



The Resilience Effect and the Power of Community

2016 Year in Review



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Women meeting outside the office of Mavambo Trust in Zimbabwe

Letter from Ilana Landsberg-Lewis

This report coins a new term, ‘the resilience effect’. We are excited about it because it brings to light a tremendously important reality: the powerful impact that community-based organizations have in resurrecting life and restoring hope for families and communities affected by HIV&AIDS. This *Year in Review* provides a detailed and in-depth look into precisely how our community-based partners are accomplishing this transformation.

For the past two years, the Stephen Lewis Foundation (SLF) has been consulting and working with our grassroots partners across 15 sub-Saharan African countries to tackle a real challenge to securing the proper respect and support for community-level interventions on HIV&AIDS. All of our partners can document the easily ‘provable’ impact of their work. For instance, how many orphaned children returned to school with their support, how many women are generating incomes by participating in their programmes, how many houses have been built for grandmothers, etc. What has been so confounding for all of us is how to capture the startling and critical reality that children, women, grandmothers, people living with HIV—and generally all of those affected and infected by the virus who are supported by these grassroots groups—are actually feeling better.

They are experiencing, once again, hope for the future. They are less oppressed by stigma around HIV&AIDS, children are able to go to school without fear of teasing or ostracization, and grandmothers have moved far past the shame they felt when their adult children died of AIDS. Adolescents are brought together to talk about the importance of staying on medication for HIV and eating healthily. A whole culture has grown up around ‘living positively.’ One can’t emphasize or marvel at it enough.

And herein lies the rub. The number of children in school, or houses built is absolutely one measure of success. But how does one measure what lies at the heart of the rebuilding of the fabric of life? How do we recognize the deeply human and unquantifiable feelings that are an equally critical measure of success and should be equally valued? The SLF’s Impact Assessment Framework, devised with our partners, assists in documenting these elusive results—how our partners’ work helps people to truly reclaim life, and resurrect hope, happiness, and a vision for the future. This is the real human triumph of the work of community-based organizations in the context of HIV&AIDS.

There are many large international institutions that provide access to HIV medication, or education, or humanitarian assistance. The powerful additional contribution that community-based organizations make comes from their understanding of what it takes to help people in their communities rebuild their lives. How does a grandmother face the possibility that her precious grandchild is HIV positive, make the decision to get her tested and provide the emotional support that she’ll need? How does a teenage girl acquire the self-esteem, information and economic security to say ‘no’ to unwanted and unprotected sex? How does a mother living with HIV disclose her status to her husband in a supportive environment



Ilana Landsberg-Lewis, SLF Executive Director and Co-Founder, Grandmothers' March, 21st International AIDS Conference, Durban 2016

Alexis MacDonald/SLF

without risking violence or abandonment? How do people living in remote communities overcome stigma and get access to HIV testing and counselling? How does an 11-year-old child supporting his two younger siblings orphaned by AIDS find loving care and support and return to school?

Grassroots organizations run by and for the community are in a unique position to answer these questions. They walk side by side with the people they exist to serve. What you will find in this comprehensive report is exciting and groundbreaking evidence of the power of community. When we asked our grassroots partners what they were hoping to achieve in the lives of all those whom they support, their aspiration was clear: resilience. The resilience to overcome, the resilience to face the ongoing challenges, and the resilience to live fully again in spite of the losses people have suffered. The stunning impact of their strategies, programmes, and loving care is what we call 'the resilience effect'.

The Stephen Lewis Foundation is extraordinarily fortunate and honoured to have received so much support for the work of our partners. But more than that, we have received unusual and invaluable funding for the development and implementation of our Impact Assessment Framework, which has led directly to the documentation of these powerful results. It is a huge boon to the work and a real contribution to telling the true story of what it takes to overcome AIDS, and to the grassroots groups who are really at the forefront of this work. We are profoundly grateful for this partnership.



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



Joanna Henry/SLF

Members of a mutual support group run by the Phoebe Education Fund for AIDS Orphans and Vulnerable Children in Uganda

Introduction: The Resilience Effect

The Stephen Lewis Foundation's (SLF) 2016 Year in Review presents highlights of our grassroots, community-based partners' achievements in their work to turn the tide of HIV&AIDS in eastern and southern Africa. Their contributions to this struggle are important, and not only because of the sheer number of people they have protected from infection and brought into life-saving treatment. Community-based organizations are also doing something more, and this something more is remarkable. The cumulative effect of their interventions, over time, has been to restore resilience in the lives of individuals and to their communities as a whole.

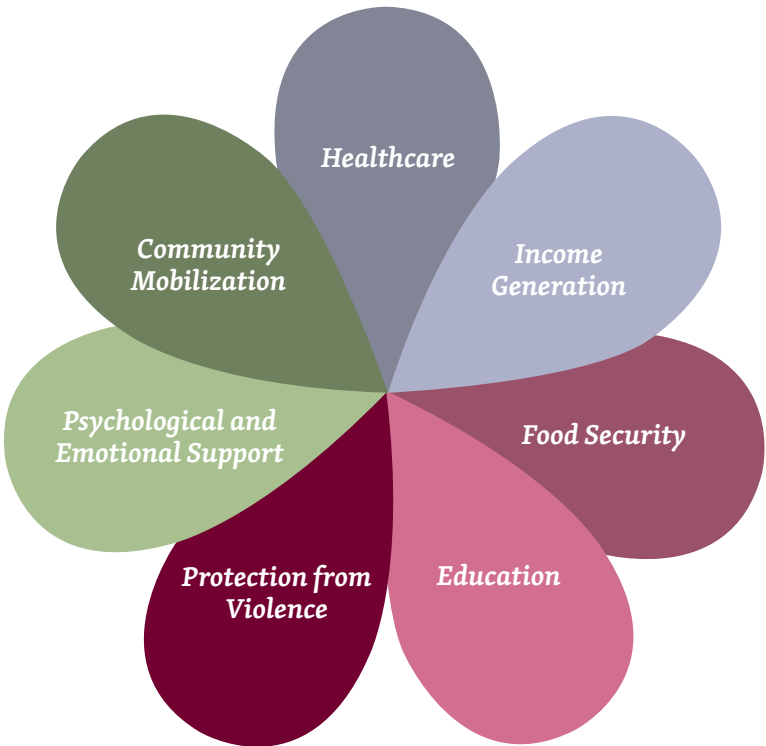
In the regions of the world most affected by the virus, HIV&AIDS has not just been a health crisis, it has been a full-blown humanitarian crisis. The pandemic has killed many millions of adults, leaving millions of children orphaned, rendering families destitute, completely overwhelming the local authorities' capacity to manage and to care for people, and leaving many individuals diagnosed HIV positive without hope or any notion of how to move forward.

Community-based organizations have transformed this desperate scenario. They've been meeting immediate needs by bringing people living with HIV into treatment, and providing protection from violence, housing assistance, counselling and therapy. Once those needs are met, further assistance is provided to help individuals regroup and rebuild in the areas of positive living, education, income-generation and food security. Particular attention is paid to improving people's psychological and emotional well-being, and strengthening the bonds that connect them to one another—nurturing relationships within families,

and creating new social networks in the form of mutual support groups for people living with HIV&AIDS (PLWHA), children, youth, women, and grandmothers.

With this comprehensive assistance, stability begins to return. People living with HIV are staying on treatment, children are staying in school, family units are functioning, and small but reliable incomes are being generated. Ultimately, the signs appear that people have regained control over their lives, and that new possibilities are starting to open up for them. PLWHA are now leading healthy, productive lives, young people have graduated from school and started work, women, and even the grandmothers, have become leaders in their communities, and local groups are starting to demand that their national governments take action to protect their rights. The return of resilience to the communities in which our partner organizations work is one of the great untold stories of the HIV&AIDS response—and their greatest accomplishment.

