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Oddly enough, these few words are prompted by the fascinating feature article that adorns the pages of this issue of Grassroots. I get to see the layout and content of each issue a little in advance, and in this instance I was immensely taken with the impressive interviews with four grassroots, frontline women commenting on the role of women in the pandemic. If that’s called tooting our own horn, then tooting I am.

The comments and observations in the article reaffirm, in my mind, one of the great tragedies of the AIDS pandemic: we’ve made notable progress in a whole host of areas, but we’ve failed lamentably to respond adequately to women.

This is especially true of Africa. Of the more than 23 million people infected, 60% are women. And in the age range fifteen to twenty-four, fully 75% are women and girls. Yet, in the annals of the international response, women are unconscionably neglected.

Let me provide four brief examples.

First, the prevention of “vertical transmission”; that is, the prevention of transmission of the virus from mother to child during pregnancy, birth and breast-feeding. Up until this last year, the entire focus has been on saving the infant – with the HIV-positive mother as a mere addendum. The new clarion call is titled “The Elimination of Pediatric AIDS and Keeping Mothers Alive.” The “keeping mothers alive” bit was an eleventh-hour addition.

Second, the crisis of adolescent girls. Not only are they largely excluded from secondary school because they can’t afford the school fees, and therefore don’t get a chance to learn from life skill classes, but they have virtually no access to sexual and reproductive health care. It’s a true scandal.

Third, the contagion of sexual violence. It can be seen from the four women interviewed in this issue of Grassroots that sexual violence and rape exact an ever-greater toll. The brutality of the rapes transmits the virus: we don’t have exact figures, but the transmission is everywhere noted. And we’re not talking only of rape in conflict settings like the Congo; we’re talking of politically-orchestrated rape, marital rape, intimate partner rape, gang rape... the brazen and terrifying exercise of male power: the ultimate example of gender inequality.

Finally, it’s worth recounting an incident that occurred at the International AIDS Conference held in Washington in July. There was a major session to look at the future disposition of funds to combat HIV/AIDS. There were eleven auspicious speakers: eleven men. It just never ends. The arrogant role of patriarchy dooms the lives of women.

What makes it all so painful is the way women sustain entire communities and countries, grandmothers looking after orphans, women doing home-based care, tilling the fields, tending to the family, generally being the life-blood of the society.

It’s an insufferable truth that after thirty years of the pandemic, women are still marginalized, with catastrophic results.

“After thirty years of the pandemic, women are still marginalized, with catastrophic results.”

Stephen Lewis
Chair of the Board
Stephen Lewis Foundation
UNTIL RECENTLY, THE proposition that “gender inequality is driving the AIDS pandemic in Africa” was not widely accepted – it was considered ideological and agenda-driven. Now, it is de rigueur – particularly among those who work on the frontlines of the pandemic, who see its destructive impact in the prevalence and spread of the virus.

At community level – where the work of keeping people alive, living positively, and reaching beyond the devastation of AIDS is thriving – women are at the heart of the response to AIDS, and have become the experts on what it takes to resurrect lives and reclaim hope.

Recently, we were privileged to have a dynamic and powerful conversation with some of those women. Here we share with you their insights and expertise on why it is that women are driving the response to AIDS at community level, what the consequences of their labour are, and what it achieves.

Here is a synopsis of our conversation with:

Dr. Maria Musoke
Programme Director
St. Francis Nsambya Hospital, Home Care Department, Uganda

Netty Musanhu
Director
Musasa Project, Zimbabwe

Mpumi Zondi
Clinical Director
Sophiatown Community Psychological Services, South Africa

Mercy Chidi
Director
Ripples International, Kenya
Women leaders at the heart of the response

Maria: I think women are at the heart of the response to the pandemic as caregivers because culturally, girls are nurtured to become the carers in the home right from the start. For example, I remember as a child, when my mother delivered, I would stay at home to look after the baby, while the boys would go to school. It is also perception – everyone believes that women are better carers and immediate nurturers. When a patient goes to hospital for example, someone has to go and care for them because we don’t have enough nurses – and it’s the women.

