

SACBC AIDS Office Report, December 2012

Sr Alison Munro

Ante-retroviral treatment (ART)

- The provision of antiretroviral therapy (ART) and its related services remains the major programme, financially, of the SACBC AIDS Office, and is now in its final year. PEPFAR funding is due to end in May 2013. Since the inception of the programme in 2004, the SACBC AIDS Office has overseen the initiation of more than forty thousand patients on treatment.
- About eleven thousand patients on treatment are currently receiving services, others having been transferred to Department of Health (DOH) sites. Slightly over 60% of current patients at SACBC AIDS Office-supported sites are receiving DOH funded drugs, with other drugs still being paid for by PEPFAR.
- The SACBC AIDS Office will be seeking a no cost extension to the programme to enable it to continue for another year. Sites that are receiving DOH funded drugs will, it is hoped, be able to continue with PEPFAR support for an additional year. Sites which have not been able to acquire DOH funded drugs will not be able to continue, and will need to transfer all patients to local DOH clinics by May 2013.
- This past year has continued to see major negotiations with PEPFAR through the Centers for Disease Control (CDC) and USAID in South Africa, and with the DOH in different provinces and districts to ensure the continuation of patient care in the future. Major audits of our programme took place, including that of the Office of the Inspector General (OIG) of the US and the regular US government- required year-end audit.
- There is disappointment at treatment sites that some of them will not be able to continue offering ART in the future. We are however reminded that PEPFAR was an emergency relief intervention, and future support of the US government for AIDS services in South Africa is being re-defined and re-negotiated. South Africa itself estimates that there are now 1,9 million people on treatment including all those initiated on treatment in PEPFAR and other programmes as well as those reached directly through DOH services.

Orphan and Vulnerable Children (OVC)

- A number of OVC sites are being supported by PEPFAR, the Global Fund and CRS. Two of the grants will end in 2013, and there are currently ongoing efforts to try and obtain ongoing support for the various projects. Those at diocesan level which receive funding from the Department of Social Development and other sources are better positioned than others that rely only on the SACBC AIDS Office.
- Orphaned and vulnerable children have received numerous services at the different sites. Among these are educational and health care interventions, paralegal services, shelter/housing interventions, nutritional supplements/food parcels, psychosocial and psychological services.

- A major emphasis was placed on shelter improvements across all the sites, and thousands of children have benefitted from access to more adequate forms of shelter. In some instances renovations were done to existing houses, in others new “shacks” replaced collapsing and collapsed structures.
- Emphasis has also been placed on ensuring that vulnerable children receive school uniforms, blankets and necessary household items, including mattresses.

Home Based Care and TB screening

- The activities at home based care programmes have been supported by the Global Fund, CRS and the Department of Health (DOH). The “face” of home based care services has changed in the years since the advent of ART, and with people having more access to treatment than was the case in the past. The emphasis is on the vulnerable household.
- The programme assists people unable to access health services because of their illness and often their inability to reach clinics because of the distances involved and the costs of transport. The services include screening all people living in households for TB, and where necessary referring them for testing and treatment, and counselling and testing people for HIV. Appropriate referrals are made to DOH clinics and hospitals.
- The programme supporting TB screening is supported by the Department for International Development (DFID) of the British Government.

Orphan Housing

- The orphan housing programme has seen the completion of 126 houses in a number of places in different dioceses in South Africa and Swaziland, with a number yet to be completed. The houses are very simple two-roomed structures, benefitting vulnerable children and their caregivers in rural areas. The SACBC AIDS Office has not wanted to consider housing in urban and semi-urban areas where there are major problems with land ownership, right to occupy, rental properties and the related service delivery protests that have been so prevalent across South Africa, particularly in the past year.
- The housing project has benefitted child-headed families, grandparents taking care of orphaned grandchildren, and vulnerable families living in inadequate shelter.
- The project has been supported over the past year by Homeplan, an anonymous donor, Kindermissionswerk, and some individuals. Homeplan will be making a new grant in 2013 to allow the project to expand into some new areas.

