Hillcrest AIDS Centre Trust

Annual Report 2017

Twenty years of unconditional love for all infected and affected by HIV and AIDS

Hillcrest AIDS Centre Trust
26 Old Main Road Hillcrest
KwaZulu-Natal
South Africa

The Dreams for Africa Chair was voted 'Most Beautiful Object in South Africa' at the 2011 Design Indaba, held annually in Cape Town. The chair was created by Woza Moya Merchants of Marvels, Hillcrest AIDS Centre Trust's craft and income generation project. Over 100 bead workers from the communities in the Valley of 1000 Hills region contributed to the chair. The concept behind the design is that one sits in the chair and has a dream for the future, the future of the community and the future of Africa.

Contents Page

Who we are and what we care about

The Hillcrest AIDS Centre Trust (HACT) is a multifaceted, holistic HIV/AIDS project that exists to provide unconditional love to all infected and affected by HIV/AIDS in a practical, sustainable way. The Hillcrest AIDS Centre was founded in 1990 as a ministry of the Hillcrest Methodist Church, as a response to the then Minister's conviction that the church needed to respond to the emerging HIV pandemic. Situated in the accessible and central town of Hillcrest, the Centre serves several poverty-torn communities in the Valley of 1000 Hills region – one of the epicentres of the world's HIV pandemic with estimated HIV-infection rates of up to 40-60% of the population in some communities.

Over the past 20 years the Centre has expanded its suite of projects and programmes year on year, always in response to the needs on the ground in the communities we serve. Where a need has been witnessed, a plan has been put into place to respond to that need in a way that uplifts and empowers, rather than demoralises. We employ roughly 60 staff members, the majority of whom come from the surrounding communities, and many of whom are infected or affected by HIV/AIDS and have come through our programmes. Today, our projects focus on three main aspects: care, poverty alleviation and prevention of new infections. Projects include:

HIV awareness and education:

Our Education Department aims to educate people of all ages about HIV/AIDS and its related issues. They make presentations at work-places and schools, and they facilitate life-skills and peer-education programmes in both primary and high schools in several communities. We believe that, in order to

break through the rich stigma that exists around a HIV diagnosis, education is the key, and that we must continuously increase the dialogue around HIV/AIDS at the home, school, community and provincial level.

HIV Counselling and Testing:

We have a team of counsellors who conduct roughly 650 HIV tests per month at various locations including our out-patients department, within our respite unit, out in the community and at work-places. Our conviction is that if everyone in the communities we serve would test, know their status, and seek treatment if HIV-positive, then we would see a dramatic decrease in the number of people presenting at our Respite Unit with terminal AIDS. In addition to HIV counselling and testing, our counselling team is also available for crisis counselling, and their services are regularly called upon by community members, other non-profit organisations who do not have onsite counsellors, and by our patients. We also conduct training modules for people who will be starting ARV medication, and we conduct ARV referrals.

Crisis intervention – Feeding Scheme:

We provide food parcels twice a month to 40 families who have no other form of income and no way of accessing food. We view this as a short-term intervention designed to meet an immediate crisis – hunger. Once a family is on the feeding scheme, we work with them to find a longer-term solution to meet their needs. This solution could be to help them access a social grant, it could be to bring them into our income generation project and train them up as a crafter, or it could be to build them a vegetable garden from which they can grow food and sell the surplus to make an income. Most families are ready to move off the feeding scheme after about 6 months, and we then bring another desperately needy family onto the scheme. This project is implemented by our Counselling team, who are at the forefront of working with the communities and identifying those individuals and families most direly in need.

Gardens of Hope – nursery and horticulture project:

We have a large onsite nursery, called Izingadi Zethema ('Gardens of Hope') that sells mainly indigenous plants for every garden. Using the funds raised from nursery sales, plus added donations, we have started roughly 150 vegetable gardens for poverty-torn families living in the surrounding communities. We have also started gardens in schools and for community groups. The gardens allow families or schools to grow their own vegetables and become food-secure. They also provide an opportunity for families to bring in a small income by selling the excess produce. Hillcrest AIDS Centre itself buys some produce from our garden families, for use in the Respite Unit and feeding scheme.

Woza Moya Merchants of Marvels Craft Shop:

Woza Moya, our well-known onsite craft shop, provides an income to roughly 160 crafters (includes pottery, beadwork, sewing, crocheting, fabric painting and wirework) who are supported by the funds raised through craft sales. The crafters are all community members who are infected or affected by HIV/AIDS and are living under poverty. We provide an opportunity for them to earn an income each month. Woza Moya is also the name behind a number of well-publicized art projects, including the Dreams for Africa Chair.

Respite Unit:

We have an onsite 24-bed respite unit for people with advanced AIDS, and whilst most people come to our unit expecting to die, amazingly roughly 60% of them end up recovering and being discharged – thanks to the love and care provided by our dedicated team of staff and volunteers. The Respite Unit is staffed by dedicated nurses and home-based carers and care is provided completely free of charge to our patients. Criteria for entry is that patients must be seriously ill and bed-ridden, and must have no care-giver at home. We also admit patients requiring symptomatic relief or in cases where there is a caregiver at home who needs a break for a short period of time. The unit provides an environment of love and acceptance, in which a patient can either be nursed back to health and then initiated onto ARV medication, or can die with dignity and in as much comfort as possible.

