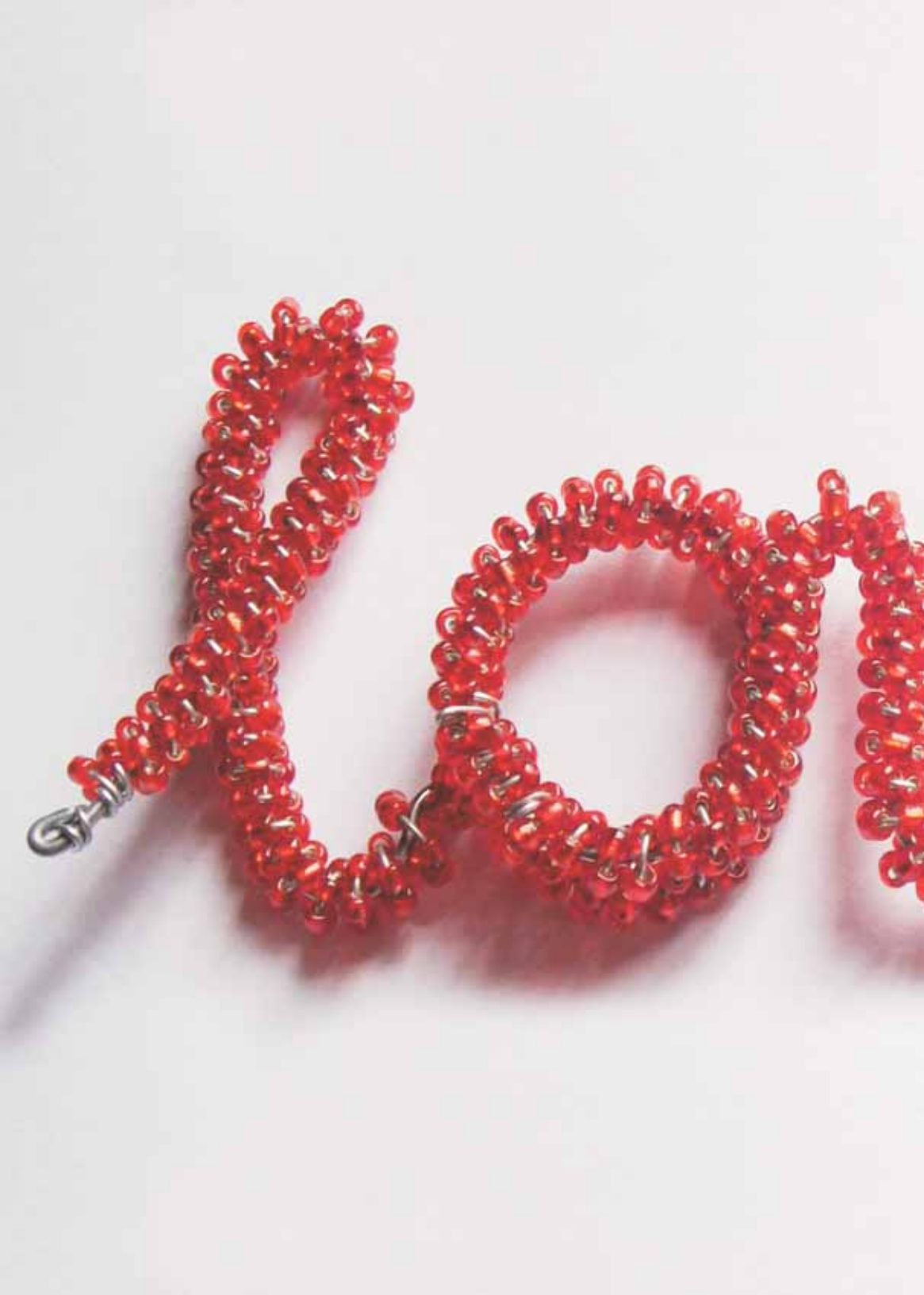
HILLCREST AIDS CENTRE TRUST

ANNUAL REPORT 2009/2010



Hillcrest AIDS Centre Trust

annual report 2009/2010

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Front Cover Artwork

Limited Edition Print 2/10
"Swing me Futi" *by*
Nicky Chovuchovu

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Hillcrest AIDS Centre Trust is a faith-based ministry that has grown to become a multi-faceted HIV/AIDS project. The ministry attempts to address the impact of the devastating HIV/AIDS pandemic in a practical holistic way. The mission of the organisation is, and always will be, to show unconditional love in a practical way to all infected and affected by HIV/AIDS.

Hillcrest AIDS Centre Trust

All aspects of the projects have arisen out of an observed need. Where a need has been witnessed, a plan has been put in place to attempt to meet the need in a way that is uplifting and empowering.

Projects now include:

- HIV/AIDS Education and Awareness
- HIV/AIDS Counselling and Testing
- Nursing Services and Home-Based Care
- Othandweni, a place of love, Respite Unit
- Income Generation through Craft
- Income Generation through Clothing Scheme
- Horticulture and Nutrition Education
- Izingadi Zethemba Plant Nursery
- Feeding Scheme
- School Fee Assistance
- Funeral Fund
- Granny Support Groups

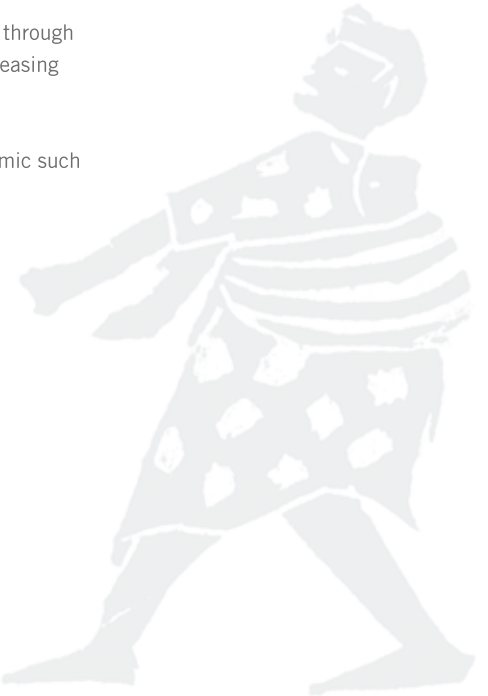
Hillcrest AIDS Centre Trust is a registered trust and Non-Profit Organisation and Public Benefit Organisation. The trustees are volunteers and bring their professional skills to the ministry. An annual external audit ensures a credible track record of financial accountability and stability.

