

2005 ANNUAL REPORT

To open up the magic
casement
Of the human spirit
Onto a more shining
world.

—Ben Okri



*Partnering with religious organizations in resource-poor countries
for community-based HIV prevention and care*

GAIA dedicates the 2005 Annual Report to Jennifer Kilfoil Lee who served as GAIA's bookkeeper from March 2004 through November 2005 before becoming seriously ill. She died March 5, 2006. We are deeply grateful for her fine service to GAIA and for her warm friendship and kindness to her GAIA co-workers.

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Dear Friends,

We are very grateful for your support and hope you feel as good as we do about GAIA's accomplishments in the past year.

Highlights of 2005 include:

- Purchase of antiretroviral medications for Malawians in GAIA-supported projects who are on waiting lists for the free government treatment program
- A rural hospital-based community education project to facilitate village people being tested and treated for HIV
- Construction at another rural hospital to qualify this facility for participation in the government's antiretroviral drug roll-out scheme
- Launch of the Malawi women's nursing scholarship fund for 40 GAIA Nursing Scholars each year for four years
- Hiring a GAIA Field Officer for Malawi's central region
- The addition of 12 southern villages to the original 25 supported by a Bill & Melinda Gates Foundation grant for women's empowerment
- A substantial commitment to replicate this successful intervention in 20 more villages in Malawi's hard-hit south
- A number of very successful U.S. conferences and home meetings describing GAIA's work
- Establishment of the Bay Area Resource Group to strengthen our U.S. support base
- Continued help from numerous congregations, individual donors, foundations, and Resource Groups – without which we could not exist.

As 2005 came to a close, the people of Malawi endured days and nights of intense heat and drought punctuated with crop-destroying downpours. Starvation presently threatens over one-third of the country's population, so GAIA trustees committed a substantial sum to keep orphans and home-based care patients in our villages fed, rather than by inaction risking the loss of progress we have made.

And as a symbol of so much else, a two-week old orphaned infant was handed to a GAIA staffer by a village chief, who did not know what else to do with the child.

We are grateful to all supporting this work, and feel privileged to serve Malawi people, who are among the finest and most courageous human beings on earth.

Handwritten signature of Charles B. Wilson in blue ink.

Charles B. Wilson
Chairman, GAIA

Handwritten signature of William Rankin in blue ink.

William Rankin
President and CEO, GAIA

GLOBAL AIDS INTERFAITH ALLIANCE ANNUAL REPORT: 2005

Introduction

2005 saw substantial growth in our Malawi programs. We continued to support ongoing village projects, and we formed new partnerships with smart, dedicated, and bold leaders we have recently come to know. Altogether, we continue to buttress the people and the structures delivering hope and healing to those in rural areas infected and affected by HIV. At home, our circle of supporters continues to grow. Through our donors wonderful generosity, we have accomplished more than ever before with the brave people of Malawi. They struggle fiercely with the AIDS epidemic.

Introducing Gertrude Chipungu— GAIA's Central Malawi Field Officer

We have long desired to strengthen financial support and technical assistance to several small, rural, community- and hospital-based HIV prevention and treatment programs in Malawi's central region. In order to match our capacity in the southern region, and after a thorough Malawi-wide search, a local committee interviewed several strong candidates and recommended that GAIA hire Gertrude Chipungu.

This we did, and have ever since celebrated the wisdom and good fortune of this decision. Since beginning with us on April 1, Gertrude has consistently impressed us with her thoughtfulness, care, energy, enthusiasm, competence, and more expressly her understanding of HIV/AIDS and the attendant social, cultural, and gender issues intertwined with this in Malawi villages.

Gertrude is a Malawi native, having been raised in the southern community of Limbe, adjacent to the commercial center of Blantyre. She was trained as a nurse and midwife in Kenya, holds a BA in Social Development from the Catholic University of Eastern Africa, in Kenya, and an MA in Gender Analysis and Development from the University of East Anglia, in the United Kingdom. Her work experience includes positions as a staff nurse and maternity ward manager in Malawi hospitals, a trainer for the Safe Motherhood Project, and a gender officer for the Catholic Secretariat of Malawi.

