1. The final budget with detailed financial accounting of all grant funds.

<table>
<thead>
<tr>
<th>Item</th>
<th>Budget</th>
<th>Detail</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Management</td>
<td>$5,760</td>
<td>Compensation for program management by Dr. Tounkara and Dr. Ahowa in Bamako.</td>
<td>$6,850</td>
</tr>
<tr>
<td>HIV Pharmacist</td>
<td>$5,760</td>
<td>Support for salary for HIV Pharmacist at Hope Center Clinic in Sikoro (Bamako), Mali who supervises HIV education programs, HIV treatment education and ARV treatment for women and their children in the Sikoro community.</td>
<td>$5,760</td>
</tr>
<tr>
<td>Mother to Child HIV Transmission Prevention</td>
<td>$8,200</td>
<td>Support for GAIA Vaccine Foundation’s ongoing mother-to-child HIV transmission prevention (MTCP) program that provides education about MTCP, free HIV testing, medication, ultrasounds, and clinic delivery for mothers.</td>
<td>$11,829.87</td>
</tr>
<tr>
<td>Espoir Nutrition Program</td>
<td>$3,480</td>
<td>Support for HIV positive women’s Association in Sikoro (Espoir Association’s) biweekly nutrition program where the women’s group provides meals to the HIV-positive community of adults and their children.</td>
<td>$5,480</td>
</tr>
<tr>
<td>Teen Peer Education</td>
<td>$2,940</td>
<td>Support for GAIA Vaccine Foundation’s Teen Peer Education in Sikoro (Bamako) program that educates teens (primarily girls) about sexual health and sexually transmitted diseases (including HIV transmission).</td>
<td>$4,940</td>
</tr>
<tr>
<td>Community Educators Stipends</td>
<td>$10,714</td>
<td>Stipends for biweekly outreach sessions for women in the community (at different community-based locations outside the clinic). Each session was attended by the head female doctor of the clinic, 2 female healthcare workers, and the president of the community’s women’s group.</td>
<td>$8,787.09</td>
</tr>
<tr>
<td>Training</td>
<td>$5,000</td>
<td>Single training session (with food and travel stipends). Training on COVID-19 prevention for outreach workers.</td>
<td>$1,698.10</td>
</tr>
<tr>
<td>Textile Printing</td>
<td>$4,000</td>
<td>Cost of printing 5 balles (9,000 yards) of fabric to advertise and unify the outreach. Fabric was printed at a woman-run local shop in Bamako. Outfits were sewn using this material by the outreach workers.</td>
<td>$4,447.57</td>
</tr>
</tbody>
</table>
A Mini Grant of $2,500 was paid to local female vendors to purchase 1,000 masks of a unified style before our textile was completed. Once the cloth design was complete, $1,709.24 was paid to local female artisans to create 2,000 masks out of our fabric. $2,561.37 TOTAL

<table>
<thead>
<tr>
<th>Mini Grant</th>
<th>$2,500</th>
<th>$852.13 was paid to local female vendors to purchase 1,000 masks of a unified style before our textile was completed. Once the cloth design was complete, $1,709.24 was paid to local female artisans to create 2,000 masks out of our fabric.</th>
<th>$2,561.37</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>$52,354</td>
<td>$52,354</td>
<td>$52,354</td>
</tr>
<tr>
<td>(HIV+ Families) Espoir Association Terrace</td>
<td>$4,000</td>
<td>Terrace was completed through cost sharing by GAIA Vaccine Foundation.</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

2. Five-to-six-page narrative addressing the questions listed below.

See below

3. Several high-resolution JPG photographs of the project depicting the women/girls who have benefited from the grant funds should be posted to your assigned Dropbox. Photos should be submitted with the right to use in all forms and media in DFW documents and website. Include confirmation of grantee's right and consent to use photos/videos as per local law.

The photos submitted are not high-resolution but are the best that we could obtain given the complex situation with the pandemic and political turmoil in Mali. Further, only verbal consent was obtained. This is due to the fact that there is a high level of illiteracy in the community, and most women are unable to give written consent. Instead, all participants gave verbal consent (in Bambara) to our national director, Dr. Karamoko Tounkara, for the use of their images in TWR documents and online.