To do as Jesus did and provide unconditional love to all and to demonstrate this by:

- Creating awareness of the effect HIV/AIDS is having on our local community
- Promoting understanding that HIV/AIDS can be beaten through educating, counselling and caring for people both infected and affected in the community
- Breaking down those barriers which prevent the curbing of this disease, such as stigma, denial and prejudice

Objectives of Hillcrest AIDS Centre Trust

- Promoting HIV testing so that HIV infection can be diagnosed early and treated timeously
- Addressing poverty and AIDS simultaneously through poverty alleviation programmes aimed at increasing self-esteem, independence and dignity
- Supporting those most affected by this pandemic such as grannies and children
- Adapting our programmes of care to move with the ever-changing face of HIV/AIDS



It has always been a privilege to sit on the Board of Hillcrest AIDS Centre Trust, primarily because the work that is undertaken and completed is done with such an amazing sense of God's abundant blessing. Where our heaven-sent creativity and human need meet in the context of compassionate faithfulness, miracles happen, and this is the on-going story of the work of Hillcrest AIDS Centre Trust. This past year has seen this work continuing apace.

MeSSage from the Board

In May of 2009, the Respite Unit expanded to 24 beds and from the outset, it met a great need. The extra beds were filled immediately and the work of nursing and bringing healing to the desperately ill in a well-equipped environment is well underway. The Respite Unit has found wings and receives God's blessing gratefully. This is yet another testimony of God's provision.

This grace continues to be poured out over other ministries. The nursery's work is flourishing, becoming more and more financially viable by the day, to the point that it supports 40% of the horticultural costs. Woza Moya's work is also thriving and has outgrown its present space. Ideas are being tabled as to how the Centre can accommodate this growing project so that orders need not be turned away. Of course, those toiling at the coal-face of the HIV/AIDS epidemic are those who care for families in communities deeply wounded by this disease. The granny groups continue to grow phenomenally as they provide the necessary spiritual, emotional and financial support (and hope!) to those who have committed their lives to acts of compassionate care.

Hillcrest AIDS Centre Trust continues to dream and birth new, creative, effective and Godly ways of dealing with this pandemic. So in the words of that wonderful theologian, Søren Kierkegaard, we can only say, in prayer, for all that has been, ***'Thank You'***, for all that will be, ***'Yes'***.

Revd Andrew Robinson
on behalf of the Board of Trustees

BOARD OF TRUSTEES 2009 - 2010

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It is a privilege to work in a place that truly has God at its core. When I look around and reflect on the work that is done and the people He uses to do it, it makes me so aware that God uses ordinary people to achieve extraordinary things.

The Centre has grown phenomenally over the last few years and it is humbling to glance back to the days when we operated out of a shipping container and had three employees, to the situation today where we have 55 employees.

It is uplifting to not just see the difference in the people we serve but also in the staff. Some of the staff have come through the project or have been sent here for one reason or another but all, without exception, develop and mature in the course of their work to become messengers. All are integral to the whole project coming together and one no more important than the next. We are a family. Although there is now treatment available the sad reality is that too many people are dying unnecessarily from HIV infection. The reasons for this are multilayered and complex and for which there is really no instant solution. The most distressing is stigma, both external and more importantly internal stigma which refers to shame associated with HIV/AIDS, and the fear of being stigmatised. Many HIV infected individuals perceive themselves as guilty, a disappointment, and a threat to others. This internalised stigma often leads to social withdrawal and self-exclusion in order to protect oneself, and that often prevents a person from seeking treatment. This is due to the fact that being seen at an ARVT rollout site indirectly discloses one's state. It is a lonely and dangerous road to walk. In the unit this last year we lost too many patients who knew for a long time that they were infected but did not seek treatment because of this.

There is so much hope now for HIV infected individuals and we have to constantly look at the obstacles and be dynamic in how we react to them. Fighting this beast of an epidemic has never been easy but progress is positive no matter how many new hurdles there are.

The answer is quite simply not to look at this challenge in its entirety but patiently and consistently one life at a time.

MeSSage from The Chief Executive Officer

Julie Hornby

Counselling and testing are important and effective in HIV/AIDS prevention. They are significant entry points to care and support, enabling uninfected people to remain so and those infected with HIV to plan for the future and prevent HIV transmission to others.

Counselling

Rita Shange

During the course of the year, we noticed that most of the clients that came for HIV counselling and testing (HCT) are youth. There is increased demand from young people for voluntary HCT. This made us stretch ourselves and go out to the community where they need our services. The reason is that the majority of the people are at risk for HIV infection as they engage in unsafe sex and most of them start sexual activities at an early age. They are also at risk for HIV infection from unsafe drug injection use, exposure to contaminated blood and skin piercing procedures such as tattoos.

We went out to various places for outreach HCT as many people find it difficult to get to our premises or a clinic during working hours. We went to a crisis centre where we tested a lot of people. We also went to a place that looks after children who live on the street and those who are physically abused or orphaned. We have reached many clients through outreach HCT. We see that it is very important to go out as many people do not like to go to a local clinic because they wait for a long time to be tested and to get their results. When we talk to them we find out that many clients know their status. Some are already on ARVs and have disclosed their status to their families but not to their employers.

Because of the high rate of HIV+ people, we started patient HIV literacy classes. We conduct these classes every Wednesday to all our HIV positive clients irrespective of their CD4 cell count. The topics that we cover on Module One are stigma, disclosure and positive living. In Module Two we cover HIV basics, opportunistic infections, the stages of the disease and an introduction to ARV's. When we conduct these classes we give people time to talk about their experiences. Clients are able to share how they feel, their fears and the impact of HIV on their lives. We find that clients are more comfortable discussing their experiences with people who are in a similar situation.