As soon as she joined GAIA, Gertrude visited all our central region projects, giving them encouragement and guidance, and assessing needs and areas for growth. She has also identified a number of worthy new projects and helped them to prepare small grant proposals for funding. She has strengthened the management and accounting policies and procedures, and thus the overall productivity, of unsophisticated but highly strategic rural entities. She was the chief negotiator and convener of the committee that designed and implemented our women's nursing scholarship program (see below for more details.) In July, Bill Rankin and GAIA trustees Charles Wilson and Don Thomas met Gertrude and visited numerous central Malawi projects with her.



*Gertrude Chipungu
takes Bill Rankin to visit
an orphan care project*

Photo credit: Blake Robinson

Strengthening Rural Village Capacity

In 2005 GAIA partnered with 34 village HIV prevention and care projects and four rural hospitals and clinics to boost capacity and sustainability and enhance specific health outcomes. Through grants and technical assistance, we strengthened home-based care for people dangerously ill with HIV, care for orphans, HIV prevention interventions, income generating activities giving women a measure of economic independence, and hospitals and clinics delivering care to people of all ages infected and affected by the epidemic. These projects are listed below:

Home-Based Care for People with AIDS

These projects deliver help to ill people being cared for in their homes. Volunteers bring food, simple medicines, supplies, comfort, and a caring presence to patients. The act of visiting people infected or affected by HIV frequently requires a measure of fortitude by the volunteers, owing to fears of contracting an AIDS-related illness, social opprobrium due to AIDS-related stigma, and other factors.



Gertrude Chipungu makes a visit to a home based care patient

Photo Credit: Sally Rankin

- Churches Action in Relief and Development (CARD), in Limbe
- Kanengo AIDS Support Organization (KASO), in the Lilongwe area
- National Association of People with HIV/AIDS in Malawi (NAPHAM), in the Lilongwe area
- Salima Roman Catholic Parish Home Based Care, in Salima

Orphan Care

These projects provide care and support to some of the hundreds of thousands of Malawi children orphaned by HIV/AIDS. Caregivers and guardians are equipped with food, clothing, school supplies, and school fees for the children. Open Arms Infant Home and the Ministry of Hope Crisis Nursery, both named below, are somewhat unique in caring for orphaned infants, some of whom contracted HIV through mother-to-child transmission.

- All Saints Mtunthama Anglican Orphanage, in Kasungu
- Chisomo Orphan Care and AIDS Ministry, Chia Parish, in Chididi
- Chisomo Children's Club, serving the wider Blantyre area
- Chiphaso Roman Catholic Parish, in Kasungu
- Churches Action in Relief and Development (CARD), in Limbe, Mulanje, and Thyolo
- Dzama Community Orphan Care, in the Lilongwe area
- Kanengo AIDS Support Organization (KASO), in the Lilongwe area
- Kachulu Village Orphan Care, in the Zomba area
- Kasina Parish Orphan and Home Based Care, in the Dedza area
- The Lydia Project, in Zomba and other villages
- Ludzi Parish Orphan Care, in the Mchinji area
- Ministry of Hope Crisis Nursery, in Nkhoma and the Lilongwe area
- Mphatso HBC Orphan Care Food Relief Project, in Lilongwe

- Mtengowanthenge Church of Central Africa, Presbyterian, Orphan Care, in Dowa
- Muslim Welfare Association of Malawi, in Zomba and other villages
- Open Arms Infant Care Home, in the wider Blantyre area
- Salima AIDS Support Organization, in the Salima area
- Salima Roman Catholic Parish, in Salima
- St. Andrew's Clinic, in Mtunthama, in the Kasungu area
- St. Anne's Hospital, in Nkhotakota
- Tiyamike Orphan Care Program, in Ntiya
- United Community Outreach, in Lilongwe

Youth HIV Prevention

Prevention projects educate young people about HIV, encourage appropriate behaviors, and address AIDS-related denial and stigmatization. The peer-support messages are spread in creative ways through street dramas, public debates, contests, poetry readings, music, and radio broadcasts – all created and produced by youth themselves.

