Global AIDS Interfaith Alliance (GAIA) delivers HIV-related basic health services to rural villages and health facilities in Africa.
Inside this Annual Report you will find photos and text attempting to put a human face on the African AIDS catastrophe and describing what all of us are doing to respond.

The achievements of 2009 are everyone’s, truly. The staff and trustees could not have done what we did without the partnership of our contributors.

Karen Blixen, writing under the pen name Isak Dinesen, gave us the immortal book, Out of Africa. This memoir recounts her time in Kenya and her friendship with Denys Finch Hatton, whose family motto Je responderay, “I will respond” or “I will answer,” is one she liked so much she asked to borrow it. She loved the notion of answering the needs of others, and she loved its correlate, a readiness to assume personal responsibility.

I would borrow the same motto to celebrate all whose names appear in this Report. You have responded wonderfully to an enormous challenge, and we are very grateful.

Thanks and thanks and ever thanks.

William Rankin
Co-Founder, President and CEO
GAIA Caregivers provide home-based care and support to the ill.
Whenever members of GAIA’s U.S. staff travel to one of its sponsored villages, they are warmly and ceremoniously welcomed. A whole assembly of villagers sing a song of welcome, young people perform ceremonial dances and short health dramas, and the village headmen and women give formal greetings. But what often make the strongest impressions are the personal anecdotes and the people who tell them.

On a visit this past October, a contingent from GAIA’s U.S. office heard from a woman who had been bedridden for several months and was near death. She recounted how, after being tested for HIV and receiving the proper treatment, she began to gain weight and walk again. A man testified, “I am sometimes considered foolish because I came out to say publicly that I am HIV positive, but I am better off because I was tested and found positive and now am on ARV’s [antiretrovirals, the treatment for HIV]. You who won’t get tested have diarrhea in the morning, fever at noon, a cough at night. I am getting better. Who is being more foolish?” Then an orphaned teenager, who was once too poor to afford the clothes and supplies needed to attend school, appealed for more intervention. “Thanks for this deep down from the bottom of my heart. Do this for others,” he said.

The GAIA visitors heard from another memorable villager, a man in his sixties whose wife and three children had all died from AIDS. When GAIA’s Village Caregivers first met him, he had been living alone in a tiny mud hut that was literally crumbling. The Caregivers not only encouraged him to get tested and receive treatment for HIV, but they built him a new house with their own hands, molding the mud bricks and assembling the thatched roof. As the man sat on his tiny porch, a big smile spread across his face. He told GAIA’s President Bill Rankin, “I am doing well now. I am very happy. I have this nice house, and the Caregivers visit me every day.”

Daily, GAIA’s Village Caregivers deliver information, practical help, hope, and healing to the 37,000 villagers entrusted to them. With the funds raised through GAIA’s Village Campaign, we look forward to expanding the GAIA Villages Intervention to 40 more villages. The Global AIDS Interfaith Alliance is proud of its Village Caregivers and their extraordinary commitment. It is because of them that so many survive to tell their stories.
Mobile Clinic staff dispense medication in rural Mulanje district
MOBILE CLINICS PROVIDE CARE, TREATMENT AND HIV TESTING TO THOUSANDS IN MULANJE

The residents of Misanjo Village in southern Mulanje know that every Thursday GAI’s Mobile Clinic will arrive at a community building and begin providing medical care. People from Misanjo and the surrounding villages - mothers carrying ill children, pregnant women, and others - walk to the clinic and wait under the surrounding trees.

While the staff sets up, one of the nurses gives a short talk on a common health issue such as the importance of hand washing or sleeping under a mosquito net. Meanwhile, the Clinic driver, trained in triage, scans the crowd and identifies the most severe cases. The Clinic Officer, comparable to a physician’s assistant in the U.S., sets up a chair and table in one corner of the building and, behind the privacy of a screen, begins to see these patients, many of whom are ill children escorted by their mothers. He asks each mother about her child’s symptoms, performs a physical examination, makes a diagnosis, and prescribes appropriate medication. All of this is written down in the patient’s “health passport” or medical record. The mother then takes the passport outside to a folding table, a temporary pharmacy, where the clinic staff dispense medication, as well as relevant instructions. Most patients are seen and treated on the spot, but if someone should arrive dangerously ill, the clinic vehicle is used to transport the individual to the hospital in town.

