



Profile of HOPE Cape Town

Organisational Information

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Their position/role within our organisation:	Donor Relations Manager
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NPO Number:	053-417NPO
PBO Number:	93/00/24/843
B-BBEE Status:	Level Four Contributor
B-BBEE Procurement Level:	100% Recognition

Trustees

Title	First Name	Surname
Mrs	Carole	Armstrong Hooper
Dr	Dirk J	Brand
Dr	Monika	Esser
Prof Dr	Detlev	Geiss
Adv	Bob	Groeneveld
Rev Fr	Stefan	Hippler (Chair)
Mrs	Viola	Klein
Mr	Dibhesi Sam	Tuntubele
Mrs	Mercia Marie	Isaacs
Admiral (ret.)	Jacobus Everhardus	Louw
Lic iur	Martin Lothar Ernst-Otto	Hörnig

Professional Board

Title	First Name	Surname
Dr	Monica	Esser (Chair)
Rev Fr	Stefan	Hippler
Prof Dr	Mark	Cotton
Dr	Wolfgang	Preiser
Rev Fr	Wim	Lindeque
Mr	Charles	Scheltema
Dr	Minka	Woermann

Senior Staff

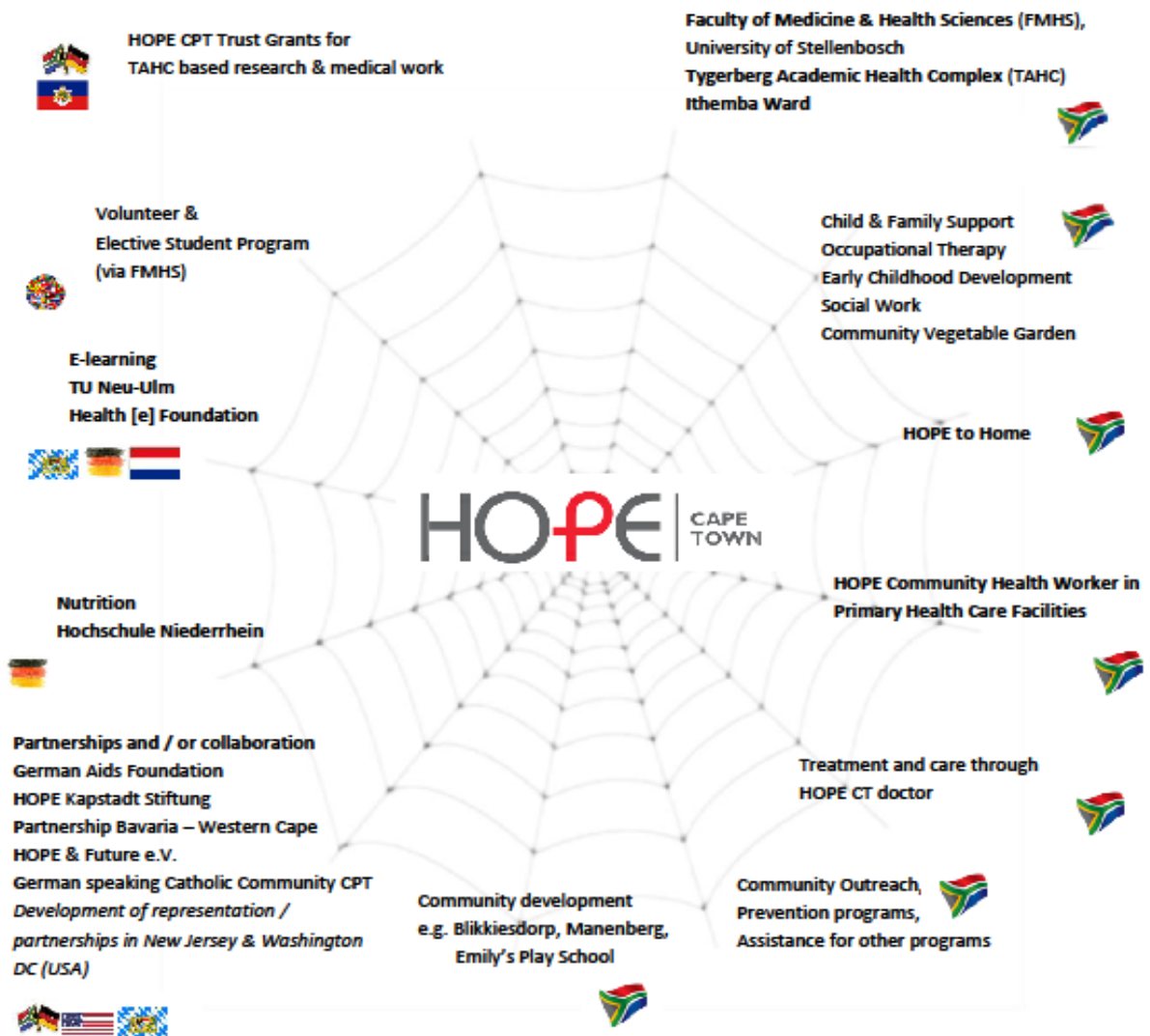
Staff Member	Position
Dr Izane Reyneke	Program Coordinator
Mr Fahim Docrat	Donor Relations Manager
Mrs Kerstin Behlau	Donor Liaison Europe
Mrs Pauline Jooste	Outreach Facilitator
Mrs Sonia Daniels	Care and Support Coordinator
Dr Jayne Cunningham	Medical Officer/Research
Dr Sue Purchase	Medical Officer/Training Coordinator
Mrs Cornelia Schönherr	Team Secretary