- Chisomo Children's Clubs, in Blantyre
- Kanengo AIDS Support Organization (KASO), in the Lilongwe area
- The Lydia Project, in Zomba and other villages
- National Association of People with HIV/AIDS in Malawi (NAPHAM), in Lilongwe
- The Anglican Church in Malawi, headquartered in Malosa

Women's Income Generating Projects

These projects help women earn an income, empowering them economically and socially for more control over their lives and security for their children.

- The Lydia Project, in Zomba and other villages
- TAKAO women's income generating project, in the Blantyre area
- Anglican Diocese of Southern Malawi Clergy Wives, in the Blantyre area

Hospitals and Clinics

Hospitals and Clinics provide HIV/AIDS testing and treatment, serving as sites for the roll out of free antiretroviral therapy. They provide care for people suffering AIDS-related illnesses, including tuberculosis, and treatment for illnesses such as malaria, typhoid, and cholera infections, and nutritional deficiency. In 2005 GAIA funds strengthened programs increasing community awareness and understanding of HIV testing and antiretroviral therapy. We helped to build infrastructure enabling the increased availability and informed use of these drugs among HIV-positive Malawians.



Grandmothers care for orphaned children at the St. Anne's Hospital nutrition rehabilitation unit.

Photo Credit: Blake Robinson

The GAIA team visits a Malawi hospital

Photo Credit: Sally Rankin



- Baptist Medical Clinic, in the Salima area
- David Gordon Memorial Clinic, in the Livingstonia area
- Embangweni Hospital, in the north central region
- St. Luke's Hospital, in Malosa

Zimbabwe

Through a member of our medical advisory board, we learned of the heroic work being done by Bishop Sebastian Bakare in the Diocese of Manicaland in Zimbabwe. Bishop Bakare wanted to build a clinic in a remote rural area to provide primary care, educate people about HIV/AIDS, and train home-based caregivers. We provided a grant to complete construction of the clinic. Working in Zimbabwe is extremely difficult because of the unstable political situation, runaway inflation, high HIV prevalence, and desperate and widespread poverty. Despite these challenges, Bishop Bakare has moved the project steadily forward, informing us of setbacks but mostly progress every step of the way.

Selected Rural Village Intervention Highlights

Tiyamike Nursery School, Ntiya

In 2002 Bill Rankin first visited the Tiyamike nursery school in the tiny village of Ntiya outside the old colonial capital of Zomba. We had learned about the school from a nurse at Zomba Central hospital. At that time Mrs. Mpesi, the school's founder, was struggling to care for 27 orphaned three- and four-year old village children who came to her home daily. She could only provide them with a half-cup of nsima, the maize porridge national staple, every other day and a cup of sugared tea or water on alternate days. The children were seriously malnourished. With GAIA's help, the school now serves 200 children and provides 2 meals to them each day. There is now a kindergarten learning program that prepares children for public school. We have recently received photos of a school building built by village volunteers with bricks purchased by GAIA and a clergy friend from southern California. In short order the 200 children will no longer meet daily at Mrs. Mpesi's house.



Chisomo children at the new Limbe facility

Photo Credit: Chisomo Children's Club

Chisomo Children's Club, Blantyre area

The HIV/AIDS crisis has forced many orphaned children from outlying villages into the city streets of Blantyre, the southern region commercial capital, and the adjacent town of Limbe. In both places they beg or steal to survive. Many are subject to physical and sexual abuse. Chisomo's social workers find the children, provide them with safe temporary shelter, get them back into schooling contexts, teach them simple income generating skills for longer-term survival, and with luck finally integrate them into one or another family in their village of origin. GAIA funding helped to finish construction of a facility for some of these kids in Limbe. This provides a safe, temporary shelter,

a place to play outdoors, a library and study facilities, a kitchen in which to learn cooking, and a demonstration garden where farming skills are taught. A 13 year old boy said, "I am now relieved. I will no longer get wet this rainy season because I have a temporary shelter where I can be safe." Another child said, "We are very grateful to GAIA for making these premises child-friendly. We can now play and talk with each other without disturbance." Chisomo Children's Club is a project of the Living Waters Church.