Training and Caregiver Retreats

- Numerous caregiver and staff retreats were supported across the whole SACBC AIDS Office programme in different projects and dioceses. Many opted for spiritual retreats involving retreat facilitators, others took the opportunity to do debriefing sessions with more of an emphasis on psychological support. Yet others chose to do in-service training for themselves in areas where they felt the need.

- The retreats were supported by PEPFAR, Mensen met een Missie and CRS. The SACBC AIDS Office also took time out to be part of two retreats in the course of the year. Mensen met een Missie supported part of the Gender Consultation that the SACBC AIDS Office hosted in collaboration with the Justice and Peace Department of the SACBC.
- In service training was conducted at projects, arranged locally and regionally, and in some instances nationally according to the needs of individual projects and the programmes being run.
- Some training was conducted by service providers engaged by the AIDS Office. Much was conducted by AIDS Office staff locally on site, assisting individual projects in a variety of areas: HIV/TB updating; financial management; monitoring, evaluation and reporting requirements; caregiver in-service training.

Theological Conferences

- The SACBC AIDS Office participated in and delivered papers at the (African Jesuit AIDS Network (AJAN) Conference, marking thirty years since the discovery of HIV, and at the Catholic Theological Ethics in a World Church (CTEWC) Regional Conference, both in Nairobi. We also participated in, and delivered a paper at, a conference held in Addis Ababa at which feedback was provided on the results of a study conducted, with assistance from various agencies of the German Catholic Church, in Ethiopia, Zambia and Malawi on the Church's involvement in the response to AIDS.
- Early in 2013 the SACBC AIDS Office and St Joseph's Theological Institute will host a theological conference on the Catholic Church's response to AIDS in Southern Africa over the past thirty years.

Collaboration with DOH, DSD

- The collaboration with the DOH has been significant in some areas, particularly in relation to the ART programme and how it will continue post PEPFAR. Elsewhere it has been difficult to negotiate DOH relationships.
- It is also noted that certain clinics and projects receive direct DOH support locally, directly from the relevant provincial DOH authority.
- The Department of Social Development at National level signed an agreement with the SACBC AIDS Office, noting their appreciation of the work of the Office in regard to National Action Committee for Children infected and affected by AIDS (NACCA). There are moves to have provincial agreements signed as well. Nationally the DSD has not been in a position to support the SACBC AIDS Office financially, but it is noted that some projects in different dioceses receive such support from the relevant provincial departments of Social Development.

Other Achievements this past year

- The re-organisation of the website, www.aidsoffice.sabc.org.za which attempts to provide a wide overview of the work of the Office and its partners.
- Organisation and updating of the AIDS section of the SACBC archives showing the response of the Catholic Church to AIDS over the past twenty five years.

APPENDIX 1: ART, *Theresa Bossert*

This year's focus has been on achieving good relationships with DoH, Provinces, Districts, Sub-districts and local clinics connected to our sites and in accessing DoH ARV's. This had already started for some sites in the previous year. After that we aim to get laboratory services through NHLS and opportunistic infection drugs from the DOH. Finally we are negotiating with the Department to absorb some of our well experienced staff. As our program is ending 31 May 2013, the sites which by October had not been able to access Government Drugs and Labs were requested by SACBC to transfer out patients on a monthly basis to DoH clinics.

- Retreats were given at Maria Ratchitz for DoH Amajuba District Lay counsellors early this year, about 80 counsellors attended.
- DoH tier.net training, using DoH stationery and the new test kits training, is largely in place at sites now receiving DoH drugs. FPD as a partner has also been assisting sites with training.
- During August 2012 the staff of Nazareth House and St Francis gave a workshop for the grounds staff at St Benedict's Catholic School in Bedfordview. Topics discussed were HIV/AIDS, Diagnosis, WHO staging and HAART, PMTCT and HCT.