4. Include several stories, experiences, and quotes from women/girls, preferably in their own words, whose lives were altered by the funded project.

This program was modeled on several previously successful programs run by GAIA Vaccine Foundation (the Story Telling Cloth, Mothers and Daughters) and the Canadian Red Cross (Projet Déclic). This project, called “Women and their Families’ Well-being in Mali” was extremely well received in both the Sikoro and Banconi communities in which educational sessions about common health problems and about COVID, were held twice per month for six months. In fact, GAIA VF National Director, Dr. Karamoko Tounkara recounted that the women want the project to continue in the future. “The community healthcare workers reported that community members in both neighborhoods called for the continuation of the project.” He also
noted that, “while the fabric came later than expected, the project still had a positive impact in the communities”.

5. Any message you would like us to convey to our membership and donors about the impact our grant is having on those being served and/or your organization and its mission.

GAIA Vaccine Foundation was thrilled to partner with Together Women Rise (TWR) for the project “Women and Families Wellbeing in Mali”. The project brought both education about health and immediate protection against COVID-19 to women and girls in Sikoro while also preparing the community for the continued presence of COVID-19 and other infectious diseases in Mali.

In March 2020, when the first case of COVID-19 was diagnosed in Mali, there were less than 60 ventilators and only 20 isolation beds identified in hospitals. There was also only one laboratory certified to conduct COVID-19 tests. With a shortage of PPE, disinfectant, and scant supplies selling for double, GAIA VF quickly identified a need to support the Sikoro community by filling these gaps in healthcare supplies.

Funding from TWR allowed GAIA VF to bring immediate relief to the Sikoro community during a time of great uncertainty by providing masks and other PPE. PPE was purchased and brought over by our founder, Dr. Anne De Groot. GAIA VF distributed at least 4,000 masks, hundreds of face shields (to healthcare workers), and 7 cartons of gloves. This project also supported the local production of reusable masks using cloth produced in Mali and styled in conformation with the West African cloth, making the project sustainable, while educating the local community on means to prevent the spread of COVID-19, through educational sessions.

We are grateful for TWR’s flexibility in allowing GAIA VF to pivot the initially proposed project to add a focus on COVID-19 prevention. This change allowed GAIA VF to best support Malian women and girls during the COVID-19 global pandemic. In addition to the development of a COVID-19 storytelling cloth, female community educators were trained by district health officials to lead information sessions on how to prevent the spread of COVID-19 through mask wearing, social distancing, and hand washing. These sessions went on weekly and were well attended by women in the community.

The project has paved the way for a larger scale research study on vaccine confidence in Mali which will include the COVID-19 storytelling fabric initially designed for this project. The new Merck-funded project will continue and expand the information sessions to all types of vaccines as well as COVID-19 vaccines. The reach of this vaccine-focused program is quite large: women and men healthcare outreach workers have been recruited and trained from 14 different communities (including two in more rural areas) to lead information sessions on the importance
of vaccination (childhood, HPV, and COVID-19). Thanks to the support of TWR, and the success of this project, more women and their families than before are receiving important public health training helping to further educate the women in their communities.

**Organization Name:** GAIA Vaccine Foundation  
**Project Title:** Women and their Families Wellbeing in Mali  
**Grant Amount:** $51,854.00 (original grant: $49,854.00 + mini grant: $2,000)  
**Contact Person:** Tiffani Crippin, Program Coordinator (tcrippin@gaiavaccine.org)  
**Address:** GAIA Vaccine Foundation (c/o EpiVax), 188 Valley Street, Suite 424, Providence, RI, 02909

1. **What was accomplished in connection with this project? Please address each stated objective. If any project objectives were changed, please also explain the circumstances leading to the modification of the objective(s).**

The objective of the project “Women and their Families Wellbeing in Mali” was to educate two peri-urban Malian communities on infectious disease prevention. The project targeted women in these communities who will subsequently transfer this knowledge to their families. While the project was initially designed to focus on infectious diseases generally (HIV, tuberculosis, Ebola, etc.), the project expanded to include COVID-19 when the global pandemic hit in March 2020. Regardless of this change, throughout the duration of the program, GAIA VF met all key objectives laid out in the initial proposal.

