



the stephen Lewis  
FOUNDATION

2015 Year in Review



## **Community-Based Organizations:**

*Fostering resilience to turn the tide of AIDS in Africa*





**On the Cover:** Located just outside Durban, South Africa, this beautiful jacaranda tree has been adorned by a group of local grandmothers through a process known as “yarn-bombing.” With support from the Foundation’s partner organization, the Hillcrest AIDS Centre Trust (HACT), these community leaders were compensated for their labour, and its stunning result has become a symbol of hope, a testament to the community’s resilience, and a reminder of the ongoing struggle to turn the tide of HIV & AIDS. **Photographer:** Alexis MacDonald/SLF.

**Author:** Lee Waldorf, Director of Policy

**Editor:** Ilana Landsberg-Lewis, Executive Director

**Graphic Designer:** Jessica Wilkin

---

## Contents

1	Letter from Ilana Landsberg-Lewis	
3	Real Results & Real Change: The work of community-based organizations	
7	The SLF's New Impact Assessment Tool: Mapping the way to resilience	
9	What's Changing? An in-depth look at youth and grandmothers	
	<b>Children &amp; Youth: New hope for safe and healthy lives</b>	<b>10</b>
	<i>Getting kids onto HIV treatment, and helping them stay there</i>	<b>10</b>
	<i>Education and training for the future</i>	<b>13</b>
	<i>Protection from violence</i>	<b>15</b>
	<b>Grandmothers: Reclaiming their dignity, their strength, &amp; their rights</b>	<b>17</b>
	<i>Gaining strength: physical and emotional health</i>	<b>17</b>
	<i>Escaping poverty and earning incomes</i>	<b>20</b>
	<i>Leadership and advocacy</i>	<b>22</b>
25	About the Stephen Lewis Foundation	
	Financial Overview	<b>26</b>
	Leadership	<b>27</b>

---

“

*With 1.2 million AIDS-related deaths last year, and 1.4 million new HIV infections in sub-Saharan Africa alone, there is still much to be done. But it is clear from this review of the herculean efforts of grassroots groups and people struggling to reclaim life and overcome the ravages of AIDS with dignity and dogged determination, that with the proper support and solidarity, they will prevail.”*

**—ILANA LANDSBERG-LEWIS**



# Letter from Ilana Landsberg-Lewis



Lisa Machintosh

**F**OR SEVERAL YEARS NOW, the Stephen Lewis Foundation (SLF) has been asserting that if only a critical mass of community-based organizations could receive adequate funding, they would turn the tide of HIV & AIDS in Africa. You have responded overwhelmingly to this clarion call. The Foundation's Year in Review provides concrete evidence that, with meaningful support, community-based organizations are indeed achieving powerful and lasting change.

With tenacity, intelligence and expertise these organizations are bringing their communities back to life. This one-year review of our partners' efforts resonates with hope and purpose. We are encouraged and impressed with what they have accomplished in 2015. It affirms—and re-affirms—the remarkable progress that is being made with your investment in these communities and their grassroots organizations.

The road is still long. With 1.2 million AIDS-related deaths last year, and 1.4 million new HIV infections in sub-Saharan Africa alone, there is still much to be done. But it is clear from this 'snapshot' of the herculean efforts of grassroots groups and people struggling to reclaim life and overcome the ravages of AIDS with dignity and dogged determination, that with the proper support and solidarity, they will prevail.

We are in our 13<sup>th</sup> year, and we have supported over 300 organizations and more than 1,400 initiatives in 15 countries in sub-Saharan Africa hardest hit by the global AIDS epidemic. The story of the SLF is a testament to our remarkably compassionate and dedicated supporters in Canada, far too many to name here—would that we could! However we want to thank all of you, in a deeply personal way, from the bottom of our hearts. We know that the women at the heart of the AIDS response in Africa, the children orphaned by the virus, the indomitable grandmother caregivers, and the people courageously living with HIV & AIDS would join us in a chorus of appreciation for the way in which you have supported their efforts with respect and dignity.

So our heartfelt and profound gratitude to all of our supporters: individual Canadians, family foundations, unions, schools, corporate partners and, of course, the extraordinary members of the Grandmothers to Grandmothers Campaign!



Ilana Landsberg-Lewis  
Executive Director & Co-Founder  
Stephen Lewis Foundation



## *Real Results & Real Change:* **The work of community-based organizations**

---

**I**N 2015, THE STEPHEN LEWIS FOUNDATION partnered with 130 grassroots organizations in sub-Saharan Africa to turn the tide of HIV & AIDS. Many were originally formed by small groups of individuals responding to the crisis AIDS had wrought in their own lives and in the lives of their neighbours, and have developed over the years into thriving local institutions. All of our partners have deep connections with their communities, and operate their programmes with the assistance of extensive networks of community volunteers. Through our partnerships, the Foundation has been supporting people in the African countries hit hardest by AIDS to design and implement their own solutions to the multiple devastations, losses and challenges inflicted by the epidemic.



Our partners' work is holistic and people-centered. Community-based organizations see the problem—very importantly, we believe—from the perspective of the lives of the people who have been infected with and affected by HIV & AIDS. They are helping to deliver life-saving antiretroviral (ARV) medication and healthcare, but they are also doing so much more. The task that community-based organizations have set for themselves goes far beyond tackling the medical aspect of the epidemic. Their programming aims, ultimately, to restore hope, dignity and possibility to individuals and their communities, so that they can begin to move forward again with their lives.

