It Takes A Village... community organizations respond while the world falls silent on the orphan crisis

In this issue:

Message from Stephen Lewis  2  SLF Film Release  13
Feature Article  3  Legacy Giving  13
Grandmothers Campaign  9  The SLF at Work  14
Interview: Grandmother Lucia  10  Financial Overview  15
Holiday Tributes  16

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UNICEF, the guardian of children, the organization that once had orphans on the cover of every publication for fundraising purposes, now talks rarely of orphans.

What happened? It was, I think, a four-stage process.

First, the experts argued that orphans would simply be absorbed by the extended family. No need to worry. But it didn’t happen because the extended family was so often itself shredded by the virus.

Second, the international experts got worried that too much attention was being paid to the orphans… what about all the other impoverished children? Thus it was that the acronym “OVC” crept into the AIDS vocabulary: “Orphans and Vulnerable Children.” They were all needy children; they should all be treated the same way.

But that argument was also flawed. It became clear that the orphan kids who had experienced the intense trauma of death by AIDS were in far worse shape—emotionally and psychologically—than other children, no matter how neglected the other children might be.

Third, in order to overcome this situation, the various governments decided on a policy of cash transfers… in effect, welfare payments to poor households, especially those with orphans.

There’s no question that it’s helped. But it’s nowhere near enough.

Fourth, so along came the grandmothers. They are the stalwarts, the magnificent compassionate folk who sustain the lives of their orphan grandchildren and countless others as well. Yet we all know, certainly the Foundation knows, that grandmothers are also reeling, and help is desperately required.

That’s why I love this edition of Grassroots. It bares the reality for all to see. It makes it clear that the needs of orphans are so varied, so intense, so urgent, that a kind of inspired, mass response is necessary.

The Foundation is helping to create that response. I’m unabashedly proud of the staff of the Foundation for plunging in where so many others refuse to tread.

Stephen Lewis
Chair of the Board
Stephen Lewis Foundation
by Ilana Landsberg-Lewis

In Africa today, there are 17 million children orphaned by AIDS. It is an almost impossible number to make human, and yet it represents individual lives: babies, children and adolescents, all in desperate need of loving attention and care. As the pandemic unfolds and these children grow, new challenges emerge to keeping them healthy, happy and secure. Increasingly, we hear from the grassroots groups with which we work about the growing number of child-headed households, the crisis around orphans in their adolescence, and the epidemic of sexual violence. They are working with tenacity, insight and tenderness to resurrect the lives of orphans and other vulnerable children, to ensure that they grow with a sense of belonging, opportunity, and loving support.

They create effective interventions that speak to the child’s life as a whole. They address the full complexity of trauma and challenges that a child inherits when they lose a parent to AIDS. Community-based organizations provide long-term counselling that reflects the changing needs as children grow from toddlers to teens: getting them into and keeping them in school, addressing the increased vulnerabilities faced by girls, and providing continuous education and support for prevention and management of HIV infection.

Underlying all of their work is the understanding that with the loss of so many family members, any remaining family structures must be protected. These organizations work diligently to keep siblings together and family homes intact. They also engage the entire community in creating a network of care

Community-based organizations respond to the orphan crisis

Juliane Etima
OVC Coordinator, MU-JHU, Uganda

Jackson Kaguri
Executive Director and Founder, Nyaka AIDS Foundation, Uganda

Motloheloa Molupe
Programmes Manager, Touch Roots Africa, Lesotho

Antje Manfroni
Executive Director, Ekupholeni, South Africa

Dorothy Onyango
Executive Director, Women Fighting AIDS in Kenya (WOFAK), Kenya

Zikhalo Phiri
Executive Director, Young Happy Healthy and Safe (YHHS), Zambia
around these children and strengthening the bonds among their peers to ensure they have as many sustaining relationships as possible. This is essential to the development of their identity and confidence.

We cannot know what it will ultimately mean for sub-Saharan Africa to emerge ten years hence with a population of young adults who grew up at the epicentre of the AIDS crisis. But what we at the SLF do know is that it will be a better future because of community-based interventions.

In this conversation, six of our partners share some of their insights and concerns, and the dynamism and determination of their response to the orphan crisis.

“When grassroots groups are working with tenacity, insight and tenderness to resurrect the lives of orphaned children and to ensure that they grow with a sense of belonging, opportunity and loving support.”