> "It was not easy for me to get tested: it was a difficult decision to take but it is a decision that must be taken by all people from all walks of life. It is no longer a death sentence but a new way of healthy living."
>
> a client of Hillcrest AIDS Centre Trust

Feeding Scheme

We feed an average of 40 families at any one time. The system of distribution of food parcels has changed. We used to deliver parcels once a week, but are now delivering food parcels every second week. This has reduced the cost of transport and manpower. Visits are done alternately by the Counselling and Horticulture Departments so that each family is monitored and encouraged to start and maintain their own food gardens. The clients on the scheme are from different geographic areas such as Nqetho, Nyuswa, Molweni, Embo, Ntshanga and Ntshongweni, so the families are divided into four groups to make deliveries more manageable.

We find it easy to work with our clients as we see them on a regular basis and are able to observe what is happening within their families. We are able to see if there is anything new around the house, such as new furniture or building material, which are indications of income coming into the home. This ensures that the food parcels are delivered only to families in dire need of assistance and once the family is receiving a source of income through a grant or employment, the food parcel is re-allocated to the next family who needs it. We use our feeding scheme as a temporary measure and preferably for a maximum period of six months. The clients on the scheme are those who are infected with HIV or are without income in their families.

Due to the high rate of unemployment and poverty there are some families who remain on the scheme for more than six months. This has been a successful year as most of the clients received a grant and some of the clients found employment. Whenever a family sees us coming you see the smile on their faces because they know that they will have something to eat that day. By the time we leave them you see them already taking out a pot, preparing to cook. We know that our food is like a drop in the ocean but we see that it makes a difference in peoples' lives.

Clothing Scheme

The Clothing Scheme is an income generation project that helps a lot, because we cannot feed all the clients on the waiting list for the Feeding Scheme. We receive second hand clothing from donors and supporters of the Centre. These clothes are sorted into clothing that can be used in the Respite Unit (pyjamas, slippers, linen) and clothing suitable for the Clothing Scheme. We pack the clothes into bags. Each Friday 16 women visit the Centre and are able to buy a bag of clothes to sell to people in their communities. This enables our destitute clients to put food on the table for their family in a way that is uplifting and empowering. Many of the clients on the Clothing Scheme are grandmothers who are waiting for foster care grants for their orphaned grandchildren. As with the Feeding Scheme, clients are assessed every 6 months and only remain on the Clothing Scheme if they are still receiving no other means of support. Once someone is earning an income through a grant or other employment, she is removed from the scheme to make way for someone with no means of income. The income that the Clothing Scheme ladies get depends on the quality of the clothing donated to Hillcrest AIDS Centre Trust. A family is able to earn up to R400 per week from a good bag of clothing. For this we thank our donors and supporting friends.

School Fee Fund

As we see more people becoming infected and affected by HIV, there are more families taking in orphans with no extra income. Some of these families are unable to pay school fees or provide children with uniforms. These children end up being excluded from school until they pay school fees. Demand for school fees has gone down as the Department of Education appointed certain schools to take pupils who are unable to pay school fees. We spent money on school uniforms while the schools provided stationary. We would like to thank all the people who have contributed towards this fund. It really makes a big difference to children's lives.

> I started to feel useless in the face of so many starving (sick) people and tried to overcome this feeling by redefining my role. I explained to myself that I might not be able to help many people. But I certainly could make myself useful for a day. Or just a few hours. To one other human being. This idea of providing small-scale yet real help to at least one living person gave me enormous strength. I felt alive again.
>
> Muhammad Yunu
> *Nobel Peace Prize Winner*

Othandweni, a place of love.
ReSpite Unit

Mary-Ann Carpenter

A CARE PROJECT OF THE HILLCREST AIDS CENTRE TRUST

As the AIDS pandemic grows in South Africa, the care and support of the approximately 6 million HIV infected people poses an almost overwhelming challenge for all sectors of South African society. All South Africans bear a responsibility in responding to this tragedy, as all are affected directly through the sickness and death of loved ones or acquaintances, or indirectly through the effects the epidemic is having on the economy, the social services and the fabric of society.

Of all sectors of South African society, faith based groups are uniquely placed to respond to the AIDS crisis in a meaningful way. For the church, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination; a key that will, we believe, open the door for all those who dream of a viable and achievable way of living with HIV/AIDS and preventing the spread of the virus.

RENDERING OF RESPITE AND HOSPICE CARE IN RESOURCE POOR SETTINGS

As the number of people dying of AIDS grows, 'home based care' has become the much touted solution to the overwhelming burden being placed on hospitals. While an ardent supporter of home based care, we came to realize that there is a significant proportion of patients for whom, home based care is not a viable option. Fernando Ndlovu (not his real name) was a 26yr old HIV+ man who was referred from the local community hospital to his local clinic for TB treatment. At the time of referral he was living alone in a squalid, rented backyard room. On commencement of TB treatment Fernando was weak and clearly very ill. He needed daily injections as well as oral treatment. It was obvious that he would not be able to continue going to the clinic for his daily treatment. A week after commencing treatment he was in danger of being evicted by his landlord because of non-payment of his monthly rent. He was then admitted to the Respite Unit and when a bed became available at the local TB hospital, we transferred him there, where he later died.

How can residential 'hospice' care be provided in resource poor settings? The HACT on site Respite Unit was opened in 2008. The need for a care centre had been identified, as local hospitals refused to admit terminally ill patients. We found increasing numbers of people like Fernando for whom home based care proved to be inadequate. We provide good basic palliative care and management of opportunistic infections using appropriate drugs and the making of memory books and boxes. The supervising Community Health Worker is responsible for the day to day running of the project. A monthly meeting attended by all staff, is held to discuss all aspects of the care offered.

Care of the carer

We provide on-going compassion fatigue workshops for all the carers in the Respite Unit. Every two to three months each team spends a day with a trained facilitator looking at their own pain, grief and personal journeys, and then finding ways of strengthening and growing themselves and their support systems.

Criteria for admission

Deciding who qualifies for respite care has proved to be difficult. We face requests every week from family members and hospital professionals to admit people who are chronically ill (especially the elderly) and who essentially need a nursing home. After much discussion we decided to take patients only if they:

1) have a confirmed terminal disease (not only AIDS)
2) have no adequate care giver where they live and are too ill to take care of themselves i.e. are bedridden or very weak
3) to give the family respite (usually for a few days at a time)
4) to control symptoms e.g. diarrhoea / vomiting / pain.

Referrals come from families, hospitals, other NGO's, clinics, and the Highway Hospice.