St. Luke's Hospital, Malosa

St. Luke's Anglican Hospital serves a large, impoverished rural population in several villages near the former colonial capital of Zomba. In mid-2004, free anti-retroviral medications slowly began to be made available through a government-sponsored program to all qualifying for these in accordance with World Health Organization guidelines. St. Luke's was one of the first HIV testing and medication distribution points. Although many patients started antiretroviral therapy (ART) at the hospital, several of them died because they were so desperately ill when therapy was initiated. The deaths sparked a rumor in the surrounding villages that the government was using drugs manufactured by the *mzungu* (the white man) to kill Africans living with HIV/AIDS. Hospital personnel found that more than 60% of the area population believed the rumor. The number of patients seeking therapy dropped dramatically. At that point, GAIA funded a massive campaign to educate villagers about HIV/AIDS and ART. As a result, substantial numbers of people are again being tested and treated for HIV infections.



Tracking patients with the new laptop

Photo Credit: St. Luke's Hospital

An additional commitment we support at St. Luke's is to strengthen follow-up for people on ART. Adherence to medication regimens is vital for a number of reasons, and adequate nutrition also boosts the effectiveness of these drugs. St. Luke's has a sensible protocol obliging patients to return to the clinic every four weeks for follow-up evaluation. Side effects are monitored, and patients with opportunistic infections are referred to the clinical officer (comparable to a physician's assistant in the U.S.) or to the physician for appropriate treatment. A nurse makes home visits to any who fail to appear for follow-up care. Missed appointments are almost always due to serious illness or death. A laptop computer, also funded by GAIA, greatly helps the staff with record keeping and tracking patients.

HIV/AIDS Training Conferences

An important way to boost capacity is to strengthen a country's human resources through training workshops on specific topics of urgent local concern. GAIA's conferences for religious leaders provide scientifically accurate information on HIV/AIDS, help participants reflect on pertinent theological issues relating to the epidemic, examine religious traditions of compassion and service, adapt best prevention and care practices to local circumstances, and address the impacts of male privilege and stigma upon HIV in all its aspects. Participants develop action plans responding to the epidemic at the community level. Conferences in 2005 were held for:

- The Nazarene Church of Malawi
- The Nkhotakota Anglican Archdeaconry

Nursing Scholarships for Malawi Women

Malawi's nursing shortage made page-one news around the world in 2005. Publications across the U.S. used it as Exhibit A to demonstrate the terrible health worker shortages besetting many of the world's most impoverished nations. Attractive pay and vastly better workplace conditions draw some of the best African health professionals to northern hemisphere countries. Nor is the expense of African nursing school education a help. This is modest by U.S. standards but it is far beyond the reach of many qualified Malawi women in a country where the per capita annual income is less than \$200.

Three assumptions underlie the nursing scholarship program: (1) The horrendous shortage of nurses adversely affects AIDS patients' quality of care; (2) education is a powerful means to empower Malawi women; and (3) strengthening women as change agents and role models has positive implications for families and communities at every societal level. On this account, GAIA U.S. and Malawi staff established a model nursing scholarship program for qualified Malawi women. The first cohort of GAIA nursing scholars numbers 40 women. Presently the program is designed to run for at least 4 years.

Our central region field officer, Gertrude Chipungu, established a scholarship committee comprised of representatives from two schools: The University of Malawi's Kamuzu College of Nursing, which trains nurses at the baccalaureate level, and the Malawi College of Health Sciences, which trains nurses at the diploma level. Other committee members were representatives from the government's Ministry of Health. A procedure was developed to select students, administer the scholarships, ensure that nursing scholars were committed to remain in Malawi for



The GAIA Scholars begin their nursing training

Photo Credit: Gertrude Chipungu

4 years after graduation, and provide monitoring and support for the program's duration. The recipients of the scholarship are known as "GAIA Scholars" and wear a special lapel pin designed for them. Upon graduation they will serve in Malawi government or church hospitals.

