A look back into TB/HIV Care’s history offers a startling mirror of the present. Tracing the work of one of the organization’s founding members, Louise Lorne Bennie, reveals the disturbing similarities between today’s TB epidemic and that of 1929.

Then, as now, the disease preyed particularly on the poor, whose immune systems were weaker and who were forced to live in conditions that encouraged the spread of TB. But Louise Bennie’s efforts to combat the disease are also interesting for their similarity to current methods of patient support.

A teacher for fourteen years before she trained as a nurse, Louise Bennie rose swiftly to the forefront of her profession and became the Chairman and Vice Chairman of the After-Care Committee for Tuberculosis Patients. As such, she established a convalescent home on the Cape Flats called Duinedal where tuberculosis patients could receive care before admission to a sanatorium or while recovering from the disease.

The home’s groundbreaking contribution however, was that patients resident there could receive training in skills that would make them more fit for employment after their recovery. This meant that individual patients had more of a chance of breaking the cycle of poverty that contributed towards their ill health and the spread of the TB.

This idea of caring for the general well being of patients and their families defined the core of the TB/HIV Care Association. In the years that followed, TB patients were assisted with food vouchers, rent payments for council homes, travel grants to enable families to visit, small cash grants and a place of care for children at risk of contracting TB. All of these interventions made adhering to TB treatment easier and the chance of cure greater.

Nowadays, the idea of focusing on a patient’s lifestyle and health as a whole is at the cutting edge of TB and HIV treatment and care. But 80 years ago, facing the same disease and similar problems, Louise Bennie and the other founding members of the TB/HIV Care Association were already fighting to ensure that patients received nothing less than a total package of care.
# Annual Report 2009

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Members & Staff

Management Committee Members
Dr Andrew Young Chairman
Ms Ida Mbele Vice-Chairperson
Mr Lionel Janari Treasurer
Ms Diane Fairhead Hon Life Member
Ms Yvonne Galvin
Ms Johanna Honeyman
Mr Thobela Dikeni
Dr Vusi Mbeje
Ex Officio
Ms Ria Grant Director
Prof Harry Hausler Medical Director

Members
Dr Harold Ackerman Hon Life Member
Dr Virginia Azavedo
Dr Therese Fish
Dr Frederick Marais
Ms Pamela Geary Hon Life Member
Ms Iris Mathinise Hon Life Member
Mr A Mokodam
Dr Michael Popkiss Hon Life Member
Prof Fraser Ross Hon Life Member

Technical Advisory Committee
Dr Mickey Chopra
Director: Health Systems Research Unit, MRC
(resigned in July 2009 on assumption of new post as Director: Health, UNICEF in New York City, USA)
Dr Karen Jennings
Head: AIDS, STI, TB, City Health, City of Cape Town
Mr Anthony Joseph
Regional Coordinator: Health, Department of Correctional Services, Western Cape

Staff
Ria Grant Director
Prof Harry Hausler Medical Director
Stacie Stender Clinical Co-ordinator
(Resigned December 2008)
Dr Tahira Kootbodien Clinical Co-ordinator
Nyamekha Hlatshaneni Human Resource Manager
Phebe Saint Gribble Voluntary Counseling and Testing Co-ordinator
Jerusha Soomar Monitoring and Evaluation
Eliaas Hlongwane Co-ordinator
(Resigned December 2008)

Programme Co-ordinators
Etricia Lakey
Mavis Nonkunzi
Belinda Fortuin

District Co-ordinators
Deborah Esau
Stella Aghullas
Joalene Haupt
Buviswa Mgengo
Desiree Schouw
Health Promotion

Nurse Mentors
Western Cape
Sisonke Kwa Zulu Natal
Francis Prinsloo
Nomzi Khonkwane
(Joined December 2008)

Nontuthuko Dlamini
Nombulelo Bandezi
Thoja Kgothoane

Professional Nurse Counselors
Western Cape
Sisonke Kwa Zulu Natal
Denise Farmer
Milly Abels
Doreen White
Lulama Jacobs
Priscilla Tshandu

Nomusa Ngcobo
Michelle Strachan
Nobfundisi Mofokeng
Nomusa Motloung
Nomagugu Mlangeni