Challenges

Financial constraints: Constant fundraising for the running of the care centre needs to take place.

Referral system: The fragmentation of care of the terminally ill between clinics, community and tertiary hospitals, makes an efficient referral system difficult to implement. Patients are often discharged from hospital without being referred to home-based care or the Respite Unit, leaving desperate family members to sort out referrals. Ongoing telephonic and face to face information about the Respite Unit with clinic and hospital staff will hopefully ensure that patients will be referred to the Respite Unit more often in the future when there is a need for such care.

Misperceptions: Family members and patients are often unsure what respite care offers. People assume it is a small hospital until it is carefully explained by the health workers what palliative care entails. Some cannot accept that their loved one is terminally ill and feel that we have 'given up'. Generally however, family members and patients appreciate the care offered. We are discharging more and more patients as time goes by because they are diagnosed and treated on admission for opportunistic infections. When they recover they are referred to their nearest ARV site before being discharged home.

Destitute families: We have patients who do not belong to a burial society and have had to arrange and pay for several funerals since the care centre was opened. On several occasions we have had to arrange transport for patients or family members to other South African Provinces and even to neighbouring countries such as Mozambique and Zimbabwe.

Disability Grants: We help as many patients as possible to access a disability grant. This helps them to continue accessing their ARVs once they have been discharged home. One of the new challenges emerging is when patients default their ARV treatment because their disability grant has been stopped and they have not been able to find a job.

Orphans: We try to make sure that the orphans left behind when a young parent dies, are cared for by helping to access foster care grants, and helping with school fees and food parcels.

Conclusion

In our experience, residential respite/ hospice care is an essential back up to an effective home-based care system. NGO's (especially the church) are probably best placed to run these services. However, they need government support (a financial partnership and payment for services rendered) and the involvement of district health services for efficient referral of patients from hospitals and clinics. There is no reason why an urban/rural hospital cannot have a hospice ward attached, run by community health workers and 1 or 2 nurses. Unless we develop more creative ways of caring for people, for whom home based care is not feasible, we are in danger of abandoning them to a frightening, painful and lonely death.

Nursing Services

Sister Cwengi Myeni and Sister Mamsie Mbhili

> "With God all things are possible"
>
> Mark 9 v 23

It is a miracle of God that Hillcrest AIDS Centre Trust continues to thrive during these difficult economic times. Looking at the work done and the growth of the organisation one can never cease to glorify God for the works He has done through and with His people. Let His name be praised!

Our open door policy ensures that our clinic is open to anyone coming to seek help. The nurses at Hillcrest AIDS Centre Trust wear a number of caps in response to the many needs of the rural communities – counsellor, comforter, educator and advisor.

We see a lot of clients coming to be screened for HIV and other conditions such as TB and opportunistic infections. Instead of going to local clinics they come to us because of the attention, speedy service and unconditional love we offer.

We work hand in hand with other organisations and this benefits our patients and clients, as we have built up a good relationship with these organisations.

Much of the year involved setting up a new programme for dispensing anti retrovirals. Hillcrest AIDS Centre Trust was identified as a suitable site for ARV down referrals. This involved in depth training of staff as well as setting up systems in line with Department of Health protocol and guidelines. This is a big step for the Centre and an affirmation of the integrity and performance of the Centre.

The clinic offers patients and people testing positive for HIV the following: screening for TB; family planning; pap smears and encourages male circumcision.

TB is a concern for HIV positive people and we frequently see people at the clinic presenting with TB symptoms.

Sputum tests frequently register negative for TB, even though the patient clearly has TB. We are often approached by ill people who have been turned away from the clinics due to negative sputum results. We are able to assist these people by fast tracking them for x-rays and TB medication. It is wonderful to be able to help people who have been turned away from the clinics.

HIV/AIDS Education and Awareness

Zandile Shange

We are faced with high demands for HIV/AIDS talks by communities, schools, churches and workplaces in Hillcrest and the surrounding areas.

We conduct a Life Skills Programme in partnership with Oxfam, which we run in two primary and two secondary schools in Molweni and Inchanga. At the same time we are available for other schools and also for the private sector. We reached approximately 3853 people (2208 from the Life Skills Programme and about 1645 from the private sector) from April 2009 to March 2010.

During June 2009 and March 2010 we conducted two Counselling Training Courses for 40 participants. A Peer Educators Training Course was conducted for 21 learners from the two high schools in March 2010. They were trained to be mentors to their peers.

In October 2009 the peer educators visited two neighbouring high schools in Molweni; about 180 learners were reached with an HIV/AIDS message. The peer educators from Inchanga High School organised in-depth training on HIV/AIDS for 40 community members and 13 teachers at Ezifikele High School. In December 2009, the peer educators from Tholulwazi High School organised an HIV/AIDS awareness event which was attended by about 220 people, including teachers and members of the community. About 40 people tested for HIV during this awareness event.

LIFE SKILLS PROGRAMME

We reached about 689 learners from the two primary schools, grades 5, 6 and 7 and about 566 in the two high schools, grades 8, 9, 10 and 11. They were visited fortnightly for one hour sessions, engaging in individual and group sessions, debates and role plays.

The primary schools participated in an HIV/AIDS Awareness Event in September 2009 which took place in Michael Gwala Community Hall in Inchanga where these two primary schools competed against each other in drama, poetry and singing. The theme was "I have a right to know my parents' status". About 420 people, including community leaders and learners from neighbouring schools, attended this event. School bags and a floating trophy were awarded to the winning school, Emaromeni CP School from Inchanga. This competition will take place every year of the programme.

A high school event took place at the Lower Molweni Hall, with the theme "Why keep it a secret?" Eight groups from grades 8, 9, 10, and 11 participated in a drama competition. About 320 learners and members of the community attended this event, creating further HIV/AIDS awareness.

OTHER HIV/AIDS PROGRAMMES

We visited about 150 grannies from five Granny Support Groups (two groups from Kwa Nyuswa, two from Molweni and one from Inchanga); educating them in the basics of HIV/AIDS, on how to live with the virus and what treatments are available.