The Minister of Health praised GAIA at a ceremony launching the scholars program, and the event received strong country-wide media coverage.

The Women's Empowerment Project in Southern Malawi, Funded by the Bill and Melinda Gates Foundation

During the third year of this project, we continued to record impressive numbers of villagers being tested for HIV infections. Testing is crucial not only for warranting treatment, it is also an important prevention strategy, since evidence shows that people testing positive for HIV tend to be more careful not to infect others, and those testing negative tend to try harder to remain uninfected. (The foil is that 90 to 95% of people in this part of Africa living with HIV infections do not know their sero-status.)

For comparison purposes, in the project's first year approximately 500 people were tested altogether. But by 2005, 300 to 500 were being tested each month. The 125 women caregivers who achieved this remarkable outcome traveled on foot or by bicycle to every dwelling in the 37 villages we serve, giving personal counseling and advice to neighbors and encouraging people to be tested.

More than 350 home based care patients were visited daily and provided with food, non-prescription medications, assistance with hygiene, and help with household tasks. The caregivers stayed with dying patients through their last hours, providing comfort and care. Their actions powerfully counter the stigma of AIDS and set an example for relatives and friends. The caregivers also attend funerals of the patients we have lost, participating in the timeless village rituals of saying goodbye.

Over 3000 orphans in these villages were provided with clothing, school uniforms, school supplies, and, most importantly in this year of desperate famine, emergency high protein food supplements. Food shortages became progressively more acute in the southern region in particular, owing to a poor harvest following the two-month-early cessation of the normal rainy season. Disturbed by daily reports of food shortages, food riots in some locations, predictions of stunted growth among children, and reports of starvation, GAIA trustees authorized an emergency transfer of \$185,000 for nutritional support of orphans, home-based care patients, and the guardians of these in all 37 project villages.



Sacks of maize flour are distributed to relieve the food shortage.

Photo Credit: CARD

As originally designed, in this third program year we launched income generating activities. The caregiver groups in each village selected the kind of enterprise they would develop. GAIA supplied the materials and training for each. Newly emerging activities include oyster mushroom growing, dairy cattle, pig farming, and paraffin production. The mushrooms are now served at the elegant Mt. Soche Hotel in Blantyre. The groups' profits will ensure on-going support of orphans and home based care patients.

When the Gates Foundation grant concludes in 2006, funds from GAIA donors will enable continuing supervision of the income generating activities by the original coordinators in the 37 villages, as well as replication of the entire project in an additional 20 villages. We are honored to continue collaboration with these energetic, resourceful, and highly competent women.

Saving a Malawi Nurse

When nurse midwife Catherine Ndolo, who serves a remote rural hospital, developed a life-threatening arterial condition requiring surgery, she had to seek highly specialized care elsewhere -- Malawi has no vascular surgeons. As a single young woman she cares for seven orphaned relatives and so has no means to pay for the complex procedure. But because of the generosity of a U.S. surgeon, a U.S. hospital, and a variety of donors, we were able to bring her to the United States for treatment. The entire endeavor was accomplished through a remarkable network of Malawians and GAIA friends across the U.S. and in Africa who planned her journey, helped with passport and visa, met her in airports on East and West coasts, housed her for stopovers between flights, accommodated her during a one-month-long stay in the U.S., and of course enacted the miracle of highly sophisticated and, in the end, completely successful surgery. She was back at work a month after her return to Malawi, caring for ill adults and children, assisting in the operating suite, and delivering babies.



Catherine Ndolo fully recovered just before returning to Malawi
Photo Credit: Ellen Schell

U.S. Advocacy

In 2005 GAIA staff and trustees made over 50 presentations about the HIV/AIDS epidemic. We spoke at churches, religious organizations, civic, school, and university gatherings. GAIA trustee Don Thomas, who has visited Malawi several times with his wife, Mary, spoke to more than 20 groups, including many on a tour of Tennessee, Texas, Louisiana, and Arkansas in the fall.