Administration
Shahieda Solomons Administrator
Hermanise Dryling Admin Assistant
Fatima Ismail Admin Assistant
Zodwa Zulu Office Manager (Ixopo)
Lorraine Dryling General Assistant

NACOSA

Activity Manager: TB/HIV , Centers for Disease Control and Prevention
Dr Erma Mostert
Director: Brooklyn Chest Hospital
Dr Lindiwe Mvusi
Director: TB, National Department of Health
Ms Annatjie Peters
Activity Manager: TB/HIV, Centers for Disease Control and Prevention
Dr Roger Phili
Director: HIV/AIDS/STI, KwaZulu-Natal Department of Health
Ms Marlene Poolman
Deputy Director: TB, Western Cape Department of Health
Dr Maureen van Wyk, Executive Director,
World TB Day, the 24th March 2009, saw the TB/HIV Care Association join the Treatment Action Campaign in a march on parliament that culminated in the signing of a memorandum by a representative of the Department of Health. With this memorandum outlining critical issues in the fight against TB and HIV acknowledged by government, significant media coverage of the event, a health expo at the Golden Acre to expand awareness, and a phenomenal turn out of support, the day was highly successful in mobilising communities and advocating for improved service delivery.

The milestone 80th anniversary of the TB/HIV Care Association this year was celebrated with a cocktail reception over which the Consul General of the USA, Dr Alberta Mayberry, presided.

TB/HIV Care held its first Amaya-Lacson TB Photovoice workshop, which saw TB patients and treatment supporters given cameras to chronicle the way in which TB affects their lives. An exhibition of the photographs taken then travelled to various public spaces as part of an awareness campaign, and was widely admired.

Building on the success of its earlier Platinum Impumelelo Innovation Award last year, TB/HIV Care’s TB Assistant Project has gone on to be nominated as a finalist in this year’s United Nations Public Service Awards. With the award billed as “the most prestigious international recognition of excellence in public service”, the nomination is an important achievement.

TB/HIV Care’s caravan, a mobile HIV testing station, has made testing accessible to people living in farming areas along the N7 on the West Coast and to factory workers in the area.
TB/HIV Care Association has been involved in the fight against TB in Cape Town since 1929. Over the years many people have come and gone, and new drugs have been formulated, yet the battle against TB has remained essentially the same. With the advent of our democracy in 1994, new battlefields have arisen. In 1990, the antenatal prevalence among pregnant women was 0.5% and is now 28%. Around 6 million South Africans are HIV Positive and over 700 000 people have been initiated on antiretroviral therapy.

The challenges for our health services are enormous. Existing health workers are insufficient to service the disease burden. Tasks previously done by doctors and nurses will have to be shifted to well-trained community workers. Patients will not only have to take responsibility for themselves, they will also have to help in the detection and prevention of disease in their families and communities.

TB and HIV affects us all and if we want to bring the epidemic under control, then we will have to mobilise and empower communities to join in the fight.

TB/HIV Care, with its focus on community can play a key role in formulating African solutions for African problems. At present, having successfully handed over the Northern sub-district of the Metro, we are still involved in 7 of its 8 sub-districts. TB cure rates in the City are still near their all time highs. This has been achieved without a significant increase in professional health staff and despite hugely increased patient numbers. I believe that much of the credit must go to our fieldworkers. Congratulations. TB/HIV Care is not only involved with supporting patients adhere to their antiretroviral treatment; we are also involved with the move towards an integration of TB and HIV services.

The PEPFAR funded Project Integrate has grown in leaps and bounds. We are now active both in the Western Cape and KwaZulu-Natal doing HIV testing, whilst at the same time screening for TB and sexually-transmitted infections. Symptomatic suspects are not only referred to the clinics, they are also tracked to make sure they access the appropriate health services. A novel idea has been the use of mobile VCT testing units which are able to access people who would not otherwise be able to make it to a clinic. Additionally, we are also involved in community education, condom distribution and adherence support to antiretroviral sites.

TB/HIV Care Association has grown exponentially in the last few years from being a charity organisation struggling for funds to being a service provider with a complex structure. As the organisation grows larger it will have to strike a balance with sustainability. I wish the management team and staff all the best as they try to achieve this. Remember that we are family.