We visited Phakamisa Support Group at Pinetown Methodist Church four times, reaching the 45 people who attend the support group meetings. Following Worlds AIDS Day in December 2009 we visited Access Freight Group in Rossburgh, Maka Phuthu Trust, The Christian Life Church, Flavour Craft, Imana Foods and Wentworth Mental Institute. The theme was "responsibility starts with the leadership" and we offered HIV testing. We reached about 385 people. We visited Pietermaritzburgh Girls High School, educating about 50 workers who all had an HIV test. We also visited two private primary schools in Pinetown and two schools in Shongweni and Molweni, teaching the leaners about the basics of HIV/AIDS.

CONCLUSION

HIV/AIDS education and awareness goes hand in hand with HIV/AIDS counselling and testing. Knowing one's stauts is the start of a healthy journey through life. Reaching young people with this message is vital.

Woza Moya Craft Income Generation

Paula Thomson

AN INCOME-GENERATION PROJECT
OF THE HILLCREST AIDS CENTRE TRUST
TRADING AS WOZA MOYA

GROWING PAINS

It is funny that Woza Moya as an organisation is growing up nearly eight years old: part of the beautiful transition from infancy to childhood, to adolescence, to adulthood and later into old-age. It may seem a strange way to look at it but there is a very strong sense that everything which we have accomplished has been the culmination of years of input to get to where we are now. Last year was an incredible year and we came to the realisation that to stay ahead of other businesses in the same line of work we have to be better and the hard question was "How?" The necklaces and jewellery made by the crafters are renowned around the world, but how could we improve?

For us things tend to be bittersweet - you can have both tragedy and pure joy on any given day. This year has been a case in point: We lost Raphael who ran the ceramic group - a long time ceramic artist who was a wonderful father figure to us all, guiding us all with his spirituality and wisdom. While absorbing this loss we received a commission from the City of Durban for a beaded map of Africa, 4m x 3m, so it was a celebration time too! How does one celebrate when one is crying? This was a moment that we had all been preparing ourselves for; this was a complete break from anything we had tackled in the past, something we weren't sure was even possible – a leap of faith for us and the City of Durban! To add to the pressure we were told that our piece would be placed in the presidential suite of the Moses Mabhida Stadium. While putting the map together it was as if all our sorrow and loss was turned into something beautiful and, known only to us, is that on the under-fabric we wrote the names of all the people we had loved and lost to this terrible disease. It is always painful to look at the map because to me it is so beautiful - like a giant praise poem to all the crafters, it sang of who they were and where they came from and spoke of hope and possibility where sometimes it feels like there is none.

Following on from The Map we set ourselves a challenge just to make something beautiful and small that we could take to the Design Indaba so as to be able to share and engage with people. The Dreams for Africa chair was born from a discarded armchair found in a skip. It has travelled to, met and collected the most incredible people and has an inspiring portfolio of photos and stories. It has and will show beadwork in a way that no one has ever seen. So the Women of Woza are taken on an incredible armchair journey and the delight of "who next?" and who they would like to see on the chair makes for some wild Fridays! The chair was made from the left-over bits of the map - the bits that never quite fit, the odds and ends and a few binding pieces that were custom ordered. I always love

odd pieces as somehow they are true – they reflect for us in their imperfections, all the broken bits of lives affected by difficult circumstances and HIV, pieced together to create something whole again. On the day the chair was completed we had a wonderful celebration and photos were taken of the staff on the chair. As the Respite Unit staff could not come up to have their photos taken we took the chair down to them.... where the most miraculous thing happened: the staff loved the chair, sitting and posing in it. But it was the patients who demanded to sit in the chair - some so weak that their fragile bodies had to be carried to it, demanding to dream. The change we saw as they sat in the chair was incredible; it was as if their dignity had been restored. One patient, Delisile, was too weak to even be carried to the chair and so Claudia and Nurse Mette took a wing off and Delisile touched it and said that it was so beautiful and that it made her very happy and was it possible that such a beautiful thing could be made? Her dream was that she would get better and see her children play in the garden once more. We promised her that when she was better she would have a chance to sit in the chair.

Four weeks later, after the chair had a spectacular spell at the Design Indaba, Churchills Couriers brought the chair back for Delisile to sit in. She was much better and the Woza Staff gave her a mini make-over and Peter Upfold did a wonderful photo shoot of the day. Her second dream was: "I want everyone to be happy with a happy ending", which really sums up Delisile's character. Delisile taught us a lot: she taught us that you can find friends in the most surprising of places (the Respite Unit is not a place you feel comfortable going into, but by making friends with Deli we have more easily made friends with the other patients); we also learnt that courage and bravery are not the preserve of the rich, famous and strong, but can be found right amongst us in the frail and weak, but extra-ordinary.

Woza Moya was also asked to be part of the Stephen Lewis mentorship programme and this was very inspirational to us as we came into contact with other organisations that mirror our own. There was a kind of strength obtained from knowing that across Africa we are experiencing the same problems and can give one another hope. We were partnered with a Namibian organisation and going there was an eye opener as I experienced real poverty with no pockets of wealth to tap into. We were in a great desert and it felt like "Survivor income generation". I felt incredibly blessed to be in Hillcrest with a wonderfully supportive community who have helped us grow, nurture and sustain the many crafters that make up Woza Moya.

Woza Moya could not be run without the dedication and loyalty of its staff, Kerry (finances), Hle, Jilly and Busi (the shop), Zandile (beader liason), Zonke and Nomusa (sewing), Ncami, Hle, Ke, Nonjabulo (craft support) and the volunteers, Marjorie, Inge and Colleen (ceramic, fabric painting and quilting groups respectively), Lovel, Ronel and Shireen. And to the beaders who are at the heart of all we do - the Alpha and Omega of Woza Moya. We grow towards the light.

When a person is poor, sick and needy, according to what Jesus said in Matthew 25v35 – 40, she changes her title and becomes Jesus herself. No wonder the project, addressing the needs of widowed grannies living with orphans, is so blessed and growing so rapidly. Our aim is to develop them spiritually, mentally, emotionally and help them address their physical needs and build up their self-esteem.

We are now working with 15 support groups with an enrolment of 535 grannies in the programme. The groups continue to thrive and grow from strength to strength – a long way from our early days in 2008 with 4 groups and a huge dream!

Through the help of our funders we were able to buy new sewing machines for grannies, managed to fence two communal gardens and have plans and funding to fence many more.

We are grateful to all the funders and donors for helping with this project; with their help so much can be accomplished.