Elsewhere in the building, a nurse sets up another screen and begins the antenatal clinic. Expectant mothers are examined to ensure that their babies are growing and that their pregnancies are progressing normally. Each mother is offered HIV counseling and testing. Those who test positive are given further counseling and referred to government health clinics, which can, during delivery, provide them with medication to help prevent the transmission of HIV to their children. After these prenatal cases, the nurse attends to women desiring family planning methods. Anyone who asks for HIV testing receives it.

In 2009 each of the two clinics saw an average of 2400 patients per month, including both illness visits and growth monitoring for children, for a total of 59,201 visits for the year. Of the 2511 people tested for HIV, 21.5% were found positive and now have the opportunity to receive lifesaving treatment. GAI is immensely grateful to The Elizabeth Taylor HIV/AIDS Foundation for providing the funds for the purchase and operation of these vital clinics.

Clinical Officer James Selemani examines a child
The 829 women in GAIA’s Microfinance Project had a 99% repayment rate on loans received from GAIA. Their feat is all the more impressive given their singular obstacles: washed-out roads in the winter months, multi-hour treks to reach the markets and loan office, and cholera outbreaks.

The goal of this project is to provide economic self-sufficiency to these women who live in Malawi’s southern Thyolo District, a remote region dominated by the low wages of the local tea estates and ravaged by food insecurity and AIDS. Empowered financially, they are better able to provide for their family’s health care and education. And, as importantly, they are able to negotiate the use of prophylaxes.

Before loans are disbursed, the potential recipients must attend training sessions on interest payments, savings, and how to apply for and repay their loans. They self-select into groups of 15 to 25 women—currently, there are 52 such groups—and serve as each other’s collateral should a member within the group default.

The women’s business activities include the sale of produce, fish, chickens, firewood, cooking oil, and toiletries. Judith Banda, a GAIA-funded entrepreneur, started selling produce with her $70 loan. With her 50% profit, she secured a subsequent loan to grow her business and begin beekeeping and harvesting honey.

Banda says that her loan group members counsel each other on their business plans. She believes that if she obtains more loan funds and is able to make a good profit again, she can contribute to the success and longevity of the program so that future women can benefit. She adds, “I would like to invest my savings in my business so that I can one day become independent.”
The past year marked an important milestone for GAIa’s Nursing Scholarship Program: The first full cohort of nursing scholars, who began their studies in 2005, graduated. All scholars passed their licensing exams and were deployed throughout Malawi to fulfill their agreements to serve for at least 3 years in government hospitals and clinics. In October members of GAIa’s U.S. staff visited some of these young women in the wards where they work. What a transformation they had undergone from the shy, reserved students they once were to the confident young practitioners they are today! They related stories of their successes and concerns, some of which we share here.

Theresa Kaunda, a GAIa scholar, recalled how she convinced a young village couple to allow her to administer oxygen to their baby, who was struggling with pneumonia. There is a myth in the villages that oxygen is poisonous, but Kaunda knew that without this help the baby would likely die. Fortunately, the oxygen was given in time and the baby survived.

Khumba Ng’oma’s parents are very poor and her father, the sole breadwinner of the family, was blinded by glaucoma and could not help pay for nursing school. Still, Ng’oma counts herself as “one of the lucky ones” for having received a GAIa scholarship. Now in charge of a women’s ward, she relies on the palliative care training she received during her studies to care for HIV-positive women with complex gynecological problems who are dying. She says the hardest thing about her work is the lack of resources, which sometimes includes basics such as masks, latex gloves, and rubbing alcohol.

Finally, Kaboni Gondwe, one of the first students we assisted with a nursing scholarship, is on the faculty at Kamuzu College of Nursing (KCN), where she helps train future nurses. Orphaned at a young age (her father died when she was a toddler; her mother, when she was 11), Gondwe worked her way through high school. Afterwards, while working at a gas station to support her brothers, she applied to KCN and was accepted. She managed to save enough money to pay for her first year, but when her savings ran out, she sought GAIa’s help. After completing her degree, she worked at Queen Elizabeth Central Hospital in Blantyre before joining the KCN faculty.