As per our Constitution, I will now take my leave from the Chairmanship after 3 very satisfying years. Thank you to all our donors and funders. Thank you to the fellow members of the Board. Thank you to all the staff members and management. It has been my privilege to work with you. May TB/HIV Care go from strength to strength in the future.

Dr Andrew Young MBChb
Chairman
I am very proud of this organization which celebrates its 80th year in 2009. To have survived a World War, two economic meltdowns and an incredible political change is no mean feat. It has indeed been a privilege to lead this organization for the last 33 years. Much of what we have achieved has been because of our close working relationship with the people in the City Health Department, the Provincial Health Department, the Department of Social Development, the Community Chest of the Western Cape, other non-profit organizations, and most of all, the communities in which we work.

Our strength has always been identifying gaps in health care, and being willing to find innovative ways to fill them. Instead of viewing problems as difficulties or drudgeries, we would attempt to address at least some of the needs. Luckily for us, the health service providers were always prepared to listen and allow us the freedom to implement our ideas.

These ideas have been numerous. We have used feeding schemes for patients - soup kitchens, food gardens, brown bread and peanut butter breakfasts, food parcels and food vouchers, as an incentive for treatment adherence. We have implemented and expanded community based TB care or DOT (Directly Observed Treatment), which started with great scepticism, but is now so much a part of managing TB control in the city that it is difficult to imagine life without it. Our paediatric project at Brooklyn Chest Hospital remains one of our “big heart” projects and our Workplace Programme, which supports patients where they work, is showing good signs of growth.

The positive side of working in a NPO environment where financial resources are always scarce, is that one learns to be extremely resourceful, and it is often friends and family who are cajoled into giving freely of their time and talents. The support of the members of the Management Committee and TB/HIV Care’s extended family has been vital.

Integrating TB services with HIV care was a path which I was wary of. However, when it became evident that so many of our TB patients were dually infected, we looked for a credible organization with which we could partner, to help us with the transition from a single purpose TB organization to an integrated TB/HIV organization. We embarked on a very meaningful partnership with ARK (Absolute Return for Kids) who taught us what we needed to know. We are now fully committed to providing integrated, community based TB and HIV care. This is largely due to the generous support of a PEPFAR (President Emergency Plan for AIDS Relief) grant being administered by the Centers for Disease Control (CDC). This grant has allowed us to expand up to the West Coast of the Western Province and into the Sisonke district in Kwa Zulu Natal.

I have also been fortunate enough to travel and to share best practices and learn from others. My most memorable experience was attending a special TB NGO conference in Kathmandu. What a vibe! It was all about improving TB control at grassroots among people who offer care. I also remember attending the IUALTD (International Union Against Lung Disease and Tuberculosis) Conference in Paris the year after South Africa was
re-admitted. I had prepared a poster presentation and wanted to tell the world how we were involving the community in making TB treatment easily accessible in a supportive environment. It generated very little interest way back in 1996. These days community based care features on every TB conference agenda.

Apart from supporting TB and HIV patients, we at TB/HIV Care have always striven to give our partners in the community a chance to better themselves, to discover latent talents within themselves, and to move up and move on. TB DOT Supporters have become social auxiliary workers, and newly qualified social workers who found it difficult to find employment with no work experience were given a chance at employment. The TB Assistant program, implemented in partnership with the Provincial Government and the City of Cape Town, aims at addressing the health service’s administrative burden by creating employment for young people. These are all examples of our commitment to the development of the individual.

It is a concern that 80 years down the line we are still battling the same disease. Many of the challenges that our founder members faced in 1929 have re-invented themselves, but TB/HIV care is also constantly evolving, and hopefully, the organization will be around to meet and defeat these challenges for another 80 years.

Ria Grant
Director

Graduation Day

More than 300 TB/HIV Care treatment supporters and community health workers attended a graduation ceremony on the 8th of December 2008. The hall at the Good Hope Centre was packed as the TB/HIV Care Association honoured their trained graduates for the work they perform every day in the community - assisting and educating people with TB and those living with HIV.