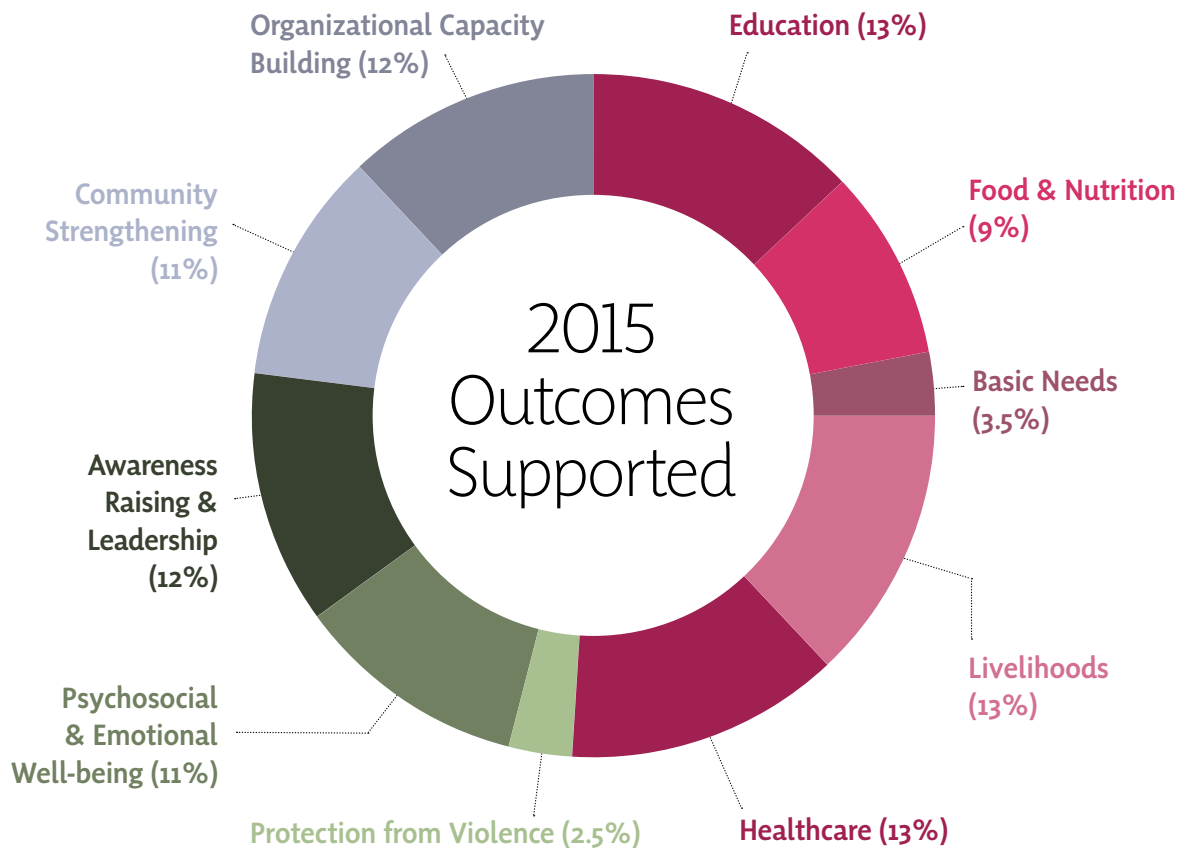
This approach makes all the difference in the world. To HIV positive children, who not only receive medication, but also benefit from community care, counselling, music and play therapy, educational assistance, and peer support. To teenage girls, who have new opportunities to stay in school, get better protection against exploitation and violence, and are joining with the youth in their communities to challenge discriminatory and dangerous ideas about sexuality and male control over women. To grandmothers, who finally have help in their struggle to raise a generation orphaned by AIDS, are now seeing hope for their grandchildren's futures, and are gaining greater respect and protection for their rights. And to the people living with HIV & AIDS, who are regaining their strength, rebuilding their lives, and working together with their governments to ensure that the promise of 'treatment for all' becomes a reality.





*This chart gives a breakdown of all the activities our partners undertook with SLF support in 2015. It's a snapshot of the grassroots response.*

---



**Healthcare:** SLF partners are reaching out into their communities to encourage and provide HIV & AIDS counselling and testing, provide medication through clinics and mobile services, deliver home-based care with trained cadres of community volunteers, and monitor peoples' progress to make sure they stay on ARV treatment, particularly children and youth.

**Food & Nutrition:** SLF partners are helping people to plant their own kitchen gardens, and to come together to farm small, shared plots of land in order to meet the nutritional needs of their families. SLF partners are providing food packages to the neediest families, running soup kitchens for school children, and are distributing nutritional supplements

to help ensure that ARV treatment will be effective. Most importantly, they are giving people the nutritional education they need to maintain their families' health with the limited resources that are available to them.

**Psychological & Emotional Well-being:** SLF partners are working to heal the damage that so much grief and loss has inflicted on the psyches of people infected with and affected by HIV & AIDS, and to strengthen their ability to cope with all the challenges they continue to face. They're providing individual counselling and therapy, running mutual support groups, teaching skills for positive living, helping grandmothers learn how to parent bereaved and grieving children, and giving young people the

chance to be children again by expressing their feelings through art, music and sports.

**Education:** SLF partners have been providing children with the extra support they need to stay in school; helping with the cost of school fees, uniforms and books; setting up kids clubs and youth groups; building libraries; and working with schools to design special programmes on HIV prevention and positive living. They are standing by girls and young women, and defending their rights against the myriad social, economic and cultural pressures that would deny them an education.

**Livelihoods:** SLF partners are helping people to farm crops and raise animals. They're running income-generating projects, finding local markets for their products, and setting up village savings and loans groups. People who were once destitute and forced to rely on handouts are now able to support themselves and their families, and are making new plans for their futures.

**Protection from Violence:** SLF partners are operating shelters that give safety to children and women escaping abuse, and are working with local authorities to bring the perpetrators to justice. With our partners' support, communities are forming child protection committees to watch over children's welfare; they are pushing for stronger government responses to violence. Our partners are repairing and rebuilding both women's bodies and their lives in the aftermath of sexual violence, and they are developing new feminist methodologies for healing the psyches of women traumatized by the combined assault of HIV and gender-based violence.

**Awareness Raising & Leadership:** SLF partners are raising awareness at the community level to end stigma and discrimination against people living with HIV & AIDS, to influence behaviours and practices that are

fuelling the spread of AIDS, and to combat violence against women and children. With their support, people are mobilizing at the local level to engage with their governments, and insist on better healthcare provision. Those who access our partners' programmes are emerging as new leaders in their communities. Grandmothers—especially and remarkably—are starting to speak out and demand action to protect their rights, and the rights of their children, to live lives free from destitution, violence, and property and land grabbing.

**Community Strengthening:** SLF partners are working to re-knit the communal bonds that the epidemic tore apart. Mutual support groups are formed for so many different purposes—from emotional recovery to income generation, to saving and lending, to positive living, to HIV prevention. Youth clubs have become second homes for adolescents who are supporting each other to stay on treatment, stay in school, and stay safe from violence, alcohol, drugs and other risky behaviour. Community meetings are convened to address urgent challenges as they emerge, and local governance mechanisms are being reinvigorated to respond to communities' needs.

**Organizational Capacity Building:** SLF partners are, at the same time, working hard to advance their own capacity to serve their communities. They are investing in trainings for their volunteers and staff, providing stipends to home-based care workers, improving their administrative processes, finding new ways to generate income to cover their operating expenses, and documenting their programming successes to help take this work to the next level. The community-based organizations that were formed as a first line of self-defence against the onslaught of HIV & AIDS have grown and matured into important, trusted local institutions. Their strengths are their communities' strengths.

## The SLF's New Impact Assessment Tool: Mapping the way to resilience

The Foundation is rolling out our new Impact Framework this year. We'll be using it to systematically track how all the different forms of support our grassroots partners deliver have been adding up over time, to create major changes in peoples' lives and in the lives of their communities.

Our community-based partners are creating pathways toward resilience. Their holistic programs of material, emotional and psychosocial support are helping people whose lives have been devastated by HIV & AIDS to cope with crisis, rebuild their strength, and regain their ability to face the future with confidence.

This return of resilience, due to the efforts of community-based organizations, is the great untold story of the response to the global HIV & AIDS epidemic. The profound long-term impact they are having on people's lives needs to be recognized, and factored into all of the plans the global community is making to bring HIV & AIDS to an end. With our new framework, the SLF will be tabling the evidence of the remarkable changes community-based organizations are bringing about, and sending the message of the urgent need to support their work far and wide.

SLF partnerships are enabling immediate investments in service delivery to translate, over time, into more substantial, longer-term benefits for people and their communities. Immediate needs are met through SLF support to help cope with crisis: entry into treatment, entry into school, adequate nutrition, removal from violent situations, adequate housing, and counselling and therapy. Once those needs are met, further investment is made to help individuals and communities regroup and rebuild, in areas such as income generation, medical care, and positive living. And particular attention is paid to psychological and emotional well-being, and the bonds that connect people—nurturing relationships within families, creating social networks through child, youth, and granny groups, or community organizations.