Grannies face many challenges and working with them closely has helped us to identify many issues that need to be addressed. We are calling for interested, committed people to help with the project. God bless you!

Granny Group Project
in the Valley of a Thousand Hills

Cwengi Myeni

With groups well established, we can easily interact with the grannies at their weekly meetings. Other organisations, such as Valley Trust, have been able to visit the groups and give talks and uplifting workshops.

We glorify God for the commitment of Pinetown Methodist Church, Hillcrest Methodist Church, Kloof Baptist Church and Embocraft Training Centre who are helping us to train grannies in basic sewing, baking and vegetable production. This has totally transformed the lives of these grannies and has raised their self-esteem.

Izingadi Zethemba
Gardens of Hope - Plant Nursery

John Lund

AN INCOME-GENERATION PROJECT OF THE HILLCREST AIDS CENTRE TRUST

The move from our Inchanga based nursery to the Hillcrest AIDS Centre Trust premises has been successful, reducing our travelling costs substantially and enabling better control of stock, thus making us more economical in our production of plants. However, the construction of the new Old Main Road through Hillcrest was a handicap to our sales, as it was to every other retail business on Old Main Road. The completion of the road in early 2010 saw a huge rise in sales.

The introduction of compost as a new product has also been very successful. Many customers come in to buy plants and then take bags of compost making us more of a one stop garden destination.

We have responded to requests to clear plots of exotics and to establish and design a number of gardens. This has been very exciting and rewarding for both Hillcrest AIDS Centre Trust and, we trust, for our clients!

Our greatest logistical challenge is that of having only one vehicle available for both the Horticulture Department and the Plant Nursery. This has been inconvenient as opportunities have been missed due to lack of available transport.

We enjoyed good publicity and public support when we took part in various community events – namely, Le Domaine Garden Show, Kloof Rotary Open Gardens, Kearsney Upbeat Festival and further afield, the Garden & Leisure Show, an annual event at the Royal Showground in Pietermaritzburg.

Due to an improvement in sales, we have been able to increase our staff numbers. Our team is hard working, shows initiative and has risen to the challenges. Apart from working in the nursery we also help with maintenance and repairs on the property, and run our own beautiful indigenous show case garden here at Hillcrest AIDS Centre Trust. Our verge is a delight to the people of Hillcrest and we did well when we entered the Keep Hillcrest Beautiful verge competition.

Izingadi Zethemba produces vegetable seedlings and supplies labour for erecting fences for Horticulture's community gardens. The two projects work closely together and support each other to the benefit of the communities that we aim to serve and uplift.

Thank you to all our friends, supporters and customers for your incredible loyalty to our project – the plants you donate, the compost you give us, the plants you buy and the friends you encourage to visit us – all this makes our work possible!

To our volunteers, Ros, Brenda and Debbie – Thank you for your drive, enthusiasm and bully tactics! You make our wonderful team complete.

Horticulture

Thokozani Yika

This year has been very rewarding for the Horticulture Project as we have seen a big increase in the number of gardens that we work with in the community. A highlight for us is the increase in the number of families from the Feeding Scheme Project that have started gardens in an attempt to grow their own food and generate an income from the excess produce. This is due to the visits that we do every Tuesday when delivering food parcels to the families. This work is on-going as clients change during the year. Existing clients make way for new clients to join the scheme, thus creating a new opportunity to start a food garden.

Our home-based carers are also doing well with maintaining their gardens even though we do not spend a lot of time visiting them as they are now able to sustain themselves. Many of our home-based carers work at the Respite Unit so they can get seedlings and other advice on their gardens here at the Centre.

The schools have been doing well with their gardens and are able to feed children with soup made from the vegetables.

In 2009 we were fortunate to be visited by Stephen Lewis himself from the Stephen Lewis Foundation. He was very impressed with the school gardens at Inchanga and also pledged to fund Granny Group Project gardens that we are developing.

During the year we started working with Mrs Myeni who started the Hillcrest AIDS Centre Trust Granny Group Project. There was interest from the grannies to start food gardens and that's where Horticulture stepped in. This project is still in the development stages and requires us to do as many visits as possible. The great thing about some of these support groups is that the grannies grew up farming and most of them have their own gardens at home, so it easy to work with them. We have fenced these gardens and crops are already being harvested.

Every year we buy potato seed from Underberg and this year was no exception. We did two trips with the first load consisting of 40 x 25kg bags and a second load of 30 x 25kg bags. All our farmers were thrilled to receive seed potatoes and began planting early. The first load was planted in August and the second load was planted in October.

Throughout the year we managed to produce at least 600 vegetable seedling trays, meaning we are producing an average of 50 seedling trays each month, which is wonderful progress. Our vegetable seedlings include spinach, cabbage, beetroot, onions, green pepper, tomatoes, brinjal and lettuce. We have seen an increase in the number of homestead gardens and community gardens due to the introduction of the granny support groups. We also made parcels of maize and bean seeds for our farmers to grow in the December planting season.

We have 143 gardens altogether and still counting. We are looking forward to the next financial year which we hope will bring more joy and encouragement to the families we work with.

Public Relations and Marketing

Claudia Krumhoff

'Time flies' - this saying reflects all the happenings at Hillcrest AIDS Centre Trust in the last year and makes us realize how much has happened. There is always so much to share that it makes the head spin. Operating the PR and Marketing initiative at our Centre without a budget to speak of is challenging and we are therefore always on the lookout for new ways of creating awareness of the Centre and to improve ways of marketing our work. The decision to focus on our open door policy to break down the HIV/AIDS stigma by endorsing our Open Saturday and Tea Garden and maintaining a regular press presence, has resulted in a growing number of people learning more about our work and dreams.

To further extend our open door policy, we invited other local organizations and individuals who do good work in our community to join us on Saturday mornings. Many new friends and contacts were made.

Part of this success was our presence in the local press on a regular basis. Press releases with photographic footage were issued on a weekly basis to our local contacts and most of them made it into the papers! Getting to know key media people ensured a steady stream of support and exposure. We can't thank our media friends enough for their positive stories about the Centre. We hosted a press day in September sponsored by Spring Lights Gas to thank all the writers and journalists for their on-going support. What a success it was!