Mercy: I would agree with that. Our cultural system is that women grow up with the role of carer. If your mother has to go to the market or fetch firewood and water, it inevitably means that the girl is left taking care of the home and cooking for her siblings. We women are brought up to be carers as opposed to being cared for. But I think this is also what shapes us into leaders.

Women’s role as caregiver has led to an ease around sharing problems with women as opposed to with men. In a typical family set up you will find it is easy for children, and even other relatives, to openly share with the mother or daughters in the house. Women carry a lot of responsibility. I can share from my experience: for 11 years, I found myself working in Nairobi and returning to my hometown every other weekend for a relative’s funeral – maybe it was an uncle, a cousin or auntie. No one wanted to talk about what really happened – of course at this time there was very high stigma – but somehow, in the midst of the funeral, somebody would come and confide in me that it was AIDS. And that sparked something inside of me that said “I want to take up this challenge and I want to lead and see what kind of difference I can make.”

Mpumi: If I think about my role as a woman and also as a leader in the programmes I run, there is a unique touch that I bring as a woman. My eye will pick up things that a man would not necessarily pick up, and I respond from that place. For example, when we are working with a woman in a community or a family, and we want her to go to the clinic, we think about what she will do with her baby. If we tell her she must go to the clinic, we provide her with money to do so, but we also support her in finding someone to mind the baby because she doesn’t have the energy to carry the baby on her back. Also with the team that I lead, if you told me on Friday that you have to leave early, I would follow up on Monday and ask, “How is everything now?” This is positive, but I find that sometimes it can be draining. When you watch male leaders they tend to be all logic and getting the business done, and it can be frustrating. I find that I get involved at a deeper level than just making sure the work is done. I feel there is more responsibility on me as a woman leader.

Netty: In Zimbabwe women are taking on so much responsibility for frontline response to HIV and AIDS that
this removes them from opportunities of being involved in leadership at a national level. If you look at organizations that are providing much-needed services, they are relying upon women at the forefront of this response. On a positive note, you start building and identifying women leaders through this community response to HIV.

My worry is that the perception of government and big donors is that these women are not important, so they are not reaching out to this leadership that has been nurturing itself, which means that their experience and knowledge remain at community level instead of reaching far and wide. These women leaders are being overlooked. I think the government needs to do much more in terms of recognizing the responsibility that women are taking on in the area of HIV and AIDS response.

**Women at the heart of home-based health care**

Netty: Our experience is that home-based care is carried out predominantly by women – it is unpaid and women are working with little resources and very little recognition from government. I worry because this means the government is divesting its responsibility to women. Women are expected to take on the responsibility of caring for the sick. Even though in Zimbabwe we have a home-based care policy, it is not being resourced, because women are doing it for free. And I think it’s critical that donors and partners recognize this, along with the fact that these women have families, are mostly widows, many are HIV positive - and the burden of this work compromises what they are then able to do. They are struggling to provide for their own families, and yet they spend so much time providing a service that is unpaid. No one bothers to cost that time, and the

**Home-based health care**

Sub-Saharan Africa is home to over 65% of all people living with HIV worldwide, but has just 3% of the global health workforce. Where national health systems fail, grassroots organizations are filling the gaps. The term “home-based care” (HBC) has come to broadly define any health-related services that fall outside of the care received in a hospital or medical clinic. As such, HBC includes a diverse range of activities that vary widely across the organizations with whom the Foundation partners. HBC workers may provide home visits where they bathe their clients and carry out household chores, provide counselling and food. They identify families in crisis and help them find the support they need. HBC workers may also bring “mobile clinic” services directly into isolated communities that include HIV testing, pre- and post-test counselling, delivery of HIV medication, and treatment for opportunistic infections.

Organizations created by, and for, HBC workers are increasingly providing stipends, training and support, while forging ahead on the creation of regional HBC networks – a critical yet underfunded component of HBC work. The Stephen Lewis Foundation is dedicated to partnering with these organizations and ensuring funds are available for this vital work.
amount of time and energy it takes is shocking.

Mpumi: Here in South Africa some home-based care workers are given a stipend, but there is so much that the workers are expected to do with very few resources. The women are so overwhelmed with what they must do in their role as home-based care workers – to the point that sometimes they open up their own families to risk. Family homes end up being extended clinics – they live in the community where they work so there are no clear boundaries, they are exhausted but they can’t say no because these are their neighbours and so they help at the risk of neglecting their own families. People trust women more easily and open up to them and there is a better emotional connection - they are not just healing the body, they are counselling and healing the mind - but it comes at a cost.

