

Annual
Report
FY12

GLOBAL STRATEGIES



FOR
HIV PREVENTION

A REMARKABLE YEAR

A Remarkable Year

A remarkable year might seem unexpected given the fact that we work in three of the poorest countries in the world – Democratic Republic of the Congo (DRC), Liberia and Zimbabwe. Yet, in Fiscal Year 12 (FY12) our programs expanded allowing us to reach even more people in need. Progress is due to our faithful and generous donors, our local implementing partners who overcome obstacles with great courage, and our organizational focus on using simple solutions to seemingly complex problems.

Highlights

In the North Kivu Province of DRC, we were privileged to support Dr. Josh Bress, an American pediatrician trained at the University of California San Francisco Medical Center, in his year spent working with the HIV prevention and care team at HEAL Africa. This placement occurred in partnership with the International Pediatric Outreach Project. In addition to implementing education and training to reduce infant mortality, he supported Dr. William Bonane and Dr. Vindu Mwanaweka as they merged the pediatric and perinatal HIV programs to improve patient care and follow-up.

Among many activities in the South Kivu Province of DRC, we sought to expand our reach into post-exposure prophylaxis for victims of sexual violence. It was challenging and a protracted process to acquire government approval, but our persistence was rewarded. We now have national approval to move forward in FY13 to provide life-saving preventive therapy to thousands of victims in South Kivu.

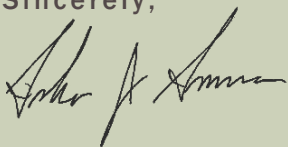
After eight years of HIV service delivery in Liberia, we acknowledged an organizational benchmark of success that we had previously achieved in the Dominican Republic and Nigeria: the Liberian National HIV program is now currently managed by the government with long-term funding provided by large international organizations so we no longer need to focus in that area. We are planning our next steps, possibly working in rural Liberia where inadequacies in healthcare and HIV education persist.

Looking Forward

As the landscape of HIV infection continues to shift, so too must our avenues for addressing one of our world's most invasive and devastating epidemics. We anticipate that the coming year will bring new opportunities to augment our existing HIV services such as implementing additional essential components of maternal and child health. We aim to be smarter than the virus which has inspired our work, and in so doing, will become stronger and more able to extend our reach to women and children in the most resource poor areas around the world.

We deeply value your compassionate support and look forward to another year of together saving lives in the most challenging areas of the world.

Sincerely,



Arthur J. Ammann, MD
President



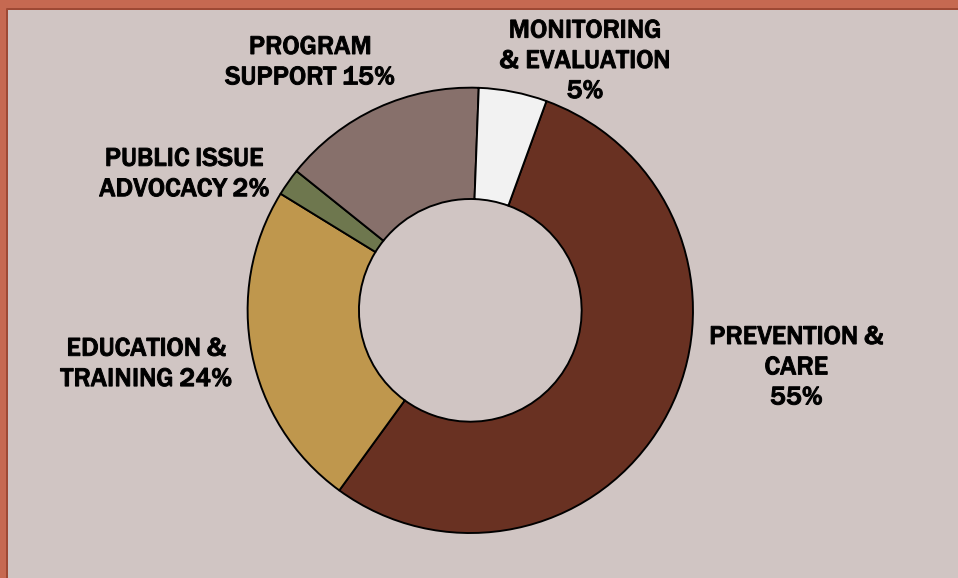
Bill Clark
Chairman of the Board

PREVENTION & CARE Focuses on HIV prevention, diagnosis, and medical treatment.