Sites

- Kurisanani sites have had significant training with other partners during this year. DoH TB/HIV tracer team gave a workshop at St Joseph's on TB/HIV Management and intensified case finding; TB/HIV co-infection; how to trace defaulters; knowing more about TB treatment and knowing how to do DOTS support. Holy Family site had their nurses attend the Paediatric NIMART training with Anova Health Institute during September 2012. All clinic staff attended a CPD lecture, presented by Professor Desmond Martin from Toga during August 2012.
- Siyathokoza has a very good relationship with the DoH and they attend all meetings. They have been using NHLS for four years now and since June 2011 have received ARV's from the Department's Central Drug Unit. We are still negotiating the supplying of OI drugs and we would like to start discussions about staff absorption. We hope that CDC approves our no cost extension budget to allow Siyathokoza to continue serving the community and sick patients in their area.
- St Francis Care Centre in Boksburg. The Site closed the satellite in Reigerpark before 31 May 2012. This brought the patient numbers from 750 down to just under 400

over a 4 month period. As SACBC's attempts to have meetings with Gauteng DoH and Ekurhuleni District leaders did not materialise, and because time was running out, St Francis started with their exit plan during August 2012. They are transferring 40 patients per month and will have completed the transition by May 2013.

- Nazareth House has started transferring patient to DoH facilities. All patients who reside far away have been transferred to their closest clinics. Recently Nazareth House was approached by the Department and Aurum Institute. Aurum was ending their Gauteng program at the end of September 2012 and the department needed assistance because of the huge number of patients and the lack of capacity at the Jhb clinics to absorb these patients immediately. Nazareth House has received about 200 Aurum patients. This request also came with a promise of supplying Nazareth House with DoH drugs. The department has not delivered yet. Because of the uncertainty of drug delivery from DoH, the site is scheduled to start patient transfers in January 2013. We fear that because of the high patient number and the capacity problems at DoH clinics the site would not have transitioned all patients by May 2013 and would need an extension.
- Nazareth House has started teenage support groups of six weeks sessions. These are lead by psychologist, social worker and sister in charge. The teenagers benefit from these sessions and they are stronger and more motivated individuals with an improved adherence rate.
- Inkanyezi (Orange Farm) was directed by SACBC during August 2012 to start transferring out patients to DoH. Many challenges arose, patients resisted being transferred for the fear of stigma. They felt they were being chased away and they want to remain in Inkanyezi. The staff assured the patients that they are not being chased away. They explained the convenience of receiving all treatment under one umbrella, not collecting ARV's from one clinic and TB drugs from another. The site is aware that DoH does not provide ARV's to NGO's. The transition is going well all. Patients will be transitioned to the Department by May 2013.
- Holy Cross has had some challenges. The greatest was the passing of Sr Emmanuel. The site was asked to start the transition of patients during Aug 2012. They are doing very well despite the clients' resistance to be transferred. Holy Cross will have transitioned all the patients by May 2013.
- Hope for Life Winterveldt and Bertoni. Many goals have changed since April 2012, as the Winterveldt satellite has been receiving ARV's and Labs and some OI's from the DoH. The working relationship was good. In April the site was awaiting a response from Tshwane regarding the absorption of professionals, but was told by Tshwane to transfer patients to government clinics as the funding is ending. At Bertoni, the Wellness clinic closed December 2011. NW DOH accredited the ART clinic at Bertoni and awarded the certificate. But there were no further meetings with the department despite numerous attempts. Bertoni was requested ed by SACBC to start transferring out patients in November 2012.
- Centocow Development Program has a very good relationship with the Department of Health and this working relationship has achieved many successes and some

challenges over the years. Together the site and the DoH have served many patients and shared training.

