

YOU CAN MAKE A
DIFFERENCE,
BUT TOGETHER
WE CAN MAKE A
CHANGE



ALL TOGETHER NOW
INTERNATIONAL

NOVEMBER/DECEMBER 2007

ATNI VISION

ATNI PROMOTES INTERNATIONAL

PEACE BY CREATING

GREATER ECONOMIC,

EDUCATIONAL, AND HEALTH

CARE OPPORTUNITIES FOR

DISADVANTAGED PEOPLE IN

SOME OF THE WORLD'S

POOREST REGIONS.

SPREAD THE HOLIDAY CHEER THIS SEASON: A NOTE FROM OUR PRESIDENT

Dear Friends,

During this time of year when we pay special attention to helping others less fortunate than ourselves, All Together Now International needs your help to continue our work with some of the world's poorest people. Please consider making a contribution to support our health, education, and economic empowerment projects in Asia and Africa.

Of course, we realize that there are many worthy organizations making appeals to you at this time. We ask simply that you continue to include ATNI in your giving plans, as we have worked hard to be resourceful stewards of the past contributions you have entrusted to us.

For a decade, ATNI has developed a legacy of supporting innovative programs that promote international peace through education and health care opportunities for disadvantaged people overseas. All of our efforts are focused on a singular mission – to advance in underdeveloped countries programs that foster self-sufficiency, personal responsibility, and community building while addressing people's most basic needs.

We have been able to accomplish so much with your generous assistance. Your partnership in promoting all of this work is sincerely appreciated – and together we can make a change. Please take a moment to make a contribution to:

ALL TOGETHER NOW INTERNATIONAL

P.O. Box 7111

BOULDER, CO 80306

Please accept our gratitude and our warmest wishes for you and your loved ones during these special holidays.

Jennifer Cleary

President

FROM THE WOZA MOYA ANNUAL REPORT: 1 APRIL 2006 TO 31 MARCH 2007

The Woza Moya project experienced tremendous growth and development over the past year, thanks to the dedicated workers, donors, and partnering organizations. "People don't work at Woza Moya to get rich or powerful, but do so as a result of a spirit of service," said Thanissara, founder of Woza Moya and member of the Woza Moya management group.

The Woza Moya Project first began in April of 2000, in response to the alarming increase in HIV infections in Chibini, the area near the Buddhist Retreat Center. The organization is based on the Buddhist principles of not harming others, generosity of spirit, and care. Woza Moya relies completely on the goodwill of its donors to sustain its work.

The project focuses primarily on HIV and AIDS prevention, health care and poverty alleviation in the Ufafa region of KwaZulu-Natal. Ufafa is situated in ward 3 of the Ubuhlebezwe Municipality in the Sisonke district. Ubuhlebezwe had a population of about 122, 860 people in 2001 and the projected figure for 2006 was 135, 615. Illiteracy is fairly high throughout the area, with an estimated 26.7% of the population functionally illiterate and 7% having no education at all, according to the municipality's 2007 Integrated Development Plan (IDP). Unemployment is estimated at 83.47% of the total population. A total of 13.72% of the population is employed, with most employment in the agriculture and forestry industry. Income levels in the area are very low.

The Ufafa area, which is home to about 23, 000 people, is very hilly. There is no electricity, telecommunications, or sanitation. One main road winds its way through the area for about 30km. There are no other formal roads, and road access to some areas is dependent on dry weather. The main sources of water are the river and boreholes. Most people live in traditional-style homes made of mud and thatch, and they walk long distances to collect firewood and fetch water.



There are six primary schools and four high schools in ward 3. A mobile clinic aims to visit five communities in the ward every fortnight. However, this does not always happen in reality, and patients often have to go to Ixopo, the nearest city, for assistance. The Ufafa community is severely affected by the AIDS pandemic, poverty and a lack of educational resources.

Statistics for 2003 showed that 47% of pregnant women presenting themselves at the antenatal clinic were HIV positive. Of the general patients referred for voluntary counseling and testing in a five month period in 2003, 78% tested positive.

Woza Moya presently services about 3, 000 people in eight communities. Services are provided in the following areas:

- Home based care
- Orphan intervention
- HIV and AIDS information and counseling
- Basic medicines
- Food security

Projects and events over the past year at Woza Moya have focused on women's empowerment and domestic violence issues; medical and psychological care for men, women, children, grandparents, and other community members affected by HIV/AIDS; local farming, gardening, and animal husbandry; food assistance to those in need; education and care for orphans and vulnerable children; and community development.