Among the invited guests singing the praises of the graduates, was Dr Lindiwe Mvusi, director of South Africa’s national TB Control Programme, who acknowledged the vital role of treatment supporters by presenting them with their certificates. TB treatment is still a long process that requires patients to take medication regularly for months. The obstacles to completing treatment are many, so the support of people within the patient’s community is critical. The treatment supporters provide this vital link between the clinic and the community. They check that patients attend clinic appointments, take their medication and understand what it will take to be healthy. Because they are from the same community, the supporters can recognise and follow up any problems that arise.

With formal recognition from the Health and Welfare Sector Educational Training Authority (HWSETA), the certificates of completion of AIDS Storytelling Methodology and TB Adherence courses show that the treatment supporters have achieved a nationally recognised level of skills and knowledge that will ensure that they provide an excellent service to their communities.
Achievements: April 2008 – March 2009

During the past year, TB Care Association celebrated 80 years of caring and evolved to become TB/HIV Care Association. We expanded our geographical coverage and scope of services to help increase access to TB/HIV case finding, clinical care and treatment support. This expansion was made possible by funding from the President’s Emergency Plan for AIDS Relief (PEPFAR) and continued support from the national and Western Cape Departments of Health. Services have now extended beyond metropolitan Cape Town and the West Coast district in the Western Cape to Sisonke district in KwaZulu-Natal (KZN).

By the end of March 2009, we established 5 community based non-clinical voluntary counselling and testing (VCT) teams in the Western Cape and 5 in KZN. We also supported 20 TB/HIV clinical care sites and 8 antiretroviral treatment (ART) sites in the Western Cape and 23 TB/HIV clinical care sites and 8 ART sites in KZN. This allowed us to counsel and test 40,939 clients (33,051 in clinical sites and 7,888 in community sites) and identify 7,741 people living with HIV (7,021 in clinical sites and 720 in community sites). By the end of the March, we had enrolled 16,180 people into HIV care. In our integrated TB/HIV sites, our TB/HIV adherence supporters provided support to 4,974 new TB patients and 7,909 new ART patients over the year.

Increasing access to diagnosis of HIV, TB and sexually transmitted infections (STIs)

The first step in decreasing the burden of TB and HIV is to identify those people who are infected with HIV and are sick with TB. To this end, TB/HIV Care Association provided support to health facilities and established 10 community VCT teams providing HIV counselling and testing and TB screening. TB is the most common opportunistic infection and the most important cause of mortality in people living with HIV. STIs increase the likelihood of transmission of HIV from people living with HIV to their partners and the likelihood of infection with HIV among those who are HIV-negative. For these reasons, all clients accessing community VCT are routinely screened for TB and STIs. VCT and TB/STI screening are promoted by our community health workers, lay counsellors and workplace programme.

In the past, the mobile VCT services provided counselling in tents that proved difficult to use in windy and wet weather conditions. In early 2009, a new caravan customised into two counselling rooms was purchased for the N7 mobile VCT team in the Western Cape. The advantages of the caravan are that it can be used in all weather conditions, it provides privacy and it is comfortable for both clients and staff. It has proved to attract many clients wherever it is used.

An updated model of counselling called ACTS (Advise, Consent, Test and Support) has been introduced and was implemented in all TB/HIV Care VCT services by mid March 2009. The ACTS model of counselling and testing advises clients of the benefits of knowing their HIV status, obtains informed consent, tests for HIV and then provides counselling appropriate to the HIV test result. This decreases the amount of time required for pre-test HIV counselling.
and allows the VCT teams to test more clients per day. The VCT teams continue to routinely screen all clients for TB and STIs and refer symptomatic suspects to the health services. VCT teams are required to track referrals of newly diagnosed HIV positive clients and TB or STI suspects to determine if they have attended health facilities and accessed appropriate diagnostic and treatment services. VCT teams also trace referred clients who do not access care.