- Blessed Gerard has a good relationship with the nearby clinic and hospitals. They have been receiving ARV's from DoH since 1 April 2012 and the changeover went very well. Further negotiations for OI's, Lab tests and staff absorption will take place, and it will be beneficial to the patients and the department if the program were to continue.
- The site in Newcastle has a very good relationship with the Department of Health in Amajuba District. When the Utrecht project was transitioned the Park home was handed over to DoH, around January 2012. Newcastle is receiving ARV's, OI's and Lab services from the Madadeni Hospital and they are working hand in hand with the Rosary clinic to ensure good health care for all patients.
- The Kurisanani sites have done extremely well in building relationships with DoH and developing an exit plan. The Sacred Heart site in Senwamakope has approximately 200 patients and one clinic day a week. The site will start transferring patients out to Department clinics as soon as the District manager has had meetings with the Sub-districts and local clinics to expect the influx in the area. The DoH managers were very pleased when SACBC offered the Parkhome to improve the DoH clinic's space issues. It will be moved by the end of February 2013 to Ga-Kgapane Clinic.
- The second face of the Kurisanani transition is 59 patients from Nzhelele, cared for under St Joseph's, who will be transferred to local clinics, starting January 2013.
- Kurisanani site Holy Family Tzaneen (Church Hall) will start to transfer out their over 400 patients. They have stopped initiating new patients. The DoH has received the list of patients and as soon as Mopani district have had their meeting with Sub districts and local clinics on expected patient influx, the site will start transferring out. The site will start using NHLS in January 2013 for the remaining patients' blood tests and a closer working TB register and referral system was put in place. At Holy Family Motupa site which is on the DoH Motupa clinic grounds, about 800 patients will now be more integrated into DoH. There will be the mentoring support from the program staff for DoH staff, sharing of TB registration, NHLS, tier.net and refresher trainings for all. To facilitate the transition and strengthen relationships a staff event for World AIDS Day was held.
- At Kurisanani St Joseph's Clinic, the SACBC and the St Joseph's management has achieved much in building the relationship with DoH in the Vhembe District. It has become clear from recent meetings that the delivery of ART services by St Joseph's is valued by the Vhembe district and must continue. St Joseph's currently has just under 800 patients on ART. On instruction of the district, the SACBC has written a proposal to DoH asking assistance with staff salaries, to try and secure the continuation of the services. During the month of November 2012, Omphemetse Mokgathe the SACBC activity manager from CDC, visited all the Kurisanani satellites and she was well

pleased with the good work, the stable patients and the progress made regarding transition.

- Tapologo has made headway despite all the challenges they have had this year regarding building relationships with DoH. After bonding well with the Sub-district by meeting often and working together, building that relationship with the District proved to be very challenging. Tapologo has received visits regarding the starting of a facility accreditation process. This seems hopeful. Tapologo will continue to transfer out patients.

SACBC ART Site staff has carried the programme regarding good governance; all the managers have been excellent custodians. Site staff have been working together to ensure the overall well-being of thousands of patients, physically and mentally. The staff are so concerned that they find it hard to let go of the patients. They have walked a hard road with these patients who needed healing, counseling, and reconciliation, recognizing their own woundedness, overcoming guilt and blame, and starting a new life.

APPENDIX 2: OVC Report *Harold Msiza, Priscilla Rakhetsi, Nandi Sithole*

The SACBC AIDS Office's OVC program is being implemented in 7 provinces (not in Northern Cape and Western Cape.) The main focus of the program is the comprehensive care of minor children and those in their households. As part of the strategy to accomplish that the SACBC AIDS Office has organised several programs directly targeting children. Although sites are given the autonomy to organise their budgets and to implement their plans many sites are struggling with matching the needs of the children and the spending according to the allocated budgets. The SACBC OVC program is a well integrated initiative which looks at the entire wellbeing of a child. It is also geared to improve the household's economic status and self sustainability. In other words, it is a family centred approach where all members of the household especially children are supported.

Site Visits

All the sites were visited during this year, on average each site was visited four times. Apart from monitoring the sites' performance the site visits aided the SACBC's sub-partners in various issues concerning general site management, finances, M&E, and OVC programming. Many sites seem to understand what is required from them; however, the area that still needs attention is that of sustainability.

The following are the various programs and once off programmes organised by the SACBC to support the sites:

- **Tracksuit Project**

As winter was approaching all the children registered under SACBC OVC program received a warm treat. All received track suits, socks, blankets, towels and pillows. The orders were

placed directly by the SACBC through the PEP Head Office; nonetheless some of the orders were delayed due to unavailability of certain items. It was a huge undertaking for all PEP stores nationally and the SACBC. The excitement of the children was overwhelming.