Home-Based Care:

We provide stipends to roughly 20 home-based carers who work in their communities to provide basic medical care to people suffering from HIV/AIDS. These carers refer people from their communities to receive counseling and testing in our out-patients department, or to be admitted in the respite unit if they are seriously ill. Once a patient is discharged from the respite unit, home-based carers will follow up that patient with home visits to ensure their health continues to improve and to monitor any complications or set-backs they may face post-discharge.

Grannie Support Groups:

We have 31 Grannie Support Groups across five different communities, of which roughly 1400 Grandmothers are members. The groups meet regularly to support each other in their plight as Grandmothers affected by HIV/AIDS – in most cases having lost their children to AIDS and being left as the sole care-giver for several Grandchildren. The groups are engaged in many stress-alleviation and skills-development activities including sports and literacy training.

Clothing Scheme:

Roughly 20 families make a weekly income through our clothing scheme. People donate clothes that they no longer want or need, and we sort the clothes into bags. The families collect a bag of clothes and they then sell clothes either at the Centre (to our own staff and each other) or in their community. Each bag of clothes can bring in between R300 and R500 for a family. The first bag is provided free of charge, and all subsequent bags are purchased for R10 – encouraging 'buy in' from the families and working against a hand-out mentality.

School Fee Fund:

We provide school uniforms and cover school fees for children who are infected or affected by HIV/AIDS and are living under poverty. To date we have covered school fees for 80 children and we have provided school uniforms for 94 children.

All these projects work together to provide a holistic response to HIV/AIDS within our local communities.

Greetings from the Board of Trustees

As I read this annual report I am reminded that it is now 20 years since the establishment of the AIDS Centre. I am also reminded of Bishop Charity Malinga's words when she opened and dedicated our current home to the Lord. She took us back to Genesis and she shared with us the story of Jacob's ladder and her vision of the Centre being a place where people could lay their heads when weary and, although Jacob had but rocks for pillows, he '*dreamed and behold a ladder set up on the earth, and the top of it reached to heaven: and behold the angels of God ascending and descending on it*'. Genesis 28:12.

And this reminds me of our staff and volunteers who, like the angels of God, come and go from the Centre on a daily basis.

When Jacob awoke from his sleep he said: "*Surely the Lord is in this place and I knew it not*." And he was afraid and said: "*This is none other but the house of God, and this is the gate of Heaven."*

When you visit the centre you sense that it is indeed a House of God and God is in it and it is the gate of Heaven.

And Jacob set up his rock pillow as a pillar and said: *"And this stone, which I have set for a pillar, shall be God's House: and of all that thou shalt give to me I will surely give the tenth unto thee".*

And so I am reminded of our generous donors who have heeded the call to give. What a blessing to be associated with this place and these people. I humbly thank each and every one of you for your contribution over the last year and indeed over the last twenty years.

Dave Neville-Smyly
Chairman of the Board of Trustees

Board of Trustees

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Reflections of the Chief Executive Officer

The Hillcrest AIDS Centre came into being some 20 years ago this year and so it really would be a fitting time to tell a little of the journey leading up to what we are today.

In 1989, Rev Dr Daryl Hackland and a colleague made a presentation to the annual Methodist Synod about the pending HIV/AIDS pandemic. It was this presentation that moved the Rev Neil Oosthuizen (then minister of Hillcrest Methodist Church) to take this to his congregation with the idea to start an AIDS centre. Neil asked for volunteers and three people came forward and so the Hillcrest AIDS Centre was started. The Centre was officially opened on 1 December 1990 by Rev Dr Daryl Hackland.

Initially the centre did a lot of lobbying and offered HIV/AIDS counselling and education. It was situated on the property of the Anglican Methodist Church in a wooden hut which leaked and the computer had to be covered with plastic every night to protect it from rain. After a couple of months, the centre moved into offices in the town in an effort to encourage people to come forward for help. In those days people did not feel comfortable to come to the Church for help out of fear of being judged. The move didn't help so the Centre was moved back to the Church property. The hut was upgraded to a shipping container and then, as the work expanded, an additional container was added. In 2004 we moved to the present property and initially rented for a year during which time we raised the money to purchase and the property sale went through early in 2005.

In 1996 a centre was opened for counselling in Molweni on the premises of the Molweni Methodist Church but was closed in 2002 because people did not feel comfortable to come to that centre for counselling due to the stigma associated with being seen at the Molweni AIDS Centre. Being situated in Hillcrest has definitely enabled us to reach more people, it is the main stop for the busses and taxis and it is acceptable to be seen coming to the Centre at its present location.

Over the course of the 20 years the work has continued to progress and grow every year and although it was not specifically planned that way, the Centre is now a good model of holistic care, addressing various aspects of the HIV/AIDS pandemic within our community.

All the projects are managed by leaders with a passion for their field and this shines through in the attitudes of all the staff who work here. Our ethos of unconditional love for all still stands at the core of our mission. It is in the empowering of a woman to earn a living through beadwork, in the hands that care for the critically ill in the respite unit, in the tending to the spinach grown at a homestead to provide food for a hungry family, in the psychological support of the Gogos attending their support groups and for the people tested and counselled every day, right through to the day to day administration and transparency of our accounting system. It truly is a blessing to be able to work in a place that has God and people at its heart.