HOPE Cape Town Association & Trust

36 employees – 250 000 client contacts p.a. – 18 township communities

Our Mission

HOPE Cape Town strives to improve the quality of life and potential of children and families affected by HIV/ AIDS and related illnesses through its dedicated work in the Western Cape.



HOPE Cape Town Association
 Public Benefit Organisation (SA) No 18/11/13/4709 Non-Profit Organisation (SA) No 031-599NPO
 HOPE Cape Town Trust
 Public Benefit Organisation (SA) No 93/00/24/843 Non-Profit Organisation (SA) No 033-417NPO

2 main fundraisers:
 Ball of HOPE in Cape Town / SA in cooperation with Southern African-German Chamber of Commerce and Industry - Regional Office WP & EC
 HOPE Gala in Dresden / GER (Saxonia Systems / ParX)

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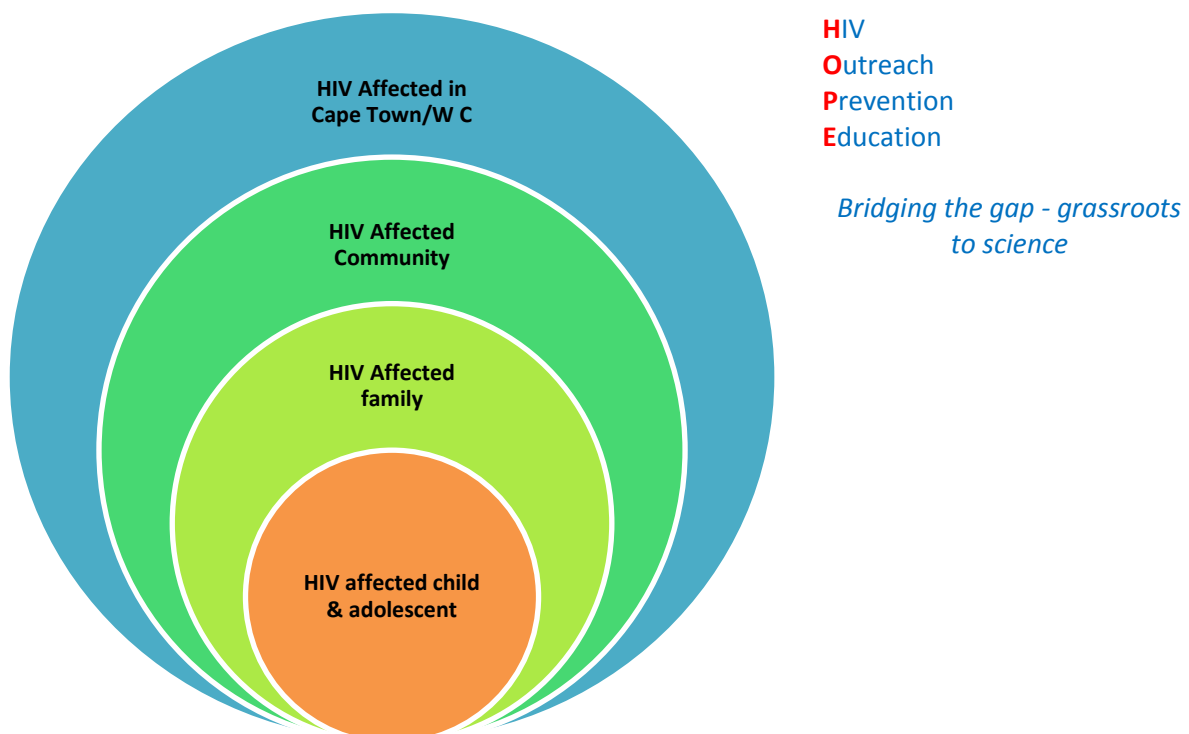
HOPE CAPE TOWN