- **Household Items**

As the shelter renovations took place it was discovered that many households do not have proper kitchen utensils like pots, spoons, brooms, and appliances. These are meant to improve the quality of life among OVC and their households, and many of them benefitted.

- **Shelter renovations**

It was also noted that many of the houses needed some repairs. It was from that experience that the massive task of shelter renovation emanated. Numbers of houses were renovated and many children and their caregivers were happy. This came at a right time before the start of the rainy season. *A woman from Mafikeng (Sheila near Lichtenburg) could not hold her joy and she is quoted saying: "I don't have to wake up at night when it rains to shift things around and placing containers to collect the dripping water".*

- **Pit toilets**

Many of the SACBC supported projects are located in rural areas where some of the government provided services hardly reach. Water and proper sanitation are among the country's scarce resources. Privacy and health are a priority within the SACBC's OVC program. In many areas where there is no constant and reliable supply of clean water the SACBC AIDS Office has provided pit toilets. This project is still continuing, probably it will be completed by January 2013.

- **School Uniforms**

With the coming of the New Year, the SACBC AIDS Office has planned to roll out the school uniforms project to benefit all the children under the care and support of the SACBC PEPFAR funded projects. This activity started in November 2012 with the prospect of being completed in January 2013.

Capacity building Issues

During the months of March and April the SACBC together with CRS conducted performance assessments at the OVC sites to measure the provision of services to children. The allocation for fiscal year 2012 for individual projects was informed by the outcomes of this assessment. The assessment amongst others included:

- Number of OVCs served by the project
- Number of caregivers
- Number of services delivered
- Service delivery capacity (i.e. Reporting, Accountability)
- Functional Systems including M&E, Finance, Human resources

- Ability to implement training
- Potential to scale up number of OVC reached and services delivered.
- Provision of quality comprehensive care and support.
- HIV prevalence in that particular area

- **A Brief overview of the assessment**

Based on the above, four OVC sites were dropped from the program. The sites with the capacity to expand are supported to facilitate the necessary growth. Due to the coming to end of the funding some projects have suffered high staff turnover. The SACBC strives to ensure consistency within the OVC program and to foster quality services and always in the best interest of the children.

Career Camps

In the March /April school holidays, SACBC AIDS Office hosted its annual regional Career Camps in three main regions of Gauteng, KZN and Free State. It was a two-day workshop aimed at exposing learners to various opportunities post-matric and to prepare them to make informed decisions concerning their career choice. This year over 422 Grade 10 and 11 learners from across the country had the opportunity to speak to professionals, collect pamphlets and learn about the various study options available to them.

Retreats

Apart from the care of OVC the SACBC is concerned about the wellbeing of the caregivers. In June, a massive undertaking was organised where sites' caregivers attended sponsored retreats at local level. This was part of the SACBC's Caring for the Carer program.

The SACBC AIDS Office staff also attended two retreats this year; one held in May and the other in October. The intension of these retreats was to nourish the spiritual well being of employees; and to give employees a chance to interact with each other outside the work environment.

Child and Youth Care Workers

Of the fifteen caregivers who attended the NACCW training, 13 performed exceptionally well throughout the training and were found competent by the NACCW Assessors. The training had enabled the care workers to teach other carers at the site level how to tackle different issues affecting the children.

HIV and Disclosure Management

From the 7th to 11th May 2012, a total of twelve care givers from Free State, KZN and Gauteng benefited from the Zoe Life training on Kids Who Test. The training was conducted in Durban at St Philomena and facilitated by an organization called Zoe Life. The main purpose of the training was to equip care givers with basic knowledge on how to confidently

provide child friendly and age appropriate HCT services to children, lessen fear around providing HCT to children, comfortably provide both a positive and negative test result to a child and communicate age appropriate information to lessen anxiety in both care giver and the child through the use of a talk tool. This training was of great assistance to some projects like Kopano Lerato, which had a problem of ARV adherence. It had enabled the care givers to deal with ARV adherence support to children who had defaulted from their treatment.