One of the most important issues that Woza Moya deals with is that of women's roles in society. The emergence of HIV and AIDS within the rural communities of KwaZulu-Natal has brought to light many issues that were never before talked about openly. These are uncomfortable issues that must be acknowledged and addressed. The HIV and AIDS pandemic has forced Africans to look at the relationship of sexuality to power, the relationship of power to abuse, and the consequent violence, mistreatment and neglect that happens to women and children, who are the most vulnerable in rural society. It is well researched, documented and known that women and children lack the empowerment to assert the necessary control over their sexuality in order to protect themselves from unwanted advances, and that this has contributed enormously to the ongoing HIV rate.

This is not to say that men haven't also been victims of misuse and abuse of power. They have. In fact, a man's own sense of lack of power and inner worth will lead him sometimes to abuse those he sees as more vulnerable. It is a complicated human dynamic that is common to all communities and countries, not only rural South Africa.

As a result of this dynamic, the Buddhist community in South Africa has aimed to support the empowerment of women and, in particular, feel proud that Woza Moya is a women-led organization.

Looking forward, the work at Woza Moya will remain focused primarily on home-based care, orphan intervention, and food security. Woza Moya is situated at the centre of the HIV/AIDS epidemic in the world, and KwaZulu-Natal is the worst affected region in South Africa. Home visits conducted by the care-worker team reveal that many families are struggling to cope with the impact of HIV and AIDS. Poor households, such as those living in the Ufafa community, are hardest hit by the epidemic. People do not have the skills and resources to deal with the consequences in a coordinated and sustainable manner.

It is the challenge of Woza Moya to focus on strengthening support services in the community to enable people to care for the sick and dying and also to support those left behind in an effective and sustainable way. The number of new infections is increasing with no sign of reaching a natural limit, and the epidemic is now at a stage where large numbers of people are becoming sick and dying of HIV and AIDS-related illnesses. With this in mind, the hope and vision of Woza Moya is to expand their care and support program to as many families as possible.

WOZA MOYA: THE STORY OF LITTLE NTOMBIFUTHI LINDSAY MITCHELL

Woza Moya is continuing to have profound effects on the people of South Africa. Recently, a six-year-old girl in desperate need of care was brought to the attention of the staff at Woza Moya.

Little Ntombifuthi had been living in a men's hostel in Durban with her father, Mr. Mzobe, and her mother, Mr. Mzobe's girlfriend. Many men were sexually abusing her at the hostel, which caused severe trauma in the child, even leading her to stop talking completely. When her father died from HIV/AIDS, his son, who knew of the ongoing abuse, thought it best to bring Ntombifuthi back to Mr. Mzobe's wife's home, located in the Chibini community where Woza Moya works. Mrs. Mzobe was not pleased by the arrival of Ntombifuthi to her home, as she was already caring for nine other children. The little girl was forced to work for her keep, carrying heavy loads of wood and water for the household. There were no plans of ever sending her to school.

Fortunately, one of the volunteers at Woza Moya became aware of this little girl's plight, and received permission from her stepmother to bring her to the Buddhist Retreat Center for a few days. After a warm bath and a few nights of playing music and interacting with people at the center, Ntombifuthi began to open up. Just spending that short amount of time in a loving and caring environment had a tremendous effect on her.

When Ntombifuthi finally spoke, after six months of silence, it was to ask to go to school. Woza Moya went to work on this immediately. Even though it was halfway through the semester, they were able to convince the school to let her in to Grade 1. After equipping her with the necessary uniform, shoes, and tracksuit and paying her school fees, Ntombifuthi was ready for her first day at school!

During this time, Daphne Williams, a London woman who was staying at the Buddhist Retreat Center, heard Ntombifuthi's story and was incredibly moved. She made the decision then and there to "adopt" Ntombifuthi, and to help her family in any way possible. Daphne continues to visit frequently, despite how far she must go to do so. She has helped the Mzobe family set up a vegetable garden, and will soon help them to raise chickens there as well.

The transformation in the lives of Ntombifuthi and her family have been amazing to watch. This is truly a story of the overwhelming possibility created when people come together to bring positive change in the lives of those in need.

HRDC UPDATE: THE STORY OF DEVI THAPA LINDSAY MITCHELL

On August 26, the medical team at HRDC came face to face with a very difficult story. They were introduced to Devi Thapa, a 9-month-old little girl from the far western region of Nepal. She was born with a small lump on her back, which progressed and greatly worsened as the months went on. Born into a life of poverty, Devi's family had little hope of saving their daughter from the pain and suffering of spina bifida. Fortunately, they soon met a local woman who referred them to HRDC.