1. History of HOPE Cape Town

In 1999, the Rev. Fr. Stefan Hippler was approached by doctors from the Tygerberg Academic Health Complex to investigate a supportive solution for the care and treatment of HIV positive (+) children. Extensive consultations with Dr Monika Esser, Head of Immunology at Tygerberg Hospital, led to the establishment of the first dedicated ward for the tertiary care of HIV + children, the G7 Ithemba (Hope) Ward for Infectious Diseases. October 2001 saw the official opening of the Ithemba Ward and the simultaneous launch of HOPE (HIV Outreach Programme and Education) Cape Town as a registered Non-Profit Organisation (NPO). At first HOPE Cape Town provided much needed Antiretroviral Treatment (ART) to children, which at that point was not supplied by Government. This was achieved via HOPE Cape Town obtaining individual private sponsors for HIV+ children who required treatment. HOPE Cape Town also appointed their first medical officer. In 2007 the last HIV+ children on HOPE sponsored treatment were transferred into government ARV providing clinics.

Our organisation's purpose is to directly address the HIV and AIDS pandemic by providing access to education, treatment and on-going support within the existing provincial and municipal health structures.

2. Core Focus



3. Area of operation and client base

HOPE Cape Town operates exclusively in the Western Cape Province of South Africa, more specifically in primary health care facilities and sites in 18 low-income communities in the northern part of the Cape metropole, as well as having an office in the G7 Ithemba Children's Ward at Tygerberg Hospital. The organisation's beneficiaries include people of all age groups, who are infected with or affected by HIV/AIDS, as well as their families and fellow community members, but our main focus is on children who are infected or affected by HIV/AIDS. HOPE Cape Town attaches great importance to partnerships and co-operation with the Health Departments of the City of Cape Town and the Western Cape as well as with local NGOs and CBOs working in the field.



4. Services rendered

4.1 Community Health Workers

Globally we know that approximately 34 million people are infected with HIV. The South African population in 2013 was 53 million with 6.4 million HIV infected people. Only 2 million are on antiretroviral treatment and 1 in 5 South African women of reproductive age are HIV+. There are 1,285 new infections and 490 AIDS-related deaths every single day. There are over 3 million AIDS orphans in South Africa.

HOPE Cape Town realised that the true need for early and on-going intervention is evident in communities in and around Cape Town. As a core function therefore HOPE Cape Town started recruiting individuals from previously disadvantaged communities where resources and services are limited. HOPE Cape Town appoints and trains these community members to work as HOPE Community Health Workers (HCHWs) at the local day hospital or clinic (all government facilities) within the communities they come from. With our Community Health Worker Project our aim was to maximize the impact of our intervention thus we took the decision to where possible recruit and employ individuals that were previously unemployed. We also sought to recruit females thus promoting their empowerment and driving gender equity.