Early Childhood Development Training

From July to November 2012, 39 care givers from Kroonstad OVC Project benefited from the Early Childhood Development training that was facilitated by an organisation called Realeboga Bakubung based in Thaba-Nchu. The training was aimed at assisting the Kroonstad OVC Project to reach out to children aged 0 to 6 years in a professional manner. This age group is an identified gap in caring for small children. Most children aged 0 to 6 years are under served mainly because the care givers do not have the skills to provide holistic care where literacy and child development is concerned.

Handyman training

Batho Ba Lerato managed to send forty youths, graduates of the OVC programme, to the Bethlehem Basic Training Project to be trained in various skills such as plumbing, welding, carpentry and bricklaying. Of the forty youth, ten are road workers earning a salary of R3700 per month, nine are self employed; and twenty one were referred to National Youth Development Agency through the assistance of the Department of Social Development to equip them with skills and knowledge in how to draw up business plans to establish and run their own businesses. Some of these youth were involved in the shelter renovations project at the local OVC site.

Hospitality Program

In Siyathokoza OVC project, a total of ten children benefited from a five day hospitality management training which was conducted during the September school holidays. The main purpose of the training was to equip them with a basic understanding of the hospitality industry, such as how to handle guests, make a bed, set tables and make breakfast.

Collaboration with relevant government departments

For many years the SACBC has been part of the National Action Committee for Children Infected and Affected by HIV and AIDS (NACCA). The purpose of this forum is to foster collaboration between the government, civil society and non-governmental organisations (NGOs). The SACBC is the convenor of the NACCA coordination reference team. This team is responsible for establishing coordinating mechanisms to effectively disseminate information and to share lessons learned by stakeholders. At the same time the SACBC is encouraging its supported sites to form a link with other partners including the government.

For instance: Batho ba Lerato project (in Thaba-Nchu in the Free State Province) is part of District Action Committee for Children Affected and Infected by HIV/AIDS (DACCA), and

it holds the role of the secretary to the established body. DACCA is a sub-provincial structure operating according to the NACCA guidelines. The project's involvement in the DACCA has enabled the site to address some of the burning issues affecting the programme implementation in areas of operation such as ID documents for Orphans and Vulnerable Children.

In the North West Province, Rorisang project is positively collaborating with the regional Department of Social Development. Two of the care givers received an accredited Psycho social support training that was sponsored by the Department of Social Development. A total of four care givers completed a primary health course sponsored by the Department of Health and the training was accredited.

Implementing the Church's vision

The Catholic Church's social teaching is based on respect and dignity of human life. By extending care and support to the most vulnerable members of the society the Church continues to live according to its legacy. In Mathew 19:14 Jesus explicitly referred to children as the heirs of the kingdom of God. The SACBC AIDS Office views care and support of the orphans and vulnerable children as a special mission of the Church.

APPENDIX 3 : Early Detection of TB Programme, *Johan Viljoen*

Implementation of the Early Detection of TB program began on 1 April 2012, in the following sites:

- Diocese of Dundee: Noyi Bazi Clinic (Pomeroy), Duduza Care Centre (Maria Ratschitz Mission) and Zanethemba Home Based Care (Madadeni)
- Diocese of Aliwal: Masabalane (Sterkspruit), Joe Qwabi (Aliwal North)
- Diocese of Queenstown: Ntaba Maria Clinic
- Diocese of Port Elizabeth: Caring Ministry (Port Elizabeth)
- Diocese of Kroonstad: Kroonstad, Virginia and Viljoenskroon
- Diocese of Keimoes: Bisdom Vigsministerie

The program is funded by a three year grant from the British Government's Department for International Development (DFID). In each of the 11 implementation sites, 10 community health workers visit homes – using a questionnaire, they screen all household members for TB. Sputum samples are taken from household members suspected of having TB based on their answers to the questionnaire. If the sputum tests positive for TB, clients are referred to their local clinic for TB treatment. Whilst on treatment, clients are monitored for adherence.