**When children lose their parents to AIDS**

**Dorothy:** At Women Fighting AIDS in Kenya (WOFAK), we have learned that the vulnerability of the child begins as soon as the parents become ill. Then, as their parents get increasingly sick and die, the destructive effect on the child worsens. It brings so much suffering to the child: both the psychosocial impact, and the reality that children have to become caregivers at a very early age. In some instances they are discriminated against by their communities because their parents died of AIDS. Children have a right to education, food, shelter, and they must play and learn and grow—this is something we see compromised when children are orphaned.

**Molupe:** I agree with Dorothy. The challenges faced by these children are numerous and begin even before their parents die. They find themselves taking care of their sick parents and can become infected themselves. They grow up without parents from an early age and have to fend for themselves. They may not be able to make ends meet, so they might engage in sex work, and because of the emotional stress turn to drugs and alcohol.

**Zikhalo:** When parents die there is an urgent question: who is raising this child now? There is always a lack of food, children go hungry; there is a lack of shelter, children are sleeping in the streets; there is a lack of health care, and that can result in death of the child. We see that so many orphans are dropping out of school because there is inadequate support, and no focus for them to continue their education.
**Psychosocial support**

**Juliane**: These children need support beyond the physical things you can give them, like food or shelter. They need to deal with their emotions around living without parents, or with different caregivers, unstable family environments and stigmatization. As children grow older, they become more anxious. They have questions: did their parents die of AIDS? Are they HIV positive? Will they graduate from school? So many youngsters have asked me "Will I live to be 30 or 40?" "Will I live to become the doctor I wanted to be after my parents died of AIDS?" “What will stop me from dying the same way?” These are the kinds of issues that only counselling can really help to address.

**Antje**: We find that psychosocial care is absolutely of the essence and there is no time limit for it. It is no good to say we will give support to children of child-headed households for two years and then expect they’ll be fine. They won’t be. They need ongoing support until they’re grown up, just like any child.

**Molupe**: In Lesotho we have formed youth clubs that help children develop the capacity to provide support for one another. These clubs are for all children, not just those affected by HIV and AIDS. Here, children are learning their rights, building confidence and establishing strong support networks. If their relatives are trying to take their property, for instance, because their parents have died, they learn how to protect their property. The clubs are preparing children for the future, and how to deal with such challenges.

**Juliane**: When children are supported emotionally, they are able to advocate for themselves. We had a conference where children came and talked about issues that affect them. The children then went ahead and drafted a petition, which was discussed in our Parliament, and we have seen the Ministry of Health actually starting to listen to their voices. The youth in the urban areas were saying that children in the rural areas were not getting the same services they got, and now they are asking their government to deliver drugs to the rural centres so the rural children don’t have to walk such long distances to look for services. When children learn how to express their needs and feelings, and find their own voices, this can be a powerful tool for change.

**Antje**: Another piece to this is that counselling is essential to keeping children in school. Young caregivers in child-headed households who have received this psychosocial care seldom drop out of school because they have learned how to seek out support. We’ve had amazing progress with them remaining in school all the way to grade 12, even gaining entrance into university, even graduating. It is the continuity of ongoing emotional support that makes this possible.

**Education**

**Jackson**: Where we work, in the poorest communities in rural Uganda, we find that education is not just about gaining knowledge and skills, but it is also a matter of life and death. It is in these classrooms that they break the cycle of poverty and systematic deprivation. I say systematic because the grandparents of many of these children did not have formal education, and many of their parents didn’t either. For so many, the reality is that they are the first to step into a classroom, to learn in that environment, and to speak English. They know that without education they will never read a book, read a sign that will take them somewhere, or step out of their situation. But for a child orphaned by AIDS, there is little or no hope of going to school; even though elementary education is free, the costs of uniforms and school supplies makes things impossible. That is why at Nyaka, we decided we simply must make all of the elements of education free, including secondary school fees.

For orphaned children, school provides a sense of belonging—the child knows that someone believes in them to the extent that they will get them into school. It also provides them with a new sense of possibility. When their parents died it seemed that their opportunities were buried with them, but now the orphans have to imagine a different future. They can say to themselves “now I am going to school; maybe one day I can become a teacher, a pilot, a musician”—

Children orphaned by AIDS require long-term counselling that reflects their changing needs as they grow from toddlers to teens.
the doors and windows to their future are open.