**Women at the heart of counselling**

Maria: I think women play such a central role in counselling because when they counsel, they think about their own situation: they use their experience in a positive way to help others. In the organization that I lead I have been trying to get more men on board as counsellors, but every time we hold interviews only women come.

Mpumi: We have a team of 17 and we do have five great male counsellors. I must admit, it can be an advantage for us to have more female counsellors because our female clients immediately feel more comfortable and safe seeing another woman welcome them. But our male counsellors also play an important role. I admire them because they help renew our hope in healthy and functional men in society. These are the men who can sit with other men in counselling and say “this is not the only way to communicate” or “deal with your anger.” It is very refreshing that we have strong and lovely and healthy men.

Netty: I think the reason why we have a lot more women as counsellors is specifically because they are the ones that feel the burden and go out to get information about how they can do this work. I think one of the things that women bring is their lived reality, their own experiences. You ask a group of women if anyone has not been infected or affected by HIV, or has not been affected by gender-based violence, and you will find that they all have experience of it – and they bring this to counselling. And women are inquisitive. You will not find a community

“As long as we do not talk about and link all the responses which necessitate the economic empowerment of women, women will continue to bear the burden of home-based care and be the receivers of violence in the community.”

A community event aimed at local young people put on by Kimara Peers in Tanzania.

Presenting a body map at ZAPHA+.
meeting where women are not curious to know what is happening to others. Men can just pass through and are not necessarily worried about why people are absent, but women will ask. I think that women have a lot more skills to reach out and talk. And we talk! We get to know each other’s issues and therefore we naturally become counsellors to one another. We have a “survivors club” where we impart skills for counselling, and the women who attend not only support each other but are the ones who become the first line of defence in communities.

Women responding to sexual violence and AIDS

Mercy: About five years ago I started working with children who are survivors of sexual violence. As I mentioned earlier, in Kenya children generally find it easier to open up to women about some of the challenges they face at home, especially to grandmothers and the female teachers in school. I began coming across children who would confide in me about violations in their schools, in their homes: often these are cases where there have been multiple instances of sexual violence at the hands of relatives. Because of the enormous scales of sexual violence – especially child sexual violence – that I and the staff at Ripples encountered in the community, it prompted us to open a temporary shelter where girls can seek refuge while we try to intervene in their home situation. Unfortunately I would say a good percentage of the children who have been victims of sexual violence have become infected with HIV. The relationship between HIV and sexual violence is enormous, and unfortunately very little awareness is being created about it. It is not reflected in the statistics at the police station: many cases are never reported because when a woman or child goes to the police to report it, they have to undergo a lot of scrutiny and questioning and it can be very humiliating.

Maria: What Mercy is saying is really true; we have a lot of similar issues. In addition, many of these girls have lost their parents and cannot go to school anymore and have to find a way of living. In many cases they are taken to be house maids and are prey to abuse. Married women will stay in abusive marriages because the man is the sole supporter. If women were empowered economically they would be able to stand up and find a way out, or at least report the abuse.

Featured organizations

The Home Care Department of St. Francis Nsambya Hospital in Uganda provides quality and loving holistic home-based health care services to people living with HIV and AIDS, their families and their communities.

Sophiatown Community Psychological Services in South Africa provides psychosocial counselling, home-based care, along with a programme developed specifically for “strengthening the wounded caregivers” including professional counsellors, home-based care workers and grandmothers.

The Musasa Project in Zimbabwe supports the needs of women affected by gender-based violence by providing shelter services, psychosocial and peer counselling, legal assistance, and training in advocacy for women in Musasa’s anti-domestic violence and survivors’ clubs.

Ripples International in Kenya empowers women, children and communities through holistic support that addresses health, education, nutrition, shelter, HIV-transmission prevention, child protection, and programmes to promote economic independence.
Mpumi: We also see a lot of teenagers who are getting involved in sexual transactions with older men while trying to fend for themselves. Even though there is no “force,” it is abuse and it is illegal.

