



SAHAYA INTERNATIONAL, Inc.

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ANNUAL PROGRESS REPORT Fiscal year January-December 2003.

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Website: www.sahaya.org

(Sahaya International Inc. is a 501(c)3 organization founded in 1999)



Dear Friends,

It is with pleasure that I present to you this annual report, highlighting our activities of the past fiscal year. Despite the major challenges faced by the presently unfavorable economical and political climate, we continued in making a big difference in the lives of many people in developing countries. For the many of you who have helped us to achieve these goals, my sincere thanks for being part of this effort! It is my hope that in 2004, we continue our efforts to mobilize the resources to continue reaching out to those in need.

Sincerely,
Koen Van Rompay (Secretary, Sahaya International)

Progress report:

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I. OVERVIEW OF ACTIVITIES BY SAHAYA INTERNATIONAL

a). READ (Rural Education & Action Development)- India:

Note: our productive collaboration with READ was the start of Sahaya International.

- READ continues to run many programs, especially for women and children, including 3 kindergarten/elementary schools, 2 schools for mentally disabled children, schools, skill-training programs for girls, more than 300 women self-help groups. In addition, READ is playing a leading role in HIV programs in their district, including the formation of the AIM network. For the many activities of READ, please see their latest annual report (downloadable from our website).
- READ collaborates with Alliance for Youth Achievement (AYA) on sponsorship programs for children and on micro-credit programs for women self-help groups. Mr. Selvam (secretary of READ) is AYA's country director.
- READ is the local fiscal agent for grants awarded to SAATHII-India.
- READ's main support is currently provided by Sahaya International, including the sale of



Evening tuition center for village children, run by READ.

embroidered greeting cards produced by READ's trainees.

b). AIM NGO network (India)

During 2002, READ organized a network of 6 NGO's (called "AIM network") in the districts of Perambalur and Tanjore, to collaborate on HIV activities (see previous annual report). The main goal of this network was to build the foundation for a grant proposal for "Prevention of mother-to-child transmission of HIV" that was submitted to the "Call-to-Action" program (E.G. Ped. AIDS Foundation). However, the grant, despite receiving good reviews, was not awarded due to financial and political reasons beyond our control, that prevented the funding agency from initiating new programs in India. Although a major set-back, it was felt important to maintain the activities of this network, and 1 sponsor decided to cover the costs. Activities of AIM during 2003:

- The field staff received additional training on HIV, sex & sexuality issues (including by SAATHII staff).
- HIV awareness programs in rural villages.
- Assistance to orphans and people living with HIV/AIDS, including counseling and financial support.
- Rural health services directory.

c). SAATHII (Solidarity and Action Against The HIV Infection in India).

- A grant from the Lloyd Foundation, with Sahaya International and READ as fiscal intermediate agents, was used for the 2nd phase of mapping HIV services available in India. This directory lists many organizations involved in HIV programs, and the first edition is currently being used for referral services. For more information on SAATHII and this directory, please visit www.saathii.org.
- SAATHII staff helped READ and AIM network with training programs (see above).

d). Tambaram Pediatric Center (Chennai, India):

Sahaya International was contacted recently to be the fiscal agent for the collection of donations to improve the pediatric ward at Tambaram hospital, Chennai (India). This project is led by Tom Furtwangler (Cascase Health Communication



The women self-help groups of Sendurai Block have an AIDS awareness rally on December 1, 2003, organized by READ (Tamil Nadu, India)

Group, University of Washington, Seattle). For more information about this new and exciting program, please see the special section on pages 13-14.

e). Assistance to several other NGO's:

A small donation by a sponsor was used to give support to three NGO's in India:

- Rhema Educational Trust (Gujarat): this small NGO has started a small school (Silent Valley English Medium School). They are hoping to build an extra classroom that is urgently needed. For more information, visit our website (www.sahaya.org).
- Community Services Trust (Salem, Tamil Nadu): assistance to orphan program.
- Andhra Medical Educational Welfare Services (Andra Pradesh): assistance for HIV support network.

f). Indian HIV awareness cartoons.

Sahaya International is sponsoring the production of HIV awareness cartoons drawn according to Indian customs and traditions. These cartoons will be used for a slide set/booklet and shared with many other organizations. These cartoons are based on the successful African booklet produced by Global Strategies for HIV Prevention.

g). Pokhara Public Library Project (Nepal).

This project is run by Monica Henry, a Peace Corps volunteer, who contacted Sahaya International for assistance. Sahaya International is an intermediate fiscal agent to help collect money for a youth resource center at their local library to assist them with finding information about education and training programs, which will help them with their future. For more information on this project, see our website (www.sahaya.org).

h). Orphan programs via Alliance for Youth Achievement (AYA).