EDUCATION & TRAINING Focuses on training for mid-level healthcare workers, organizational capacity-building and skill development, to facilitate sustainable progress.

PUBLIC ISSUE ADVOCACY Was created in spring 2012 to amplify the voices and needs of those we serve. In July 2012 we launched our first campaign, "TREAT ALL," to urge the World Health Organization to change their HIV treatment guidelines to be consistent with the US Health and Human Services guidelines. Learn more at www.treatall.org.

FY12 PROGRAM EXPENSE ALLOCATION



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DEMOCRATIC REPUBLIC OF THE CONGO

NORTH KIVU PROVINCE

The HIV Program based at HEAL Africa Hospital uses a family model of healthcare led by indigenous nurses and physicians. The project consists of 18 rural and urban prenatal clinics serving 13,769 women and a pediatric clinic which provides comprehensive healthcare for 700 HIV affected children.

In a breakthrough project, staff and community workers were equipped to provide nutritional supplements and medical care to stabilize severely malnourished children. This was made possible by becoming a UNICEF nutritional distribution center.

“Juliet is graduating from high school and plans on becoming a journalist. She understands that she has HIV, how it is transmitted and the importance of taking her medications.

She is not only surviving with HIV, she is able to pursue her goals.”

– Josh Bress, MD

Medical Director, Global Strategies for HIV Prevention



Juliet now has a hopeful future

This year, a teen support program was established to counsel youth after learning their HIV status and improve adherence to their medication. The patient record and data management system was refined improving access to patient information to guide medical treatment. This year staff began using simple cell phones linked to a centralized management system to update their stock of pharmaceutical supplies ensuring continual supply of critical medications.



Dr. Vindu with a patient, caregiver, and a nurse 4

DEMOCRATIC REPUBLIC OF THE CONGO SOUTH KIVU PROVINCE

Our first year's program focus with South Kivu partners Catholic Diocesan Office for Medical Work (BDOM), Pentecostal Churches in Africa (CELPA), and Stop AIDS (HALT SIDA) has been on HIV testing as the first step in diagnosing those who need treatment and reducing the risk of spreading HIV. For those testing negative, testing begins the educational process of reducing the risk of infection. Our three implementing partners made impressive strides with testing, healthcare worker training and community education.

HIV Counseling & Testing

55,156 pregnant women

3,383 urban youth

Sexuality Training

17,928 urban youth



HIV testing at HALT SIDA

Q: How did you feel when you received your test results?

A: I was happy, but with a little doubt because *I was not sure to be negative* comparing to the high risk I have experienced in the past. I went back a second time to get tested again to be reassured.

Q: How is this program useful to you?

A: I learned about HIV, how to protect myself and others. It is a good program, especially because *it does not discriminate* against some categories of youth in the community.

– Victoria

Age 19 and HIV Negative



Prenatal Clinic Patients

“I was informed about my HIV status during my prenatal consultations and was educated in detail concerning what I have to do in order to prevent my baby from HIV transmission. My baby is well. I hope he will be HIV negative when tested at 18 months.”

– Marie

Age 25 and HIV Positive

LIBERIA & ZIMBABWE

In LIBERIA, at St. Joseph's Catholic Hospital we conducted two extraordinary workshops with the support of Dr. Mark Corden, an American pediatrician. His efforts facilitated opportunities for Liberian nationals to take charge of the curriculum, conduct training sessions and participate in computer-based learning.

This targeted workshop for 79 Liberians, representing over 20 different organizations utilized digital training modules to teach "clinical staging" to healthcare workers. These modules were produced by our partner, The Center for HIV Information (CHI), at the University of California San Francisco. The workshops used the train-the-trainer model and provided hands-on learning opportunities.



Liberian Workshop Participants



Rural Zimbabwean Clinic

Two-thirds of people affected by AIDS in Africa live in rural areas. 95% don't know their HIV status.

**-Kel Sheppey
Wild4life**

In ZIMBABWE, in this first year of our project with Wild4life and the Painted Dog Conservation we facilitated Ministry of Health accreditation of four rural clinics. Now these clinics are connected to the government's drug supply chain and dispensing medications to patients free of charge. This achievement is a sustainable investment in the region led by indigenous leadership. By leveraging existing infrastructure and social ties, we enabled HIV treatment and prevention with continuity and fostered cost-effective and long-lasting change.