We currently employ 22 HCHWs working in 18 low-income communities. These HCHWs increase the staff capacity at these hospitals and clinics significantly in respect of ancillary medical treatment and care and they also provide awareness of HIV/AIDS and the prevention thereof within their own communities.



The role of the HCHW with regard to HIV includes:

Prevention

- educational talks at clinics, visits to schools, distribution of condoms and pamphlets

Testing

- pre-test and post-test counseling, as well as the rapid HIV test itself

Treatment

- counseling about disclosure issues, education about how to take ARVs correctly and advice about adherence to ARVs

One HCHW is thus able to participate in all aspects of HIV care as well as being able to advise on other basic primary health care issues, for example more frequent cervical screening (pap smears) for HIV + women.

Other major work areas of HCHWs include:

- Tuberculosis (TB)
- Child care services (incl. immunization and nutrition)
- Male circumcision
- Sexually Transmitted Infections
- Cervical screening (pap smears)
- Implementation of community development projects such as gardening projects, support groups and child development groups



HOPE Cape Town Community Health Workers

Community Impact

Statistics for Community Health Worker's Interaction for 2014 (direct contacts)		
Children seen from birth to age 12	77792	
Teenagers seen from 13 to age 19	21799	
Adults seen	160694	
HIV tests done	10424	(Positive 745)
TB tests done	11448	(Positive 1382)
Total amount of clients seen	282157	

The above are figures for direct contact sessions however our impact is much wider and it is impossible to quantify the indirect impact on the wider community, care-givers, family members and friends who are often present during contact with patients and home visits.

4.2 The HOPE Doctors

In collaboration with the Tygerberg Infectious Diseases Unit, HOPE Cape Town provides clinical services at the Delft Community Health Clinic (CHC) in the paediatric HIV clinic. Our doctors assist with seeing HIV+ children at this weekly clinic and are involved in initiating and maintaining these children on their lifelong antiretroviral treatment (ARVs).

This clinical work allows the HOPE doctors to have hands on experience at a grass roots level in managing children on ARVs, in a community with numerous challenges.

Recently the HOPE doctors have also been involved in two research projects. The first research project looked at the reasons why children are likely to fail on their ARVs at the Delft CHC and a poster of this research was presented at the SA HIV Clinician's Society Conference 2014. The other project assimilated all our resistance testing data from 2011 and analysed it to record the different resistance mutations and their frequency of occurrence. This poster was presented at the Stellenbosch University Academic Day 2014.

In house training of the HCHWs is done on a monthly basis by a HOPE doctor.

The HOPE doctors are also involved in project management at various levels, and are providing input and leadership to the HOPE to Home project, to various contracted ancillary health care workers, and to visiting elective students. They are also involved in training at community level.

4.3 Tygerberg Children Hospital and Ithemba (HOPE) ward

The Ithemba ward is situated at G7 in Tygerberg Children's Hospital. Historically only children who were HIV+ were admitted to this ward for specialised health care. The Ithemba ward has been the base of our operation since the early days of HOPE Cape Town, and we still have offices attached to the ward today. The management of HIV+ children has changed to a more integrated approach and we have now extended our services to HIV + children admitted throughout the hospital.

HOPE Cape Town facilitates and assists with the care and treatment of HIV infected children and adolescents in the Tygerberg Children's Hospital as well as with the support of the patients' mothers and caregivers.

Most of the admitted patients come from areas of extreme poverty and the children and their caregivers often have no other clothes to change into, nor toiletries or toys. If the child is admitted later in the day, there is also often no pre organised meal for them or their caregiver.

HOPE Cape Town meets these various practical needs by providing food, toys, books, toiletries and clothes donated by individuals and companies, and in assisting with minor ward renovations and special events /parties for the children.