AYA (www.allforyouth.org) is a 501(c)3 organization based in Colorado, which runs child sponsorship programs (especially orphans), including micro-credit grant programs to poor families. For example:

- Full orphan sponsorship: \$30 per month
- Tuition for group of 12 students: \$18 per month

Sahaya International and READ collaborate closely with AYA on helping to find sponsors. In addition, Sahaya International has also received general donations that have been sent via AYA to orphan programs in Kenya and Uganda.

In addition to child sponsorship programs, AYA also helps READ with card sales, and a micro-credit program for women.



Kevin (left), Jackie (2nd from right) and the GRACE staff of the HIV awareness for the deaf program (Kenya)

i). HIV awareness program for the deaf (Kenya).

This program is led by Kevin Henderson and Jackie Odwesso. The goal is to develop a peer educator system in sign language to teach the deaf communities in Kenya about HIV, and to develop training manuals for future use.

A grant was submitted to the Development Marketplace program of the World Bank. Through several rounds of review, we were selected as one of the 47 awardees (selected from 183 finalists, out of 2700 applications). For more information, see www.developmentmarketplace.org. This project will be executed in close collaboration with GRACE (Grassroots Alliance for Community

Education; www.graceusa.org). Expect many updates on this exciting program in 2004.

j). Cameroon: Prevention of mother-to-child transmission of HIV.

Since February 2002 Sahaya International has supported numerous activities in Kumba, Southwest Province, Cameroon. Currently, there are five clinics involved in the Prevention of Mother to Child Transmission of HIV.

These programs have offered free counseling and testing for HIV to nearly 10,000 women reporting for antenatal services in these five clinics. Of these, unfortunately, just over 11% tested positive for HIV. For those testing positive we offer the drug nevirapine according to the HIVNET 012 protocol, which has been shown to significantly reduce the chances the baby becomes HIV-infected. In the coming months we hope to expand these services to two more outlying clinics, in Kombone and Ikiliwindi, roughly 20 and 60 km respectively, from the Kumba town centre. The program currently



Perinatal clinic in Kumba (Cameroon).

offers free rapid antibody testing at 1 year of life for the infants born to positive women. We hope, in the coming months, to offer free PCR testing at 6 weeks of life. This is costly and involves transporting the PCR sample to the capital city, Yaounde.

We are hoping to further expand our efforts to include treatment of HIV positive individuals in the coming months. An application for the Diflucan Donation Program is currently being submitted to obtain over 60,000 free doses of the anti-fungal medication Fluconazole for the treatment of AIDS-associated Cryptococcal Meningitis and Oropharyngeal Candidiasis. Additionally, we are currently developing the capacity to begin offering anti-retroviral medications at reduced price to HIV+ individuals.

As the coming months approach we hope to continue work on these activities and further our current ongoing efforts to increase HIV awareness and decrease the stigma associated with this disease in the Southwest Province.

k). Consultant/collaborator function of Sahaya International.

Sahaya International gets daily requests from NGO's or individuals for assistance, especially for HIV programs. Even though we don't have the financial means to provide financial assistance (and assure proper inspection etc), we try to provide advice by e-mail communication and by sending copies of informational CD's etc (via our partners in their countries).

II. FUNDRAISER EVENTS

In addition to our network of dedicated volunteers who sell the embroidered greeting cards made by READ's trainees on a regular basis (including at Davis Farmer's Market, University Retirement Community), a few special events were organized.

- On Sunday May 4, 2003, the Belgian Club of Northern California (www.bcnc.com) hosted a special "Social Entrepreneurship Program" at Santa Clara University. Two speakers, Charlotte Vallaes (Friends of African Village Libraries) and Koen Van Rompay (Sahaya International) presented their work. This event raised \$555 dollars for Sahaya International to help support READ's activities in India.

- Dr. A. Muthukumar gave a slide presentation about our programs in India to the members of his church in Texas, which resulted in significant card sales and contributions that helped READ.

We thank all those who helped us! We hope we can continue to count on your support in 2004.



Our booth to sell READ's cards at Farmers Market, Saturday mornings in Davis, California.

A glimpse at some of our programs...



Some of the orphans in READ's villages in India, whom Sahaya International is currently helping, and for which more sponsors are being sought.



The Thirukkalapur women self-help groups volunteered 4 days of their time to deepen and desilt a water reservoir to benefit their community.



The children of the 2 Mother Theresa schools run by READ (Periyakrishnapuram and Thirukalapur villages).

READ (India): Street theater for HIV awareness



READ's cultural team uses song and dance (A) and drama (B) to attract the crowds. (C) A story is told of how our body is kept strong thanks to the white blood cells that defend us. (D) A group of friends gets drunk and visits a prostitute. (E) HIV infects the body and parties all day and night, destroying all white blood cells (F). (G) Many infections attack and weaken our body. (H) A social worker comes to help the family that is affected by HIV.