Netty: One of the issues that we keep grappling with is the link between HIV, violence and the economic empowerment of women. As long as we do not talk about and link all the responses which necessitate the economic empowerment of women, women will continue to bear the burden of home-based care and be the receivers of violence in the community.

Mpumi: In South Africa we have these great laws but they are not being enforced. In response, we have seen a lot of women’s leadership around making sure that the voices of women who are sexually violated are heard. There are a lot of women who are standing up and doing advocacy and activism work and it is quite encouraging to see that those voices are not dying down. Because you find with so many of the families we work with, people are so numb that they shrug and prefer to talk about something else. Women’s voices keep reminding communities about how they negotiate sex with their husband if they suspect that he is not being faithful to them. We ask, “Have you ever thought about HIV and AIDS,” or “Have you tested for HIV?” We realize that if we don’t ask the hard questions some people will just pretend it is not happening. But we can save lives by taking leadership as counsellors and as an organization. You can’t work with sexual violence without entering the world of HIV and AIDS – you just can’t divorce the two.

Caring for the caregivers
Netty: I really think that dealing with HIV and sexual violence is the most difficult work you can do. It is difficult at a very personal level, and unfortunately there are not many support structures in place to take care of the caregiver. We have seen that, with our counsellors, it takes a toll. They have high blood pressure, and I think it is from trying to balance the personal and the professional. Our donors need to put a lot more resources into women’s wellness and taking care of the women at the frontlines who are the defenders of women’s rights. At Musasa we have started a programme we call “Heart, Mind and Body” in which we look at strategies for taking care of ourselves and our partners doing similar work.

Some of this work also comes with a lot of risk. For example, we run a women’s shelter. We have had perpetrators follow us to our shelters and even come to our offices. So we need to invest in women’s safety and security.

Mpumi: This is one of the things I am very passionate about: caring for caregivers. I often say that the work we do soils your innocence. You can never do this work and be the same person that you were before you did this work, because you look at the world, men, women and children with

“A young mother at Reach Out Mbuya in Uganda.

These conversations move us away from depicting women as victims and beneficiaries, and start acknowledging their resilience and their strength and their leadership.”
eyes full of horror. So it is very important that we take care of ourselves and have programmes within the organization that are mental health-based and that give us a chance to sing and laugh at the lighter side of the world. Caring for ourselves is non-negotiable – we really have to protect ourselves and make sure that we structure caring for ourselves into our personal lives and into the organization.

A key part of our work with grandmothers involves giving them a nurturing space. We make sure that when they come for their support group sessions, they get a space where they are cared for. And in doing so we also encourage them to make space for themselves, to be listened to, even to play sometimes! And when they bring a little baby to the group, we make sure the baby is cared for, even though she may need to go back to her granny from time to time. And that model is about them knowing that it is ok to take time, comfort, and even food for themselves. I might take for granted that I can say no or I can give myself a break, but they don’t have opportunities to do that. So we hope that women in our organization also model this care, and see that sometimes it is ok to give something to yourself, even though it is hard and a challenge.

Final words

Mpumi: What is so exciting about these conversations is that they move us away from depicting women as victims and beneficiaries, and start acknowledging their resilience and their strength and their leadership. That’s exciting because we need their power to shine through – whether it’s caring for grannies, or the home-based care worker who travels for hours on end and never gives up. It’s the way we work with these women to affirm them as leaders.

Watch online

“The role of solidarity is so powerful in our lives, so powerful in our communities. Our dream is to develop a regional grassroots network of women to connect to each other, to value each other’s energy, and to continue to advocate widely so that the world may know the work they are doing.”

Mary Balikungeri, Director of the Rwanda Women’s Network (RWN), recently spoke with us about women as leaders and change-makers within Rwanda and beyond, and about RWN’s transformative work through the “Village of Hope.” Visit stephenlewisfoundation.org/rwn to watch excerpts from her interview.
16.5 million dollars for the Campaign! Thanks to the hard work and tireless commitment of phenomenal Canadian grandmothers and granddaughters, the Grandmothers to Grandmothers Campaign has raised a total of $16.5 million to date! This is determination, creativity and momentum at its best, spanning more than six years.