In a world where success is measured too often by money, power and the accumulation of things, our success has been measured in lives touched by love. The amazing thing about love is that it the more you give it away the more it grows.

Unconditional love and compassion will always win in the end and the Hillcrest AIDS Centre Trust is testimony to that.

Julie Hornby
Chief Executive Officer

HIV Counselling and Testing

This has been a very successful year with people testing in large numbers. There is increasing awareness that treatment can prolong your life and so people are more willing to know their status early rather than later, even though they are often still scared of testing.

In April 2010 the Department of Health launched a nationwide HIV Counselling and Testing (HCT) campaign to offset the problem of late diagnosis or no diagnosis. Health organisations were challenged to work hand in hand with national health to ensure the success of the campaign. A large grant from the Networking HIV/AIDS Community of South Africa (NACOSA) positioned us to do HCT drives in the surrounding communities and even further afield.

To encourage a more holistic approach towards health, HCT drives are presented in the form of wellness campaigns and include testing blood sugar levels, blood pressure and weight. The benefits of this approach are twofold: people are more comfortable being part of a wellness campaign rather than being seen at an HIV site; and we are picking up health issues, such as undiagnosed diabetes, and are able to refer people for treatment. Many of the community wellness campaigns take place over the weekend, giving convenient and easy access to HCT to people who are unable to get to clinics due to work constraints.

The women from the Granny Group Project are great at mobilising people to get tested. Many of them know first-hand the devastation of losing HIV positive adult children because of late testing when it is too late for treatment.

"*I really see the importance of testing. I lost four children. They all died of AIDS related illnesses. I only have one child left and 16 orphaned grandchildren. Two of these children are on ARVs and I take them to the clinic every month for their treatment. I know that if my children had tested early and gone onto treatment before it was too late, some of them may be alive today."* Gogo, 78.

Since receiving the NACOSA grant our monthly HCT figures have risen from an average of 150 people per month to well over 500 people per month. December was a busy month as World AIDS Day on 1 December was commemorated at the Centre with a ceremony which received media coverage, creating awareness of HCT. Sponsored T-shirts were handed out to more than 700 people who tested in December. Our staff wore these T-shirts every Friday for the next few months, creating awareness around HCT and also creating a sense of unity.

All our counsellors are trained to run patient HIV literacy programmes which comprise a course of two modules, covering issues such as understanding HIV, the challenge of disclosure, dealing with possible stigma, and ARV treatment adherence. The training, which is compulsory before commencement of ARV treatment, is conducted in small groups, giving people the opportunity to form supportive friendships and provide hope and encouragement to one another.

"*One guy who tested positive had lost all hope. When he went for module training he was in tears. The only thing that was on his mind was death. We had a few discussions with the group - talking about internal disclosure - and he then shared his story with the group. After that he went home smiling. He came back to visit us with his employer and gave us a generous donation of toilet paper for the Respite Unit as a thank you."* Bongi, counsellor

This sharing and opening up dialogue is the way that we will turn the tide of this disease and stop new infections.

Rita Shange
Counselling Manager

Feeding Scheme

The Feeding Scheme has had a busy year. We are feeding an average of 40 families at any given time, and we visit each family every two weeks – one visit by the counsellors to check on their wellbeing and the second visit by the horticulture team to encourage them to grow vegetables. In this year we also saw a number of families moved off the feeding scheme when a family member found work or accessed a grant – often thanks to the work of our staff members. This gave us an opportunity to put new destitute families on the scheme.

The Feeding Scheme supplies food parcels as a crisis intervention while people find work or receive a grant. ARVs cause an increased appetite and, without food, lead to intolerable hunger. Further, ARV side effects are worsened in the absence of food. For these reasons, food parcels and food security plays a vital role in people's ability to adhere to their life-saving treatment. After six months, people on the feeding scheme are assessed to see if they are ready to be removed from the scheme. Grandmothers who look after orphaned grandchildren and families in child-headed homes remain on the Feeding Scheme for a longer period of time as there are often problems accessing child grants due to lack of birth certificates and required documentation. Delays in accessing grants are a frustrating problem – submissions go missing and applicants often have to reapply. Sadly, some people die before being able to access financial help.

In December some of the children on the Feeding Scheme enjoyed a day of treats thanks to the Robin Hood Foundation. The children shopped for clothes, school uniforms and other necessary items and went home with a food hamper and Christmas gifts. We also hosted a Christmas feast for all the families on the Feeding Scheme.

We'd like to say a huge thanks to our donors for their generous support of this vital outreach!

Clothing Scheme

Not everyone who is sick and unemployed is able to join our Feeding Scheme, so we also offer a Clothing Scheme to enable us to reach out to an additional 20 families. We receive donations of clothes from friends of the Centre, which are sorted into bags. Each week up to 20 people come to the Centre and, at a nominal cost, buy a bag of clothes which they take to the community and sell. This enables destitute people to put food on the table for their children in a way that is uplifting and empowering.