Household members are also counselled for HIV, and encouraged to test. Those testing positive are referred to their local clinic for a CD4 test. Clients with CD4 counts below 250 are initiated on antiretroviral treatment. The community health workers monitor them for adherence.

The program is easy to implement, and is producing impressive statistics – for the first six months 1 (April to 30 September) as follows:

- Community health workers trained in TB: 302
- Community members trained in TB: 5 717
- Community members screened for TB using questionnaire: 21 525
- Community members showing TB symptoms: 8 739
- Sputum tests performed: 8 407
- Clients initiated on TB treatment: 2 418
- Clients counselled for HIV: 4 645
- Clients initiated on antiretroviral treatment: 919

Two implementation sites (Pomeroy and Ntaba Maria) are clinics. The rest are all home based care projects. All of these have good relationships with their local clinics – the Department of Health welcomes the project, as it complements the Department’s own “Accelerated Case Finding of TB” program.

APPENDIX 4: OVC Housing Programme, *Johan Viljoen*

The OVC housing project was launched in October 2010, with a pilot project funded by the Dutch NGO Homeplan. 10 houses were built in Ndumo, and 10 in Kosi Bay (both places in the Vicariate of Ingwavuma). The program proved to be so successful, that funding from two additional donors was secured. The program is currently being implemented in 12 sites.

The program uses networks of the Church OVC projects’ orphan care givers to identify the orphan headed households, or orphans being cared for by indigent grandparents, who live in the worst conditions. All cases have been truly distressing – in some cases orphans live under sheets of plastic in the bush. In other cases they have no shelter at all. In each case the beneficiaries must have right to occupy a piece of land, granted in writing by a local Chief. This is to prevent cases where they are given permission to build, only to be evicted once the house is completed. The project then builds them a 24 square meter, 2 room house, from cement blocks, plastered and painted inside, with a corrugated iron roof and a 2500 litre rain water tank. Where necessary, a pit latrine is also built. The project makes use of local builders, thereby providing employment in some of the country’s poorest communities.

Results have been immediate and dramatic. Orphans report an improvement in their school performance, an improvement in their security (in one case a teenage orphan girl was raped 3 times in the last year, because her shack did not have a door that can lock. Now she sleeps safely at night), and a restoration of their dignity. Many wept uncontrollably when they were given the keys to their new houses.

To date houses have been completed in the following places:

- Ndumo (Vicariate of Ingwavuma) – 20
- Hlabisa (Vicariate of Ingwavuma) – 20
- Mtubatuba (Vicariate of Ingwavuma) – 5
- Swaziland (Diocese of Manzini) – 10
- Pomeroy (Diocese of Dundee) – 21

- Mthatha (Diocese of Mthatha) – 7
- Phuthaditjhaba (Diocese of Bethlehem) – 5
- Inkomazi District (Diocese of Witbank) – 17
- Tzaneen (Diocese of Tzaneen) – 10
- King Williams Town (Diocese of Port Elizabeth) – 5
- Maria Ratschitz Mission (Diocese of Dundee) – 5
- Sada (Diocese of Queenstown) – 1

This is a total of 126 houses completed.

A highlight of the program was a week long visit in March by Dutch Homeplan members (all of them donors of the organization). For a week they lived in the huts of Zulu care givers in the Hlabisa area, and spent their days building houses for orphans. It was a life-changing experience for all – the care giver hosts, the Dutch visitors and the orphan beneficiaries.

The program is significant, because it targets the poorest of the poor, and provides them with an immediate, dramatic and tangible improvement in their living conditions. It is an authentic response to the Biblical imperative to “care for the widows, the orphans and the aliens”.