We thank all of the grandmothers groups and their communities for their unyielding support and the hard work they continue to do in solidarity with African grandmothers and the children in their care.

ASK HER: IMPACT OF THE GRANDMOTHERS CAMPAIGN

By Siphiwe Hlope, Executive Director, Swaziland for Positive Living (SWAPOL), Swaziland

The Grandmothers Campaign is an innovative approach that has supported much change. Until recently, Swazi grandmothers were not recognized or supported at the national level. They were not appreciated or helped in their caring work – work that includes taking care of orphans and vulnerable children; taking care of their daughters and sons who are infected with HIV; and taking care of themselves so they are not exposed to HIV. This is a huge burden on the elderly as they age – but grassroots programmes have alleviated much of it.

The changes that need to happen at country level are brought about by the work of grassroots organizations that support grandmothers and ensure that their voices and needs are heard. The financial support of the Canadian grandmothers has been so helpful - you have truly contributed so much to our fight against HIV/AIDS.

I recall the first African Grandmothers Gathering in Swaziland in 2010 – a moment that brought African grandmothers together, and provided a space for the grannies to share ideas, learn from each other and meet with the Canadian grannies. These memories will not fade easily.

Even now we are still seeing a lot of transformation at the national level. Before, we struggled. Now, we are able to send our orphans and grandchildren to school; we are growing vegetables and are able to have not just food but good nutrition on the table; and we have clothes and shelter for our orphans. Today, in Swaziland, we are seeing the benefits of the Canadian grandmothers’ work.

“My appreciation for the Canadian grandmothers is a non-stop appreciation. When I visit them I always tell them that in all areas they’ve got hearts of gold. And I take them as gogos, one of us, because they don’t work hard for themselves, they work hard for African grandmothers. You know, I can’t even say how much I love them.”

– Mama Darlina Tyawana, Treatment Action Campaign, South Africa

“I feel so proud of the Canadian grandmothers. They know us – even all the way from Canada. In 2006, two of our grannies went to the Gathering in Toronto. There they saw the Canadian grandmothers and the Canadian grandmothers saw them. And they never forgot us. They support us – really they are doing great work.”

– Christine Auma Achire, Grandmother Community Worker, Reach Out Mbuya, Uganda
Stride to Turn the Tide surpasses $1 million

This past spring, grandmothers groups, and the communities that support them, participated in the third annual Stride to Turn the Tide. Created and led by Canadian grandmothers, Stride has now raised over $1 million in just three short years. Over 90 groups from across Canada came together to hold community walks, hikes, parades, picnics and garden tours in an incredible act of collective solidarity with African grandmothers.

Some grandmothers groups chose to involve partners such as local faith groups, AIDS-service organizations, businesses, schools and clubs. Others found it tremendously rewarding to work with neighbouring grandmothers groups, giving recently formed groups the opportunity to join with veteran ones and make new friends. But most importantly, groups reported that Stride is a great opportunity to strengthen their members’ relationships and to spread the word about the Grandmothers Campaign.

Many thanks to the National Walk Committee for helping to make this year’s Stride to Turn the Tide a success.

The committee is delighted to announce new dates for 2013. The main weekend for Stride to Turn the Tide will be June 8–9, 2013. Groups are also welcome to organize their walks on the weekend before or after the main dates.

To learn more, visit the Stride website at stridetoturnthetide.ca or email us at stride@stephenlewisfoundation.org.

Do you Dare to Dine?

Dare to Dine returns again this year, with all proceeds supporting African grandmothers and the children in their care.

Grandmothers and grandothers have found creative ways to host Dare to Dine events in their communities, whether it’s dinner at home (where guests donate the equivalent cost of a dinner out), potlucks at a community centre, African banquets, or lunches for teachers at a local school. However you decide to Dare to Dine, this is a fun and tasty way to bring Canadian communities together while raising funds to strengthen the work in African communities.

The Grandmothers Campaign team is on hand to answer any questions, help register your dinner and send you materials for your Dare to Dine event – including an information kit, donation envelopes, a cd soundtrack for your dinner, a video to play for your guests, recipes and more. To learn more and get involved, email us at campaign@stephenlewisfoundation.org or visit grandmotherscampaign.org/daretodine.

Get Involved – Join the Campaign!