With this comprehensive support, stability begins to return. Children stay in school, HIV positive people stay on treatment, family units function, and small but reliable incomes are produced. Ultimately, there are signs that people have recuperated to the extent that they have regained their self-determination and can take active control over their own lives. Children graduate from school and start working, women become community leaders, and groups engage with their governments to claim their rights.

Visit the SLF website for more information about this exciting new initiative!

[stephenlewisfoundation.org/impact](http://stephenlewisfoundation.org/impact)

### Building Resilience: Three Stages

#### COPING WITH CRISIS

- ▶ Immediate survival needs are met
- ▶ Physical and emotional suffering is reduced

#### REGROUPING & REBUILDING

- ▶ Individuals' capacity to manage their lives is enhanced
- ▶ Grief and trauma are managed
- ▶ Relationships and community organizations are strengthened

#### SELF-DETERMINATION

- ▶ Life "milestones" are reached
- ▶ Individuals take on leadership roles
- ▶ Community structures and services expand
- ▶ Advocacy and engagement with government occurs





*What's Changing?*

## **An in-depth look at youth and grandmothers**

---

**I**N 2015, **THE FOUNDATION'S PARTNERSHIPS** were focused on five areas: home-based healthcare, positive living, sexual violence and HIV & AIDS, children affected by AIDS, and grandmothers caring for orphaned children. In this annual review we take a closer look at the changes that have been supported in the lives of children, youth and grandmothers. In a region where roughly 17 million children have been orphaned by AIDS, and up to 60% are being cared for by their grandmothers, their fates and futures are inextricably entwined. Next year's report will provide highlights of our partners' work on home-based care, positive living, and sexual violence and HIV & AIDS, to complete the full picture of SLF partnership results.



# Children & Youth

## New hope for safe and healthy lives

---

### *Getting kids onto HIV treatment, and helping them stay there*

**C**OMMUNITY-BASED ORGANIZATIONS are running comprehensive healthcare programmes for children that involve HIV testing, treating, counselling, monitoring, giving nutritional supplements, and setting up support groups.

For example, the Chiedza Child Care Centre in Zimbabwe provided support services to 215 HIV positive children to help them access health centres, arranging for transport and, where necessary, paying hospital fees. They also operate their own clinic, which provides medication and screenings and treats children for a range of ailments. Because ARV treatment cannot be effective without proper nutrition, Chiedza operates a soup kitchen at their Centre, reaching 256 orphaned and vulnerable children with daily meals. They have also selected HIV positive children from the most food-insecure families in the community to receive food packages. In 2015, Volunteer Community Health Workers were trained to



conduct home visits in the community, to conduct health and well-being monitoring, and provide counselling, medical referrals and follow-up support. Chiedza also worked to strengthen the network of support groups it has created for HIV positive children, and 120 new children (66 girls and 54 boys) became new members.

The daunting challenge of maintaining ARV adherence for children and adolescents has been a special programming focus for many SLF partners. To maximize their chances of success, Reach Out Mbuya (ROM) in Uganda not only provides children and adolescents with testing, treatment and clinical services, it also embraces them within a community network of care. ROM's "Teenage and Adolescent Supporters" are peer counsellors, who are also ROM clinic clients, selected from the villages in which they will be serving, and trained in the basics of HIV treatment adherence and follow-up. They make over 6,000 regular home visits to all of ROM's young clients every year, checking on the children's well-being, counting their pills, keeping in close contact with the clinic about any health concerns, family or social problems that arise, and making sure the children attend their appointments. ROM also runs a music, dance and drama group, an annual camp for children and teenagers, and a peer-led "Friends Forum" for their young clients, where they can talk with one another about their experiences and challenges. ROM has learned, through its years of programming, that health service delivery must extend well beyond drug prescription and supply. The young girls and boys who succeed with ARV treatment into adulthood have been supported as whole persons, and they have been given the chance to be children. Many are now grown and are serving with ROM or are called upon to support the HIV prevention programmes among the youth.

---

*ROM embraces children within a  
community network of care.*

---

The close, ongoing relationships our partners have with their clients make all the difference for children's health outcomes. For example, Cotlands in South Africa operates play groups for young children, with regular visits from nurses to help identify health concerns and follow-up with any treatment that is needed. They shared this story with us:

*"A beautiful little two-year-old girl was enrolled in one of Cotlands' early learning play-groups last year. She is HIV positive and on anti-retroviral treatment. On her first day with the group, we noticed that she couldn't feed herself and still needed to be fed. We were concerned that she might be globally delayed, so she was referred to the Cotlands nurse for further investigation. The nurse scheduled a home visit and her assessment revealed that, despite being on treatment, the child was malnourished—she was under-weight and below the 3<sup>rd</sup> percentile on the growth chart—and this would account for her developmental delays. The little girl was admitted to a home-based care programme and a nutrition rehabilitation programme. She received breakfast and lunch twice a week at the playgroup sessions, and her mother received nutrition education and support with ARV compliance and monitoring. In addition, the family was given nutritious porridge so she could eat breakfast on the days when there were no groups. We also found out that the only income for the household was the small child support grant from the government, which couldn't meet the needs of the mother and her two children, so the family*

was added to our list of households receiving food parcels.

*Since she joined Cotlands' early learning playgroup, the little girl's weight, height and general health have been monitored monthly. Initially progress was slow, but after seven months there have been noticeable improvements. She has gained weight and is growing well, and although still below average for her age, the gap is closing. Her compliance with ARV treatment is good, so her overall health has improved, which has also helped her grow. She is catching up on her milestones and can now feed herself. At the early learning playgroup she's shown more self-confidence and is relating well to the other children. She can build*

*puzzles and count with her fingers, and most of all she loves the construction area and singing rhymes."*

---

*Support groups help children realize they are not alone, and learn how to cope with living with HIV.*

---

Support groups play an incredibly important role in helping children realize that they are not alone, regain their hope, and learn about strategies to cope with living with HIV. Treatment adherence is a major focus for discussion. For example, the Kenya Network of Women with AIDS (KENWA) runs therapy groups that are giving teenagers support to stay on their medication, and promoting positive behaviour change. The group members learn that they need to stay on the drugs they are taking for life. They learn that drugs help to suppress the HIV virus and boost their immune systems, so that their bodies can remain healthy and free from opportunistic infections. They learn that treatment adherence will help them stay in school, and that if they are healthy looking they will avoid the stigma that still surrounds HIV & AIDS in so many communities. Those who are already dating, or plan to, are encouraged to embrace partner testing, and they are urged not to get involved in drug or alcohol abuse as this could compromise their ability to stay on treatment.