School Fee Fund

The loss of a parent not only has an immense emotional impact on a child but also causes financial hardship. This results in children leaving school or being excluded from school because they are unable to pay school fees or buy the required uniform. Through the efforts of Margaret Turnbull, a friend and donor of HACT who is based in the UK, the School Fee Fund was established. With more schools being 'no fee' schools, the need for school fee assistance is dropping whilst there is an increase in the need for assistance with buying school uniforms, especially when children move from primary school to high school. Over the past financial year school fees were paid for 29 learners and 103 learners received school uniforms and, where necessary, school stationery.

Rita Shange

Counselling Manager

Othandweni Respite Unit

This past year has seen an increase in the number of patients admitted to the respite unit with TB. 87% of the patients admitted to our unit were either on TB medication when admitted or were diagnosed with TB after admission. Most patients were diagnosed because of their signs and symptoms and this was confirmed on Chest X-ray because many of our patients' sputum for TB testing came back with a negative result. Approximately half our TB patients were undiagnosed on admission, but with clear clinical signs and symptoms of TB. All these patients had been to a clinic or a hospital before being admitted to our unit. Most patients admitted had had a sputum test for TB sent from their local clinics and when the result came back 'negative', were not referred for chest x-rays in spite of having obvious clinical signs and symptoms of TB. A few patients had had X-rays taken and were told they were clear of TB, but when taken from the respite unit to Don McKenzie TB Hospital to be checked, the x-ray results showed clear evidence of TB.

In 2009 an estimated 910 000 HIV positive people were co-infected with TB in Africa, which represented 76% of the total global HIV/TB burden (HATiP: Issue 175 / 17 March 2011). The HIV epidemic fuels the TB epidemic, which is the leading cause of death among people living with HIV.

Our health system is overburdened and under resourced and the situation is compounded by poor housing and overcrowding in many communities as well as inadequate nutrition. An increase in drug resistant TB is a huge concern.

At every level in our health system, intensified TB case finding needs to take place. The general public needs to be aware of the signs and symptoms of TB and ways of preventing TB from spreading. Basic measures such as teaching children to put their hands in front of their mouths when they cough and not to spit on the ground as well as keeping windows open in crowded places such as clinics and taxis will help with infection control.

Every patient diagnosed with HIV needs to be screened routinely at every visit for TB and every TB patient needs to be screened for HIV. Serious attempts at contact tracing should be happening and family members

screened.

We need more than an emotional response to these two epidemics. We need to be moved by grace to action.

'When someone suffers, and is not you, they come first. Their suffering gives them priority. To watch over another who suffers and grieves is more urgent than to think about God.' Elie Wiesel

Mary-Ann Carpenter
Respite Nurse

Summary of Care Activities for the Period 1 April 2010 to 31 March 2011

People tested for HIV	3504
CD4 Count Blood Tests	662
Chest x-rays done	300
Clinic consultations	1633
Down referral patients	10
Patients admitted	479
Patients discharged	258
Patients died	222

Clinic and Nursing Services

It is always with mixed feelings that we look back over the year. We grieve the loss of some of our patients and we rejoice in the progress others have made.

Sometimes we feel overwhelmed by the tragic life stories and intolerable conditions faced by our patients; by the inadequate service to patients from some of the clinics in the area. It is easy to become angry and unintentionally overlook the good work and dedication witnessed at some of the clinics. Thank you to the staff of Ethembeni Clinic at Don McKenzie TB Hospital for going the extra mile to accommodate us, read our chest x-rays and write up prescriptions. And to everyone at Waterfall Clinic and the team at Hlengisiswe Clinic, we appreciate your help and co-operation.

We, as Nursing Sisters at Hillcrest AIDS Centre Trust have the privilege of being able to fast track patients. Many of our patients have already been through one or more local clinics without diagnosis or treatment. If we suspect TB, the patient has a chest x-ray and is referred for treatment usually within the same week of them seeing us for the first time. We can have a CD4 count done and get the result within a day and refer for ARV treatment on the same day as patients come to collect their results. It is quick, friendly and hassle-free which is why we are getting busier by the month.

Often our patients come with social problems as well and we often work as much as social workers as nurses, but that is the beauty of our place. We are able to work outside of our scope, think outside the box and see a patient as a whole being, not just medically but also emotionally, socially and economically. Patients may be brought in by concerned employers who are frustrated by the perceived lack of communication and slow process of accessing treatment in the government sector. Some employers take employees to their own private practitioners, only to land up with an HIV positive result and then nowhere to go and no pre- or post-counselling. This is when we step in. We are able to explain the process, answer questions and build a good rapport with both employer and employee.

We have finally started our patient down-referral system. These are patients on ARV's from McCord Hospital in Durban whom are now collecting their ARV's from us. It has been a challenge to meet all the protocol requirements but now that the system is working smoothly and the feedback from these patients has been positive and encouraging. Most of them come on a set date on their way to or from work, and have their pill count, bloods and receive their medication within two hours, whereas collecting from McCord Hospital entailed a full day's leave.

A new development is that one of our nurses accompanies our counsellors when they visit communities to do HIV testing, so that blood pressure, blood sugar and weight checks are done. Having a nurse on the team doing "non-threatening" testing, such as blood pressure, often makes it easier for a patient to agree on being tested for HIV.