As described in the initial proposal, GAIA VF worked closely with our team in Mali to design, print and distribute a new storytelling cloth in the Sikoro and Banconi communities (two peri-urban neighborhoods outside of Bamako). Per the West African tradition of conveying a message through textiles, GAIA VF harnessed this tradition to convey public health messaging. Displaying information visually is extremely important in Mali where literacy is very low. Only 35% of Malians are considered literate, and this statistic drops to only 25% among Malian women (even lower in rural areas).

In this campaign, the new storytelling cloth visually illustrated how COVID-19 is transmitted from person to person. The cloth depicts the a virus (like the COVID-19 virus) and the way that the virus moves from one person to two, from two to four, and four to eight. (The virus has a R-zero of 2, which means that for every one person who is infectious, two cases occur). Additionally, the cloth shows how the virus can be prevented through handwashing, social distancing, and mask wearing. The words, “Ki tanga, ki ka dembaya tanga”, in Bambara appear on a banner which means “Protect oneself and protect one's family”. They are accompanied by the French words “Mieux vaut prévenir que guérir”, which mean “Better to prevent than to cure”. These words are written on a measuring tape to signify the distance that should be kept to
prevent transmission. GAIA also received TWR funding in the form of a mini grant to create cloth masks out of the storytelling cloth which were sewn locally by women in the community and distributed at the clinics and at the sessions.

Community health workers wearing this cloth held educational sessions twice per month for six months in the Sikoro and Banconi communities, using the cloth as a teaching aid when the topic of COVID19 was addressed. There were 24 groups of women, 12 in Sikoro and 12 in Banconi. Doctors, nurses, and other medical professionals at Hope Center Clinic also wore the fabric either as an outfit or as masks throughout the duration of the project. This included regular programming such as the “Chez Rosalie" Mother-to-Child Transmission Prevention Program, the Espoir Association Nutrition Program, and the Teen Peer Education Program.

Additionally, as proposed in the project through cost sharing, GAIA VF was able to build a terrace to further support and expand our support for the Association Espoir, a group of HIV positive women at our clinic, and their Nutrition program. The new terrace features a roof (and open sides) that provides both shade and protection from rainstorms. This space will allow the women provide more regular meals to the Sikoro community of HIV-infected individuals. These nutritional support meals are critical for their nutritional content but also for the mutual support provided to HIV-infected patients. Since the terrace has a roof, it will now allow HIV patients and their families to enjoy their meals while protected from the elements. The roof will also provide shelter to children from the neighborhood who are being fed “plumpynut” (as part of the clinic nutrition program) and as a waiting area for mothers who are waiting for sonograms as part of the mother to child HIV transmission prevention program (MTCTP).

2. Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under Number of women and girls Directly Impacted and Indirectly Impacted.

Over the course of 6 months (January to June 2021), 556 participants attended an infectious disease education session in the community surrounding our collaborating clinic in Banconi (ASACOBA) and 587 attended an educational session in the community surrounding the collaborating clinic (ASACOMSI) in Sikoro. Thus, the small group education sessions directly reached 1,143 participants.

In addition, during the period of performance for this project, (January 2020 to June 2021), the Chez Rosalie MTCTP program in Sikoro reached 2,141 women who were given prenatal care and counseling. All were offered HIV testing during the visit and nearly all accepted the test. Unfortunately, this number falls short of our original expectations (4,500) due to reporting delays from our partner clinic in Banconi. Banconi usually serves a much larger group of women than Sikoro - We will provide complete information when it is available. Through the Nutrition
program, a total of **5,310 meals** were served, reaching 2,697 adults and 2,613 children which is well above our expected number of beneficiaries (2,000). The nutrition program grew substantially in the last year and half due to the COVID-19 pandemic as food supply was disrupted, leading to an increase in food insecurity. For the Teen Peer Education program, a total of **1,880 teens** attended the sessions. 1,398 girls and 482 boys participated which slightly more than our expected number of 1,224 girls and 224 boys.