Education will break barriers for these children, especially girls. It gives a voice to one to speak out against injustice, to another the ability to refuse marriage, and to another the chance to build an entirely different life because they are not as poor as mum and dad.

Orphaned girls are the most affected

Dorothy: Girls are the most affected when they lose their parents. The model we have adopted at WOFAK is training community workers to work with girls, to identify their needs and ensure that, as much as possible, those needs are met. For one it might be a new uniform, for another it is support as the caregiver in her household to return to school, or protection from violence and HIV prevention. There are so many heightened risks for girls when the family is hit by HIV, and managing those vulnerabilities is essential so that girls can grow to their full potential, stay healthy and safe, and have the future they deserve.

Molupe: Girls definitely have more trouble than boys. Girls struggle with all of the same challenges as boys that we have been talking about, but on top of that you find girls becoming vulnerable to sexual exploitation, engaging in survival sex, and being forced to marry at a young age—when they are 14, 15 or 16 years old. We also see young girls being forced to become domestic workers, or engaging in inappropriate sexual relationships with older men to pay for school fees.

Zikhalo: To add to what my colleagues are saying, most of the girls we see who are being taken advantage of and being abused are orphans. That’s why we emphasize the issue of sexual and reproductive health with the girls, so that as they grow they have the knowledge, the information, and the self-esteem they need to protect themselves.

Jackson: In so many cases it is the grandmothers who are now the parents of these orphaned girls. So much has changed since they parented their own children, and so we include in our curriculum parenting workshops for grandmothers so that they can better play their role as a resource of support for these girls. It is essential for girls to have this support from their grandmothers, because when their parents die they lose a sense of who they are and it is critical to build their resilience and self-esteem. At Nyaka we encourage girls to build their leadership and decision-making skills so that they can dream of a different future.

Adolescents in crisis

Juliane: The growing concerns for us are the huge challenges around sexual- ity and HIV for orphans now in their youth. When they’re teenagers they don’t want to be in the pediatric clinic, and they don’t fit into the adult clinic. Young people find it easier to confide in their peers rather than health workers. We’ve found that when teenagers are trained they can gain the skills to support one another and lead a healthier lifestyle. Now they are taking leadership positions within their different groups, and they’re encouraging their peers to access the services that are available.

Dorothy: To add to what Juliane identified, we’re providing youth-friendly clinics and services, and working with the Ministry of Health in the health facilities. They gave us space so that we can have a youth-friendly centre where young people go to talk about...
their issues. If they are sick they are taken care of by the nurses, and there are teens who are counsellors who speak to their peers so they don’t feel intimidated. They have space to meet and share their experiences, and encourage other youth to come in, knowing they will not be interfered with; they can talk about really difficult topics such as why they have turned to sex work.

Zikhalo: We also need to build the capacity of the whole community system to deal with young people’s sexual health and safety, including the parents, grandmothers, guardians, teachers, and government departments working in the community. At YHHS we engage traditional counsellors, the young people themselves, the church leaders—we’ve actually trained them to handle the issues because we know HIV positive orphans and their young vulnerable peers are supposed to be happy, healthy and safe.

Disclosure and ARV treatment

Juliane: We are struggling now with the issue of adherence to medications. This is lifelong treatment, and children often start the ARV treatment right from birth. They will get to a point where they understand what is happening to them and the burden just seems too much. They come to us and say “I am tired; it is just too long for this drug, for how long am I going to take this drug?” If we don’t prepare these children to appreciate the importance of this treatment, and they don’t have the support structures in place, how are we going to keep them on the medication? So often orphans have little or no family support. Just providing medication alone, therefore, will not do the trick. We also have to appreciate the huge effort that the caregivers need to put in to ensure that children keep taking the medication the way they are supposed to, at the right time, and in the right dose, with the right nutrition.

Featured organizations

Nyaka AIDS Foundation (NAF) works with children orphaned by AIDS and their grandmothers in rural Uganda to end systemic deprivation, poverty and hunger through a holistic approach to community development, education, and healthcare.

Touch Roots Africa (TRA) supports orphaned children in Lesotho and southern Africa with psychosocial support, child protection, basic project management and advocacy, using an approach that focuses on child and youth participation.