The GAIa community is proud to support these exceptional women and all of GAIa’s nursing scholars. They are truly building the nursing profession in their country.
Ten years of experience in Malawi has taught GAIA the importance of taking a holistic approach to the HIV epidemic. In order to be truly effective, efforts to eradicate or even treat HIV must take into consideration the social, cultural and economic context of the population. And given that those infected with the virus are vulnerable to other infections it is wise to take related health problems into account.

For example, malaria kills thousands of people every year in Malawi, especially young children and pregnant women. Malaria also makes those with HIV much more infectious because the viral load in the person’s blood increases many times over during the malarial episode. HIV positive individuals also become sicker with malaria due to their weakened immune systems. GAIA has worked with NetGain Malawi to distribute mosquito nets and instruct villagers on their use, reducing the likelihood of contracting malaria for HIV-positive and negative villagers alike.

We take a similar approach to addressing the issues of poverty that undergird the epidemic. Our microfinance program provides an opportunity for poor women to realize a source of income so that they may provide for their children. And our financial assistance is crucial in the cases where families lack basic funds to access available treatment. We learned, for instance, that although medications and clinical expertise were provided at the Baylor Pediatric HIV AIDS Center in Lilongwe, families with HIV-infected children could not avail themselves of these services. They had no money to pay for the bus rides necessary to go for testing and treatment and for the regular check-ups that improve treatment success rates. Additionally, families sometimes struggled to provide adequate nutritious food for these children, without which treatment is likely to fail. GAIA has worked with community groups and the clinic to assure that these supportive services are now available.

With our holistic approach, GAIA has been able to improve the effectiveness of HIV treatment, as well as provide a more comprehensive response and improve the health of Malawians.
In keeping with GAIA’s commitment to the health of women and babies in Malawi, our organization supported the construction of two maternity facilities, one in Ludzi and the other in Chisala. As you may have read in our earlier materials, an HIV-positive mother has a one-in-three chance of passing the virus on to her child during childbirth or through breast milk. A single dose of an antiretroviral drug given to the mother during labor combined with another given to the baby shortly after birth can cut that chance in half. Newer, slightly longer regimens now available in Malawi can drop that chance even further. But for any of this to happen, pregnant mothers must be tested for HIV, and those found positive must deliver at an equipped clinic or hospital to insure preventive treatment. Malawi has one of the highest rates of maternal mortality in the world. Maternity clinics are few and far between, especially in the rural areas. This is why our maternity facilities are so necessary.

The maternity facility in Ludzi is located in a Roman Catholic hospital close to the Zambian border. The hospital serves a population of over 26,000 rural people. The bright, new 40-bed center is spacious and airy, with labor rooms, a delivery suite, and space for a prenatal clinic. We are very grateful to GAIA board member Agnes Grohs, who, having visited Ludzi and seen the needs there, worked tirelessly to raise the funds to build the clinic.

The other facility is in a government clinic in Chisala, a remote northern village near the shores of Lake Malawi. It is where Maggy Keet, a graduate student in international development, spent time in 2008 while completing her studies. She, too, saw a need and acted. With her husband, Andy, and friend Emily Kerr-Muir, Keet raised money in England and the U.S. to build the 8-bed maternity clinic. Last September all three went to Malawi, rented a house on the local tea plantation, and, along with the village community, began construction on the clinic. They oversaw every aspect of the project, organizing logistics, handling the budget, and working with village headmen, ministry of health personnel, and the village clinic committee. They even worked with the villagers to make the required 170,000 bricks, which the village children ferried on their heads to the building site.

Thanks to these two facilities, many more Malawian women and babies will have safe deliveries.

The children in the community volunteered to help with the building of the Chisala clinic.

Newly built maternity facility at the Ludzi Hospital.

The children in the community volunteered to help with the building of the Chisala clinic.
VILLAGE BY VILLAGE:
A GARDEN PARTY FOR GAIA IN SAN FRANCISCO BAY AREA

On Sunday, May 3, 2009, rain showers cleared away just in time to welcome 285 guests to the home of Shirley and Harry Hagey in Woodside, California, for a Garden Party for GAIA.