Our Horticulture Project had a very busy year, taking part in various events involving marketing organization and input. A few weeks before the Garden & Leisure Show, Tanya Visser, Editor of The Gardner Magazine and well known gardening guru, came to visit our nursery and was full of praise for our projects. She said: "One can clearly see that you have done your homework right. What a beautiful nursery!" I have never seen Thokozani Yika smiling so much and looking so happy. The nursery staff participated in the 'Ready, steady, plant' competition at the Garden & Leisure Show and to our amazement, and that of the jubilant cheering crowds, we won! It was such a joy and gave our nursery important exposure in horticultural circles.

Organizing and promoting our new Othandweni Dinner for Friends fundraising scheme aimed to get more support from outside South Africa for our Adopt-a-Bed campaign. The Othandweni Dinner for Friends concept is to host a party or event to encourage financial support of our Othandweni (place of love) Respite Unit. People all around the world are encouraged to participate and host an event so we can secure a steady flow of income to support the Respite Unit and at the same time raise awareness of the effect HIV/AIDS is having on our local community. This also enables us to build relationships overseas friends and supporters of Hillcrest AIDS Centre Trust.

A World AIDS Day event, combined with our annual Christmas Fete, was another social highlight at our Centre and rounded off a very busy year.

The New Year started with preparations for Design Indaba 2010 and our search for something that would stop visitors in their tracks and encourage them to engage with our

team and give people an opportunity to learn more about our projects, work and motivation. This was the birth of our **DREAMS FOR AFRICA** Project.

The official launch of the travelling Dream Chair at the Design Indaba was a huge success and since then our Dreams for Africa project has been set up as a fundraising initiative for the Woza Moya craft workshop extensions. The growth of this income generating project continues to provide craft workers with an income to improve, feed and educate their families in a sustainable way.

StatiStics

1 April 2009 - 31 March 2010

COUNSELLING

Total tested	1,030
Total positive	243
Total negative	787
Lay counsellors trained	40

EDUCATION

Total people reached through workshops	14,177

HOME-BASED CARE

Visits to clients at home by registered nurses	200
Clients treated at our offices by nurses	1,481
Number of CD4 counts done at the clinic	621
Home-based care volunteers trained	47

RESPITE UNIT

Admissions	457
Deaths	208
Discharges	241

Annual Audit and Financial Statements

Auditors: Marwick & Company Inc
(Registered Auditors Reg No 1999/016183/21)
30 Old Main Road
Hillcrest 3610
www.marwick.co.za

The Annual Financial Statements for the year ended 31 March 2010 were presented by the auditors to the Trustees of Hillcrest AIDS Centre Trust. They were approved by the Trustees on 4 November 2010 and signed off by JA Hornby, DJ Neville Smyly and Revd RA Robinson on behalf of the Board of Trustees.

An electronic copy of the full Annual Financial Statements is available on request. Contact the Financial Manager on: finance@hillaids.org.za or 031 7655866

Comment by the Financial Manager

The Financial Statements report an overall Accumulated Surplus of R7 535 548 for the year ended 31 March 2010. This is represented by the assets of the Trust. The only assets that have been capitalised and shown on the Trust Balance Sheet are the Land and Buildings acquired and built by the Trust, which was funded by Donation received. This accounts for R2 832 834 of the Accumulated Surplus. Furthermore, we have stock to the value of R700 905 and nett trade receivables of R64 938. Finally, the major contributing factor to such a large Accumulated Surplus is the cash and cash equivalents on hand at the end of the year totalling R3 936 971. Although this seems an incredibly large amount to have on hand, it will only support the expenses of the Trust for approximately 3 to 4 months (total expenses for the 6 months ended September 2010 are R4 159 956). Many of our grants are paid to us in advance for the specified contract period with the funds coming in during the first 3 months of the calendar year for roll out during the remainder of the year.

Balance Sheet

	2010 R(Rands)	2009 R(Rands)
Assets		
Non-Current Assets		
Property, plant and equipment	2,832,834	2,832,834
Current Assets		
Inventories	700,905	387,377
Trade and other receivables	321,887	377,535
Cash and cash equivalents	3,936,971	3,151,993
	4,959,763	**3,916,905**
Total Assets	**7,792,597**	**6,749,739**
Equity		
Trust capital	100	100
Accumulated surplus	7,535,548	6,360,661
	7,535,648	**6,360,761**
Current Liabilities		
Trade and other payables	256,949	388,978
Total Equity and Liabilities	**7,792,597**	**6,749,739**

Consolidated Income Statement

The following is an extract from the Annual Financial Statements for the year ended 31 March 2010

CONSOLIDATED INCOME STATEMENT

	2010 R(Rands)	2009 R(Rands)
Donations	1,694,329	1,571,245
Grants	2,450,007	2,731,330
Revenue	**4,267,429**	**3,013,183**
Administrative	214,075	209,184
Counselling	8,396	2,982
Education	10,438	-
Feeding Scheme	17,596	6,368
Funeral Scheme	2,850	-
Home Based Care	26,613	21,066
Horticulture and Nursery	179,771	167,904
Income Generation	3,673,787	2,411,649
Medication	28,771	30,817
Respite Unit	86,410	123,100
School Fee Scheme	18,722	40,113
Total income	**8,411,765**	**7,315,758**
Cost of Sales		
Income Generation	2,348,577	1,695,866
Expenses	**4,888,301**	**4,016,135**
Administrative (net of sundry income)	979,640	748,993
Counselling (net of sundry income)	240,916	168,165
Education	159,580	257,738
Feeding Scheme	76,214	103,496
Funeral Scheme	4,385	3,508
Home Based Care	685,748	617,059
Horticulture and Nursery	457,743	515,462
Income Generation	921,402	777,686
Medication	55,526	44,630
Respite Unit	1,222,417	692,091
School Fee Scheme	84,087	75,755
Training	643	11,552
Surplus for the year	**1174887**	**1603757**

We would like to take the opportunity to say thank you to all our sponsors, donors and supporters. Without your help we would not be able to reach out to those in need.