After a full investigation of her condition, the doctors at HRDC decided to perform a series of reconstructive surgeries. Three surgeries were performed on the little girl over a period of six weeks. Finally, after a month and a half of intensive care at the center, little Devi Thapa was discharged from the hospital in very good condition. Thanks to the hard work of everyone at HRDC, this sweet young girl will now be able to laugh and play with all the other children in her village, and will experience a much richer and more fulfilling life than her parents ever thought possible.



TAKING A LOOK AT NEPAL: A COUNTRY PROFILE

As ATNI partners with multiple organizations working to improve the living conditions in Nepal, it is important to understand a little of the overall context of the country in which these organizations are working. Nepal is a beautiful and culturally-rich country, yet it is filled with socioeconomic problems and political turmoil.

Located in South Asia, Nepal is a landlocked nation, with Chinese-occupied Tibet bordering to the north, and India to the south, east, and west. Nepal is approximately the size of the state of Arkansas, yet the landscape is incredibly diverse, consisting of three main physiographic areas: the Mountain, Hill, and Terai Regions. Eight of the world's ten highest mountains are located in Nepal, including Mount Everest, the world's highest mountain, reaching 29,035 ft. The Hilly Region, where the Kathmandu Valley is located, is the most fertile and urbanized area in Nepal.

Climates vary greatly between the regions, from subtropical summers and mild winters in the lowlands, to cool summers and severe winters in the mountainous regions. The total population of Nepal is approximately 28 million, 80% of whom trace their origins to India. The remainder of the population are of Tibetan descent.



Nepal's landlocked location, lack of modern technology, and over 10 years of civil war have severely impeded its development. To date, over 12,000 people have died as a result of the violence between Maoist insurgents and the monarchy.

Life expectancy at birth is only 57.35 years, approximately 20 years shorter than in the United States, and the infant mortality rate is 75.93 deaths out of 1,000 live births. Nepal is one of the world's poorest and least-developed countries, with a per-capita income of less than US\$300. This means that the majority of Nepalese people live on less than \$1 a day. Agriculture employs 81% of the working population, and accounts for 39% of the Gross Domestic Product of Nepal. The remainder of the GDP comes from services (41%) and industry (22%).

It is extremely disheartening to see such a lack of peace and prosperity in the very birthplace of the Buddha, and yet there is hope that, one day, the people of Nepal will transcend their suffering and lead happier and healthier lives. Organizations like HRDC, Rokpa Children's Home, and Shanti Sewa Griha, all help to provide light and encouragement in the lives of the Nepalese people, sending the message that when we give of ourselves, change truly can happen.



VOLUNTEER FOR ATNI: CURRENT OPENINGS AT OUR BOULDER OFFICE!

PUBLIC RELATIONS

ATNI is seeking an individual with experience in public relations – contacting local media, writing and releasing press releases, and generating awareness. ATNI is looking for someone with exceptional writing and communications skills interested in writing and researching topics about ATNI and its activities. The ATNI public relations volunteer will also contribute to other publications, such as our newsletter and website, and must be responsible, timely and dedicated. This position requires collaboration with all ATNI facets, and commitment will vary between 10 – 20 hours monthly depending on projects. Work times and days are flexible, though the ability to attend monthly meetings is a plus.

EVENT PLANNER/FUNDRAISER

ATNI is seeking an individual wanting to spearhead and develop a fundraiser. This position will oversee all aspects of the event planning and is encouraged to bring in new ideas and concepts for fundraising. ATNI is looking to establish a yearly fundraiser, as well as side projects to boost ATNI's role in the local community. This position is highly collaborative and requires an individual with long-term commitment, excellent communication skills, maturity, and willingness to assume full responsibility for the event. This position requires approximately 20 hours monthly. Work times and days are flexible, though the ability to attend monthly meetings is a plus.

VOLUNTEER MARKETING COORDINATOR

ATNI is seeking an individual to help with ATNI's outreach and maximize ATNI's image. This position depends heavily on the volunteer event planner position, as both will work together. This position requires collaboration with all aspects of ATNI, and commitment will vary between 5-20 hours monthly depending on projects. Work times and days are flexible, though the ability to attend monthly meetings is a plus.

IT/COMPUTER AID

ATNI is seeking an individual with IT/computer skills to assist with computer and technical concerns, updates, and improvements. This volunteer will also serve as a contact person for assistance with computer and technical questions.

For more information regarding these opportunities, please visit our website at

<http://www.alltogether.org> .

You may also contact Erika at erika@alltogether.org

or 303 565 8777, ext. 362.

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CONTACT INFORMATION

www.alltogether.org | +1 (720) 565 8777 | info@alltogether.org | PO Box 7111 · Boulder, CO 80306 · USA

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