Health promotion activities for TB and HIV awareness were conducted for the week of 23-27 March 2009 in celebration of World TB Day (on 24 March 2009) and TB/HIV Care Association’s 80th birthday. Mobile testing stations provided free and confidential HIV counselling and testing and TB/STI screening at Canal Walk, Middestad and Golden Acre Shopping Malls on consecutive days. Additionally, TB/HIV Care hosted a health expo at the Golden Acre shopping complex. Thirteen organizations were invited to participate in promoting TB and HIV awareness through education and mobilizing the public. The organizations that participated in this were Absolute Return for Kids (ARK), Cape Flats Development Association (CAFDA), Desmond Tutu HIV Foundation, Life Choices Project, Networking AIDS Community of South Africa (NACOSA), Provincial Government of the Western Cape (PGWC) Sensible Drinking, PGWC Nutrition, Positive Muslims, Pure Love Alliance, South African Police Service (SAPS), Treatment Action Campaign (TAC), TB Free and the Triangle Project. Additionally, the VCT staff provided community based HIV testing linked to TB/STI screening at workplaces, farms, communities and correctional services (Malmesbury Medium A and B and Allandale).

In order to increase access to HIV care, the professional nurses in the VCT teams in KZN are now conducting World Health Organisation (WHO) clinical staging and obtaining CD4 counts for HIV-positive clients before referring them to health facilities for ongoing HIV care.

Improving the quality of TB/HIV clinical care

It is clear that identifying and referring clients to health services is not enough. When clients reach the health services, it is important for them to receive the best possible clinical care. In order to improve the quality of clinical care, TB/HIV Care Association employed two nurse mentors in the Western Cape and 5 nurse mentors in KwaZulu-Natal who provide on-site training and mentorship to solve clinical problems. Our nurse mentor
in the West Coast district, Francis Prinsloo, trained 73 clinicians on the provincially approved training programme called ‘Practical Approach to Lung Health and HIV/AIDS in South Africa’ (PALSA Plus). Sister Prinsloo was voted as best PALSA Plus trainer of the year 2008. Each nurse mentor in KwaZulu-Natal is responsible for providing support to health facilities in one of 5 sub-districts of Sisonke district.

A strong partnership has developed between TB/HIV Care Association and the District Health Management Team in Sisonke. TB/HIV Care Association supported 46 care sites providing HIV care in the past year: 23 in the Western Cape and 23 in KwaZulu-Natal. Of these, 43 provide TB treatment to HIV-infected individuals (above the target of 31 for the year). There are 3 hospital-based ART sites in the Western Cape that do not provide TB treatment because the TB drugs are funded through clinic budgets and not hospital budgets. We will work with the Department of Health to provide integrated TB/ART services at these sites so that patients who need both treatments can receive them at one health facility.

In the Western Cape, TB/HIV Care provided support to 11 primary health care clinics (Diazville, Hannah Coetzee, Hopefield, Laingville, Langebaan, Louwville, Moorreesburg, Protea Park, Riebeck West, Riebeck Kasteel and Saxon Sea clinics), 3 hospital-based ART sites (Swartland, Vredenburg and Wesfleur hospitals), 4 primary health care ART sites (Albow Gardens, Du Noon, Hout Bay and Langa clinics) and Brooklyn Chest Hospital. TB and HIV training and mentoring to professional staff were provided to 2 correctional services facilities (Malmesbury Medium A and Medium B).

In KwaZulu-Natal, TB/HIV Care Association provides support for palliative care in 14 primary health care sites (Gowan Lea, Gqumeni, Hlokozi, Ixopo CHC, Jolivet, Kilmun, Kokstad, Ndawana, Pholela CHC, Rietvlei, Riverside, St Margaret’s, Tsatsi and Underberg), 5 hospital-based antiretroviral treatment (ART) sites (Christ the King, EG and Usher Memorial, Rietvlei, St Appollinaris and St Margaret’s hospitals), 2 correctional services facilities (Kokstad Medium and C Max) and 2 fixed community VCT sites (Franklin and Stepmore).

Sites provided with integrated TB/HIV support by TB/HIV Care identified 1,665 new TB patients in the Western Cape and 3,309 TB patients in KZN.

TB/HIV Care is committed to helping HIV-positive community members access HIV care. There were 7,600 clients in the Western Cape and 8,580 clients in KZN enrolled in HIV care during the year in sites supported by TB/HIV Care.
Antiretroviral therapy (ART) has transformed living with HIV into living with a chronic disease rather than a death sentence. During the past year, TB/HIV Care supported clinical sites that enrolled 4,365 patients in the Western Cape and 3,544 people in KZN on ART.

