
<tr>
<td>Individual (including Grandmother Groups)</td>
<td>73%</td>
</tr>
<tr>
<td>Labour / Unions</td>
<td>2%</td>
</tr>
<tr>
<td>Service Organizations</td>
<td>2%</td>
</tr>
</tbody>
</table>

Disbursements by Mandate Area

2007-2008 Fiscal Year

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphans and Vulnerable Children</td>
<td>$3,200,007</td>
</tr>
<tr>
<td>People Living with HIV and AIDS</td>
<td>$2,009,228</td>
</tr>
<tr>
<td>Grandmothers</td>
<td>$2,386,349</td>
</tr>
<tr>
<td>Women</td>
<td>$3,093,546</td>
</tr>
</tbody>
</table>

CBC Fifth Estate “Disappearing Act”

On October 1, CBC aired a program about David Reiner, an accountant who is on trial for embezzling nearly $1 million from Toronto daycares. We wanted to clarify his history with the Foundation. David Reiner worked as a consultant bookkeeper for SLF but we terminated his services in 2005 because he could not accommodate our growth. A year later, news broke that he fled to Africa and 21 daycares were missing funds. All audits have confirmed that our funds are secure. For more information, please view the ‘Note to Donors’ online: www.stephenlewisfoundation.org/Note_to_donors.htm

Board of Directors

Stephen Lewis, Chair
Jean Augustine
Barbara Coloroso
Mary Coyle
Grace-Edward Galabuzi
Patsy George
Alexis MacDonald
Roy McMurtry
David Morley
Richard Phillips

African Advisory Board

Graça Machel, Chair
Dr. Agnes Binagwaho
Sisonke Msimang
Theo Sowa

Senior Advisor

Dr. James Orbinski

Executive Director

Ilana Landsberg-Lewis

www.stephenlewisfoundation.org
LEAVE A LEGACY

We know that across sub-Saharan Africa, grandmothers are holding together the continent by caring for millions of children who have been orphaned by AIDS. We also know that they share a common concern: what will happen to my grandchildren when I die? They want to ensure the security of their grandchildren’s future: to know that they will be cared for, that they will stay in school and stay HIV-free. “You are afraid to think of their tomorrow,” said one Kenyan grandmother. “You look at them – beautiful, nice, innocent kids, but you are afraid for their tomorrow.”

By making a gift in your will, listing the Foundation as a beneficiary of your RRSP/RRIF or life insurance, or by leaving a bequest of assets, you are making an investment in the children of Africa and in the important work being done by grassroots organizations to turn the tide of AIDS. Your plan is their plan: your gift will bring hope for communities touched by the AIDS pandemic.

To learn more, please contact Nancy Forgrave at 1-888-203-9990 ext.262, or complete the enclosed reply form and return it to the Stephen Lewis Foundation.

HOLIDAY TRIBUTES

Are you looking for an alternative to buying gifts? This holiday season celebrate your friends, loved ones and colleagues by making a donation in their honour to the Foundation. Your contribution will sustain communities that are struggling valiantly against the pandemic.

We are pleased to announce that we have holiday tribute cards available this year. The cards feature a photo of children from the Girl Child Network in Zimbabwe and include a short description of our work. Two beautiful versions of our holiday tribute insert cards are also available in bundles of five (with a minimum donation of $60), and can be added in a holiday card or included as a stocking stuffer. To place an order, visit our website or call 416-533-9292 ext.0 or toll-free at 1-888-203-9990 ext.0. Please allow 2-3 weeks for delivery.

GRASSROOTS IS NOW IN COLOUR!

We wanted to capture the spirit and energy of the remarkable organizations we fund and bring their inspiring stories to life in colour. Thanks to advances in technology, access to great suppliers, and the generous donation of photos, the difference in cost is negligible. As always, we remain committed to our core values — keeping administrative costs low, working with union printers, and producing materials using environmentally-friendly paper stock and dyes. We hope you enjoy this issue!