We are aiming to create awareness amongst the local General Practitioners about the work that we do, as we would like to see the GP's making more use of us in the future. We often see patients who have been tested for HIV by their employer's GP with no pre or post-test counselling. Good sound counselling is the core to positive living and it is everybody's right to have that and know what to expect.
Our work is full of challenges and at the same time so rewarding and I pray we never take for granted the privilege of serving our community.

Mette Zeiss
Registered Nurse

HIV and AIDS Education and Awareness

Through the various programmes run in schools, churches, businesses and communities, approximately 9500 people were directly exposed to HI/AIDS education in the past year. This figure does not take into account the many family members, friends and colleagues who are impacted through discussions with these people, as they create a ripple effect of HIV awareness around them.

A Life Skills Programme is run in two primary schools in Molweni and Inchanga for learners in grades five six and seven, aged nine to 15 years. Teaching methods include lectures, group discussions, debates and role plays, making the classes as interactive and interesting as possible. Learners are then tested to ensure that they have developed an understanding of the issues and choices relating to HIV and AIDS.

Peer Education is part of the Life Skills Programme. Each year a group of learners are trained and equipped to advise and encourage their peers and friends to make good life choices. During the year the Peer Educators co-ordinate activities in the community to bring young people together and speak about what is happening in their lives and how best to handle the difficulties and challenges that they face. This year 21 high school learners from Ezifikele and Tholulwazi High Schools, in Inchanga and Lower Molweni respectively, successfully completed Peer Educator training.

HIV/AIDS Lay Counselling Trainings were conducted three times over the year, with 62 people successfully graduating. For some people this new skill provided employment opportunities, while those who remain unemployed are now able to provide help and guidance to people in need in their communiies

Two ***HIV/AIDS Workshops*** were held for 62 school principals employed by the Department of Education in Pinetown

Three in-depth HIV/AIDS training workshops were conducted for our Granny Support Group Project, reaching about 165 women. Two workshops were run on-site for about 50 craft workers from our Income Generating Project, many of whom are raising children and grandchildren on their own.

Substantial funding for HIV Counselling and Testing (HCT) became available which resulted in the Counselling Department and the Education Department working hand in hand, with HCT being offered to people attending educational talks and workshops. This has given both departments a significantly increased opportunity to work with the business sector in addressing issues of HIV and AIDS in the workplace. It has also allowed us to run wellness workshops for beneficiaries of other non-profit organisations, such as Careline Crisis Centre, and for Church groups.

World AIDS Day Ceremony – Staff and friends of the Centre gathered under a huge tree draped in red cloth, prayer flags and beautiful lights to bring awareness of HIV and AIDS, remember those who have lost their lives due to AIDS-related causes, and celebrate the hope for treatment and healing.

How we can help you: Call us for HIV/AIDS workshops and talks that we can tailor-make for the specific needs of your business, place of worship, school or group. BBEEE points can be earned. Together we can turn the tide of this epidemic. Remember to plan your World AIDS Day event well in advance!

Zandile Shange – Education Manager

Woza Moya Income Generation

He Wishes for the Cloths of Heaven

Had I the heavens' embroidered cloths,
Enwrought with gold and silver light,
The blue and the dim and dark cloths
Of night and light and the half- light,
I would spread the cloths under your feet:
But I being poor, only have my dreams;
I have spread my dreams under your feet;
Tread softly because you tread on my dreams.

WB Yeats

This year has been one spent celebrating amazing achievements but also rediscovering our humility.

Woza Moya is in its seventh year and with the passage of time we had become used to a relative sense of stability. Our first three years were a great struggle - to get enough work in, to get Woza Moya recognised and put on the map and to get regular customers to know where we were and use us exclusively for all their gifting requirements. Not least of our tasks was to give our crafters the skills and confidence to tackle any order. The years of hard work and sacrifice finally put us in a position of relative stability and comfort where we no longer had to draw up elaborate schemes to get people to buy beadwork nor did we have to attend every market as the public had heard of Woza Moya and were coming to us. With the global down-turn we have really had to take a long hard look at how to really be sustainable.

The recession hit us very hard. Nearly all our overseas clients down scaled their orders dramatically. This is something that we had not foreseen and it literally blind-sided us. We have 160 registered bead workers and work with 140 other crafters, so not operating at full capacity negatively impacts the livelihood of all these men and women.

I have often felt that I would rather hide under my desk on a Friday instead of facing the crafters, because I understand, very simply, that a small order translates into little food on the table. Instead of taking the hiding-under-the-desk option we have had to stand tall and face our bead workers each week, listening to the crafters and talking about our future together. It has been beautiful and painful to watch as the crafters have stood together, given support to one another and comforted *us* and said that we will get through this together as a family. These women have faced many hardships and it is humbling to be pulled through this test of faith through their strength. This is, I think, what makes Woza Moya great and perhaps unique.