Interested in joining a grandmothers group in your area? Or inviting a few of your friends to start your own group? We are happy to answer your questions, provide materials and ideas to help you get started and, best of all, connect you with the incredible women who make up the Grandmothers Campaign. Visit our website at grandmotherscampaign.org to learn more, call 1-888-203-9990, ext. 230, or email campaign@stephenlewisfoundation.org.
In July 2012, more than 100 countries gathered for the International AIDS Conference in Washington, DC. There were few news stories in Canadian media about the conference – as if the AIDS pandemic was all but over. Sadly this is far from true. There are 34 million people currently living with HIV worldwide and across sub-Saharan Africa, countries with the least access to global resources now support more than 50% of the global response to HIV and AIDS.

And so, while AIDS has fallen off the global radar, African community-based organizations continue to stand together to break the stranglehold of silence and stigma, and provide essential health, educational and psychosocial support to people living with HIV and AIDS.

They can lead the way, but they cannot do it alone. That's why we're calling on Canadians to put the AIDS pandemic back on the agenda in their schools, faith groups, workplaces, and broader communities, and raise funds for the Foundation's work with organizations at the grassroots in Africa.

Together, we can put the AIDS pandemic back on the agenda, and re-ignite the concern of all Canadians.

**Give a Day to World AIDS**

Give a Day is a grassroots Canadian movement. Since 2004, Give a Day has challenged Canadians to recognize World AIDS Day (December 1) by giving a day’s pay to the Stephen Lewis Foundation and Dignitas International. Funds go to African grassroots organizations working at the frontlines of the HIV/AIDS pandemic.

Contributions to the campaign are crucial in order to continue the life-saving work that is happening on the ground. Reduced international funding for HIV/AIDS means that people in sub-Saharan Africa are turning to community-based organizations for support. By contributing to Give a Day, you will ensure that children can go to school, women can access treatment and counseling, and grandmothers can thrive and advocate for their rights.

This World AIDS Day, please consider giving a day’s pay to the Stephen Lewis Foundation. To find out more and donate, visit giveaday.ca.
A year ago, the Toronto District School Board (TDSB) and the Stephen Lewis Foundation launched a partnership “to raise awareness about the AIDS pandemic in Africa, and give students opportunities for engagement and involvement.” In that spirit, a team of educators from the TDSB developed social justice and AIDS-awareness lessons for elementary and secondary students. The TDSB has generously made these lessons widely available. You can find them online at darecampaign.ca/dares_school.cfm.

Curriculum is one important part of outreach to schools. But after learning about the HIV and AIDS pandemic, students often ask how they can help. So, in the week leading up to World AIDS Day on December 1, we’re inviting schools to participate in a World AIDS Day dare.

To learn more, register your dare and download materials, visit our website at darecampaign.ca/dares_school.cfm, call 1-888-203-9990, ext. 306, or email kwallace@stephenlewisfoundation.org.

What’s your dare?

Over the last three years, thousands of Canadians have taken on personal challenges and raised funds to support grassroots organizations in Africa that are turning the tide of the AIDS pandemic in their communities. Dare 2012 is here, it’s happening, and it’s all year long! Here are some great recent dares.

The folks who brought you Dare to Drum are back channeling their artistic side. Bunch Family dared kids and parents alike to draw a picture a day for 30 days. Check out bunchland.ca to see their work.

Discovery Channel’s Andrew Younghusband decided to turn his vacation into a four-month, 12,000 km bike trip with the Tour d’Afrique. In his words, “only good things can come from donating to this charity, and there ain’t nothing wrong with good things.”

Students and professors at Dalhousie University in Halifax, NS, are Dare Campaign alumni. For the third year in a row, they took on a variety of dares, including a December polar dip and a student vs teacher trivia night.

To learn more and get involved, visit the Dare website at darecampaign.ca.

Schools

Learn, mobilize, act

School dare ideas

Dare to wear red: For a whole week. And not just a bracelet, pin or socks that no one will see. Be boldly red.

Dare to connect for 24 hours: Stay at school all day and night and use the time to design t-shirts, produce a video or create a piece of art to raise awareness about the AIDS pandemic.

Dare to turn off your cell phone for a day or a week: This might be the hardest dare of all!