A major challenge in supporting younger children who have been born with HIV is that they often do not know they are positive. The projects the SLF supports take various approaches to helping these children maintain their treatment, and they gently and sensitively prepare the children and their caregivers for the disclosure of their health status. For example, Ekupholeni in South Africa runs its Bambanani group for the caregivers of HIV positive children in grades 3 to 7. These children know that they are taking medica-

---

*Children born with HIV often don't know they are positive.*

---

tion, but they do not know why. Their grandmothers are invited to come along to the meetings with the children's medication in hand, for role playing sessions. During the role play, Ekupholeni helps ensure that they can identify their own medication and read the instructions well. The children are taught to take their medication non-stop. The

organization also conducts disclosure workshops for their grandmothers to prepare them to tell the children about their HIV status, and helps make plans for disclosure at the right age. One child who belongs to the Bambanani group talked about her experience:

*"I am happy to be at Ekupholeni and part of this group. I used to come with my maternal granny before she passed away. I used to give her a tough time by not wanting to drink my medication. I felt like killing myself. I now drink my medication as I have realized the importance of it in my life."*

## Healing Emotional Wounds

Emotional well-being is an essential building block of resilience. People who are trying to move past traumatizing crises, and begin rebuilding their lives, need some inner reserve of calm and hopefulness they can draw upon. This is why the SLF's partners systematically integrate emotional and psychological support into all of their programming. The need is especially great for children who have been orphaned because of AIDS, and SLF partners are running a wide range of programmes to help them overcome their grief, begin to open up, connect with other children, explore and play, and develop more self-confidence and positive thoughts about the future.

For example, MusicWorks in South Africa runs weekly music therapy sessions as part of their "Music Therapy" programme for children who have been referred to them by health clinic staff, teachers, nurses and parents. In their "Music for Life" programme, they continually see how the spirits of traumatized children and young people who have lost so much because of AIDS are beginning to heal by learning and mastering musical skills, and by making music with one another. Safe and structured spaces where children are listened to, respected, and motivated help to build their internal resources and self-esteem, and encourage them to become role-models and agents of change in their own communities. The children can connect with their feelings and emotions, and they learn that others are going through the same challenges. The music therapy process encourages playfulness, expression, resilience, and hope. As MusicWorks reports:

*"One of our groups brought nine to ten year old children together for music therapy due to loss and grief. As a part of the songwriting process the children had a chance to write a verse about themselves. Some chose to write about their favorite colours, food, and activities. A section from 'Fight Song' by Rachel Platten was used as the chorus. It's about a person who is strong, who is taking back her life, and has faith in her influence on the world. One girl, Vera\*, who lost her mother a few days before her fifth birthday, acknowledged the passing of her mom and how she came to realize she is not alone, but cared for. She wrote about how tired she is of people still thinking she is sad and how she is okay! She spoke of the support structures around her and her relationships with her father and brother. This was an opportunity for Vera to be witnessed as a strong and resourceful person: someone who overcame tragedy and moved past sadness and loss. Vera's process is an example of how music has the power to heal, to encourage, to strengthen, and to empower."*

\*Name has been changed to protect the child's identity.

## Education and training for the future

**S**LF PARTNERS ARE MAKING EDUCATION possible for many thousands of children who had to leave school, or never even had a chance to start, because of the impact that AIDS had on their families.

Modest investments—such as paying school fees, and buying books and uniforms—are opening up new worlds of possibility for these children. Ongoing mentorship support from community-based organizations is also helping them to succeed. They are attending classes regularly, they are learning, and they are advancing to complete primary school, get vocational training, enter apprenticeships, and graduate from high school. A growing



number are fortunate enough to continue on to university, but every one of these children is gaining essential knowledge and skills that will benefit them for the rest of their lives.

## **Mavambo Trust**

Mavambo Trust was started in 2001 by three women—Mrs. P. Bailey, Sister Laurette Sprosty and Sister Kathleen Barbee—to address the critical needs of children orphaned by AIDS in the densely populated urban townships of Mabvuku and Tafara surrounding Harare in Zimbabwe. The founders of Mavambo were witnessing a generation of orphans whose futures were in peril, who had never enrolled in school or were dropping out, and were being exposed to multiple forms of abuse. Mavambo means “the beginning” in the Shona language. Mavambo’s Learning Centre offers an accelerated educational programme with a learning-by-doing methodology, for children between the ages of 8 and 12 who had never been to school, to enable them to transition to mainstream education. These children are initially taught by Mavambo, and, after catching up with their peers, they go on to become primary school students in one of the nine local primary schools, and then further, to high school. Mavambo came to realize early on, through its consultations with communities, that children were facing a complex web of challenges, and that stand-alone educational support wouldn’t suffice. So they began complementing the accelerated learning programme with more holistic services to meet a broader range of urgent needs—including protection from violence and abuse, adequate nutrition, healthcare and support for staying on ARV treatment, psychosocial support, after-school tutoring, support for grandmothers and other caregivers, and legal assistance, especially for securing the birth registration documents necessary for entry into the formal school system.

Mavambo has become an oasis of hope for orphaned children, especially for those living in the most marginalized communities, such as Bhobho. The “Bhobho farm” is a structureless, un-serviced expanse of abandoned agricultural fields in Zimbabwe, onto which more than 100,000 people were relocated during the government’s 2005 “Operation Restore Order.” Most were moved into scrap-metal shacks or plastic tents, and the pressures on families were and still are immense. Child abuse and neglect have reached crisis levels. Many children are nomadic, moving from one relative’s household to another, and there are many child-headed households and children who simply sleep outside. There’s little stimulation, and little to inspire hope for these children in their home environments, but Mavambo’s work is providing them with enthusiasm and real opportunity. As one of the Bhobho residents explained, Mavambo gives people faith that “there is a better world out there where there is hope, and where people care about you, no matter what your challenges are.” The children from Bhobho who join the Mavambo Learning Centre have the right environment and support they need to grow. They have the pride of having a school uniform, notebooks and pencils, good teachers and tutors, and one healthy meal a day. The students are excelling, outperforming their peers in mainstream schools, and continuing to rank at the top of their classes in the years after they leave the programme. Mavambo’s Learning Centre is a recognized success story in Zimbabwe. UNICEF and the Ministry of Primary and Secondary Education have adopted their methodology to roll out accelerated learning in 600 new sites, and a new non-formal education policy has been adopted to reflect Mavambo’s experience. But their real achievement has to be measured in people’s lives, in the sense of self-esteem and belonging children have gained, in the acquisition of birth certificates and national identity for children and their caregivers, in the good harvests that are enabling grandmothers to provide for their grandchildren, and in the dedication of their graduates, many of whom return to work with Mavambo as volunteers and mentors for their younger peers.

At the same time, significant barriers to accessing education remain. For girls, unprotected sex not only brings the danger of HIV infection—it can also lead to unplanned pregnancies and an early end to their education. SLF partners are trying to find more effective ways to respond to adolescents' vulnerability, and exposure to risky behaviour. As dlalanathi in South Africa has observed, young people can have a sense of invincibility and big dreams, and a limited sense of how to realize their goals. They need to understand HIV risk as personal, know how to avoid risk, what services are available and where to get help. Adolescent girls are especially at risk because of the enormous social and economic pressures on them to have sex, and the great difficulty they have in negotiating condom use. dlalanathi has seen that, despite large scale public awareness efforts, sexual behaviour has not changed. Contraception and family planning are not being used, even by girls who have already had babies. Many of the girls in their communities have ended up in relationships with older men in an effort to escape poverty, and the massive power imbalance means condoms cannot even be discussed. SLF partners are responding to this challenge with a strong focus on youth counselling and working with youth peer groups to help teenagers learn how to navigate such difficult terrain. For example, at the after-school clubs that Upendi Na Matumaini (UMATU) runs in Tanzania, teenagers educate each other about how HIV is transmitted, and about sexual and reproductive health. Students share stories about getting pregnant at an early age, and how they didn't think enough in the past about what it would mean to have to shoulder such family responsibilities. UMATU reports that the students are becoming more confident, courageous and aware of risky behaviours that can interfere with their schooling and their futures, and they are speaking more openly with their teachers, among themselves and with their parents about difficulties. The schools that have been hosting UMATU's peer counselling groups have also seen a reduction in the numbers of girls who leave school because of pregnancy.