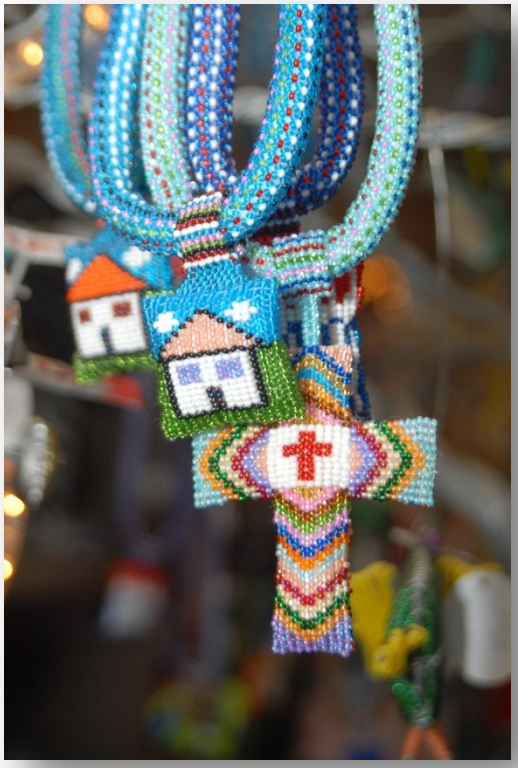
Through all of this the crafters created the Dreams for Africa chair which travelled South Africa documenting dreams of notable and ordinary South Africans alike and that experience was also humbling. The chair has ripped up some South African stereotypes, allowing people to reconnect, re-evaluate and dream again - all this through the initial dreams of men and women of Woza Moya who come from backgrounds of extreme hardship and poverty.

We had a beautiful Photographic Dream Exhibition, sponsored by Oxfam and Afripak, at the Durban Art Gallery, where over 120 crafters and more than 450 friends and family gathered on the opening night to celebrate the dreams of all the people

captured while sitting on the Chair. It was one of those evenings that no one will forget because it was so good - it was perfect. Many people were moved to tears after seeing the exhibition and said when they left how proud they were to be South African. The Chair has travelled to various events around South Africa and been as far as New York. Along the way, it has raised, and continues to raise, money for our training fund and building fund. Woza Moya has run out of space and is in desperate need of an enlarged space in which to create, run training workshops and produce and sell items.

A highlight for the Centre was that the Chair won "The Most Beautiful Object in South Africa" competition at the 2011 Design Indaba. When we told the crafters they said "we made the chair so that must mean that we are most beautiful, too!"

As a result of the exposure garnered by the Chair and the Map we have received several other commissions from private clients and art galleries. This has helped us keep our heads just above water through this global down-turn even though some days it still feels like we are drowning! We have tried to adapt, grow and change using the skills we have learned in the last seven years: we are still making exquisite craft but we can also offer giant maps, beaded artworks, ottomans, chairs and now dresses fit for a Princess!



By growing our skill base we grow our customer base and hopefully work will be flowing ever more abundantly to the women and men of Woza Moya. May there be no more hiding under desks but rather swinging through the rafters of the new craft centre!

Thank you!

Paula Thomson
Income Generation Manager

Granny Group Project

"Give a woman a fish and you feed her for a day; teach a woman to fish and you feed her and her family for a lifetime"

- adaptation of an English proverb·

In isiZulu, Grannies are called Gogos. The gogo project empowers rural women by helping them to develop skills, raising their self-esteem, giving them a collective voice and creating an environment for change and hope. The project nurtures independence and inspires confidence and a positive attitude in life.

This project continues to grow in all dimensions and not only benefits grannies but communities at large. This was well demonstrated when Hillcrest AIDS Centre Trust hosted a major sporting event,the Gogolympics, attracting hundreds of people from the community, old and young.

In 2006 we started with two groups, in 2010 we had fifteen groups and we are now working with 23 groups each with a membership of between 25 and 50 women. The groups are run by an appointed leader and her committee of three or four women, each with their own responsibility – such as keeping records of group activities, liaising with Cwengi the Hillcrest AIDS Centre nurse responsible for the project, identifying group needs and so forth.

When we started we were training grannies in basic sewing and gardening, but now the list of what we do with the grannies is endless and is growing every day. The project is attracting youth who are now committing themselves to be involved in the project and also to learn developmental skills which empower them.

Many organisations work hand in hand with Hillcrest AIDS Centre Trust on this project. Our thanks and appreciation go to Pinetown Methodist Church, Hillcrest Methodist Church, Embocraft, Kloof Baptist Church, Valley Trust, the Halley Stott Clinic community health workers, KwaNyuswa Hub and Light Providers. And to the wonderful staff of the Stephen Lewis Foundation, thank you for your incredible support and care.

It is very encouraging to see rural women developing, learning new skills and showing leadership talent. This gives us hope for the future of the project that it will be sustainable and be taken to the next level. This is what community development is about. ***"PRAISE THE LORD!!"***

Cwengi Myeni
Nursing Manager and Granny Group Project Leader

Izingadi Zethemba Plant Nursery

The nursery receives good support from the local community in the purchase of plants, especially indigenous plants. Beyond being the income generating arm of the horticulture programme, the Nursery has proved to be a wonderful asset to the Centre – providing beauty for staff, patients and visitors to the Centre to enjoy year round.

We landed some good landscaping contracts and it is rewarding to see these gardens flourish and bring delight to our clients. One client has retained the services of the nursery to maintain their indoor plants. The Nursery introduced a plant hire service which is popular for events such as school dances, horse shows and community functions. These clients know that the income generated by this type of work, goes towards establishing food gardens in impoverished communities.

The nursery continues to grow seedlings to supply community food gardens. The nursery staff also helps erect fences and prepare land for establishing vegetable gardens.