APPENDIX FIVE: HBC and OVC Projects, Kabelo Huma and Nondumiso Jwara

Global Fund (GF), National Department of Health (NDoH), Catholic Relief Services (CRS)- funded sites, and sites with Mensen met een Missie support

Programme achievements 2012

- The programmes for HBC did well in 2012. Some sites did not continue after September 2012 but a few new ones started in October 2012 under the Global Fund programme.
- **OVC centre renovation:** The following projects benefited from grants to enable them to renovate the centres at which they do activities with the OVC: Bakhita Village (Tzaneen) and Vezokuhle (Witbank.)
- **Winter Blankets Project:** Hampers were distributed to OVC in Mariannhill; Polokwane; Rustenburg; Kroonstad; Kopela village (Baitlami ba Sechaba); Matoks (Bakhita Village); Nzhelele; Ahanang (Sebokeng); Mthatha; Standerton (Light of Hope) and Asiphilenikahle (Witbank).
- **OVC Shelter Improvement:** 109 houses with 414 OVC and 141 adults were renovated in Polokwane; Rustenburg; Kopela village (Baitlami ba Sechaba); Hazyview (Vezokuhle) and Nzhelele.
- **Office furniture and equipment redistribution:** Unused furniture from CRS and various sites was distributed to Ithembaletu outreach Project (Archdiocese of Durban, Estcourt); Mariannhill Diocese; Baitlami ba Sechaba; Bakhita Village (Tzaneen); Light of Hope (Dundee); Modjadjiskloof (Tzaneen); Ahanang (Johannesburg) and Vezokuhle (Witbank). Bakhita; Modjadjiskloof; Nzhelele; Baitlami ba Sechaba and Ahanang were able to buy new furniture and equipment.

Key statistics

- For the first Quarter (Q6), the GF HBC programs (2 sites, Modjadjiskloof and Vezokuhle) reached 460 clients. In Quarter 7, 466 clients were reached, and 433 in quarter 8. In total 1359 clients were reached with care services: clinical/physical-667, spiritual-751, psychological-643 and social care-592.
- Department of Health's grant started in September 2011 and carried on for 10 months. Duduza, Noyi Bazi Clinic, King Williams Town AIDS Office and Kroonstad were funded under this grant. From September 2011 till June 2012, this grant served 79299 home based clients in total.
- CRS reached the following. 6625 OVC and 5090 HBC and 144 HCT clients were served by the following sites: Philani Queenstown; Ntaba Maria Clinic; Prosperity Youth Centre; Francis Shannon Hospice; Lulisandla; Ithembaletu; Caritas – Swaziland; Tirisanyo; Baitlami Ba Sechaba; Yakhumndeni; Mariannahill Diocese; Keimoes AIDS Ministry; Rustenburg Diocese; Mthatha diocese; Kroonstad Diocese; Polokwane diocese; Tirisanyo; Divine Mercy HBC; Tsolamosese and Mopane HBC.

Training and retreats

- **Home Based Care Refresher Training:** Caregivers from the following sites were trained in 2012: Polokwane Diocese; Rustenburg diocese; Keimoes; Baitlami ba Sechaba; Ithembaletu OP; Mariannahill diocese; Manzini diocese; Mthatha diocese; King Williams Town and Yakhumndeni.
- **Psycho-Social Support training:** 36 Caregivers from Asiphilenikahle; Vezokuhle; Modjadjiskloof; Nzhelele and Bakhita were trained on Psycho-social support to enable them to work more effectively with OVC.
- **Retreats:** 361 Caregivers from Rustenburg diocese; Yakhumndeni; Kurisanani; Kroonstad; Keimoes; Mariannahill; Ithembaletu; Polokwane; Vezokuhle; Ahanang; Asiphilenikahle; Nzhelele; Manzini; Baitlami ba Sechaba; Light of Hope; Tirisanyo and Mthatha diocese. Many retreats were supported by a grant from Mensen met een Missie.

Collaboration with relevant government departments/other organisations

- SACBC has maintained a very good relationship with the Department of Health national office. The NDoH now acknowledges SACBC as a partner. Kroonstad, King Williams Town, Pomeroy and Duduza are working with local health facilities to get home based care kits monthly. The sites work in partnership with local health facilities to trace the TB patients who tend to default.