HOPE Cape Town’s Designation in Tygerberg Children Hospital and Ithemba Ward		
Patient and Caregiver Support		
Psycho-Social Support		
Counselling and Information	Social Support	
<ul style="list-style-type: none"> ▪ Orientate parents and children about ward procedure & address concerns ▪ Provide counselling to parents and children in the ward (e.g., newly diagnosed HIV+ children, or children newly initiated on ARVs) ▪ Provide health information to parents and children via discussions and talks. Topics identified by medical personnel as current issues in the ward (e.g., hygiene & infection control, HIV/TB) 	<ul style="list-style-type: none"> ▪ Provide toys / books to keep patients entertained ▪ Arrange birthday celebrations for the ward patients ▪ Arrange annual Easter and Christmas parties for the ward patients ▪ Provide / facilitate opportunity for mothers to take some time to relax and interact with other mothers ▪ Facilitate skills training sessions for parents and older children, such as beadwork training 	
Practical Support		
Nutrition	Hygiene	
<ul style="list-style-type: none"> ▪ Provide parents and children with nutritious food as donations allow e.g., a yoghurt or a peanut butter sandwich ▪ Provide families in need with food parcels at discharge ▪ Microwave oven and kettle supplied 	<ul style="list-style-type: none"> ▪ Provide parents and children with toiletries as required ▪ Washing machine and tumble drier supplied for parent’s clothes 	
Clothing / Blankets	Toys	
<ul style="list-style-type: none"> ▪ Provide parents and children with clothing ▪ Provide extra blankets as required 	<ul style="list-style-type: none"> ▪ Provide children with comfort items (theirs to keep) 	
Staff Support		
Medical	Administrative	Morale
<ul style="list-style-type: none"> ▪ HOPE Cape Town Doctors attend weekly IDC meeting to assess needs ▪ Provide the funding for Paediatric ARV Resistance Testing 	<ul style="list-style-type: none"> ▪ Make copies ▪ Send faxes 	<ul style="list-style-type: none"> ▪ Donation towards ward staff year end function

4.4 HOPE to Home

The face of HIV/AIDS in South Africa is changing. It is a maturing pandemic and although the primary goal should always be to provide optimal antiretroviral therapy to every person who needs it, the success of the program has led to the focus shifting to retention in care and empowering patients to lead full, happy and healthy lives. The biggest emerging threat to HIV positive patients receiving ARV's is lack of compliance and the resulting resistance to available antiretroviral drugs. At HOPE Cape Town we recognise the importance of addressing the obstacles to adherence.

Retaining patients in care in the community, after being discharged from hospital, remains a challenge and initial integration of patients into their community health care facilities plays a major role in this retention. Hope Cape Town initiated the HOPE to Home program to facilitate the smooth transition between admission and reporting for care at a local community facility, by preparing patients for discharge, confirming appointments, providing telephonic support after discharge or visiting them at home and accompanying them to the local facility, where possible.

We are providing services for the following HIV+ paediatric patients:

- Recently started on ARV or TB treatment
- Defaulted ARV/TB therapy
- Adherence problems
- Detectable viral load

We offer the following services:

- Psycho-Social Support of patients and their families
- Practical Support of patients and their families
- Support of Staff members (administrative; link between patients and staff)
- Access to Resistance testing in consultation with infectious diseases specialist
- Appointment Confirmation system (at local community IDCs) for HIV + children
- Patient follow up from discharge to community by phone calls or home visits
- Facilitating first contact with local health facility after discharge
- Patient defaulter tracking

HOPE

TO HOME

IN HOSPITAL

NEWLY DIAGNOSED

- Counselling and support after testing
- Arrange testing for parents/ caregivers, siblings, family members
- Practical support during admission (toiletries, clothing, toys etc.)
- Psychological support to caregivers with critically ill children

INITIATING TREATMENT

- Counselling and support
- Basic ARV readiness training for caregiver (tablet based?)
- Training and assistance with administering medications
- Practical support during admission
- Clarify follow-up plan with hospital staff

ADHERENCE ISSUES

- Counselling and support
- Repeat of ARV readiness programme with caregiver
- Assist caregivers with age appropriate disclosure
- Home visit
- Practical support during admission
- Complete HIV booklet with child
- Clarify follow-up plan with hospital staff