---

*Unprotected sex not only brings the danger of HIV infection; for girls, it can mean the end of education.*

---

## Protection from violence

**S**LF PARTNERS ARE HELPING girls to recover from violence and make their lives whole again, and they are working to improve the inadequate protection systems that leave so many girls vulnerable to assault.

For example, Ripples International in Kenya runs the Tumaini Rescue Centre, which is currently sheltering 29 girls, 80% of whom have been sexually violated. Many of the girls have also suffered Female Genital Mutilation (FGM), forced early marriage, and child pregnancy. Most, because of these circumstances, have had to drop out of school. They arrive at the Tumaini Centre alone and terrified. The Centre aims to promote their healing and their welfare, by providing safety, medical care, psychosocial support, nutrition, and access to education. Counselling is a priority, as none of the material support will lead to real improvement if the girls do not also have the chance to heal emotionally and psychologically from all of the trauma, pain, and neglect they have suffered. Ripples ensures that this

support does not end when the girls leave the shelter. Follow-up visits are made to the homes and schools of those who have left, and social workers meet with the girls, their guardians and community members to help guide their reintegration into a safe and protective environment. Discussions are held in the community to raise awareness about children's rights and the damaging consequences of physical and sexual abuse, especially for girls. Ripples also focuses on bringing legal cases against perpetrators of violence in the Kenyan courts. Girls are provided with counselling and guidance on how to testify in a way that makes them feel safe and heard, and Ripples also works with witnesses—often siblings or other children in the community—to support them in their roles. Social workers attend every meeting and court hearing, and work closely with local investigators and prosecutors, who have been trained by Ripples to understand and respond to the grave situations and vulnerabilities of girls who are pursuing legal redress for sexual and physical violations. The effects of Ripples' work in their community are myriad: children who have received Ripples support are staying in school, and sexual abuse is being reported and taken more seriously by community leaders, police officers, and the courts.

SLF partners are looking to have an even greater impact on the proliferation of abuse against young girls by convincing their governments to take action. As WEMIHs Integrated Health Services (WEMIHs) in Kenya explains:

*"While the government has some good policies, they are not being effectively implemented, and justice for children often does not happen. In a patriarchal society, the dignity of men is prioritized over the needs of children. The perpetrators of abuse are often known to the children, but many local dispute mechanisms are operating like 'kangaroo courts', hushing up cases for the price of a few goats."*

---

*Support does not end when girls leave the shelter.*

---

WEMIHs has become a member of the Court Users Committee that was established under Kenya's 2010 Constitution, and is working with child protection networks at the national level to advocate for change. In their own county of Kiambu, WEMIHs is working with other stakeholders to establish county child protection guidelines, facilitate smooth service delivery to children, and track the county budget cycle to make sure that child protection services actually get funded. They have also helped to establish a children's court, with procedures that do not intimidate child complainants and witnesses.

---

*Community-based organizations are helping girls recover from violence and make their lives whole again.*

---





# Grandmothers

## Reclaiming their dignity, their strength, & their rights

---

### *Gaining strength: physical and emotional health*

**G**RANDMOTHERS ARE SHOULDERING the huge burden of raising a generation of children orphaned by AIDS. In many sub-Saharan African countries up to 60% of orphaned children are living with their grandmothers, and they are often caring for four, six or even ten children at a time.

All of the grandmothers' resources are being painfully depleted by this effort, and the impact on their health is especially alarming. Not only are many grandmothers struggling with the fact that they have HIV themselves, their advancing age and the sheer amount of physical labour they must put in to support their families are taking a tremendous toll. Mavambo Trust, in Zimbabwe, explains:

*"Ill-health among the grandmothers is a disturbing trend. They work so hard to provide for children in their households at the expense of their own health, because they feel, as a participant in one of our support groups stated: 'If we don't do it, nobody else will,*

*and the children will suffer...’ Grandmothers are failing to get treatment or medical attention for such conditions as high blood pressure, asthma, eye problems, cancers, headaches, arthritis and diabetes. Stress is quite common among the grandmothers; they spend a lot of time brooding over the welfare of their children. One grandmother actually succumbed to high blood pressure last year, and she left behind four grandchildren, whose future is quite unclear.”*

The Foundation’s partners are working to give grandmothers’ health proper attention. Many are running special medical clinics. For example, in 2015, 824 grandmothers attended and received care from the Friday clinics ROM in Uganda has set up for them, and 204 grandmothers were tested and counselled for HIV. Our partners are also reach-

---

*“If we don’t do it, nobody else will, and the children will suffer.”*

---

ing many thousands of grandmothers through their networks of volunteers, who are conducting home-based care visits. They’ve launched community campaigns to reach out to the grandmothers, in which their staff set up health tents within communities to read grandmothers’ blood

pressure, check their sugar levels, and monitor their overall health. Grandmothers with serious medical conditions are assisted and supported to get treatment from hospitals and medical centres.

The emotional and psychological demands on grandmothers are also enormous. At the same time that they are struggling to keep children fed, clothed and in school, they also have to become parents all over again—to children who are traumatized by the deaths of their parents, many of whom are HIV positive, and all of whom are facing their own challenges. Grandmothers can feel quite exhausted, overwhelmed, and bewildered by the prospect of meeting the multiple emotional needs of the children in their care. Many SLF partners are working with grandmothers in their quest to build stronger relationships with their grandchildren, and are helping them to find ways to connect at a deeper level. They are deeply worried about how to protect girls from sexual exploitation, and keep children from risky behaviour that could get them infected with HIV. One of their biggest challenges is how to manage the bad behaviour, aggression and sometimes even violence that can come from the most troubled children. And the grandmothers themselves, after having gone through so much in their lives, can experience difficulty finding the right way to communicate their love. As dlalanathi in South Africa reported to us this year about their grandmothers’ parenting programme:

---

*All of the grandmothers’ resources are being painfully depleted.*

---

*“One of the most successful sessions was our first session, about how to see your grandchild in a positive way, and use positive language. The grandmothers wanted to go back and discuss this topic again and again. They said that they felt like they were at church in that session, and that I had preached words that really made them realize they had to change the way they look at, talk to, and respond to their grandchildren. This session laid the groundwork for everything that followed, and they were excited about going home and doing their homework.*

*One of the grandmothers shared recently that, over the weekend, there were gusty winds that blew her roof away. She is very old and was worried about how she was going to cope with being in a house with no roof, since it is very cold. In the morning her grandson woke up and collected the pieces of the iron roof that flew off and began to put them back on the house. She thanked her grandson, and asked him why he was doing this work without being asked. He replied that when she came home from her session the day before she wasn't grumpy, and didn't shout at him for doing nothing around the house. He said that because she was learning how to interact with her grandchildren at dlalanathi, he thought he should show how he appreciates her efforts by taking some responsibility in the household."*

### **Kitovu Mobile's Solidarity Groups**

Virtually all of the SLF's partners are running mutual support groups so that people can start to feel connected once again and begin working together to improve their situations. The benefits have been tremendous for everyone who joins these groups—for children, for teenage girls and boys, for women who have survived violence, and for people living with HIV—but perhaps especially for grandmothers.