Our greatest logistical challenge continues to be having only one vehicle available to both the horticulture department and the plant nursery. The vehicle is also used to take food parcels to the families on the feeding scheme, so there is much demand for our old, somewhat unreliable, vehicle!

It has been gratifying to work with a dedicated team of gardeners who have grown in all ways - skill and confidence; knowledge of propagation and plant identification; dealing with the public.

A special thank you to our volunteers – Ros, Debbie and Brenda – who have proved to be excellent in sourcing plants and trees and introducing new stock, not to mention adding glamour to our all male team!

John Lund - Nursery Manager

Horticulture and Food Security

We have enjoyed a successful year with the hard work we put in throughout the year yielding great rewards for the communities that we serve. Our objective, as always, is to help families affected by HIV/AIDS by alleviating poverty, developing skills and provide food security through agriculture. We do this by working with the Granny Group Project and the Feeding Scheme families, as well as helping with community and school gardens and working alongside other stakeholders involved in agriculture.

The first gardens we established belong to our home-based carers. These 45 gardens are flourishing and our only input is to provide vegetable seedlings.

The Granny Support Group gardens have started off very well, with new 13 gardens across the communities of KwaNyuswa, Inchanga and Molweni. Two of the gardens are highly visible from the main road and people stop to admire what was previously unsightly bush and is now a thriving vegetable garden.

The granny gardens produce enough vegetables for the families who tend the gardens. The vegetables are shared amongst nearby child-headed homes, and any excess is sold to people in the community and sometimes to our Feeding Scheme and Respite Unit. Our aim is to make the granny group gardens sustainable and for them to be able to generate an income by supplying the markets with vegetables.

"One of the highlights with working in a garden is seeing the transformation of a piece of ground. From grass or dust to healthy fresh vegetables. That always puts a smile on everyone's face especially the people who will benefit from the harvest."
J.T. : Volunteer (pictured).

The eight school gardens have been doing well although we've had some challenges of neglect during school holidays and sometimes the teachers don't rotate the classes in working the garden. The schools make soup for the learners from the vegetables grown and also give vegetables to learners who are in desperate need of food.

The feeding scheme families have increased due to the fact that when a family is taken off the feeding scheme and no longer receives food parcels, we continue to assist in sustaining the vegetable garden. No matter the size of the garden, we are always there to help and give advice. Currently we have 45 feeding scheme families with vegetable gardens and the numbers will continue to increase.

Every year we buy potato seed to give to all our farmers. The potato is a staple food here in South Africa, as the starch is filling and nutritious. A potato is a versatile vegetable and can be used in many dishes and recipes. During the festive season there is a big demand for this vegetable and it comes as no surprise that the farmers receive these seeds with great joy! They generate a lot of money from selling their harvest to the community as the seed they get is certified.

We are still producing approximately 600 vegetable seedling trays each year and buy in extra trays to compensate for loss from heat. We are working on ways to minimise sun and heat damage to fragile seedlings.

We look forward to continuing God's work by doing our best in improving our fellow South Africans' livelihoods by bringing joy, love and healthy foods into their lives.

Thokozani Yika
Horticulture Manager

Friends of Hillcrest AIDS Centre Trust

Our grant partners who enable us to work side by side with the community:

German Agro Action
Discovery Fund
HCI Foundation
Networking HIV/AIDS Community of South Africa
Oxfam Australia
Solon Foundation
Stephen Lewis Foundation
Zoë-Life

Donors who live far away and support the work that we do:

AM Stern
Audrey Warren
Betty Lawes Foundation
Brigham Young University
Canada Trust
Carolyn Nixon
Charities Aid Foundation
Church of the Resurrection
De Bilt Church Holland
Emily Howe
Erin Lane
Ev Luth Kirchenkreis
First Presbyterian Church (Houston)
F.O.I.L. UK
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Frank Vos and his Church
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HACT UK (various donors)
Hamburg International Methodist Church
J du Preez
Little Travellers Korea
Meermens
Meridian Street United Methodist Church
Michelle Schrader's Group
Mr & Mrs Moore Gates Jr
Nina Michaelis
Simunye Project
SORO Life Art
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Our local donors who care about our community:

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Waterfall Methodist Church
Wave Paper
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Thank you to those who give in kind:

Ashley Primary School
Big Time Promotions
Bread Ahead Pinecrest
Churchill Couriers
Classic Panel Beaters
Club Leisure Group
Colleen Eitzen
Cowies Hill Womens Institute
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Thomas More College
Umbilo Methodist Church
Unilever
Van Dyk Carpets
Wakefields Hillcrest
Windermere Shopping Centre
Wool & Weave
Woolworths Delcairn Centre
Wye Knot Quilters

. . . and the many people who clear out their cupboards and donate clothes, books, linen, household goods and office items to the Centre – you know who you are – ***thank you!***

Thank you for your forgiveness if your name has been omitted. We strive to acknowledge our many donors and friends but respect that some of you would like to remain anonymous.

From all of us here at Hillcrest AIDS Centre Trust, Siyabonga Kakhulu (thank you so much) for your support over the past year. We hope you will continue on this journey with us as we venture into 2012 and strive to see the end of the HIV/AIDS pandemic in our lifetime.