The key to the ‘resilience effect’ is a comprehensive, holistic approach to programming. Community-based organizations don’t just focus on providing a single, isolated service. Instead, they are responding to the whole person, with the long-term goal of restoring well-being and dignity to the people in their communities. They are therefore rolling out a wide range of different interventions simultaneously. The programmes that the SLF’s community-based partners implemented in 2016 were quite comprehensive, and incorporated interventions in each of these seven areas of work:





A home-based care worker from Catholic AIDS Action in Namibia visits one of her clients

Healthcare

Grassroots organizations are reaching out to their communities with a full range of HIV&AIDS-related health services. They are preventing new infections through education, awareness-raising and support for behavioural change. They are bringing people in for counselling and testing so that they can know and understand their HIV status. They are providing assistance to ensure that members of their communities get onto treatment and are able to stay on treatment for the long term.

Some of the community-based organizations the Stephen Lewis Foundation supports are operating their own, fully equipped healthcare facilities, some are running mobile clinics, some are delivering assistance through home-based care, and many more are linking people through referrals to the services they so urgently need. What all of our partners, big and small, share is a remarkable ability to connect with their communities. Millions of people that the mainstream HIV&AIDS response chronically fails to engage—especially children, girls and young women, grandmothers, and people living in remote and rural areas—are now living healthy lives, with real hope for the future, thanks to the efforts of community-based organizations.

Education and awareness-raising

The SLF's partners reached more than 300,000 people in 2016 with their HIV&AIDS education and awareness-raising initiatives. This is absolutely critical work, as ignorance, myths and dangerous misunderstandings about the pandemic still run rampant. Much of our partners' outreach is about communicating the essentials: how the virus is and is not contracted, how to protect yourself, and how to live positively without spreading the virus. Deep stigma is still attached to HIV&AIDS in so many communities, posing a huge barrier for healthcare access, so combatting discrimination is also a major focus. **Kitovu Mobile AIDS Organization** conducted a survey of its patients in the greater Masaka region of Uganda last year, which details the impact that stigma is having on people: they fear getting tested for HIV and they fail to get tested, the shame and secrecy make them reluctant to disclose their positive status, people spread HIV without knowing, they suffer from feelings of hopelessness, depression and low self-esteem, they isolate themselves, withdraw from activities, and too many end up abandoning treatment.

As the **Busoga Integrated Development and Care Foundation** of Uganda stresses, the leadership of people who are living with HIV&AIDS is an invaluable resource in the effort to change peoples' thinking and behaviour:

PLWHA are making incredible contributions in the areas of peer support, peer education, advocacy, public education, sensitization and community mobilization. Peers have a very strong influence on an individual's behaviour. Peer educators have a level of trust and comfort with their peers that allows for open discussion about sensitive topics, and they have good access to 'hidden' populations that may have limited interaction with mainstream health programmes. Our peer education programme empowers both the educators and the target groups by creating a sense of solidarity and collective action. It's also more cost-effective than interventions that rely on formally trained professional staff. Our peer educators are community members who have developed the capacity to provide health information to those around them, and they are now seen by others in the community as a focal point for information and assistance. We've built a cadre of PLWHA and community volunteers who can address positive prevention many years beyond the life cycle of this project.

Treatment adherence

Our partners are keenly aware that getting people tested and onto treatment is only the beginning of the work that must be done to save lives. Maintaining adherence on antiretroviral (ARV) treatment poses an almost insurmountable challenge for so many people. The greatest difficulties are experienced by orphans, vulnerable children and adolescents, who often have been doubly traumatized—first by the loss of their parents to AIDS, and second by their own diagnosis.

Community-based organizations are succeeding in keeping young people on treatment because they have learned from experience that it must be delivered as part of much more encompassing, holistic programmes of support, which address children's multiple vulnerabilities. Their very pressing emotional and material needs must be met.

They need to learn life skills and receive grief counselling and psychological support, including through play and art therapy. Caregivers need training to administer medication and help with parenting skills and education on nutrition. Age appropriate interventions are needed for youth, especially in relation to their sexual and reproductive health and rights. They need to feel connected to their community once again, and peer groups are playing a crucial role.

Getting people tested and onto treatment is only the beginning of the work that must be done.

CD4	Count	Notes
Baseline	31	
6 mths	360	
12 mths	295	
18 mths	293	
24 mths	310	
30 mths	308	
36 mths	404	
42 mths	505	
12/11/10	421	
July 2011	801	CD4-991
June 2012	366	
05/09/2012	657	

A CD4 count book used by staff of the Phoebe Education Fund for AIDS Orphans and Vulnerable Children in Uganda

Maintaining ARV adherence for children and adolescents is a special programming focus for **Reach Out Mbuya Parish HIV/AIDS Initiative (ROM)** in Uganda. The organization has been providing children and adolescents with testing, treatment and clinical services for many years, and now a monthly clinic has been established with a pediatrician and counsellors trained in psychosocial support for young people. A child-friendly environment is fostered during clinical care, with play therapy that helps children open up and assists the staff to identify issues that need to be addressed. Sessions on sexual and reproductive health are also conducted during the clinic for adolescent clients.

At the same time, complementing the clinical work, ROM embraces young people within a community network of care. Their 'Teenage and Adolescent Supporters' are peer counsellors—mostly young people living with HIV who are also ROM clinic clients—selected from the villages they will be serving, and trained in the basics of HIV 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 'Friends Forum' for their young HIV positive clients where they can talk with one another about their experiences and challenges, hosts a music, dance and drama group, and organizes an annual camp for children and teenagers living with HIV. All of these measures help the children live positively and deal with stigma.

Girls and young women

The HIV&AIDS community has recently been raising the alarm about high, and ever-increasing, rates of HIV&AIDS infection among girls and young women in sub-Saharan Africa, and has started calling for greater attention and funding to address the issue. Our community-based partners have been struggling with this problem for many years, and they are intimately familiar with its root causes. Here are some of the observations and insights they shared with the SLF in their 2016 reports:

Girls and young women, especially from the rural communities, are far more vulnerable to HIV infection, regardless of how much they know about HIV&AIDS, yet few are in a position to protect themselves from the disease.

Girls are more likely to contract HIV than boys, not because of risky behaviour but because of sexual violence. Girls are very often subjected to forced sex.

Young girls are especially at risk due to rape, defilement and early marriages. In this country, which has such a high number of child marriages, girls can become infected at an early age.

Families see girls as born to marry, not to go to school. The girls are marrying and having children at a very tender age. They get exposed to HIV too early to understand why they are on ARVs and why they need to adhere to the medication.

Sex and sexuality are considered taboo subjects for young people to discuss. Boys and girls don't learn about sex at home, so they don't know they can get infected with HIV, and they don't realize the importance of protecting themselves with condoms.

Adolescent girls are facing so much peer pressure to have sex. Young girls are afraid to say no to boys and men, because they feel they depend on them.

High levels of poverty make girls look for relationships with men for material support. Young girls are being infected by 'sugar daddies'—older men who have money.

This society gives males so much power to make the decisions about sex, there are many challenges for young women who want to have protected sex with condoms.

Girls are often abused, rejected and abandoned by their families when they discover that they are HIV positive. They're chased out of their homes and told to go back to their partners.

Fears about confidentiality prevent teenage girls from going to the local government clinics. Girls avoid taking HIV tests, for fear of being seen as promiscuous. Most girls are scared to find out about their HIV status because they will be stigmatized by the community.

Girls have trouble accessing sexual and reproductive health services such as family planning. In most cases the healthcare providers refuse to give this service, saying the girls are too young. Healthcare workers have very stigmatizing attitudes towards sexually active adolescent girls.