The mission of the Ekupholeni Mental Health Centre in South Africa is to provide comprehensive mental health services, with a focus on HIV and AIDS, involving community-centered processes of healing, recovery and empowerment.

Women Fighting AIDS in Kenya (WOFAK), run by women for women, empowers, provides care, and supports women, youth and children infected with and affected by HIV and AIDS through community groups and targeted programming.

Young Happy Healthy and Safe (YHHS) in Zambia provides sexual and reproductive health and life skills education for young people, facilitates income-generating activities, works with grandmothers, and provides educational support for vulnerable children.

Since 1988, Makerere University-Johns Hopkins University (MU-JHU) has helped over 6000 families in Uganda affected by HIV/AIDS through research, training, prevention, education, and healthcare.
Antje: We do workshops with caregivers to help them play out the scenario of disclosing to a child their HIV status. We hear and discuss the enormous fear of ostracization within the community. That is not an unfounded fear, it’s realistic. We work through it and help caregivers develop strategies to have the ‘disclosure discussion.’ They need to be able to support themselves and the children.

Community care is the answer
Zikhalo: At YHHS we feel that the solution to the orphan crisis is to raise them within the community. When you look at the sheer number of orphans, even their extended families cannot provide the care that is needed for all of them. But the community continues to be a safe place. We do not support orphanages because we do not see that community link—the connection is broken—whereas an orphaned child who is supported within the community still belongs to everyone and contributes to the community. There have been cases where orphanages have returned the children to their communities but the damage had already been done. These children were disconnected from everyone and had even forgotten about their lives with their parents.

Dorothy: It’s true that we have to work to make sure the orphans can stay with relatives—a grandmother or an auntie—because sometimes they are not able to take care of orphans by themselves and need help to manage. We also work very closely with the community leaders to ensure that the children are not exploited, that they are kept in school, and that they are visited by nurturing community health workers. We want orphaned children to have that sense of belonging—in orphanages they only get individual support, not the group support that comes from community.

Juliane: The environment in an orphanage is not the same as the real environment in our communities. Children living in the community are facing the day-to-day challenges of life, and they only become stronger when the community supports them to overcome those challenges. They realize that in life there are always things that will come your way and you should be able to address them with the support you get from family and community. When it comes to siblings, there’s also that special bonding that creates a family. If you separate the siblings and take one to a different orphanage, as sometimes happens, that bond is always broken. We know that for the African society we live in, the best result is when community and families take responsibility for orphaned children and support them to face the real life challenges before them. We also know that it is not just best for the children to remain in the community, but for the community to remain with these children. They are our future leaders and decision makers and we need them as much as they need us.

“We emphasize the issue of sexual health with girls, so that as they grow up they have the knowledge, the information, and the self-esteem they need to protect themselves.”
This issue of Grassroots is focused on the response of community-based organizations to the orphan crisis in Africa. So why devote an entire page to the Grandmothers to Grandmothers Campaign in Canada?

Most Canadian grandmothers will tell you that they joined the Campaign because they can’t imagine having to raise their grandchildren without adequate financial resources and support. They understand that the grandmothers of Africa are learning to parent anew, selflessly caring for children and communities in the context of a still unfolding pandemic. It is a remarkable extension of the love all grandmothers have for their grandchildren.

Compassion, empathy, generosity and solidarity—the Grandmothers Campaign has embodied these values from the beginning. Now it is a diverse movement of 10,000 women belonging to more than 240 grandmothers groups across Canada and beyond, raising over $21 million for African grandmothers and the orphaned children in their care.

The Grandmothers Campaign is a singular movement in Canada and in the world. At the heart of it lies a profound commitment to the Campaign’s objectives of supporting community-based organizations that deal holistically with the people and communities most affected by HIV and AIDS. Canadian grandmothers recognize that African grandmothers are leaders and advocates in their own communities—and embrace amplifying their voices as a privilege and a responsibility. Most remarkable of all is the heartfelt financial generosity that translates into solidarity across oceans and continents. Here’s what Sphiwe Hlophe from Swaziland recently said:

“I feel so proud of our relationship with the Canadian grandmothers! We have used their solidarity to rebuild our lives and our communities, of that there can be no question. But we also want to say to them that we are stronger and more determined than ever to fight not only for our own rights as women and grandmothers, but for the rights of our grandchildren, and their grandchildren and their grandchildren after that.”