Dr. Koen Van Rompay of Sahaya International spent the month of November 2003 at READ, and together with Mr. Selvam did many HIV awareness programs for local schools.



Sock-monkeys, made by Tenaya West (a highschool student in Davis, California) were taken by Joe Becker on his trip to Kenya and donated to the children of the Kwa Watoto Center, located in one of the poorest slums of Nairobi, Kenya. A perfect example of how to make a difference in the life of a child...

Letter from Joe Becker, M.D. (board member of Sahaya International)

September 2003,

Hello everyone,

I had the fantastic opportunity to attend the 13th Conference on AIDS and STIs in Nairobi Kenya last week. For those of you who haven't visited I am sure Koen will agree that Kenya is a phenomenal place. The conference was very productive and informative and I left energized for some new work with our Cameroonian projects. You will be hearing more about these new initiatives as they take shape.

However, I think the most moving and meaningful experiences for me last week were my visits to the Galilee School, Kwa Watoto School in the Soweto ghetto of Nairobi and the Medical Mission Sisters Programs in the Korogocho Ghetto, also in Nairobi. Pastor Afwai served as my guide for the Kwa Watoto and Galilee programs. According to Pastor Afwai and his colleagues at the school, although there is guaranteed public education in Kenya, very few can actually attend as there is such overcrowding, this leaves the poorer students with only the street to turn to.

Especially those who have lost their families and support networks to HIV/AIDS. The schools are essentially a life raft for these children, providing them with education but also another option to the draw of the street. Pastor Afwai told me that all this is accomplished for only 16\$ USD per student per year. Over 400 students are educated in each of the schools, and several other outreach programs are currently under construction. For those staying at the home food and shelter are provided to those who would otherwise have no where to go.

At Korogocho, I was shocked at the conditions. My Cameroonian colleague, Mathias Esum who runs our PMTCT services in Cameroon accompanied me and stated that the sheer scale of poverty in the slum far surpasses anything he has seen in West Africa. The programs run by the sisters basically provide a safety net for the ill in the community and their children. The programs train community health workers, of which there are over one hundred currently. These workers are trained to provide basic care both medical but also psychological to patients in the community with AIDS.

The health workers average ages is 9-16. Many times these workers are actually taking care of their parents. When the parent dies or the child becomes sick the program supports the child in their "crisis center" for as long is necessary to get the child further relocated. Every week the children meet with 5 staff nurses and discuss the cases of their patients, the nurses distribute medications and decide on changes in medical management. Every evening food is prepared for hundreds by the program. The program also supports a library and other activities to let these children with such serious concerns in their lives live as children for at least part of the time. There are 6 deaf children in the program as well, and the sisters are looking for ways in which they might address the special needs of these children. Sahaya is already working on participating in this effort.

I left Kenya disturbed by the scope of the healthcare and social problems I saw in the various slums, but inspired by the approach to the problem. The people participating in this work are to be commended and I am sure that they have no problem going to sleep at night, knowing the value of the work they perform (maybe also because of sheer exhaustion).

Specifically I would like to thank Pastor Fred Afwai and his wife Alice Afwai, and as well the staff at the Galilee and Kwa Watoto schools. Also, Sister Gill Harsfield with the Medical Mission Sisters program in Korogocho and her staff. My visits were definitely eye opening and I hope that productive future relationships with these programs will be possible.

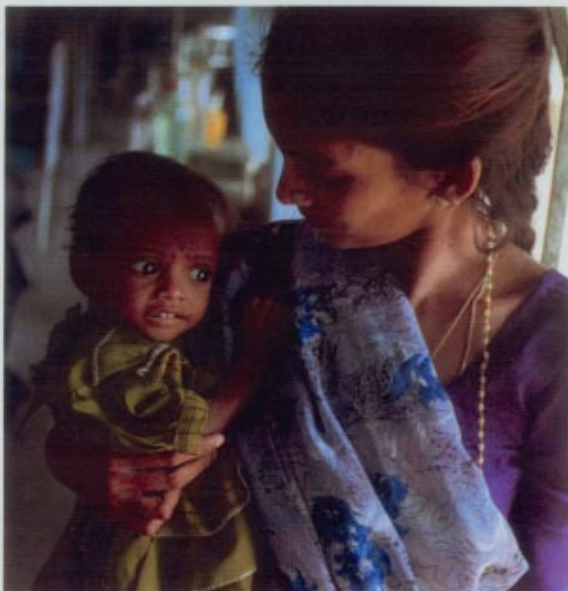
Joe Becker, M.D.