Get involved!

Here are some ways to put AIDS back on the agenda and support the Stephen Lewis Foundation’s partners on the frontlines of the pandemic in Africa:

In your school: Students can organize a World AIDS Day dare, and teachers can integrate the AIDS-awareness curriculum into their class.

In your faith community: Hold a World AIDS Day service to raise awareness of the AIDS pandemic and the work of grassroots organizations in Africa. The service can be held in the days before or after December 1. We have outreach materials available, including bulletin inserts and posters. For more information, email kwallace@stephenlewisfoundation.org or call us at 1-888-203-9990, ext. 306.

At work: Organize a workplace dare, or encourage your co-workers to take part in the Give A Day campaign.
What we do

The Stephen Lewis Foundation (SLF) works with grassroots organizations turning the tide of HIV/AIDS in Africa. Since 2003 we have funded over 700 initiatives, partnering with over 300 organizations in 15 countries.

These grassroots groups are lifelines for their communities: they provide education and counselling about HIV prevention, care and treatment; distribute food, medication and other necessities; reach into the homes of the sick and vulnerable through holistic home-based care; help children orphaned by AIDS and other vulnerable children gain access to education and cope with their grief; and support grandmothers, who are overwhelmingly the caregivers for their orphaned grandchildren.

Our support is based on the principles of social justice, equality and partnership. Before we partner with an organization, one of our field representatives visits to assess its connection to the community, its ability to implement programmes and its financial accountability systems. We communicate regularly with each organization’s staff to ensure that our approach is informed, responsive, effective, respects their expertise, and promotes sustainability.

The organizations with which we work recognize that gender inequality drives the AIDS pandemic in Africa, and that it is essential to have dedicated programmes that support grandmothers, girls and women.

We know from experience that the fastest and most effective way to turn the tide of AIDS is to work with small, committed, community-based organizations. The staff and volunteers of these groups are unwavering in their commitment to save lives, provide counselling and support, and restore hope in every home and community.

Imagine Canada Ethical Code

The Foundation believes that transparency and accountability are essential. With this in mind, we are proud to be a member of Imagine Canada’s Ethical Code Program.

The Ethical Fundraising and Financial Accountability Code lays out standards for charitable organizations to manage and report their financial affairs responsibly. By adhering to these standards, we are complying with generally accepted practices for soliciting and managing donor dollars.

Learn more about the Ethical Code at imaginecanada.ca.
Programmes
From 2003 until June 2012, the Stephen Lewis Foundation has committed over $63 million to programme spending, including direct support to over 700 initiatives with 300 community-based organizations in 15 African countries. To read more about the projects with which we work, visit stephenlewisfoundation.org/projects.

Administration
Administration includes costs such as office space and supplies, communications costs, IT support and equipment, financial oversight, insurance, legal services and human resources support.

Through sponsorships, in-kind donations and partnerships such as Aeroplan’s Beyond Miles programme, we are able to keep our administration costs low. Our media and creative sponsors have donated online and print ads, graphic design, printing, and video production and duplication at little or no cost to the Foundation. Thank you to all of our sponsors and partners for their ongoing support.

To read more about our administrative costs, please visit stephenlewisfoundation.org/financials.

Funds development
During a tough economic period when many non-profits have experienced reduced financial support, the Foundation has been able to maintain our funding to programmes in Africa. This is in part due to an increased investment in fundraising capacity, and reaching out to new supporters through initiatives such as Hope Rising! and the Dare Campaign.

The Stephen Lewis Foundation’s financial statements are audited annually by Cowperthwaite Mehta Chartered Accountants. Audited statements and more information about our Canada Revenue Agency (CRA) reports and our expenditures are available on our website at stephenlewisfoundation.org/financials.

You can also view our financial information on the CRA website at www.cra-arc.gc.ca. The Stephen Lewis Foundation’s charitable number is 89635 4008 RR0001.

Please call us toll-free at 1-888-203-9990 if you have questions about our financial statements.
This holiday season, honour your loved ones with a beautiful printed card or e-card from the Stephen Lewis Foundation. Your donation will help strengthen the work of our grassroots partners, and pay tribute to the women on the frontlines of the AIDS pandemic in Africa.

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