In summary, support from DFW/TWR for these ongoing GAIA VF programs (Mother-to-Child-Transmission Prevention, Nutrition Program, Teen Peer Education) enabled GAIA VF to reach nearly 10,000 **participants during the period of funding** (total = 9,331). Combined, the infectious disease educational sessions and regular programming from January 2020 to June 2021 reached over 10,000 (**10,474**) community members.

Using Mali’s fertility rate of 5.88 children per adult woman, and the high rate of marriage in the communities we work with, we estimate that for every woman reached through the infectious disease outreach and the MTCTP program, one adult man and at least 5 children also benefited indirectly from the HIV testing, Education, and Nutritional support programs that were part of this project. We estimate that as many as 16,420 community members were indirectly assisted reached through the project.

**3. What challenges did you face? How did you address these challenges?**

While this project was initially intended to focus on HIV and other general infectious disease prevention, with the rise of COVID-19, GAIA VF expanded the project to enable the healthcare outreach workers to explain COVID-19 prevention to the community. This meant modifying the cloth design and working with our team in Mali to create new educational training based on what was known about the virus, while information about transmission prevention was still under research and before educational programs about COVID were widely available.

The intended start date of the overall project was delayed due to the pandemic, but this made it possible to include COVID education. The textile printer (Comatex) in Mali that GAIA VF has previously worked with was closed due to COVID-19 and then due to the instability of the government (a coup d’état). The reopening of the Comatex factory was pushed back and finally it became clear that they would not re-open. This led GAIA VF to search for a new textile printer in Mali and even across West Africa (Côte d’Ivoire, Senegal). However, sanctions on Mali closed the border between Mali and neighboring countries. Eventually, we were able to work with BATEX, another Malian textile producer, to print the fabric locally in Bamako.
4. Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?

Julia Nemy, who helped submit the DFW project, moved to France in Fall of 2020. In October 2020, Tiffani Crippin rejoined GAIA VF as Program Coordinator after completing her PhD in Political Science. Tiffani became the primary contact for the project and coordinated directly with the Malian team. In Mali, long-time experienced partners, Dr. Karamoko Tounkara and Dr. Mariko Ahowa, the medical director of the ASACOBA in Banconi, led the project.

5. What were the most important lessons learned?

GAIA Vaccine Foundation recognized the importance of working with local staff which made it possible for the work at the clinic to continue uninterrupted, despite the onset of the COVID pandemic and political chaos that took place in Mali in the Spring of 2020. We are even more grateful to our Malian partners for their dedication to the mission and activities of GAIA VF and to the communities that GAIA VF serves.

We also learned how critical our ongoing programs are for the women and children we serve at our home clinic in Sikoro and partner clinic in Banconi. When the COVID-19 pandemic began, many organizations had to put their services on hold, but thanks to Together Women Rise’s support and flexibility, GAIA Vaccine Foundation was able to continue funding our mother-to-child HIV transmission prevention programs, the nutrition support program for HIV-infected mothers and their families, and the teen peer education program, while also training and educating the community about protecting themselves from COVID-19.

GAIA is primarily grant-funded, which requires us to implement new projects and programs that are related to each specific grant. It is also important to maintain consistent funding for ongoing programs, as the well-being of women and children in Sikoro and Banconi relies on the continuity of the mother-to-child HIV transmission prevention and HIV care. The Espoir Association (of HIV-infected patients) relies on GAIA VF to provide continuity or support for the nutrition and HIV peer support program, and the teens in Sikoro benefit from the peer support program which reduces teenage pregnancies and sexually transmitted diseases. Clearly, GAIA is committed to obtaining consistent funding for these programs moving forward.

6. What has changed within your organization as a result of this project?

The project supported by TWR allowed GAIA VF to provide direct COVID-19 preparedness and relief to the Sikoro and Banconi communities. This was vital at a time when the pandemic was just beginning, and the vaccine was not available.
TWR’s support has also generally allowed GAIA VF to expand its capacity as an organization by allowing more participants to partake in our daily programming and training opportunities for our staff. The construction of the terrace will have a significant impact on our ability to reach more mothers and children.