Sports announcer Ted Robinson led a live Fund-A-Need auction, raising $100,000 to support GAIA's services for children, women, and men affected by AIDS in Malawi. The benefit, which generated a total of over $300,000, featured readings by the celebrated author Anne Lamott from her book _Traveling Mercies_, as well as presentations by GAIA President & CEO Dr. William Rankin and Malawian emigrant and GAIA trustee Eva Banda.

Banda, who has lost five immediate family members to AIDS, spoke stirringly about the children the HIV epidemic has left behind: “All these orphans need someone to give them hope. They need someone to tell and show them that they are not responsible for their being orphans and that they can have a bright future. With GAIA's programs, many orphans are given a chance to shape their future. They are given hope where hope seemed impossible. They can see that someone cares.”

We thank all of our dedicated volunteers, as well as trustee Marty Arscott, who chaired this moving event, and, honorary co-chairs Nobel Peace Laureate Archbishop Desmond Tutu and Maria Shriver, the First Lady of California.

NEW GAIA HEADQUARTERS OPEN IN LIMBE

In April 2009, GAIA celebrated the opening of the new headquarters in Limbe, Malawi. A generous gift from St. Matthew’s Episcopal Church in Pacific Palisades to honor their retiring rector, the Reverend David Miller, made the purchase and subsequent renovation of the property possible.

Last October, several staff members from GAIA’s U.S. office visited the facility, which houses offices for the entire staff and a beautiful conference room honoring donor Ellie Phipps Price. It is also equipped with high-speed internet access. The spacious walled grounds provide secure parking for all of GAIA’s vehicles and storage for project supplies.

Our Malawi team is thrilled with these improvements, which are certain to help create a pleasant working environment and increase efficiency.
The event opened with a festive Malawian performance by trustee Eva Banda and friends. Author Anne Lamott with Event emcee, actress Jane Kaczmarek.

What do you get when you mix one part seasoned restaurateur with two part Emmy-nominated actor, then sprinkle generously with artistically personalized cigar boxes? Well, GAIA’s Art Out of the Box reception, of course. Emceed by Rainn Wilson (NBC’s The Office) and Jane Kaczmarek (Fox’s Malcolm in the Middle), this event, held on September 13, 2009, at Robert Simon’s lauded Bistro 45 in Pasadena, raised over $150,000 to benefit GAIA’s village-based services.

The 150 guests in attendance enjoyed a reading by author Anne Lamott, who called for the need to support the people of Malawi in the midst of the U.S. recession. “The truth is that our anxiety won’t be relieved by trying to get it all back. It will be relieved by giving, by being willing to feel terrible because of the suffering of others and to breathe in how deeply vulnerable they are. It is in our own vulnerability and spirit of generosity that we become strong and full,” she said. The event also featured a traditional African performance by Malawi-born trustee Eva Banda and her friends, a presentation by GAIA’s president and CEO Dr. William Rankin, and a silent auction of artworks made from cigar boxes.

While leading the Fund-A-Need auction, which challenged guests to sponsor specific items such as tuition for orphans and bicycle ambulances, Kaczmarek reminded the guests of how far the dollar still stretches in other parts of the world. Adding a bit of humor to the serious business of helping one of the poorest countries in the world, she said of the $100 sponsorship to feed and clothe an orphan in Malawi for a year, “Do you know what a deal this is for anyone sending kids to private school?” In addition to these fund items, Wilson auctioned off visits to the set of his hit television show, The Office, to three lucky winners.

The staff at GAIA would like to thank acclaimed artists Martin Puryear, Alison Saar, Lezley Saar, Michael Kenna, Joel-Peter Witkin, Joyce Kohl, Pam Keeley, LaMonte Westmoreland, Stanley Wilson, Charles Arnoldi, Kim Abeles, and Kenton Nelson for their cigar-box creations. We would also like to thank the many volunteers who made this benefit a success, as well as event chair and trustee Michael Gottlieb and honorary co-chairs Archbishop Emeritus Desmond Tutu and Dame Elizabeth Taylor.

**DONOR HIGHLIGHT: SAINT LUKE’S, DARIEN**

When I first heard Bill Rankin speak in 2002 of GAIA’s work in Malawi, I was sitting in the congregation at Saint Luke’s church in Darien, Connecticut. Malawi was, literally, a world away from prosperous Darien and yet Bill’s message hit home for many of us listening to his words.