Girls and young women are caught up in a complex web of challenges that exposes them to a completely unacceptable—and unnecessary—level of danger of HIV infection. The SLF's community-based partners have made protecting these girls a priority, and are running a wide range of programmes to secure their right to live safe and healthy lives. They are bringing sexual education, HIV&AIDS information, and life

skills training into schools, and helping to revise school curriculums. They are conducting special sessions on sexual and reproductive health for young people at healthcare facilities and community centres, and are hosting very popular, high-profile, annual events for the community. A number of our partners have worked to establish their own dedicated child- and youth-friendly clinics, and are working with mainstream health services to eliminate the stigma and discrimination directed at young women. They are giving girls one-on-one guidance and counselling, and helping to educate the whole family during home-based care visits. Perhaps most importantly, they're running girls' clubs and youth clubs that give young people safe space and confidence to discuss their most urgent problems and concerns, and to learn together about how to protect themselves. Teenagers from these groups have become community educators and counsellors, and are guiding their peers towards a safer future.

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Here are some highlights from just a few of the programmes:

At the Nyaka and Kutamba primary schools we hold regular breakout sessions for girls and boys to discuss goal-setting and sexual education. Peer pressure, the need for money and general adolescent needs are frequently discussed because they are big issues. These breakout sessions are usually facilitated by a senior female and a senior male teacher, and they are sometimes joined by a guest if we know of anyone in the location who is working on similar issues—Nyaka is always partnering with different organizations to address adolescent reproductive health and life skills. Also, at the Nyaka Blue Lupin library, we held the 'Healthy Happy Hearts Community Fun Day'. This event was part of Nyaka's strategy to address sexual assault and teen pregnancy by approaching these issues in a holistic way. We brought in members of the community at large—representatives from the district health and education offices, members of the Nyaka grandmothers groups, and staff from some of the local NGOs—to join the discussion with our primary and secondary students and teachers.

—**The Nyaka AIDS Foundation, Uganda**

MWEDO works with both young men and women who, due to cultural practices, are married into polygamous families at a very early age, and therefore are very vulnerable to HIV&AIDS. We believe that the behaviour of young people now will determine the future of the HIV&AIDS pandemic, and if we cannot change the behaviour of people who do not have HIV&AIDS the disease will only spread even more widely. The community health educators for this project are young Maasai men and women who have been well trained to be the educators for other young people and the whole community. They are now able to deal with things like: preventing HIV&AIDS through healthy and safe sexual practices; preventing sexually-transmitted infections; understanding drug use and the spread of HIV&AIDS; understanding sex, reproduction and safe sex; and caring for and supporting people living with HIV&AIDS and their families.

—**The Maasai Women Development Organization, Tanzania**

We had our annual 'Girl Talk' day, where we spoke freely about female sexual health and behaviour. We brought in guest speakers who are women who have achieved wonderful careers and have knowledge to share and inspire the girls with. 'Girl Talk' day is an opportunity for girls to speak openly and learn about life facts that they may be too shy to ask parents or caregivers about, or to speak about at school in front of classmates. We feel this day makes an impact on their lives.

—**Wide Horizon Hospice, South Africa**



An income-generation project run by the Phoebe Education Fund for AIDS Orphans and Vulnerable Children in Uganda

Income Generation

The pandemic has impoverished so many people living with HIV&AIDS, orphans and vulnerable children, and grandmothers. Their most immediate, pressing need is to secure the basic necessities of life, without which any other form of assistance the grassroots organizations try to provide will fail. Even the community-based organizations that focus on delivering psychological counselling recognize that they must find ways to address people's material needs. **Sophiatown Community Psychological Services** in South Africa notes: "We are acutely aware that 'an empty stomach does not have ears', as one of our clients once put it." All of the Stephen Lewis Foundation's partners are running programmes and making interventions that help people become more self-sufficient and better able to support their families. The smallest financial improvement can go a long way and make a crucial difference. It can mean having enough money to pay a child's school fees, to buy the nutritious food that must accompany antiretroviral medication for it to be effective, or to repair the roof and door to the house so your family can sleep safely and securely. Our partners' income-generating projects are a lifeline for the people in their communities.

Community-based organizations are providing a wide range of training in areas such as: basic financial literacy, budgeting, small business management, catering, food vending, carpentry, tailoring, craftwork, beekeeping, kitchen-gardening, animal husbandry, and agriculture. They also supply small amounts of start-up capital and farming supplies, and are helping people to find markets for their products. The benefits often start flowing in quickly. **Stepping Stones International** in Botswana reports that "of the 50 young mothers who graduated from our programme in March, 26 have already found jobs or started their own small business, hence they are able to provide for their children. The women are employed in various sectors—some of them are in community work, retail, restaurant, security and the airline business."

Even small financial improvements can go a very long way and make a crucial difference.

Community Asset Building and Development Action

(CABDA) in Kenya reports that "100 caregivers are now starting to generate income after receiving business management training. They've received their first loan and have started small businesses like selling maize, beans, vegetable seeds, fruits, fish, cloths, paraffin, and small shop items."

The creation of village savings and loans associations is a very important component of most of the income-generation programmes our partners are operating. The basic concept is quite simple and very effective: people come together in groups to consolidate their individual savings, and then collectively (and sometimes also with start-up funds from the community-based organization) they act as 'the bank' for one another.

Kimara Peer Educators & Health Promoters in Tanzania explains why village savings and loan schemes are so necessary:

These are solidarity groups that target people living in poverty who cannot penetrate the formal banking system. It gives them a way of keeping their small incomes in safe hands, and it enables the members to practice saving money routinely, even if the amount is small. They see the group funds grow from small savings to a large amount of funds from which they can borrow and finance their own projects. Their incomes grow over time. So this approach has educated the group members to realize they don't have to feel useless and waste the small amount of monies that they have, because even small monies can build into large amounts. The group members have joint responsibility for the funds, and they do not need to put up collateral in order to borrow.

This is so important—it means their assets and homes are safeguarded, as compared to borrowing from banks where, when they fail to repay, even their smallest assets get confiscated and they are left even worse off.

The Young Women Campaign Against AIDS in Kenya explains how their groups are operating:

We use Community Revolving Loan Funds (CRLF) as an approach to improve people's income security. The approach is innovative and it provides access to capital to start income-generation activities for economic empowerment. It brings women into registered social support groups, and through these groups they can also access other local funds. Those who benefit from loans are expected to return the amount after a period of one

Through these savings and credit schemes the women have become confident about how to conduct businesses.

year. Afterwards other group members or other groups are given the same amount of money, which recycles through the community... Lately the grandmothers groups have followed the best practices of CRLF and have set up their own table banking initiative, a community savings and credit scheme which is managed by the groups themselves. The grandmothers are generating

small amounts of funds out of their businesses which they contribute and loan out to their members on a weekly basis through table banking. Through these savings and credit schemes the women have become confident and knowledgeable about how to conduct businesses, and feel ready to try accessing credit facilities run by the government or financial institutions. We have groups that have accessed loans from government funds of between 150,000 and 350,000 Kenyan shillings, and are interested in applying for up to 1 million (between \$1,950 - \$4,600 and up to \$13,000 CAD).

Most of the clients' lives are changing because of this income-generating support, in big and small and always very meaningful ways. As **CABDA** in Kenya reports: "Caregivers' shelters have improved and assets within households have increased. In the households where the field officer did her baseline survey, three quarters of them had not more than three wooden chairs and a small table, but the situation has improved, and some caregivers have now renovated and even built houses due to their businesses and the revolving loan funds offered to them."