For example, Kitovu Mobile in Uganda has developed a solidarity group programme that helps grandmothers turn their lives around, even in the face of so many difficulties, and enables them to care for themselves and their grandchildren. Kitovu goes out into the communities in which it works, and asks each of them to identify the 100 grandmothers who are in the greatest need and should become part of the programme. Kitovu then checks on these grandmothers' general status, such as their medical problems, whether they have enough food to eat, and if their houses are safe. Kitovu steps in right away to provide emergency support for urgent medical, food and housing needs. Then the programme addresses the grandmothers' emotional distress. Solidarity groups are set up so that the grandmothers can share, know they're not alone, and see that there are others with the same and even worse problems. Once these groups are formed, the programme can really begin its work to help the grandmothers rebuild their lives. Robina Ssentongo, Kitovu Mobile's Executive Director, explains how the process unfolds:

*"When the person has been helped medically, socially and emotionally, she is no longer hopeless. She can say to herself, 'I have these orphans, but it's not the end of the world, there are people who care, and the children are growing'. That's when we start to give them training. We say to them 'We gave you maize and flour in year one, but you have to find a way to live—what skill do you think you can learn?' They choose to raise pigs or goats, or make products they can sell in the market. We empower them to realize they can make a livelihood for themselves, and give them assistance to do it. And we train some of them as 'contact grannies', who can transfer their skills to their peers when we are not there. We lobby to get some funds for the grandmothers' solidarity groups, and they save their own funds as well, so they can help one another. This way they are not dependent on the project for assistance, because they build their own community support. The grandmothers' groups get bigger and stronger as more members join—they may start with 25 or 30 people, but will grow so that as many as 150 grandmothers are supported in a single sub-county."*

All of these phases connect together to change the grandmothers' realities. Kitovu Mobile is doing so much more than delivering services. Through their approach, grandmothers are regenerating and reclaiming their sense of purpose in life.

## Escaping poverty and earning incomes

**WHEN OUR PARTNERS ASK** grandmothers about their most pressing needs, the overwhelming response—over 80% in one of the surveys conducted last year—is that they need help to earn incomes for their families.

SLF partners are making great progress in assisting grandmothers to escape the poverty trap that once seemed so inevitable for them, because of the combined effects of HIV, responsibility for so many children, gender discrimination and advancing age. The grandmothers are receiving support to start their own kitchen gardens, and join with others to farm small plots of land. They're engaging in income-generating projects, and learning basic business management and marketing skills that will ensure they can produce small but reliable profits. Grandmothers are creating 'table banking' groups to pool their savings, and to make loans to each other. The results have been remarkable. All of our partners are reporting that the grandmothers are becoming able to meet their families' essential, basic needs—such as food to feed the children, money for school fees, uniforms and supplies for their education, and funds for travel to clinics and medical supplies. Their futures are starting to look much brighter. One woman who has been supported for several years by ROM in Uganda told the story of her experience with the grandmothers' empowerment project:

---

*Grandmothers are creating 'table banking' groups to pool their savings and make loans to each other.*

---

*"My name is Nanyondo Eve. I am a 56-year-old widow living in Nakakono village in Kakinzi parish, Luweero district. I am HIV positive and I receive care and treatment from the Reach Out clinic at Kasaala. I was also diagnosed with hypertension and arthritis and often I get severe headaches, joint pains and generalized weakness. My sons died of AIDS and left me with five grandchildren who are under my care. I live with them in my four-room house which was constructed by my late father. The house is very old and*

---

*Many of the grandmothers who save and earn incomes are not just surviving, they're thriving.*

---

*sometimes I get scared during the heavy rains. My main source of income is farming though I am not strong enough to cultivate a large piece of land and my grandchildren are also not old enough to help out in the garden. However, we combine efforts and cultivate something which can feed the family and we are able to sell some in the market.*

*My life has been changed since Reach Out brought the grandmothers empowerment project. The project introduced the orange-fleshed sweet potato (OFSP) and I was chosen to be one of the model farmers. During the OFSP training we were informed that the OFSP has a lot of vitamin A which is good for sight. We were told that if we cooked the vines and ate them as vegetables our sight would get better. I tried it and for sure, I can now read my bible, which I couldn't do before. We are also now eating the potatoes as food in the family, and since I am a model farmer I have already given out four sacks of vines to six other grandmothers. I also received a blanket from the project, and joined the grandmothers' saving group. As well, the project staff have taken us through will-making and*



*memory book writing. I have a lot to share with my grandchildren and though some of the memories are very emotional the community staff have been very supportive. The project helped me become alive again and I feel a lot stronger and happier.”*

Of course the path is not always smooth, and our partners are continuously responding to new problems and strategizing about how to overcome them. Some of the challenges are easier to address than others—one of our partners in Kenya, for example, found that they had to start their pig-rearing project all over again, because the breed of pig they initially supplied to the grandmothers grew too quickly, and much too big. The grandmothers became intimidated by the idea of caring for these animals and the cost of feeding them. Other challenges are more fundamental and disturbing. A number of the countries in which our partners work are beginning to experience serious effects of climate change, and several of the reports we received in 2015 spoke of major setbacks to their efforts to improve the grandmothers’ food security caused by flooding and droughts.

The SLF partners who have become quite experienced in supporting crop growing and income-generating projects are starting to see larger scale successes. The grandmothers’ project supported by Umoja Wa Mapambano Dhidi Ya Ukimwi (UMWI) in Tanzania is now set to become one of the first organic honey producers in Tanzania. In Ethiopia, the Negem

---

*Grandmothers are running their own mutual support groups, and coming up with new plans for what they can accomplish.*

---

Lela Ken New HIV Positive Women’s Support Organization (NLK)’s innovation of introducing mushroom farming for grandmothers has really taken off. Despite the fact that mushrooms are not considered a local delicacy, people came to enjoy them, and simple, undemanding require-

ments for their production suited the grandmothers well. The mushrooms are becoming an important source of nutrition for the grandmothers and the larger community, and NLK has negotiated a memorandum of understanding with the private mushroom dealers in Addis Ababa to scale up production and marketing. In another innovative move, Nyakonya in Kenya took advantage of its strategic location on the shores of Lake Victoria to set up a safe drinking water plant. The community trusts the water because it knows where it comes from, and the profits are helping to offset the costs of the many services Nyakonya delivers back to the community.