The Grandmothers Campaign is a movement that has never been seen before… and it’s not over yet.

Get involved to grow the Campaign
Would you like to join a grandmothers group? Or start your own? We are happy to welcome you to the Campaign and connect you with a group in your area, or provide you with the resources and guidance to create your own. Visit www.grandmotherscampaign.org to learn more.

Did you know that, in addition to the more than 240 grandmothers groups across Canada, there are also groups forming in Australia, the United States, and the United Kingdom? Do you know someone outside of Canada who would love to start or join a group? Send us an email at campaign@stephenlewis.foundation.org and we’ll be in touch!
In 2013, SLF staff member Joanna Henry visited eight African countries and conducted hundreds of interviews with grandmothers about how they are reclaiming hope and resurrecting lives at the frontlines of the AIDS pandemic; conversations that will inform the SLF’s Grandmothers Book, now in progress. Here, Joanna tells of her time with Nyanya Lucia in Keyna.

At 36, Lucia was the youngest grandmother interviewed for the book. When asked if she identified as a nyanya (grandmother), she laughed:

Sometimes I can feel surprised that I am a nyanya, but I can take care of family, I can advise someone in trouble, I can bring people together. It’s not determined by age, it’s all about selfless, being selfless. And I can say that I have wisdom, even though I am not educated. So, yes I am a nyanya.

Lucia is Secretary of Young Women Campaign Against AIDS’ (YWCAA) Bar Waitresses (BAWA) group: a support programme for women engaged in the dangerous and illegal business of making and selling alcohol from their homes. After years of YWCAA’s support, all of the group members are now earning their income through legitimate and diverse activities. On the way to her home, Lucia pointed out the businesses she had started using her group’s revolving loan: her water vending and public bathrooms station, her small food stand, and finally, her fully licensed bar.

Lucia’s home was built on the roof of the bar. We squeezed down a narrow alley to a set of rickety and dark stairs which lead to her house. It was a patchwork quilt of sundry building supplies. This was her third rebuilding at least, having already suffered through a fire and the razing of her home during elections. She is considered a squatter on this land even though she has never lived anywhere else — she is landless, but not homeless. Her defiant little home radiated warmth and was bursting at the seams with family. There were babies, children, teens and adults, all of them relating to Lucia as mother — some were her siblings that she raised since she was a child, adopted children, her own children and, the apple of her eye: her first grandchild, two-year-old Louis.

She had an incredible touch with the children, her entrance into the room was met with kissing and cuddling, laughing and playing; it was a hub of joyfulness. But when the time came to settle down, the room went from mayhem...
to instant quiet. Children who were racing about were suddenly sitting contentedly on the floor playing together. Lucia gave a small half-smile in response to our looks of incredulous admiration: ‘I’m not just a leader in my community, I’m the leader of my home.’

Lucia settled in a comfy chair to share her personal story. Intimate and honest, she recounted how she had become a mother at 14 and, almost at the same time, became responsible for the care of her five younger siblings.

My mum used to sell illicit liquor. That is what she brought us up with, but there is danger in this business. The clients are men, drinking in your home where the children are staying. These men, even the old ones, make passes at you. So you have to be keen, you have to brush them off. In poorer houses where there is no food, the men may offer to sleep with the mother for three shillings (four cents) or five shillings (six cents) if he could also sleep with her child. And they can get drunk and become violent if you refuse.

We didn’t learn from our parents about how to protect ourselves, so I got pregnant when I was 14. Eventually I had to leave school and work. When the child was born and crying, I was also crying because I didn’t know what to do. I had five younger sisters and Mum told them to call me ‘mum’ so I went from being a small girl to an adult overnight.

Then my mother got sick, so she went to her brother’s and I was left to manage the home. I continued selling the illicit brew but the burden was heavy. I was so worried about how I could get enough money for us to eat and about the safety of my young sisters in the home with these men. At night I could never sleep, I would just lie in my bed, building castles in the air—imagining the things that a young girl imagines, but for me, were never going to materialize. Sometimes I would take a bit of the drink just to help me forget these dreams of mine.

It pained me that I could not go to school myself. Even at 14 I understood that education is the key to life. So that’s why I promised myself that my siblings will be able to do their studies—and my child too. I didn’t want them to be like me. It was difficult but somehow we managed.