Thanks to our Sponsors

LOCAL DONORS

31 Club
Acumen Property Developers (Pty) Ltd
Bryanston Methodist Church
Cais (Pty) Ltd
Cellutology SA
Club Leisure Group
Feasible Solutions
Fredrieke Visser
G Browne
Goscor Lift Truck
Henque 1003 CC
Hillcrest Methodist Church
Hornby Smyly Glavovic Inc
John Hill
Kathleen Hastie Charitable Trust
Key Truck Centre
MHP Geomatics
National Edging KZN
Optima Management Services
RF Ingle
Rioma Cominelli
Rotary Club of Hillcrest
Rotary Club of Kloof
SiVest SA
Siyazama Consulting
SME Lightning Protection and Earthing CC
Smiths Manufacturing
Spar Group Ltd
Spring Lights Gas (Pty) Ltd
St Agnes Church
Sharon Campbell
T Easson
The Aaron Beare Foundation
The Family Trust
Tony and Lana Stewart
Wendy and the late Tony Drake
U-Care
University of KwaZulu-Natal RAG
Waterfall Methodist Church
Wave Paper

FOREIGN DONORS

Canada Trust
Carolyn Nixon
Charities Aid Foundation
Church of the Resurection
Erin Lane
FOIL UK
GMB Dusseldorf
Hillcrest AIDS Centre Trust UK
Hamburg International Methodist Church
Inner Wheel Club Hamburg-Schenefeld
J du Preez
Little Travellers Korea
PR Ikin
Simunye Project
Youth Connected

GRANTS

AusAID
Discovery Foundation
German Agro Action
Oxfam Australia
Solon Foundation
Stephen Lewis Foundation
Zoe Life

We have 40 donors who provide regular support every month. This support underpins day to day running expenses and we are grateful for the faithful support of these friends of the Centre.

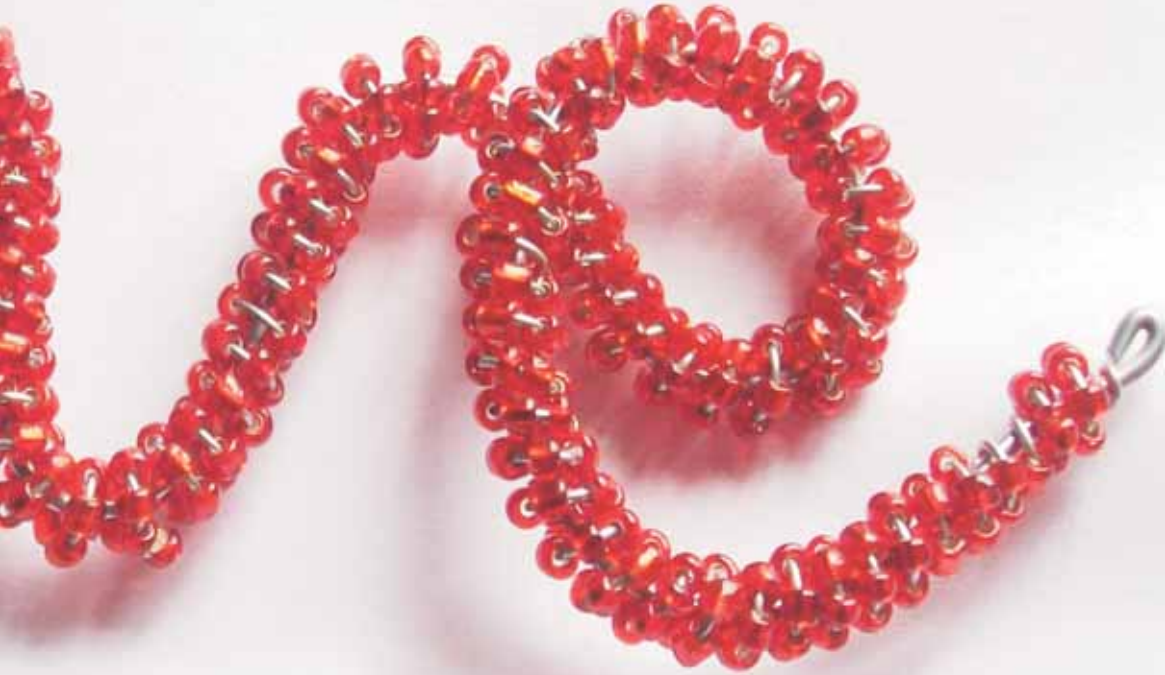
Make a Difference

You can make a difference by making financial contributions to
HILLCREST AIDS CENTRE TRUST *(NPO 005-800)*

BANK ACCOUNT DETAILS

Account:	Hillcrest AIDS Center Trust
Bank:	ABSA BANK
Branch:	Hillcrest
Branch Code:	631126
Account Number:	4045374149
Swift Code:	ABSAZAJJ

Alternatively, you can provide hope and comfort to the patients in the **Othandweni Respite Unit** by making a monthly commitment to the **Adopt-a Bed programme.** The cost of caring for a patient is **R150 per day –** a monthly cost of **R4500 per bed.** Every contribution helps, no matter how small, as all donations add up, ensuring we are able to run the Respite Unit to full capacity at all times. The focus is always on providing unconditional love to people who are desperately ill and have nowhere else to go when they are at their most vulnerable. Please consider helping, contact **Julie** or **Louise** on: **031 7655866** or email: **info@hillaids.org.za** to arrange how best to make this commitment.



AN INCOME-GENERATION PROJECT
OF THE HILLCREST AIDS CENTRE TRUST
TRADING AS WOZA MOYA

AN INCOME-GENERATION PROJECT
OF THE HILLCREST AIDS CENTRE TRUST

A CARE PROJECT OF THE
HILLCREST AIDS CENTRE TRUST

Hillcrest AIDS Centre Trust
26 Old Main Road, Hillcrest 3610
P.O. Box 2474, Hillcrest 3650
KwaZulu-Natal, South Africa

Office hours: Monday to Friday 08:00 to 16:00
Extended Nursery and Woza Moya Shop hours: Saturdays from 8:00 to 12:00
Telephone: (031) 765 5866
Fax: (031) 765 8781
E-Mail: info@hillaids.org.za
www.hillaids.org.za
Registered Non-Profit Organization 005-800 NPO

Woza Moya Craft: wozamoya@hillaids.org.za
www.littletraveller.org.za

Follow us on FaceBook
Little Traveller
Hillcrest AIDS Centre Trust

Designed by: **Mark Hansel (mark@pclip.co.za)**