At first, the idea of managing savings—with an eye to investing for the future—would seem like a pretty unrealistic proposition for grandmothers. They have so very little, and the daunting, bureaucratic processes of the commercial banking sector are pretty effective in shutting them out. Drawing on long traditions of collective self-help, SLF partners are supporting grandmothers to set up their own savings and loans groups, and the results have far exceeded expectations. For example, St. Francis Healthcare Services in Uganda has been supporting Village Savings and Loans Associations (VSLA) for grandmothers for over eight years. They now have 11 groups, with between 20 and 30 members in each group. These groups have been pooling their savings consistently over the course of each year, and then sharing out their profits to each individual member at the end of the year. The members have been able to borrow money to invest in some of the trades that they have been trained in, and to get resources and supplies for their framing enterprises. This has given a big boost to

their income-generating schemes, and helped them to acquire property. Apolot Christine, a 62-year-old grandmother who belongs to one of the St. Francis VSLA, borrowed 500,000 Ugandan schillings (about \$193 Canadian) from her group, and invested it into buying millet in her village and marketing it in the nearby town. Her business grew and she was able to pay back her loan in three months. She has now bought her own small piece of land, and is planning to construct a house for her children next year.

As the Botswana Retired Nurses Society (BORNUS) reported to us this year, the grandmothers who have participated in savings schemes and income generation activities—along with the other supports that community-based organizations provide—are not just surviving: many are beginning to thrive. These grandmothers are becoming more self-reliant, and are no longer dependent on local organizations or the government for help. They're now the ones who are helping the needy in their community: the elderly, disabled, and disadvantaged. Grandmothers are taking ownership and running their own mutual support groups, and coming up with new plans for what they can accomplish.

## Leadership and advocacy

**N**OTHING EXPRESSES THE GRANDMOTHERS' renewed sense of possibility and optimism more than their willingness to step out into their communities and take on leadership roles. At first they took comfort and relief from knowing they are not alone in their troubles. Over time, and together, they've become determined to confront those troubles head on and demand that things change.

Here's how one grandmother who is a member of the Phoebe Education Fund for Orphans and Vulnerable Children (PEFO) in Uganda talks about her work:

---

*Grandmothers are standing up tall and proud, and demanding that things change.*

---

*"I am Mariam Mulindwa, 51 years old. I live in Kagera village, Buwagi parish, Budondo sub-county, Jinja district. I am married with six children but also taking care of seven other vulnerable children totaling 15. I am a member of PEFO's Tusobola older persons' rights group. For a long time, older people faced a lot of injustices in our community, such as land grabbing, selling off their property without their consent, being called all sorts of bad names like 'witch', and being excluded from government programmes like National Agricultural Advisory Services (NAADS). Even after facing such injustices, usually older people remain silent since they are ignorant about their rights and who to report to if they are violated. They believe the world doesn't want them anymore because they are worn out.*

*However, things are changing now especially because of the older persons' legal rights groups that PEFO established, where they train us on human rights and evidence-based advocacy. I have used this group to advocate for the rights of the elderly in my community, and I have been sensitizing other grannies on their rights and how to advocate for them. I can confidently state that awareness of older persons' rights has been increasing.*

*I've also acquired a post on the local government's older persons' and children's rights committee, at the sub-county level, and have been using this position to support older people whose rights have been abused. So far I've been involved in resolving 12 cases about land grabbing and selling older persons' property without their consent. Older*

---

*"We believe violation of the rights of the aged will soon be wiped out in our communities—we are empowered and we know what to do."*

---

*people have more courage and vigour to bring cases when they are aware of their rights, and know they can seek justice from responsible stakeholders. The groups and committees have provided a backup to grannies to advocate for their rights at the community level. We believe violation of the rights of the aged will soon be wiped out in our communities—we are empowered and we know what to do."*

Grandmothers and their community-based organizations are beginning to work more closely with their governments—raising difficult issues, entering into dialogue and partnering with them—in order to reach the next stage of progress. SLF partners are reaching agreements with health departments to collaborate on the delivery of home-based care to grandmothers and their families. They are joining watchdog committees to oversee the implementation of national budget allocations for the elderly. They are supporting grandmothers to join local councils of older persons, and to run for election. They are demanding that the laws and procedures around land ownership be changed to protect grandmothers from losing their homes and farms to property grabbing. They are networking with other organizations and leading campaigns to convince their governments of the urgent need to provide pensions and other social benefits to the grandmothers, who have worked for so long without any recognition of their efforts to care for a whole generation of children.

### ***The Ugandan Grandmothers Gathering***

From October 5<sup>th</sup> to 7<sup>th</sup> 2015, 500 grandmothers from every region in Uganda congregated in Entebbe for the first National Grandmothers Gathering. They came to discuss urgent issues, deliberate, and march. Together, they expressed their grief, outrage, resilience, and hope for the future. The grandmothers formulated their demands—directed at their government, the media, and the international and donor communities—culminating in a powerful call to action: the Ugandan Grandmothers' Statement ([stephenlewisfoundation.org/ugandangrandmothersgathering](http://stephenlewisfoundation.org/ugandangrandmothersgathering)).

For three days, the nation's attention was focused on the plight of the grandmothers, and the emerging demands of their movement. Distinguished members of Ugandan civil society joined the Gathering's deliberations. Senior Government representatives from all key sectors participated each day, speaking to—and, more to the point, listening to—the grandmothers. The national and local press were filled with news stories about such a large assembly of grandmothers from across the country, and provided in-depth profiles of their urgent concerns.

The dialogue was intense at times, but always profoundly productive. One of the most powerful exchanges came between Uganda's Deputy Minister for Social Protection and the grandmothers who challenged him in the plenary. They asked:

- “Why won’t the law protect us, when we have so many responsibilities for the grandchildren?”
- “What will the government do to support elderly widows to make sure they can get titles on the pieces of land where they have lived for years?”
- “There are offices at the district and sub-county levels that deal with land issues. I have tried to get them to come to educate our community, but they have failed. What can we do to get them to come?”
- “Our problem is the high cost of securing land title. What can the government do to support poor grandmothers?”
- “We need lawyers who will represent the grandmothers!”

The Deputy Minister seemed momentarily overwhelmed by the deluge of poor, elderly, widowed, rural women—most of whom had never even seen a representative of their government before—standing up tall and proud in this crowded assembly room insisting that something, finally, be done. As Stephen Lewis humorously observed in his speech to the Gathering on its closing day, “Your voices are being heard. The minister will never forget your voices or your faces. I think he was afraid to leave his home this morning in case he met grandmothers on his way to work!” They did get his attention, and the Deputy Minister left—as did the many other government representatives who participated in the Gathering—with a clear understanding of the serious challenges the grandmothers are facing, and a genuine commitment and willingness to continue discussions with the leadership of their community-based organizations to find solutions.

The Ugandan Grandmothers’ Gathering was brought to life by the leadership and determination of its organizing committee, a powerful group of Ugandan community-based organizations who have been working closely with the grandmothers for many years: Reach One Touch One Ministries (ROTOM), the Phoebe Education Fund for Orphans and Vulnerable Children (PEFO), Reach Out Mbuya (ROM), the Nyaka AIDS Foundation, St. Francis Health Care Services, and Kitovu Mobile AIDS Organization. The organizing committee has registered a new entity with the government (“The Grandmothers Consortium”), to build on the powerful momentum generated by the Gathering, and keep moving the grandmothers’ agenda forward in Uganda. The grandmothers closed their meeting strong and unwavering in their resolve, and their community-based organizations will be with them every step of the way.