TB/HIV Care continues to provide support to Brooklyn Chest Hospital, the tertiary referral TB hospital in the Western Cape, in several ways. We assisted the hospital to become an accredited ART site so that hospitalised TB patients could receive ART on site instead of having to be transported to other facilities for their treatment. TB/HIV Care also employs 3 educare teachers who help stimulate and educate hospitalised children with TB and provides transport to their parents to visit them regularly. TB/HIV Care also employs social auxiliary workers and counsellors to ensure that home visits, HIV counselling, adherence counselling and discharge planning is done for hospitalised TB patients with drug-susceptible and multidrug resistant TB (MDRTB).

**Community Based Services**

For patients with chronic diseases like TB and HIV, a major challenge is to take treatment for many months (for TB) or lifelong (for HIV). In order to decrease the burden of TB and HIV, adherence support is required after patients are diagnosed and initiated on treatment.

TB/HIV Care Association continues to provide directly observed TB treatment through TB treatment supporters in 7 sub-districts of the City of Cape Town. By March 2009, 386 treatment supporters were providing daily DOT to 3,356 TB patients.

Given that more than 50% of people with TB are HIV-infected in South Africa, TB/ HIV Care has recognised the need to provide integrated adherence support for both TB and ART. Integrated TB/ART adherence support is now being provided in 6 sites in the City of Cape Town with funding support from PEPFAR and the national Department of Health. Our community workers in these sites are trained to provide TB/HIV/STI education, prevention, screening, referral and adherence support.

**Capacity Building**

**TB/HIV Care has trained 129 health workers** in the Western Cape and KZN on the following topics: TB/HIV diagnosis and clinical management, isoniazid preventive therapy and monitoring and evaluation (MtE) for professional nurses; HIV and TB basics, and the importance of adherence to treatment for community care givers; data quality management for data capturers; and TB-related infection control for TB clerks and assistants. We are in the process of becoming an accredited training provider recognised by the Health and Welfare Sector Education and Training Authority (HWSETA). This will allow us to provide our community workers with accredited training so they can pursue further development and career pathing.

TB/HIV Care Association has also helped build capacity in other non-governmental organisations (NGOs) to provide community based adherence support through sub-contracts with 2 NGOs in the West Coast district of the Western Cape (Sinethemba, West Coast HIV/AIDS Initiative) and 2 in Sisonke district, KZN (Edzimkulu, KZN Progressive Primary Health Care).
Correctional Services

TB/HIV Care Association has been through a quality assurance process that allows us to provide TB/HIV services in correctional facilities throughout the Western Cape. We provide services to offenders and staff that include VCT with screening for TB and STIs, clinical mentorship, training on adherence support and referral to ensure continuity of care.

Advocacy, Communication and Social Mobilisation.

TB/HIV Care Association collaborated with the Treatment Action Campaign to mobilise 1000 people to march to parliament and deliver a call to action to the national Minister of Health who was represented by the Western Cape Deputy Director-General of District Health Services and Health Programmes, Dr Joey Cupido. The memorandum called for improved collaboration between government and civil society in TB/HIV services and accelerated implementation of activities to decrease the burden of TB in people living with HIV called the 3 I's (TB infection control, intensified TB case finding and isoniazid preventive therapy). There was extensive media coverage of World TB Day activities in local and national print media, radio (KFM, Bush radio and SABC) and television. Our Photovoice project trained community members to document through photography and share their experiences of living with TB.

Way Forward

TB/HIV Care Association will continue to support the Department of Health this year by making it easy for community members to be tested for HIV and screened for TB, by improving the quality of clinical care and by helping patients to complete their TB treatment and stay on ART. We are expanding our services in the West Coast and Sisonke districts, providing increased support to TB hospitals and correctional services and intensifying our patient education and community mobilisation efforts. We are collaborating with the National Department of Health in the Kick TB 2010 campaign linked to the 2010 FIFA World Cup South Africa. We will be sharing best practices at the 40th Global Conference on Lung Health in Cancun, Mexico in December 2009. I have been given the honour of chairing the Southern African TB Conference in Durban from 1 to 4 June 2010. The theme of the conference is ‘Forging Strategic Partnerships to Fight TB and HIV’ which reflects the vision and mission of TB/HIV Care Association.