The Pediatric Center • Tambaram Hospital

Overview

Tambaram Hospital is a large public teaching hospital in the southern Indian city of Chennai (formerly Madras). Originally founded as a tuberculosis sanatorium in the 1920s, Tambaram began treating HIV patients in the early 1990s, and since then has seen an exponential rise in the number of HIV admissions. They are currently diagnosing approximately 1000 new HIV cases each month. As a public hospital, Tambaram accepts all patients at no charge, despite extremely limited resources. Patients come from all of Tamil Nadu state, and neighboring states. Tambaram admitted more than 26,000 patients in 2002.

At Tambaram, inpatient pediatric facilities are centered in a 40-bed open ward. The majority of the children come from poor rural families, and a significant proportion are AIDS orphans.



The Goals of This Campaign

Our vision is to improve the experience of hospitalized children, and to support the delivery of high quality pediatric care at Tambaram. We call this vision The Pediatric Center at Tambaram. In the first phase, The Pediatric Center will make basic quality-of-life improvements to the pediatric ward, including hiring a social worker and purchasing toys, books and videos. In the second phase, The Pediatric Center will improve the quality of pediatric care at Tambaram by endowing the salary of a pediatrician, and supporting some medical costs for patients. In the third phase, The Pediatric Center will improve the quality of pediatric care throughout the region, by providing opportunities for pediatric clinicians to attend advanced training at an on-site center being developed by CDC/I-TECH*.

By American standards, the projected cost of making these improvements to pediatrics at Tambaram is quite reasonable. A social worker, for example, is paid approximately \$100 per month. Our immediate Phase One fundraising goal is \$15,000.



Why Tambaram?

In the spring of 2003 I visited Tambaram as part of a team from CDC/I-TECH*. Throughout our visit, I kept returning to the pediatric ward, where the children were passing their days with very little to entertain them or distract them from their illnesses. Small toys and coloring books we brought were immediately put into use. I was struck by how a small investment in the ward itself, and the addition of a full-time social worker, could significantly improve the hospital experience of these families.

Tambaram's dedicated and compassionate staff work in an institution with extremely limited resources. Yet despite these limitations, they are meeting a rising tide of HIV cases and other illnesses with a commitment to treat everyone who comes through their gate. I am proud to support their work by chairing this fundraising campaign.

-Tom Furtwangler
tom@kingfisher-media.com



* see <www.GoalTECH.com>

The Long-Term Goals of This Campaign

The fundraising campaign for **The Pediatric Center at Tambaram** is focused on developing stable, high-quality pediatric services at Tambaram, by reinforcing and bolstering their existing program. The initial goals of the program are to support the following, in a staged 5-year approach beginning January 1, 2004:

Phase One:

Social Worker

Children and families in the pediatric ward do not have any games, diversions or structured activities, and families have no support or advocacy services. The first priority is to hire a full-time social worker dedicated to the pediatric department at Tambaram, who can support families and children facing the crisis of HIV/AIDS, tuberculosis and other illnesses.

Cost: \$100 per month

5-yrs \$ 6000

Infrastructure Improvements and Renovations

The open 40-bed ward for children at Tambaram was originally designed for tuberculosis patients. It has fallen into disrepair and requires basic renovations including paint, repairs, and some new furniture including beds. Additional improvements will include the construction of a toy cabinet, a book and video library, and a TV/VCR, to be administered by the social worker. Each child admitted will receive a stuffed toy or coloring book.

Renovations and improvements

\$ 2000

Ongoing support for books, toys activities

\$ 3000

The Fund for Mortality-Related Expenses

A small fund will be managed by the social worker in collaboration with a Chennai-based nonprofit, to make one-time \$25 grants to families who lose a child, to help defray the expenses associated with funeral arrangements.

Fund endowment

\$2000

Medicine

While antiretroviral HIV medications are generally not available at Tambaram (or any public/low income facilities in southern India), the HIV-positive children are treated with other medicines for opportunistic infections, as well as local herbal compounds which have some efficacy as immune system boosters. A small endowment will ensure that an adequate supply is always at hand when needed.

Medicine support fund

\$ 2000

Total Phase One fundraising goal:

\$15,000

Phase Two:

- Endow a full-time pediatrician for Tambaram for 5 years.
- Support ongoing efforts to introduce antiretroviral HIV medications at Tambaram.

Phase Three:

- In collaboration with CDC/I-TECH's efforts to develop a center of excellence in HIV clinical training at Tambaram, support the integration of pediatric modules into the training curriculum.
- Support the travel and expenses of one nurse and one doctor per quarter to attend advanced pediatric HIV training at Tambaram.
- Coordinate a conference on pediatric HIV care in southern India.
- Build capacity at the partner nonprofit in Chennai, to fundraise domestically in India for pediatric care.

The Pediatric Center

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If you would like to make a tax-deductible donation, please make your check payable to our fiscal sponsor, "Sahaya International." If you do not need a tax deduction, make it payable to "Tom Furtwangler." All donors are mailed receipts and updates. Please include your mailing address and an e-mail address to reduce our postage costs. Thanks!