## About the Stephen Lewis Foundation

---

The Stephen Lewis Foundation has been partnering with grassroots community-based organizations (CBOs) to turn the tide of the HIV & AIDS epidemic in sub-Saharan Africa since 2003. The impetus for putting the Foundation into motion was a single, essential insight. At a time when Africa was reeling from one of the greatest health emergencies in human history, the global response was frustratingly and bewilderingly slow. But people in the communities most affected by AIDS had rallied themselves to confront the crisis that was devastating their lives, and their small, emergent organizations were struggling to put their plans into action. In 2003 we were convinced that if only funding could be transmitted directly to these community-based organizations, some of the forward movement that was so urgently needed could begin.

As of 2015, the Foundation has disbursed over \$89 million, working in partnership with over 300 community-based organizations on more than 1,400 initiatives in the 15 sub-Saharan African countries hardest hit by the pandemic: Botswana, the Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

These community-based organizations were most frequently born out of the resolve of small groups of individuals, who, after witnessing the devastation of HIV & AIDS in their personal lives, began to work determinedly to save their communities. Over the years they have grown and evolved to become important and trusted local institutions, and leaders in the fight against AIDS.

# Financial Overview

The stories of struggle, perseverance and resilience we've shared in this Review are just a glimpse into the extraordinary work of the 130 grassroots organizations the Stephen Lewis Foundation partnered with in 2015. In turn, our efforts would not have been possible without our generous supporters. Thank you!

## Programmes

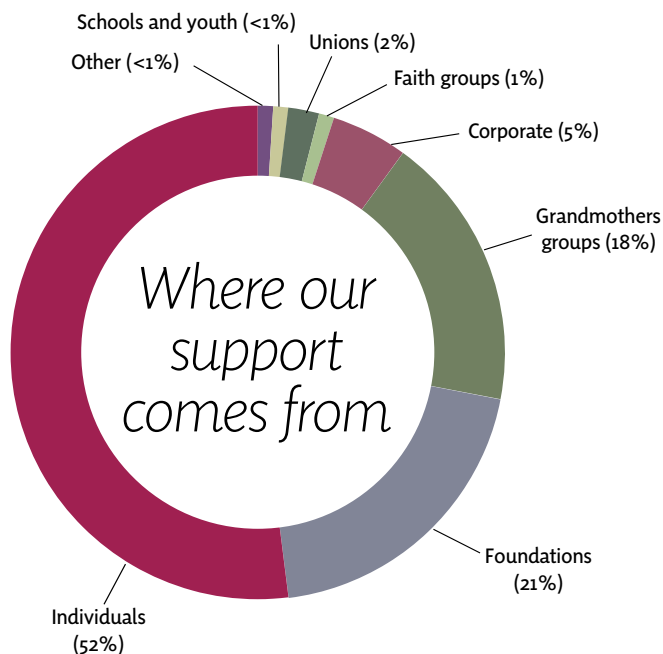
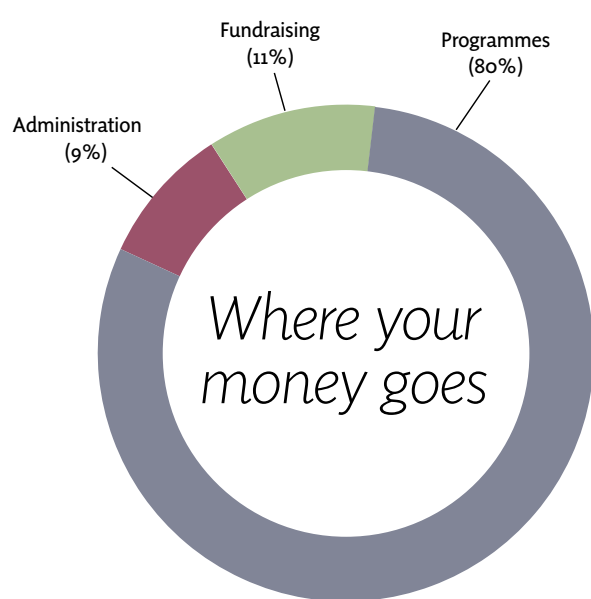
From 2003 until June 2015, the Stephen Lewis Foundation disbursed and committed \$89.2 million to programme spending, including direct support to over 1,400 initiatives with 300 community-based organizations in 15 African countries. To read more about our work with African partners, please visit: [stephenlewisfoundation.org/what-we-do](http://stephenlewisfoundation.org/what-we-do)

## Administration

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. We are committed to keeping these administrative costs as low as possible with in-kind donations and pro-bono support. For more information, please visit: [stephenlewisfoundation.org/financials](http://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.



For a copy of the Foundation's full audited financial statements and Canada Revenue Agency (CRA) returns, please visit: [stephenlewisfoundation.org/financials](http://stephenlewisfoundation.org/financials)

The Foundation's auditors on June 30, 2015—the end of our last full fiscal year—were Ernst & Young LLP Chartered Accountants. The Foundation's charitable number is 89635 4008 RR0001.

If you have questions about our financial statements, please call 1-888-203-9990, ext. 0.

# Leadership

---

## **Board of Directors (2014–2015)**

Stephen Lewis, Chair and Co-Founder — Toronto

Cleta Brown — Vancouver

Phil Cowperthwaite, Treasurer — Toronto

Vuyiseka Dubula — Johannesburg

Josephine Etowa — Ottawa

Michael Fekete, Secretary — Toronto

Alexa McDonough — Halifax

Mary Morison — Toronto

Valerie Pringle — Toronto

Angela Robertson — Toronto

Doug Stollery — Edmonton

## **African Advisory Board**

Honourable Graça Machel, Chair

*Founder of the Graça Machel Trust and Chair of the World Health Organization's Partnership for Maternal, Newborn & Child Health*

Sisonke Msimang

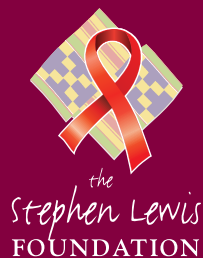
*Writer, Activist, and Senior Programme Specialist in charge of Policy Development, Advocacy and Communications with the Sonke Gender Justice Network*

Theo Sowa

*CEO of the African Women's Development Fund and Chair of Comic Relief's International Grants Committee*

## **Executive Director and Co-Founder**

Ilana Landsberg-Lewis — Toronto



**Stephen Lewis Foundation**

260 Spadina Ave, Suite 501

Toronto, ON M5T 2E4 | Canada

Tel: 416-533-9292 | Toll-free: 1-888-203-9990

**[stephenlewisfoundation.org](http://stephenlewisfoundation.org)**

Charitable registration # 89635 4008 RR0001

---

You can donate from the United States by mailing a check or money order made payable to the Stephen Lewis Foundation — TIDES Foundation to the address below.

**Tides Foundation**

The Presidio

P.O. Box 29903

San Francisco, CA

USA 94129

**Contact:**

Tel: 415-561-6326

Fax: 415-561-6401

[contributions@tides.org](mailto:contributions@tides.org)

**[tidesfoundation.org](http://tidesfoundation.org)**

In accordance with IRS tax regulations, TIDES US only issues a US charitable donation receipt for contributions over \$250 USD. If you would like a tax receipt for your donation, please be sure to request one when you send in your donation, and ensure that your name, address and phone number are included on the check. For additional information please contact TIDES US directly.