A challenge for the organisation this year will be the semi-retirement of Ria Grant who has directed TB/HIV Care for the past 33 years. We are fortunate that she will continue to provide guidance and support and thank her for all she has done to make the organisation one of the most effective and respected NGOs in the country.

Harry Hausler
Medical Director
More than Medicine for children

It is all too easy to forget that human touch and play can be as important to a sick child as the right medicine and bed rest.

But overworked nurses are sometimes too busy to be able to provide the one on one interaction and mental stimulation on which small children thrive.  
TB/HIV Care Association’s Paediatric Project fills this gap by employing two educare teachers at Brooklyn Chest Hospital to provide structured play sessions to children who are hospitalised because of TB.

Children may find themselves in a hospital ward for a number of reasons. Some have TB meningitis. Some live in rural settings far from the nearest clinic so taking regular, supervised TB treatment at home would be nearly impossible. Others may live in a home where they are at risk because an adult has TB, but is not adhering to treatment.

For children of school-going age, there is a hospital school to ensure they keep up to date with their education. But for children of pre-school age and younger, there was no educational service in the past despite the critical need for stimulation at this age.

At Brooklyn Chest Hospital, TB/HIV Care addresses the gap by giving these younger children the chance to develop their minds and bodies with the educare teachers. Some children have never attended crèches so the educare programme may even give them their first opportunity for structured learning.

By addressing these vital, additional needs, TB/HIV Care is ensuring that children in hospital receive more than just medicine.

When Kentucky Fried Chicken decided to set a goal - that everyone in the company, from the MD to those who cook the chicken, should know their HIV and TB status by 2010 – the first organisation they called was TB/HIV Care Association.

TB/HIV Care’s workplace outreach programme was a perfect fit for KFC’s needs. As well as health awareness workshops at 26 KFC outlets, TB/HIV Care was able to offer voluntary counselling and testing (VCT) for HIV and screening for TB and sexually transmitted infections to the 689 employees at these outlets. Of these an encouraging 55% decided to be tested for HIV.

According to Morne Rohloff of KFC, the feedback they had from employees was heartening. One manager decided to disclose his status at a morning meeting at one of the branches and the other employees embraced his status. By bringing the awareness sessions and testing into the workplace, companies can show their employees that they will not be discriminated against at work. “We believe in people, regardless of their status” says Rohloff.

The initiative was so successful that KFC plans to run it on a yearly basis.

As the WHO slogan “TB anywhere is TB everywhere” suggests, healthcare can no longer be confined to clinics and hospitals. It is crucial that other companies follow KFC’s example and bring the fight against TB and HIV into the workplace.
Warding off Disease at Prisons

Prisons all over the world are notorious for being reservoirs of disease. But the Department of Correctional Services is determined to fight against this trend, starting with their prison officials. On the 14th of July this year, the department joined TB/HIV Care Association to launch their HIV and AIDS Personnel Programme in KwaZulu Natal at Kokstad Medium Prison.

Four hundred members of correctional services participated in an awareness campaign that gave them access to voluntary counseling and testing (VCT). Forty three prison officials volunteered to be tested during this initiative and 3 tested positive for HIV.

But the intervention didn’t end there. TB/HIV Care was determined to offer follow up care to the officials. During their subsequent visits to Kokstad prison, they have been able to provide ongoing clinical care to those who tested positive for HIV, as well as to test 16 more officials.

“What hurts most is that our partners, our spouses, our friends, our children and our colleagues who die of AIDS-related illnesses die angry, hurting and lonely...” said the Rev. Mpho Khetsi, the Regional Coordinator of the HIV/AIDS Personnel Programme for Correctional Services, who, after a 2006 survey found 10% of prison officials HIV positive, knows she is facing a challenging situation.

With the presence of TB/HIV Care counselors and care workers at Kokstad Prison, perhaps the situation is a little less challenging, and those who test positive will not have to feel the same loneliness.
Acknowledgements

"If the virus (HIV) and the bacillus (TB) get on so well with each other why can’t we?"