But the reality is that even with the most determined and dutiful efforts, not everyone can become self-sufficient. Our partners have told us remarkable stories about grandmothers who are now running their own businesses and successful for-profit farms, while managing to care for up to four, six, or even eight orphaned children. This type of outcome

is not always humanly possible or even desirable—surely there must be a limit to what the world can expect of these women, especially as old age advances. Community-based organizations are intensely aware of the heavy burdens that grandmothers are shouldering, and they are investing a lot of effort into convincing their governments to step up to the plate. Grassroots organizations

have long supplied the missing link in their countries' social welfare systems, connecting grandmothers and orphaned and vulnerable children with any and all state-sponsored benefits that they can access. In recent years they have moved to the next level, and are demanding major overhauls of government pension schemes, which are sorely inadequate in most countries and, in some, non-existent.

Grassroots organizations are demanding overhauls of government pension schemes, which are sorely inadequate in most countries and, in some, non-existent.

South Africa's grandmothers on the march

In July 2016, an alliance of twenty-one South African community-based organizations conducted a dramatic and highly publicized march on the 21st International AIDS Conference. More than 2,000 grandmothers swept through the streets of Durban, chanting and singing their way to the front steps of the conference centre, where they presented their **Call to Action** to the President of the International AIDS Society and the Executive Director of UNAIDS. Mama Darlina Tyawana, one of the movement's leaders, delivered their demands with passionate intensity. She spoke about the tremendous efforts the grandmothers have expended trying to support so many orphaned children—virtually unaided except for the assistance coming from their local community-based organizations—the shocking inadequacy of the national pension scheme, and the government's failure to provide adequate healthcare and protection from violence, theft and property grabbing. These were her closing words:

We are pillars of our communities, and we live our lives as examples, we are caring for so many children, but who is caring for us?

We will continue to struggle, and we will not give up the fight against HIV&AIDS. We will never give up because this grandmothers movement is powered by love. But we should not have to do this alone.

To the international community we say: You have overlooked us for far too long. Remember—Nothing About Us Without Us! To our own government we say: It's time to do right by your grandmothers!

Africa cannot survive without us. We are not asking for charity, for pity or for favours. Access to healthcare, protection from violence, political representation, food security, shelter—these are our human rights. We have come to claim them.

Amandla!

Read the full text of the South Africa Grandmothers Statement:

stephenlewisfoundation.org/get-involved/past-events/south-africa-grandmothers-gathering



A community garden supported by Hillcrest AIDS Centre Trust in South Africa

Food Security

Food insecurity is one of the major challenges faced by people living with HIV&AIDS, home-based care patients, and orphaned and vulnerable children. Most of the OVC are too young to provide for themselves, and even if they are fortunate enough to be able to stay with grandparents, the grandparents find it difficult to manage because they are old and financially incapacitated. As for the PLWHA and home-based care patients, recurrent illnesses reduce their ability to produce enough food to feed their families. EHAP feels it is important to help provide food to these vulnerable groups for their survival and health.

—*The Ekwendeni Hospital HIV/AIDS Programme (EHAP), Malawi*

While community-based organizations sometimes provide food directly—when clients are bed-ridden, and to OVC through school feeding programmes—the preferred approach by far is to help people grow food for themselves. The farming support that community-based organizations are providing serves to feed their clients’ own families, as well as generating cash crops for sale. In addition, kitchen gardens and sack gardens (in urban areas) have been set up to grow vitamin-rich vegetables to supplement the families’ diets. The most effective strategies for supporting food production embody the same spirit of solidarity that powers village savings and loans groups. Community gardening is working very well, and the collective approach is also being successfully rolled out to manage livestock and farming inputs.

Kiambu People Living with HIV/AIDS in Kenya reports:

The pig rearing is supporting women to put food on their tables and pay some school fees as well. The client who receives a piglet is mandated to rear the piglet, and when the piglet calves she is to bring at least one piglet to the organization which will then be distributed to one more willing client. This has enabled the number of pig projects to rise from 8 to 24. The projects thrive once they are stable and the women have learned through experience how to run them.

The Phoebe Education Fund for AIDS Orphans and Vulnerable Children in Uganda reports:

We don't directly provide food packets to the grannies. Instead we employ a revolving approach, where different assets like banana suckers, cassava cuttings, goats and piglets are distributed to the grannies and they give back some of the yield. Trainings are also carried out for proper management. The beneficiaries are expected to give back to the project an agreed amount from the initial harvest or produce, which is redistributed among the weaker grannies with less ability to labour to grow their own food. So far, this approach has benefitted 220 grannies.

Climate change has now become an additional, and quite alarming, challenge that community-based organizations have to struggle with as they try to improve their clients' food security. They are reporting that severe droughts—in Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe—are seriously impairing people's ability to grow food, and creating great difficulties for the organizations' farming programmes. In Malawi and Swaziland, the governments have declared states of national disaster. As the **Rights Institute for Social Empowerment (RISE)** notes: "Malawi is experiencing the most acute food shortage crisis in years. According to a recent vulnerability assessment study conducted by non-governmental organizations and the government, 70% of people in most districts, and 90% in some, are in urgent need of food support. RISE is trying to address this situation by supporting our own people in a very modest way based on the resources we have available."

Climate change has now become an additional, and quite alarming, challenge.



Alexis MacDonald/SLF

Students of the Angelina Tembo Girls' School in Zambia

Access to Education

We ensure that the children who are our beneficiaries realize their potential, and don't allow what they cannot do to take away from what they can.

— **The Twavwane Home Based Care Initiative, Zambia**

Educational support is absolutely essential, not only because the poverty and family collapse caused by HIV&AIDS is depriving children of an education, but because staying in school has proven to be one of the most certain protections against HIV infection. However, in many countries in sub-Saharan Africa, people living in poverty simply cannot afford to have their children educated. Prohibitive fees are charged for secondary attendance, and also in many cases for primary schooling. Even the incidental costs of books and uniforms can be insurmountable obstacles for many families. Because the Stephen Lewis Foundation's partners see clearly that education is the key to turning life around for children who have been so badly disadvantaged by HIV&AIDS, they consistently integrate school support into their programming.

As our partners explain:

Education is a right for all children and a key to success. But not all children in our area have the chance to exercise this right due to orphanhood and poverty. Many of the families in EHAP's working area cannot afford to send their children to secondary school, even if their children perform well in primary school. As a result, it becomes difficult for these children to achieve their full potential, become self-reliant, and develop the capacity to support their families.

— **The Ekwendeni Hospital HIV/AIDS Programme, Malawi**

RISE supports children at secondary school level because in Malawi primary education is free. RISE works in peri-urban and rural communities where the plight of children is dire—they are living and growing up in high risk environments, plagued by HIV&AIDS, poverty, malnutrition and high rates of communicable diseases. Many of the children are staying with single parents or their grandmothers, and most of the households are living under the poverty line. All of these problems together render children vulnerable to HIV infection, poor health, and/or premature death. Malawian children experience multiple problems of social adjustment because of their difficult start in life. This situation forced RISE to prioritize providing educational support for children at secondary school level.

—The Rights Institute for Social Empowerment, Malawi

Education is the key to turning life around for children who have been so badly disadvantaged by HIV&AIDS.

What makes community-based support for education so effective? We asked our partners and the single factor they stressed, time and time again, is the comprehensive nature of their programming. Not one of our partners limits their involvement to simply paying for school fees. Because children who are orphaned and vulnerable due to HIV&AIDS are facing so many different challenges, they need

multi-dimensional care and support. SLF partners are paying for uniforms and supplies along with school fees; hosting after-school clubs and teen clubs; providing tutorial support and one-on-one mentorship; monitoring the children's performance and trouble-shooting with parents and teachers about problems; running soup kitchens and providing school lunches; conducting life skills classes and offering personal guidance and counselling; working with school staff and administrations to create non-stigmatizing and welcoming learning environments; negotiating for higher education bursaries and scholarships for the youth who graduate; and offering vocational training for the youth who have dropped out, or who never had the chance to attend school.