One of our own parishioners, Blake Robinson, travelled to Malawi with Bill a year later. He came home from the trip, as so many people do, transformed. He showed his photos and told his stories, thereby transforming others. After listening to Blake’s presentation, our youth group planned and organized a fashion show and sent the proceeds to GAIA.

About three years ago, Saint Luke’s launched a capital campaign. The parish decided to set aside 10% of what we raised for various outreach projects. We will use part of these funds to support 3 GAIA villages.

This spring we will host Jones Laviwa, GAIA’s Country Director, here in Darien and learn firsthand how our money is being used to change lives.

Saint Luke’s has supported GAIA since Bill’s visit 8 years ago. We are honored to be a part of GAIA’s good work.

Jennifer Kepner
Saint Luke’s Parishioner and GAIA Trustee
TWO CONFERENCES SHARE STUDY RESULTS WITH MALAWI RELIGIOUS GROUPS

Over the past 3 years, GAIA has served as the subcontractor on a University of California San Francisco (UCSF) research project funded by the National Institutes of Health that surveyed the responses of Christian and Muslim leaders in Malawi to the HIV epidemic. At the end of one interview, a young pastor said, “You know, people come to study Malawi, but so often, we never hear the results of the study.” Hearing this, Sally Rankin, Ph.D., the study’s Principal Investigator, committed to getting the findings out to the research participants.

Last October, in collaboration with UCSF, GAIA held two conferences, one in Blantyre and the other in Zomba, to convey the results of this study to the clergy and imams who had been interviewed. One hundred and twelve people attended and listened intently to the data, which included the startling finding that only 28% of the congregants understood that the HIV virus could be passed from mother to child. These leaders saw that they had work to do, and during the afternoon at each of the conferences, they constructed plans to further their fight against HIV.

Several weeks after the conference, Sally Rankin received the following email from one of the Malawian research associates: “Your coming meant so much to the community … I am still receiving many phone calls from local leaders thanking us for conducting the conference and providing a forum where different faith-based organizations and traditional healers met and shared ideas on what they are doing in the fight against HIV/AIDS.”

The GAIA team, in turn, want to thank everyone who made this important outreach effort a success.
Muslim religious leaders discuss strategies to combat HIV at GAIA/UCSF conference
In 2009, GAIA’s income totaled $2,107,469 and expenses totaled $1,914,832. Funds raised in excess of current year expenditures have been held over in reserved funds for specific future program funding.

GAIA ACCOMPLISHMENTS IN 2009

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<tr>
<th>Orphans</th>
<th>Orphans cared for</th>
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<tr>
<td></td>
<td>Orphans assisted with secondary school tuitions</td>
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<tr>
<td>HIV Prevention</td>
<td>People tested for HIV in 2009</td>
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<td>People reached with HIV prevention messages</td>
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<td>Youth prevention clubs funded</td>
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<td>Caregivers trained in home based care</td>
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<td>Patients cared for</td>
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<td>HIV+ children provided nutritional supplementation and/or transport to follow-up clinics</td>
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<td>Women’s Empowerment</td>
<td>Women receiving microloans</td>
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<td>Nursing Scholarships</td>
<td>Students under sponsorship in 2009</td>
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<td></td>
<td>Number of nursing school graduates</td>
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<td>Hospitals/Clinics Supported</td>
<td>Birth clinics constructed and supplied</td>
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<td>HIV &amp; AIDS Training Conferences</td>
<td>Number of conferences</td>
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<tr>
<td></td>
<td>People trained</td>
<td>112 (religious leaders)</td>
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<tr>
<td>Mobile Clinics</td>
<td>Number of Mobile Clinics</td>
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<td>Number of client visits for illness in 2009</td>
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<td></td>
<td>Number of client visits for growth monitoring</td>
<td>20,554</td>
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We wish to thank trustee Azmat Siddiqi, who completed service on the Board in 2009.

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*GAIA employs
35 Malawi-based staff

*GAIA employs 35 Malawi-based staff
We are grateful to all our wonderful volunteers who have worked tirelessly on behalf of GAIA.

Thank you.