Financial Report

Prepared by: 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 2011 were presented by the auditors to the Trustees of Hillcrest AIDS Centre Trust. They were approved by the Trustees and signed off by JA Hornby, DJ Neville Smyly and Revd RA Robinson on behalf of the Board of Trustees.

Presented below is a summary of the Annual Financial Statement. An electronic copy of the full Annual Financial Statements is available from the Financial Manager (finance@hillaids.org.za) on request.

Comment by the Financial Manager

The Financial Statements report an overall Accumulated Surplus of R 7 849 938 for the year ended 31 March 2011. This is represented by the assets of the Trust.

The only assets that have been capitalized and shown on the Trust Balance Sheet are the Land and Buildings acquired and built by the Trust, which was funded by the Donations received. This accounts for R2 832 834 of the Accumulated Surplus.

Furthermore, we have stock to the value of R 901 992 excluding trade receivables. 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 R 4 134 093. Although this seems an incredibly large amount to have on hand, it will only support the expenses of the Trust for approximately 5 months.

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. This boosts the cash on hand figure.

Angelique York
Financial Manager

Balance Sheet

	2011 R(Rands)	2010 R(Rands)
Assets		
Non-current Assets		
Property, plant and equipment	2,832,834	2,832,834
Current Assets		
Inventories	901,992	700,905
Trade and other receivables	414,653	321,887
Cash and cash equivalents	4,134,093	3,936,971
	5,450,738	**4,959,763**
Total Assets	8,283,572	7,792,597
Equity		
Trust capital	100	100
Accumulated surplus	7,849,838	7,535,548
	7,849,938	**7,535,548**
Current liabilities		
Trade and other payables	433,634	256,949
Total equity and liabilities	**8,283,572**	**7,792,597**

Consolidated Income Statement

	2011 R(Rand)	2010 R(Rand)
Donations	**2,187,570**	**1,694,329**
Grants	**2,547,847**	**2,450,007**
Revenue	**3,791,097**	**4,267,429**
Administrative	198,142	214,075
Counselling	10,000	8,396
Education	8,497	10,438
Feeding Scheme	12,919	17,596
Funeral Scheme	-	2,850
Home Based Care	25,307	26,613
Horticulture and Nursery	333,248	179,771
Income Generation	3,099,917	3,673,787
Medication	17,984	28,771
Respite Unit	76,459	86,410
School Fee Scheme	8,624	18,722
Total income	**8,526,514**	**8,411,765**
Cost of Sales		
Income Generation	2,069,934	2,348,577
Expenses	**6,142,290**	**4,888,301**
Administrative (net of sundry income)	1,081,816	979,640
Counselling (net of sundry income)	384,012	240,916
Education	163,902	159,580
Feeding Scheme	60,251	76,214
Funeral Scheme	-	4,385
Home Based Care	824,878	685,748
Horticulture and Nursery	608,054	457,743
Income Generation	1,208,146	921,402
Medication	66,675	55,526
Respite Unit	1,716,396	1,222,417
School Fee Scheme	26,345	84,087
Training	1,815	643
Surplus for the year	**314,290**	**1,174,887**

Make a Difference

You can make a difference by making a tax-deductible financial contribution to HILLCREST AIDS CENTRE TRUST (NPO 005-800).

Banking Details

Account name:	Hillcrest AIDS Centre Trust
Bank:	ABSA Bank
Branch:	Hillcrest
Branch code:	631126
Account number:	4045374149
Swift Code:	ABSAZAJJ

Adopt-a-Bed

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**, or **R4500 per month**. 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.

Sponsor a food garden

You can also **sponsor a food garden for a needy family,** so that they can have a regular supply of vegetables and can sell the excess to bring in an income if they wish to. A small garden that feeds a family of five costs R1572; a medium garden that feeds a large extended family of 20 costs R2844; and a large community vegetable garden that feeds 50 community members costs R7328. This price includes fencing, seeds, seedlings, gardening equipment, fertilizer and training for the family over a period of three months from planting to harvesting.

Other ways to engage with Hillcrest AIDS Centre Trust:

- ✓ Shop at Woza Moya craft shop (or via our online catalogue)
- ✓ Deck your garden out with plants from our Gardens of Hope nursery
- ✓ Volunteer your time and skills
- ✓ Send us your old clothes, books and household items for our clothing scheme and for our White Elephant shop
- ✓ Donate canned and non-perishable foods for our feeding scheme
- ✓ Invite our team to speak about HIV/AIDS and conduct HIV testing at your church, workplace or community centre
- ✓ Hire the Dreams for Africa beaded chair for your corporate function, wedding or event
- ✓ Bless the Respite Unit with donations of toiletries such as toothpaste, deodorants, moisturiser
- ✓ Commit to knowing your status, and come into the centre for HIV testing
- ✓ Join our Face Book page
- ✓ Pray for everyone involved with the Hillcrest AIDS Centre Trust and pray that we would see an end to HIV/AIDS in our lifetime

AN INCOME-GENERATION PROJECT
OF THE HILLCREST AIDS CENTRE TRUST

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 08.00 to 12.00

Telephone: 031 765 5866

Fax: 031 765 8781

Email: info@hillaids.org.za

www.hillaids.org.za **www.littletraveller.org.za**

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