Girls face special additional challenges, and without dedicated support their rates of school completion are far lower than boys'. To right this balance, many SLF partners are making it a priority to pay for the girls' school fees, and their programming addresses key issues such as: parents keeping girls out of school to perform household labour; parents refusing to spend family resources on girls' education; girls frequently missing days at school because they lack sanitary supplies; sexual pressures and harassment in schools; lack of knowledge about their sexual and reproductive health and rights; and teenage pregnancy, which is a major reason why girls abandon their education and is also, too often, accompanied by HIV infection.

Girls face special additional challenges, and without dedicated support their rates of school completion are far lower than boys'.

The Nyaka AIDS Foundation in Uganda gives an overview of their 2016 activities to support girls' education:

At our primary schools, our teachers conducted individual and group counselling for the girls, advising on the importance of school, goal-setting and sex education. We also have an anti-AIDS club and a girls club at each school. We use these methods to address the challenges of teen pregnancy, early marriages and girls dropping out of school. During the holidays, we conduct career guidance workshops for girls at the Blue Lupin library. Meetings are also held with the guardians when they come to visit the students at school and during the school holidays, to discuss academic performance, relationships at home, the importance of girls' education, and dealing with the challenges teenage girls face... This year there was a student who got pregnant and had an



Students in an after-school programme run by the Twavwane Home Based Care Initiative in Zambia

abortion during the Christmas holiday. When she returned to school, she had to be counselled because there was a lot of teasing and stigma from fellow students, which could easily have led to her dropping out. This student had been an active member in the school clubs but she was now becoming withdrawn. Counselling was done for her, and for the other students, so that her self-esteem would be restored.

SLF partners are closely tracking the progress of the students they support, and they're reporting that the vast majority of their students are attending classes regularly, progressing to the next grade, and ultimately graduating. **The Young Women Campaign Against AIDS** in Kenya reports, for example,

The signs of positive change reported by our partners are joyously abundant.

that 90% of the children in their programmes manage to complete their primary and secondary educations. Organizations that have been providing educational support for many years are now seeing the children go on to university and college (where scholarships can be found and

funding permits), and start employment and apprenticeships. More than this, though, access to education is affecting every aspect of these children's lives, and the signs of positive change reported by our partners are joyously abundant. These are some of the changes our partners witnessed this year in the children they've supported:

The children we support love being in school, and they've improved their performance and discipline in class. There were certain children who even their guardians regarded as useless due to the level of their illiterateness, but they have improved tremendously.

The children we support make the highest scores in their schools.

The girls can attend all of their lessons now because they are being provided with sanitary towels at school, unlike before when they had to stay home when they were having their menses.

The children who were suffering from grief and loss after their parents' deaths are becoming more resilient and are able to interact with their fellow children better. Most of these children have bounced back to normal living, and we see them with smiling faces.

There's a big change in these children's thinking, and good adherence to their HIV medication, because now they have more confidence in themselves and hope for a better life.

School rules and regulations enable the children to acquire discipline, which also influences the way they live at home and in the community.

When they get back home from school the majority of them are now busy doing their homework, tending the vegetable gardens, and feeding the hares.

The OVC who are able to remain in school mature, develop better judgment, and can avert risks like premature pregnancies, getting into drug addiction and joining bad peer groups.

There are fewer children starting early employment, and no girl we supported this year had to leave school because of pregnancy.

Girls are taking up leadership roles in the community. For example, the young women and girls have become champions against gender-based violence and have joined the local gender-based violence committee.

The children are thinking ahead and planning for their futures—some have applied and competed for scholarships, and got them.

Our partners are also reporting that having children back in school is producing great benefits for the whole family, and helping everyone succeed against the damages that the pandemic inflicted on them.

There's improved communication between parents/caregivers and the children, and they are now able to cope with family challenges. There's more solidarity.

At least 80% of the children we supported are now very helpful and caring to their grandmothers and the rest of the family, especially in the area of domestic work.

The parents and guardians are stress-free, with the school fees taken care of. Caregivers are able to work with the aim of boosting their income-generating activities, without thinking too much about their children's whereabouts—they know the children are in school.

The children we support are now able to read and interpret information for their family members, who in most cases are illiterate. Having learnt about health in school, the children are able to pass this knowledge on to their family members, thus improving the whole family's health.

Seeing a sibling go to school helps the younger ones also not lose hope, and not despair that without their parents they cannot make it in life.

The caregivers—mostly grandmothers—are so proud of their children for their improved performance and discipline at school. This gives them the courage to work hard and continue providing their children with school and other necessities.

When the children complete school and get jobs the families' economic status will improve—especially when the family is headed by a grandmother—because then they will be in a position to help support their families.

Grandmothers are telling us that they have peace of mind now, knowing that their children can survive on their own when they pass on.



A volunteer working with Swaziland Positive Living

Protection From Violence

Sexual assault has long been recognized as one of the main causes of high levels of HIV infection among women and girls. Our community-based partners encounter the devastating consequences of gender-based violence on a daily basis, and in their reports to the Stephen Lewis Foundation they have detailed the profound impact it is having, spreading the reach of the pandemic in multiple ways. Infection with HIV through rape is not the only risk men's violence poses, and home can be the most dangerous place of all:

One of the main causes of HIV&AIDS is domestic violence, due to the beliefs and practices that encourage the perpetration of violence against spouses. The men, who in most cases have multiple sexual partners, are forcing sex, or attempting unconsensual and unprotected sex. The powerlessness of the female gender in our community keeps women in a vulnerable state.

— *The Kyetume Community Based Health Care Programme, Uganda*

Violence and the threat of violence can increase women and girls' vulnerability to HIV by making it difficult or impossible to set the terms of an equal relationship. It is more difficult for women to refuse sex when in a violent relationship, or to get their partners to be faithful, or to use a condom. Violence can also be a barrier in accessing HIV prevention, care and treatment services.

— *Stepping Stones International, Botswana*

Women are being battered and abandoned when they disclose their HIV status.

— *The Makerere University - Johns Hopkins University Research Collaboration, Uganda*

Women who test HIV positive can become victims of gender-based violence, as their intimate partners often accuse the women of infecting them. The threat of violence causes many women not to disclose to their partners.
— **mothers2mothers International**, Lesotho

In cases where men are infected and in denial, they tend to demand sex from their wives even without their consent, and when they resist it leads to a fight. Most of the time the violence is extended to all of the other family members as well. Violence makes the children look for peace and refuge outside of the family. Teenagers and even younger children start looking for alternative means to meet their basic needs, sometimes involving commercial sexual activities, exposing them to risks of HIV infection or re-infection.
— **Pendeza Africa (PENAF)**, Kenya

SLF partners are working to educate their communities about a woman's right to live her life free of violence, challenging stereotypes about men's and women's roles, and spreading awareness of the multiple health dangers that violence and unconsensual sex pose. As **Makerere 1 Community Initiative (MACI)**

Home can be the most dangerous place of all.

in Uganda observes "We think promoting community awareness, knowledge and action to prevent violence before it happens is the best way to go. An empowered and healthy community can encourage and support its members to create, promote and sustain an environment where women and children can feel safe and secure." Community-based organizations are mobilizing for change through big public events, at

smaller meetings in churches and community centres, and at the individual household level, where their home-based care providers advocate against any form of violence, connect family members with available services, and urge them to report occurrences of violence to the authorities.

Another major focus of community-based programming to end violence against women is working with the criminal justice system. Mechanisms exist in most communities that could be used to push back against this onslaught of violence, but they are not working as they should. To begin with, many women do not know about the rights they have under their national laws, and that there are ways to demand protection.

As **Catholic AIDS Action** in Namibia observes "our core role is to empower violence victims to stand up for their rights."