The Management and staff of TB/HIV Care Association wish to record our thanks for the support received during the year.

ABSA Trust
Alan and Gill Gray
Bargaining Council for the Building Industry Western Cape
BOE
* The E L Darter Charitable Trust
* The L & S Chiappini Charitable Trust
* The Joan St Leger Lindbergh Charitable Trust
* The C & E Harding Trust
Centers for Disease Control and Prevention (CDC)
City of Cape Town
Community Chest of the Western Cape
Jet Lee Will Trust
Friends from Eastbourne
Our “Brooklyn Chest Friends from Eastbourne” in the United Kingdom have been loyal supporters of the project.
Impumelelo Trust
Mark Glenn & Ken Stender - United States of America
National Department of Health
Presidents Emergency Plan for AIDS Relief (PEPFAR)
Provincial Government of the Western Cape
* Department of Social Services and Poverty Alleviation
  * Department of Health
Spier
The Radisson Hotel – Waterfront Cape Town
The Tutu Tester – Desmond Tutu Foundation

TB/HIV Care Director Ria Grant was very fortunate to have been invited by the National Health Department to attend the 3rd STOP TB Partnership meeting in Rio de Janeiro in March 2009. It was a busy meeting with TB and HIV integration high on the agenda. She found this quote from one of the speakers very appropriate: “If the virus (HIV) and the bacillus (TB) get on so well with each other why can’t we?”

A highlight of her trip was a visit to the famous botanical gardens in Rio before leaving for the airport.
## INCOME STATEMENT FOR THE YEAR ENDED 31 MARCH 2009

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<tr>
<td>Programme Funding</td>
<td>5,316,653</td>
<td>5,886,249</td>
</tr>
<tr>
<td>Sundry Income</td>
<td>362,597</td>
<td>213,816</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td>6,684,240</td>
<td>6,949,454</td>
</tr>
<tr>
<td>Client Services</td>
<td>995,020</td>
<td>989,782</td>
</tr>
<tr>
<td>General Administration</td>
<td>786,559</td>
<td>746,694</td>
</tr>
<tr>
<td>Project Expenditure</td>
<td>4,902,662</td>
<td>5,212,978</td>
</tr>
<tr>
<td><strong>NET SURPLUS FOR THE YEAR</strong></td>
<td><strong>264,390</strong></td>
<td><strong>89,160</strong></td>
</tr>
</tbody>
</table>
## BALANCE SHEET AS AT 31 MARCH 2009

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Current Assets</td>
<td>397,937</td>
<td>796,330</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>2</td>
<td>97,937</td>
</tr>
<tr>
<td>Investments</td>
<td>3</td>
<td>300,000</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td>876,085</td>
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<tr>
<td>Trade and other receivables</td>
<td>5</td>
<td>606,345</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td></td>
<td>269,740</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>1,274,022</td>
<td>990,477</td>
</tr>
<tr>
<td><strong>FUNDS AND LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital and Reserves</td>
<td>229,667</td>
<td>(34,723)</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td></td>
<td>104,667</td>
</tr>
<tr>
<td>Contingency Reserve</td>
<td>6</td>
<td>125,000</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>1,044,355</td>
<td>1,025,200</td>
</tr>
<tr>
<td>Trade and other creditors</td>
<td>7</td>
<td>1,044,355</td>
</tr>
<tr>
<td><strong>Total Equity and Liabilities</strong></td>
<td>1,274,022</td>
<td>990,477</td>
</tr>
</tbody>
</table>
TB/HIV CARE ASSOCIATION
NPO 002845 • 1929 - 2009

AREAS OF OPERATION

Head Office
25 St Georges Mall | 8th Floor | ABSA House
Thibault Square Cape Town 8001
CAPE PROVINCE
Tel: 021 425 0050

Hanover Park
Cheshire Homes Complex
Cnr Turfhall & Bellmore Roads
Hanover Park 7764 | Western Cape
CAPE PROVINCE
Tel: 021 692 3027

IXOPO
1st Floor | ABSA Bank/Fairdeal Building
Margaret Street | Ixopo 3276
KWA-ZULU NATAL
Tel: 039 834 0087

info@tbhivcare.org
www.tbhivcare.org