FINANCIAL OVERVIEW

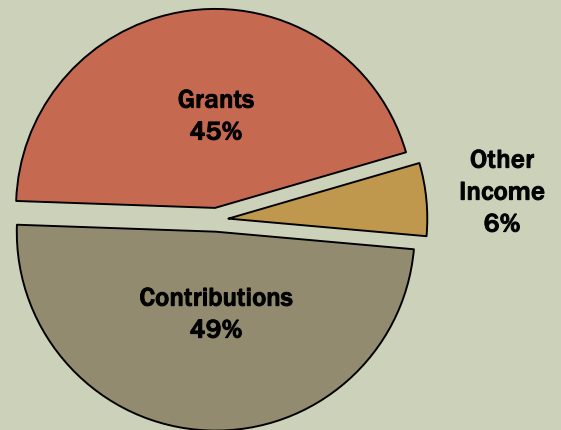
SEPTEMBER 1, 2011 TO AUGUST 31, 2012

Statement of Financial Position		Year Ended August 31, 2012
Assets		
Cash and Equivalents		102,644
Contributions Receivable		16,800
Other Assets		2,025
Investments		2,830,521
Total Assets		\$2,951,990
Liabilities		
Accounts Payable		1,173
Other Liabilities		2,212
Total Liabilities		\$ 3,384
Net Assets		
Unrestricted		595,410
Temporarily Restricted		2,353,195
Total Net Assets		2,948,605
Total Liabilities and Net Assets		\$2,951,990

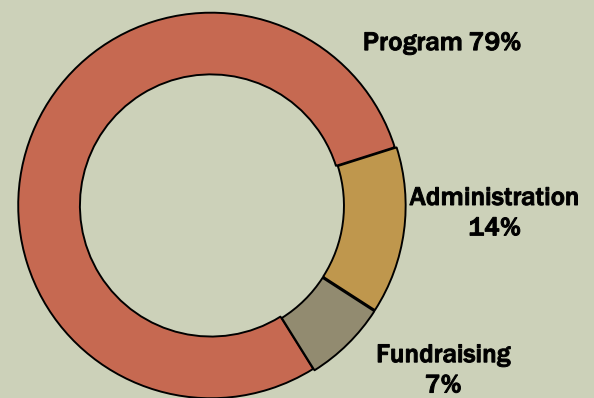
Statement of Activities		Year Ended August 31, 2012
Revenue and Other Support		
Contributions		168,824
Grants		153,441
Other Income		20,210
Total Revenues and Other Support		\$ 342,475
Expenses		
Program Services		933,152
Fundraising		80,030
Administration		161,007
Total Expenses*		\$1,174,189
Change in Net Assets		
Net Assets, Beginning of Year		3,780,320
Unrestricted Net Assets		-80,855
Temporarily Restricted Net Assets		-750,860
Net Assets, End of Year		\$2,948,605

*\$704,112 attributed to a 4-year 2010 grant from the Google Inc. Charitable Giving Fund of Tides Foundation.
For more information visit: <http://globalstrategies.org/aboutus.html>

FY12 INCOME \$342,475



FY12 EXPENSES* \$1,174,189



OUR THANKS goes to our many supporters and contributors helping us save lives and alleviate the suffering of women and children around the world. Your support makes this work possible.

VOLUNTEERS

GOOGLE SERVE 20 Participants
Leslee Budge
Susa Coffey, MD
Kathy Drake
Skylar Drake
Barbara Eisemann & Students
Kim Farnham
Anthony Fischer

Rachael Fischer
Nicole Jaramillo
Loren Jones
Katherine Kramer
Patricia Lohrding
Juanita Ramirez
Arthur Schroepfer
Shelly Zumsteg

SUPPORT PARTNERS

Africa Education Initiative
Bayside Church
Christ Presbyterian Church
First Presbyterian Church of Berkeley
First Presbyterian Church, Boulder
Friedland Foundation
Jewish Community Endowment Fund
Los Altos Rotary AIDS Project
Mennonite Central Committee
Robert James Frascino AIDS Foundation
Rotary International
See Your Impact
The Gilead Foundation

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