Community-based organizations are teaching women about the laws that should protect them, and supporting women who have been assaulted or abused to bring their cases to legal clinics, para-legals and the police. At the same time they are partnering with police, government ministries, and local NGOs to try to make the justice system more

The powerlessness of the female gender in our community keeps women in a vulnerable state.

responsive to women. Community-based groups have helped set up special desks at police stations, which are well prepared and motivated to deal with the sensitivities of violations against women and children. They are helping to strengthen referral and monitoring systems and connecting medical facilities, social workers and other service providers with the police.

Community-based organizations are also taking direct action themselves—establishing shelters for women and children who need to escape violent homes, and intervening to help create safer environments, especially in schools. As **PENAF** reports:

In this year, we assisted over 100 girls from a primary school where the head teacher was violating the rights of the school children at his will. He was caressing the girls whom he summoned to his office, and even went ahead to molest some sexually. A number of girls, including children of some of the grandmothers in our programme, started absconding from school. It was PENAF who alerted the authorities, as members of the

community reported this case to our organization first. The authorities pursued the head teacher and he is no longer in the school. We believe the girls are safe now, and the ones who were directly molested will receive justice after the court case. We also obtained the Ministry of Education's agreement to deploy female teachers to the institution, since we learnt that all of the teachers at this school were male.

Discriminatory attitudes are deeply entrenched—including in the police stations and the courts.

The work is absolutely crucial, but also incredibly demanding and difficult, as discriminatory attitudes and the refusal to take gender-based violence seriously are deeply entrenched—including in the police stations and the courts. **MACI** in Uganda tells us about their experience in 2016:

We've played a direct role in the successful prosecution of two men who sexually abused girls. In these cases there were convictions of the suspects. However, in between these important cases, MACI has found itself spending a lot of its time trying to get police to arrest sexual offenders and to investigate the sexual abuse of children so that there can be prosecutions of the people accused. It is mostly frustrating getting the police to do their work. On the other hand, sometimes community members are not willing to come forward as witnesses, and some local leaders are conniving with the suspects and relatives of the victims to 'kill off' the prosecution of the cases. So MACI has seen both sides of the justice system, where some offenders have been put away, but also the vast majority of cases where the survivors of violence have not received justice.



Alexis MacDonald/SIF

Members of a mutual support group run by the Phoebe Education Fund for AIDS Orphans and Vulnerable Children in Uganda

Psychological and Emotional Support

Restoration of hope is the most important thing.
—**Ranchhod Community Services and Hospice, Zambia**

This work is about lifting someone to higher ground, so she sees the way through difficult times.
—**The Twavwane Home Based Care Initiative, Zambia**

HIV&AIDS can inflict emotional and psychological devastation. For people with limited access to healthcare, and limited information about the infection, a positive diagnosis arrives like a death sentence. Many people struggling with the illness lose their ability to support themselves and their families, are stigmatized and ostracized by their communities, and despair of ever finding a way forward again. Women who test positive can be thrown out of their homes, abandoned by their families, and left to fend for themselves. Women and girls who have contracted HIV through rape have to deal with the massive psychic double-blow of the violation and its life-threatening consequences. Teenagers often start spinning out of emotional control when their HIV status is disclosed to them, quitting school and engaging in risky behaviour with drugs, alcohol or unprotected sex. Children who have lost their parents to AIDS are overwhelmed with grief and, without caregivers, their very survival is in question. Grandmothers are taking multiple orphans into their homes, without any idea of how they will be able to feed so many mouths or heal so many broken hearts. Grassroots organizations who are working to turn the tide of AIDS have seen very clearly that the people in their communities need more than supplies of

antiretroviral medication—they need to feel hope again.

Many of the programmes that community-based organizations are running focus on restoring the emotional and psychological resilience that people need in order to reclaim their lives from HIV&AIDS. The Stephen Lewis Foundation's partners are providing one-on-one counselling within their clinics and through home-based care, hosting group therapy sessions and mutual support groups, providing therapy that's focused on play, music, art and drama, and operating summer camps. Special therapeutic approaches are targeted to meet the different needs of people living with HIV&AIDS, women and girl survivors of violence, young mothers, men, teenaged girls and boys, orphaned children, and grandmothers. They attend to a host of different problems, but with the common aim of restoring a person's ability to cope. As **Kimara Peer Educators & Health Promoters** in Tanzania explains: "We help the individual accept what has happened as a reality that will not change, and impart the skills that will help them focus on the future—redirecting the pain of loss to possible successes to come. We help them understand that 'life goes on' and that, despite hardships, there is always life after the hardship."

One of the counsellors at **Ripples International** in Kenya speaks about their work with a boy she calls 'Jimmy':

When I first met Jimmy he looked sickly, dull and withdrawn. His father had passed on a month before, and Jimmy told me that his father was living with HIV but refused to accept his status, and thus did not take medication. The boy watched him get worse every day until he passed on. Jimmy knew that he was HIV positive himself, and felt that he would soon die like his father did. He felt that life had come to an end because his father, who was not only the breadwinner but also his best friend, had died.

Jimmy was missing most of his classes at school because he was always sick. He'd lost his appetite and hardly ate, and shared with me that one day he collapsed on his way to school and had to be carried back home because he was so weak. He was irritable and hardly smiled at anyone. He told me he didn't want to talk to anyone and just wanted to be alone in his bedroom.

We brought Jimmy in for individual counselling sessions, and he made some important decisions. He learnt from us that he didn't have to follow the pattern of dying like his father, and that by taking ARVs his body's immunity would improve and he wouldn't fall sick, so he decided to adhere to his drugs. He also mourned and grieved his father, and by accepting his death he made the decision to move on. Jimmy even came up with goals he wanted to meet in life and made the decision to work hard in school. Jimmy is now 12 years old, healthy and strong, in class six, and he doesn't miss his school lessons. He's a happy boy—no longer withdrawn.

We help them understand that 'life goes on' and that there is always life after hardships.

Because of the intense stigma that surrounds it, HIV&AIDS can be a tremendously isolating illness. People so often lose their families and friends, connection to their communities, and any sense of having a place in this world. Our partners report, again and again, that one of the most important benefits their therapy programmes provide is reassuring clients that they are not alone in whatever

they are going through, and that someone cares for them. The support and validation that comes from group therapy or belonging to a mutual support group can play a significant role in the healing process.

At our PLWHA meetings, people share their challenges and achievements, personal testimonies, and stories of their journey with HIV, advising and encouraging one another. The common factor is the personal touch that is experienced during these sessions. People get to meet, and talk, and feel that they actually belong. The sense of belonging is the first step towards healing of the mind.

—Kiambu People Living with HIV/AIDS, Kenya

One of the most important aspects of the psychological support we provide is that it enables people to find their inner resources and feel better about themselves. The women who join our groups say that by sharing their experiences with the others they feel heard and valued, and they feel like they have more information and more power—this makes them feel lighter and happier and more motivated.

—**Mamelani Projects**, South Africa

The most important part of the services we provide is that they help individuals know that they are not alone and support is available either from the counsellor or their peers. It is our view that their peers usually have more of an influence on an emotional level and the counsellors more on the practical level, so meeting to share stories with peers and also seeing the counsellors makes for a two-pronged approach. The members of the granny group really support one another, and the grannies living close to each other become friends.

—**Wide Horizon Hospice**, South Africa

It's not just the programmes focused on therapy, counselling and other forms of psychological support that are having this restorative effect. Our partners report that the material support they're providing—especially for income-generation—is also having a big impact on their beneficiaries' emotional well-being.

The material support is also having a big impact on emotional well-being.

Our clients feel more emotionally stable when they are stable economically. With the income-generating activities they can meet needs which, if not fulfilled, would keep them stressed all the time. One of our clients shares her experience: 'I never knew I could be of help to other people. But now they are borrowing things from me, including credits, and everyone respects me. I am very satisfied that my husband, for the very first time, has said 'thank you' to me, after I was able to pay the school fees for our children who never went to school before because of a lack of money. Seeing my children go to school, and myself doing some income-generating activities, is reassuring me that I have a good future.'