My son met Stephen when they were both young boys. He told me Stephen was sleeping on the streets in doorways and asked if we could bring him in. He was only eight years old at the time but he has lived with us since then. He is 19 now and everyone accepts that this is Stephen’s home.

Zebia joined us when she was 16. She was staying in a home for orphans but at 16, the girls are discharged onto the street. She was thinking about going into sex work, so I just took her in. When she came, I told her that we were poor but we would share what we had with her. I was firm that I wouldn’t tolerate sex work, and she was happy to accept.

I knew that sometimes the children might struggle with sibling rivalry. And since Stephen and Zebia were orphans, they were likely to be more sensitive to the feelings of being neglected. But I told them ‘you’re mine, we’ll have to go through this together.’ I was careful not to discriminate. During the festive season, for example, I had to look for enough money so that I could buy them all trousers and t-shirts so that they all felt equal.

I worried constantly about the future of all these children. I continued the illicit brewing until we met up with YWCAA. They helped the women brewers form the BAWA group, and held a seminar where we were taught how to keep our children safe from clients, how to work together to save our money and how to stop drinking ourselves. Yeah, that was the first step. So after that, they gave us a loan. So I started changing.

Now I have these three businesses, but even more, with YWCAA
I found myself becoming an educated woman! I learned how to write and take minutes. I was chosen as the chair lady of the group and I had that position for five years. I didn’t know I could get to that point!

They also taught us about HIV and AIDS. This was important to me because at that time I was caring for Zebia’s younger sister who was HIV positive, and very sick. I learned how to manage HIV, but also how to be open about it with the children. Now I teach my own children and all the children of my community about these things, especially the girls. I even educate some of the grandmothers who don’t want to send their girls to school because they need their help at home. I tell them that if they get an education, they get a job, and this will not only help the child but it will help the family too.

I can do this because of what I have gone through, but also what YWCAA has taught me. If it were not for them, I don’t think I could have ever reached this place in my life.

As she concluded her story, Lucia stood up from her chair and greeted Stephen who had arrived home mid-interview. She then scooped up her grandson Louis and began lavishing him with some grandmotherly affection. As if on cue, the other small children suddenly became restless and began to climb onto her lap as well.

With nyanya happily occupied, we asked Stephen if there was anything he wanted to add to his story of finding a home with Lucia. He shared that he is currently volunteering as a Facilitator with Africa Trust, working with vulnerable youth aged 18–35 years.

I had a hard life, as mamma said, and it’s kinda like I don’t want other people to suffer, so I volunteer and help others. You know, people say if you are given to, you also have to give back to the community. That’s what I’m trying to do.

Zebia, now 29, had also stopped by with her daughter to greet us and add her comments to Stephen’s:

She is the only family I have because my mother died when I was only nine years old. Actually, I was in a home, St. Barton’s, and when I reached 16, they told me to leave, and she’s the one who took me in. And later she took in my sister who was sick. If she hadn’t taken us in, I don’t know what could have become of us. Now I have my own small business doing hair with the support of Lucia. All I can say is that I’m grateful that she is my family.

It was time to go, and as we left Lucia, quite literally with children all over her, we knew we were leaving a very special place. Somehow, against all odds, Lucia, with the stalwart support of YWCAA, had managed to construct a home that felt like a fortress in the most tenuous of environments—a safe haven for children; children who know the meaning of love and the meaning of possibility, who are given a chance to grow into the adults they wish to be.

“At 14 I understood that education is the key to life. So that’s why I promised myself that my siblings will be able to do their studies—and my child too. I didn’t want them to be like me.”

Nyanya Lucia with her two-year old grandson Louis. L to R: Lucia, Trina (Zebia’s daughter), Stephen, Zebia
Legacy Giving

A powerful contribution to a future without AIDS

I’ve reached that point in life—I’m 76 years old—when you begin to wonder what you can leave behind. You absolutely want to make sure family and friends are looked after. But then there’s always the possibility of making a contribution to something which has been important to you in your lifetime.

—Stephen Lewis

Stephen is talking, of course, about a legacy gift. Often, people think they need to be wealthy to leave a gift to a worthy cause. But any gift—no matter the size—can make a profound difference in the hands of determined community-based organizations.

As a supporter of the Stephen Lewis Foundation you understand the work of our African partners and how essential it is to sustain it in the years to come.