Perhaps most important, soon after DFW/TWR funded this project, the Merck Biotech company approached us and asked us to engage in a vaccine confidence project. We realized that the new project “Corona Kele” could use the foundation that was established by the Mothers and Families Well-being outreach program. The initial group of 8 outreach workers was expanded to reach more clinics (14 instead of 2), and the success of “Women and Families” In Banconi and Sikoro convinced Merck to fund a much larger project that focused on community outreach and actively measured vaccine confidence in the community and among healthcare providers. This larger scale program was funded by a Merck “Investigator Initiated Study Project (IISP or MISP). The research project will assess vaccine confidence in Mali and will expand the use of the DFW/TWR storytelling cloth as part of the educational outreach.

7. Describe the unexpected events and outcomes, including unexpected benefits.

As described in question 6, the 2020 coup état in Mali and the arrival of the COVID-19 pandemic delayed the printing of the fabric which subsequently pushed back the start date. A little-known fact about the coup in Mali is that it began as an extension of the George Floyd riots in the US. Demonstrations all over the world started, to protest police violence and oppression, and these demonstrations destabilized Mali enabling the military to depose the deeply unpopular president. A replacement government was established. Despite many changes in the government and the superimposed COVID pandemic, GAIA VF was able to maintain a presence in Mali, to work with established partners, and to move the project forward despite local and national uncertainty.

One of the most important aspects of this project is that culturally relevant infectious disease prevention and education program was made available to women living in the Sikoro and Banconi communities of Bamako at a time when sharing information about health behaviors and access to care could not have been more important. We believe that the educational sessions provided prepared these communities for the ongoing COVID-19 pandemic and provided a road map for responses to other infectious diseases that may occur in the future.

8. Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?
The difficulty printing the fabric in Mali led GAIA VF to reach out to other West African textile printers as well as collaborate with a Senegalese designer, Ousmane Sow. He helped us make the design compatible with West African textile printing standards and requirements. In the future, GAIA VF hopes to work more closely with West African designers to make the design and printing process more seamless.

Additionally, while the project was intended to support women specifically, the community-based education sessions were also open to men. Fewer of the attendees were men (36 male attendees compared to 1108 female attendees), so in the future GAIA VF would like to expand outreach to include more men as they play a central role in the patriarchal family structure that exists in Mali, and consequently they have an important role in infectious disease prevention.

9. Approximately how many lives have been touched, both directly and indirectly, by the project?
   - Directly impacted: 10,474 community members
     - At least 70% were women and girls
   - Indirectly impacted: 16,420 community members
     - Estimated over 80% children.
   - TOTAL REACH: estimated to be 26,894

10. What are the measurements used to monitor success and how was this information measured (e.g., surveys, observation)? Be specific and include measurable results.

    The success of the project was measured through the number of attendees in both the educational sessions and in the daily programs. The amount of PPE distributed is another indicator of success. GAIA VF National Director, Dr. Karamoko Tounkara provided a written report detailing program organization, attendance, and evaluation. Feedback from participants, community health workers, and other medical professionals is also highly valued in program evaluation and the planning of future projects.

    The successful expansion of this project to an additional 12 clinics (total of 14 including the original two) with funding from Merck, Inc is another important indicator of the success of this project. The infrastructure developed for this project provided a necessary foundation for the design of the larger vaccine confidence project. The lessons learned through this project have helped ensure the smooth launch of the information sessions at the 14 clinics this summer.

11. If the project is ongoing, provide plans and expected results, including projected timeframe.
“Women and their Families Wellbeing in Mali” was completed in June 2021.

12. Provide a detailed list of all expenses incurred during the grant cycle which have been paid for with the Dining for Women grant.

Please see final budget for detailed list of expenses.

13. Did this grant and relationship with DFW assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?

This partnership with TWR enabled GAIA VF to expand from the two-clinic, four month “Women and their Families Wellbeing in Mali” program to a larger scale research and outreach project supported by Merck, that is involved in outreach from 12 clinics and one community hospital. The new research project will assess vaccine confidence in Mali and use the storytelling cloth in educational outreach in 28 urban and rural sites. The project will reach both urban and rural communities. The cloth will be reprinted (in a new color) and infrastructure that were initially developed for TWR will be scaled up to allow more Malians to learn about infectious disease prevention.