—**Panzi Hospital**, DRC

Our income-generating activities and skills trainings really help by keeping the women busy, who would otherwise not have any other activity to do during the day. It becomes like a support system in their lives, giving them a daily routine and schedule. This gives a woman a purpose and a feeling of self-worth—she leaves her house on a mission rather than remaining idle. This has a positive effect on their emotional and psychological well-being, they start to feel useful and they feel part of the community/group rather than feeling isolated.

—**Positive Life Kenya**, Kenya

The Foundation conducted a survey of all of our partner organizations in 2016, as part of our effort to develop a methodology for tracking the emotional and psychological transformation that their programmes are helping to nurture. We asked them to identify the most important signs of improvement they are witnessing. Here are the changes they reported seeing most frequently in the people with whom they work:

1. Expressing themselves more freely
2. Actively participating in group processes
3. Sharing their stories and experiences
4. Less withdrawn, ready to smile and laugh
5. Making healthier choices
6. Making contributions and helping others
7. Thinking more positively
8. Communicating better within their families
9. Developing new skills
10. Taking on leadership roles—big and small
11. Picking themselves up again after setbacks
12. Starting to dream and plan again
13. Taking on new challenges—not hiding from them
14. Strengthening their existing relationships
15. Opening up to new people and relationships
16. Relying less on the community-based organizations for support



Emmanuel Musentika

Grandmothers march through the streets of Entebbe, Uganda

Community Mobilization

One of the great harms that HIV&AIDS inflicted on sub-Saharan Africa was the undermining of local community structures. The loss of so many millions of adult men and women to the virus not only created a generation of orphans—although that result was painful enough—it also seriously destabilized smaller communities’ ability to manage and govern their own affairs. Many of the grassroots organizations with which the Stephen Lewis Foundation partners were originally created by just a few individuals, who decided to band together and try to take the lead in fighting HIV&AIDS themselves because their communities’ limited capacities were simply overwhelmed. These groups grew to become strong, thriving local institutions, and some of their most recent successes are detailed in this report. As their communities began to regroup from the worst ravages of the pandemic, community-based organizations formed part of emerging new governance structures. Their strength is the community’s strength.

To really understand the achievements being made by grassroots organizations, it is essential to look beyond their programming areas—such as healthcare, income-generation, education, and ending violence—and pay attention to the crucial role they have been playing by reknitting social bonds between community members and making local governance work better.

All of the SLF’s partners have members of the local community—especially people living with HIV&AIDS and women—on their boards and staff, but the connection to their communities goes much deeper. The majority of these grassroots organizations operate through networks of volunteers, sometimes numbering in the hundreds, who are providing services such as home-based care, child welfare monitoring, and

peer-counselling and education. Even more important are the mutual support groups they have set up for so many of their activities: village savings and loans associations, income-generation groups, PLWHA groups, teen clubs, grandmothers groups, young mothers' support groups, groups for survivors of gender-based violence, men's clubs, and so on. In their 2016 reports to the SLF, our partners provided us with the membership figures for these groups. For example: **Panzi Hospital**, in the DRC, runs 30 support groups for PLWHA, each composed of between 50 and 100 people; **EHAP**, in Malawi, has 500 women and 382 men in its support groups; **Kitovu Mobile**, in Uganda, has over 200 children and over 300 grandmothers in its groups; and **Nyaka**, in Uganda, runs 92 support groups for grandmothers, with membership ranging between 60 and 140 for each group. Our partners also reported that many of their mutual support groups have become very strong, are capable of planning their own activities and managing their own affairs, and some have even gone the next step to register themselves with the government as independent community-based organizations. The reach that so many of the grassroots organizations has established—in terms of the sheer numbers of people in their communities who are now linked together for a common purpose—is quite profound.

At the same time, community-based organizations are working with local authorities to bring them on board and improve the whole community's response to HIV&AIDS. They are reaching out to religious

The 'reach' that many of the community-based organizations has established is quite profound.

leaders to influence the messaging that issues from churches and mosques. They are engaging with tribal and local leaders to participate in various aspects of their programming, to launch campaigns, and to set up local committees to deal with issues such as child welfare and the rights of older people. They are essential members of the district coordinating committees that deal with HIV&AIDS. They're working with hospitals and other

government-run medical facilities to improve their ability to service the community. They are working with school administrators to change the curriculums and learning environments, and with the police to help bring offenders to justice and improve the protections available for women and children.

Community-based organizations are also seeking to have an impact at the national level. They're taking the knowledge they've developed about the realities of HIV&AIDS in their communities and applying it to advocacy efforts with their governments. Certainly, not all of the SLF's partners have the stature and clout of organizations such as the **Treatment Action Campaign** in South Africa, or the **Mozambican Treatment Access Movement**, both of which the SLF has supported for many years and are recognized as major players in their countries' HIV&AIDS responses. But our other partner organizations have also been reporting good progress from their efforts to stimulate key policy and legislative reforms. For example, **Stepping Stones International** in Botswana conducted research and produced a policy review on the need to enhance child protection in service delivery, backed up by over 20,000 signatures supporting their 10-point agenda for change, which was presented to Parliament and the Ministry of Local Government last year. **Action for Rural Women's Empowerment** in Uganda has been leading an advocacy campaign to convince the government to strengthen the area land management committees, so that they will effectively perform their roles and enforce national laws to protect the grandmothers from having their land stolen from them. And **Raising Voices** in Uganda was part of a civil society coalition that persuaded parliament to adopt an amendment to the country's Children's Act, outlawing corporal punishment in schools, and defining prohibited forms of violence to encompass sexual abuse and exploitation, child labour, child marriage, child trafficking, institutional abuse, female genital mutilation, and any other form of physical or emotional violence.



The Executive Director and staff of Siyaphambili HIV and AIDS Support Group in South Africa

Summing Up 2016: Reflections from Our Partners

The **Stephen Lewis Foundation** asked the community-based organizations we support to tell us what they felt most proud of when they reviewed their achievements from 2016. Taken together, their replies beautifully convey why the grassroots HIV&AIDS response matters so much:

We are so proud to have provided over 3,000 clients with voluntary testing for HIV infection, and also to have been able to take care of all the PLWHA patients who came to us with various opportunistic infections, despite being the only clinic in our area.

We are proud that through the grandmothers' literacy programme a number of grannies who could not even write their names are now able to write, and the community is marvelling!

We are proud that the people we work with have become agents of change and they now talk about their HIV status without fear.

We are proud that we have won 13 cases of violence against women and girls since 2014 and the victims have received justice.

We are proud that our people are recognized by the local government authorities, and that our organization was brought in to support the disaster response.

We're proud of the community engagement initiative by the grannies to fight gender-based violence, as well as the steps they're taking to educate girls on how to protect themselves and report sexual abuse to the relevant authorities.

We are proud that we have managed to educate 6,969 people in our community on HIV prevention.

We're proud that our village savings and loans associations have assisted their members in cases of death, illness and natural disaster, where local moneylenders would not be willing to help them, and that they have helped members build self-respect, self-reliance and self-confidence.

We're proud that twelve of our students who graduated from high school have started university and other tertiary institutions, and out of the twelve two students got government scholarships for university.

We're proud that our trainees are gaining self-confidence, taking charge and challenging actions of violence in their communities, boldly spearheading the campaign against domestic violence and raising awareness of HIV&AIDS.

We're proud that the loan amount in circulation amongst the 91 grandmother groups has grown to UGX 356,940,000 (over \$130,000 CAD).

We are proud to be part of a team that is touching the lives of the vulnerable people in our community, and seeing the smiles being brought back to their faces.

We take great pride in initiatives that have helped more than 500 orphaned and vulnerable children live positively.