GAIA supporters generously hosted seven GAIA friends' gatherings, warmly welcoming guests who sought to learn more about our work. We thank Alan Becker and Carole Levine, Susan Blake, Lisa Williams, Bill and Harriet Rodiger, Nicholas Binkley, Nancy Murray, and Elizabeth Darden who opened their homes and hosted these events. Sam Parke generously hosted a lovely reception at the University Club in San Francisco in October. Bill Rankin spoke to a packed audience about our work in Malawi, giving first-hand testimony concerning the efforts of our Malawi collaborators.

Thirty-five congregations across the U.S. supported GAIA, many through creative events such as art-fairs, auctions, alternative Christmas fairs, bake sales, rock concerts, theatrical events, and even the raffle prize of a performance by the Stanford University Marching Band.

The Santa Barbara GAIA Resource Group hosted a reception and conference in April to mobilize area congregations. More than 100 people attended. Dr. Thomas Coates of UCLA, an epidemiologist and world-renowned HIV/AIDS expert, was the keynote speaker. The Southern California GAIA Resource Group, based in Pasadena, raised funds through a special summer appeal and held a donor appreciation event at Cal Tech, and the Bay Area GAIA Resource Group was launched in September at a wonderful gathering at the home of Drs. Nancy and Bill Grove.

Recognition

In March, GAIA president Bill Rankin became a member of the “HIV/AIDS Technical Expert Group” of the Global Health Council, a Washington Based organization working for global health equity. The Expert Group develops an annual document for national policy makers on global opportunities, priorities, and U.S. investments, based upon the best opinions of researchers, policymakers, practitioners, and program implementers.

“The Stigma of Being HIV-Positive in Africa,” by Bill and GAIA colleagues, was featured on the cover of the August 2005 PLOS-Medicine. The article drew attention and reprint requests from around the globe.

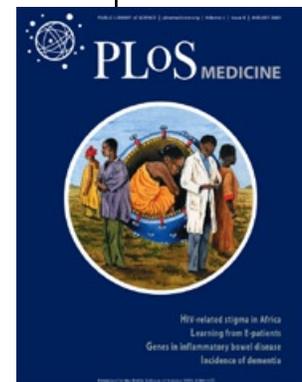
With filmmaker Robert Bilheimer, Bill spoke in April at the west coast showing of Billheimer’s acclaimed *A Closer Walk*. This is a powerful documentary about the worldwide HIV/AIDS epidemic.

In November Bill met with the Zambian First Lady, Maureen Mwanawassa, during her U.S. trip.



Participants at the Santa Barbara Resource Group Conference

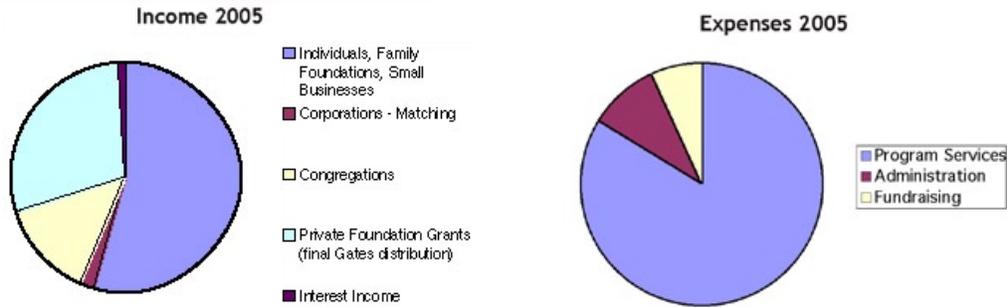
Photo Credit: Kazu Furuta



The August 2005 Cover of PLOS Medicine featuring an article by Bill Rankin. The illustration is titled “The Stigma of HIV in Society” by Emma Burns. www.emmailustrations.com

Financial Statement

GAIA’s income in 2005 totaled \$1,286,121. In addition, \$221,698 was carried over from 2004 and released from reserves for Africa program expenditures. Expenses totaled \$1,368,448. Year-end fund balances were \$642,334. These funds have been allocated for specific expenditures including women’s empowerment and orphan care projects, a micro-loan project, and nursing scholarships. These funds also cover our six-month board-mandated operating reserve.





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