In the past decade, the tenacity and expertise of community-based organizations at the frontlines of the AIDS pandemic has turned things around considerably. A legacy gift is a meaningful way to continue your connection to the progress being made at the grassroots and to ensure that they succeed in bringing the AIDS pandemic to its knees.

Thank you for your support now, and into the future. If you would like to learn more about making a gift in your will or other planned giving contributions, please contact Margaret Wright, our Director of Operations, at mwright@stephenlewisfoundation.org or by phone at 1-888-203-9990 ext. 235.

Watch Stephen’s legacy giving message at youtube.com/user/stephenlewisfdtn
What we do
Since 2003, the Stephen Lewis Foundation (SLF) has been delivering resources directly into the hands of the grassroots organizations turning the tide of HIV and AIDS in Africa. Led by the grassroots experts in the more than 300 community-based organizations with which the SLF partners, over 1100 innovative and inspiring initiatives have been successfully undertaken—with astounding and tangible impact—in the 15 African countries hardest hit by the pandemic. We know from experience that in order to effect positive and lasting change it is critical to support committed grassroots organizations working to improve the lives of those infected and affected by HIV and AIDS in their communities.

How we do it
The principles of social justice, equality and partnership guide our process. Before partnering with an organization, one of our experienced field representatives visits to assess the organization’s connection to the community, its ability to implement programming, and the strength of its financial accountability systems. Importantly, the organizations with which we partner recognize that gender inequality drives the AIDS pandemic and have dedicated programmes that support grandmothers, girls and women. Once an organization partners with the SLF, our Programme Officers communicate regularly with the staff to ensure that our approach remains informed, responsive, relevant and effective.

Why we do it
The grassroots groups with which the SLF partners are lifelines for their communities. They provide everything from education and counselling about HIV prevention, to care and treatment for those infected with the virus. They distribute food, medication, household supplies and other necessities. Home-based care workers—often with little to no pay—visit the homes of the sick and vulnerable, bringing comfort and care to struggling families. Support groups give vulnerable children, including the many orphaned by AIDS and the grandmothers left to care for them, a safe place and counselling to help them cope with their grief. They tirelessly advocate for the human and legal rights of women and children. Children are sent to school, and child-headed households are given the support they need. The staff and volunteers in these community-based organizations are unwavering in their commitment to save lives and restore hope in every home and community; AIDS will not be defeated without them.

Where we work
Every year we post our audited financial statements and Canada Revenue Agency (CRA) returns online. For these full reports, please visit stephenlewisfoundation.org/financials.

The F2014 financial statements (July 1, 2013 – June 30, 2014) are being audited by Ernst & Young LLP Chartered Accountants and will be available online by December 2014. The Foundation’s charitable number is 89635 4008 RR0001.

If you have questions about our financial statements, please call 1-888-203-9990 ext. 244 to speak to Kellie James, Director of Finance.

**Programmes**

From 2003 until June 2014, the Stephen Lewis Foundation has disbursed and committed over $80 million to programme spending, including direct support to over 1100 initiatives with 300 community-based organizations in 15 African countries. To read more about our work with African partners, visit stephenlewisfoundation.org/what-we-do.

**Administration**

While we are deeply committed to getting the majority of revenue to the projects with which we work, the hard reality is that every charitable organization has overhead costs—in part, costs associated with day-to-day operations (office supplies, rent, etc.) and in part ensuring that we can be accountable for how funds are being delivered and administered (financial and monitoring systems). We are committed to keeping these administrative costs as low as possible with in-kind donations and pro-bono support. We are proud to report that, again this year, our administrative costs are under 10% of our total revenue. For more information about this, please visit stephenlewisfoundation.org/financials.

**Funds development**

In order to continue to support the innovative programming developed by our African partners, the SLF has increased its fundraising capacity to engage supporters through a variety of recognizable initiatives, such as special events that feature the voices and work of our partners, and encouraging critical monthly donations.
The holiday season is almost here, and our holiday tribute cards are now available! Make your donation in lieu of a gift, and send a beautiful printed or electronic card to your family member, friend or colleague. We can send you one of our colourful tribute cards to personalize and deliver yourself, or we can mail it on your behalf. Or donate online and send an e-card for easy and immediate delivery. Strengthen the work of our grassroots partners by giving a gift that is truly meaningful!

Order your holiday cards today.
stephenlewisfoundation.org/holidays