We are most proud of empowering children and young people to pursue their educational dreams and embark on their chosen careers, especially the orphans.

We are proud that we can reach people who need help, and that so many people can now live a longer life, and a more meaningful life.

We're celebrating the achievement of having an unqualified audit for three years in a row.

We're proud that the grandmothers are like a well-oiled machine. They organize themselves and brainstorm about the new projects they would like to initiate. And they have unity, even with so many new members coming in.

We are proud that our organization is a brand name in the community, and is known to be reliable and is always approached to assist with problems.

We're proud of the greater involvement of young people living with HIV, the fact that they've developed the capacity to advocate for their own needs and be part of the implementation of activities. And we're proud of the high self-esteem that the youth leaders are exhibiting.

We're proud of our new strategic plan, which is leading and guiding our operations in a more systematic manner.

We're proud of conducting the first ever older persons' dialogue with the district authorities, to push for older persons' rights.

We're proud that women are now able to voice their views among the male folk, and they have the audacity to assume leadership roles in the groups and in the community.

We're proud to have successfully completed the construction of the new library, which is a cornerstone of our service delivery. We also happen to be the only private school in the area to have a library!

We are constantly proud of the changes that we see in people's lives. Our beneficiaries are more involved in community issues and challenges, and there they show their willingness to contribute to resolving difficulties. They exude confidence, and feel more in control, and in charge of their own lives.

A note of appreciation to our partners and donors

The Stephen Lewis Foundation would like to take this opportunity to say how privileged we feel to stand in solidarity with our community-based organization partners. Time and time again, they reconfirm our conviction that support to grassroots work is the most important, effective and transformative investment that can be made in the struggle to turn the tide of HIV&AIDS. Their holistic programmes have life-saving, life-changing impact. Community-based organizations are opening up whole new worlds of possibility for the people and communities who have been hit hardest by the pandemic—the global HIV&AIDS response has much to learn from them. And the SLF is profoundly grateful to our own supporters: the thousands of individual Canadians, the unions, the faith groups, the schools, the private sector partners, the foundations and the members of Canada's Grandmothers to Grandmothers Campaign, whose financial contributions have made this work possible. Thank you for your support and thank you, most of all, for understanding why grassroots, community-based organizations matter.



Grandmothers 'yarn-bombed' this tree outside the office of the Hillcrest AIDS Centre Trust in South Africa, as a symbol of hope and a testament to their community's resilience

About the Stephen Lewis Foundation

The Stephen Lewis Foundation has been partnering with grassroots community-based organizations to turn the tide of the HIV&AIDS pandemic 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 2016, the Foundation has disbursed and committed over \$97 million in programme spending, 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.

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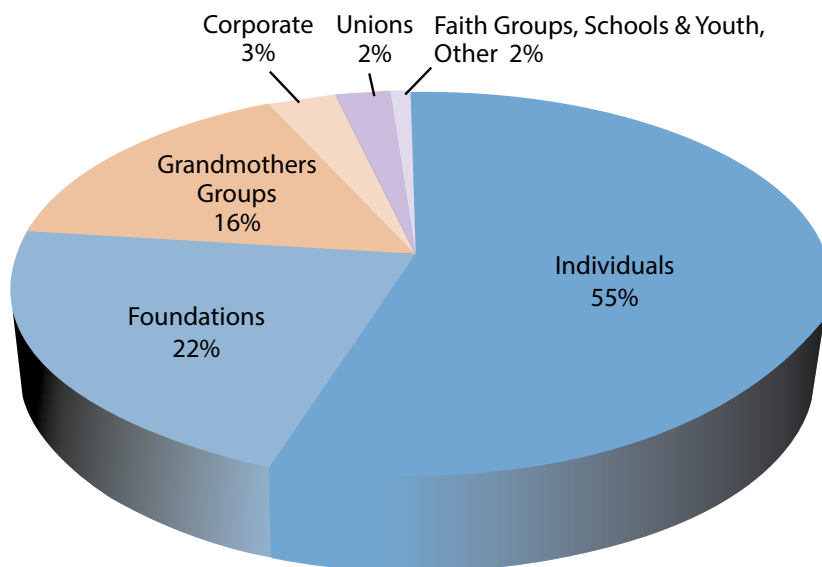
CEO of the African Women's Development Fund and Chair of Comic Relief's International Grants Committee

Executive Director and Co-Founder

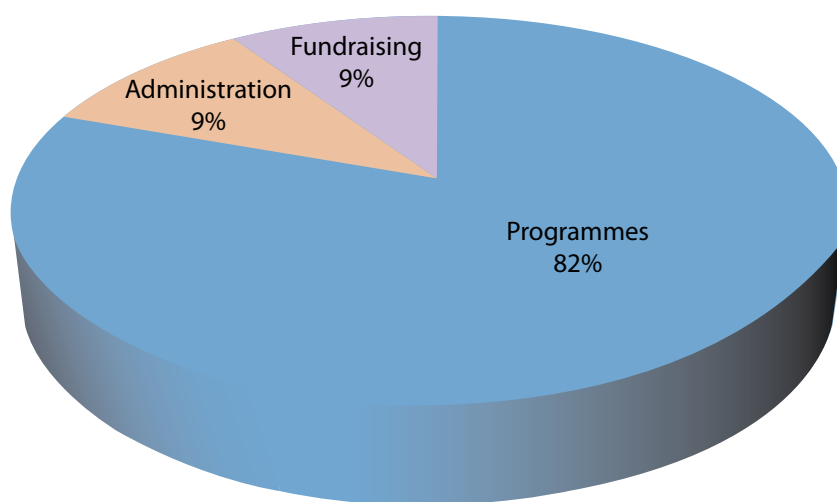
Ilana Landsberg-Lewis — Toronto

Financial Overview 2015 - 2016

Where our support comes from:



Where your money goes:



Programmes

We are deeply committed to getting the majority of our revenue to the community-based organizations with which we work. Between 2003 and June 2016 the Stephen Lewis Foundation disbursed and committed a cumulative \$97.9 million in programme spending, including direct support to over 1,400 initiatives with 300 grassroots organizations in 15 African countries. This represents over 83% of total expenditures over the past thirteen years. To read more about our work with African partners, please visit stephenlewisfoundation.org/what-we-do

Administration

Administration is essential to the success of every charitable organization: at the Stephen Lewis Foundation these are costs associated with day-to-day operations and expenditures that ensure that we are 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. We are proud to report that, again this year, our administrative costs are under 10% of our total revenue. For more information, please visit stephenlewisfoundation.org/financials

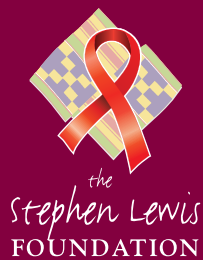
Funds Development

In order to continue to support the innovative programming developed by our African partners, the Stephen Lewis Foundation 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. This year we spent just under 9% of our revenue to support awareness-raising and fundraising, ensuring that over 80% of funds raised continued to go to programmatic work.

For a copy of the Foundation's full audited financial statements and the link to our Canada Revenue Agency (CRA) annual charity returns, please visit stephenlewisfoundation.org/who-we-are/financials

The Foundation's fiscal year runs from July 1st to June 30th. Our auditors are Grant Thornton 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. 244 to speak to Esther Vise, Director of Finance.



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

Charitable registration # 89635 4008 RR0001

For information on how to make a donation, please visit **stephenlewisfoundation.org/ways-to-give**.

To donate from the United States, please visit the Tides Foundation at
<https://donatenow.networkforgood.org/tidesfoundation>
and select “Grandmothers to Grandmothers” from the drop-down menu that prompts
‘I want my donation to be designated toward:’

To start or join a grandmothers group in Australia or the United Kingdom, you can contact our
Grandmothers Team at **campaign@stephenlewisfoundation.org**