AT DISCHARGE

- Review medications
- Assess caregiver knowledge
- Ensure caregiver knows and understands follow-up plan
- Make appointment for child at correct local health care facility and confirm 1st visit procedure
- Make appointment for HIV+ caregivers at correct local health care facility
- Arrange home visit
- Arrange time and place to meet caregiver for first follow-up appointment at the local health care facility
- Phone local health facility (when HCHW is not able to accompany patient) to ensure patient kept appointment
- Mobilise HCHW's in case of missed appointments

HOME VISIT

Home visit done if caregiver is willing to receive visits

- Discuss health, ARV, social and any other concerns
- Ensure caregiver knows how to store and administer medications
- Check compliance
- Counsel child and caregiver as necessary
- Review HIV/ARV knowledge
- Address any specific concerns caregiver may have
- Arrange referral as necessary (department social welfare, nutrition programme, support groups)



FIRST APPOINTMENT AT LOCAL PAEDIATRIC INFECTIOUS DISEASES CLINIC

- Meet patient and child at health care facility (Paediatric IDC)
- Accompany patient (as necessary) through records, counselling, weighing, doctor visit, pharmacy
- Counselling and Information as per home visit – if home visit not possible

4.5 Resistance testing

HOPE Cape Town currently provides funding for HIV genotypic resistance testing. We endeavor to obtain financial sponsorship for resistance testing for HIV + children who are failing either their first or second line of treatment as well as for newly diagnosed HIV+ newborns. Each test costs approximately R1800 but provides valuable scientific information allowing the attending doctor to make an informed decision about the ongoing choice of ARVs in each individual case.

4.6 Child Sponsorship

We provide financial sponsorship to deserving HIV + children and families to provide them with the following:

- medical appliances e.g., reading glasses, sunglasses for children suffering from albinism, hearing aids
- School/crèche fees
- Fees to assist in paying for school uniforms, stationary, food, outings

Costs vary from child to child depending on the needs of that specific child.

4.7 Nutrition

We have started nutrition programmes in various communities. We currently host a nutrition programme where mothers are taught how to cook healthy food for their HIV+ children and themselves. They are also taught how to preserve fruit and vegetables that are in season, for later use or to generate an income. We also assist communities to establish vegetable gardens, by teaching selected community members how to grow and maintain a vegetable garden. The vegetables from these community gardens can be used to feed vulnerable children.



HOPE Cape Town has contracted a registered dietician to host workshops for caregivers of children in the communities where they live.

The objectives of this health promotion are to

- Promote better eating habits and to reach optimal nutritional intake of all nutrients
- Enhance quality of life through health and nutrition promotion
- Promote appropriate foods for individual circumstances of food insecurity
- Educate on how to prevent weight loss during times of illness
- Promote and advise on breast feeding

4.8 Occupational Therapy Services

Many of the children we work with have low self-esteems, which lead to other behaviour problems such as deviant behaviour. The majority of these children are also developmentally delayed or under-developed. Most parents are so busy trying to survive that they do not have time to play with their children and, due to being raised in poor and under resourced families themselves, never learnt how a parent should play with their child. Many families also live in communities where drug and alcohol abuse is rife.

We are currently hosting a GO-Box project at Tygerberg Children's Hospital and at community level in some of the low income areas that we serve. This is an early childhood development program developed by occupational therapists working with HIV + children at Groote Schuur Hospital.

HOPE Cape Town has contracted a registered occupational therapist who has adapted this programme and is currently running this 10 month program with groups of HIV affected children. Caregiver-child pairs are initially supplied with an empty box, and as the sessions progress, the box is filled with age appropriate tools. The caregiver can then use these tools to teach, interact and play with his/her child.

This is an interactive programme where caregivers are shown practical ways to stimulate their children and given the opportunity to practice their new skills in a supervised environment.



4.9 Social Work Services

We are offering counselling and therapeutic group work services by a registered social worker to HIV+ children within the communities. This includes individual counselling/play therapy sessions for children and family counselling sessions for families of HIV + children, especially focussing on dealing with the diagnosis of HIV and living positively despite having HIV.

Additionally we host educational parenting workshops where parents are taught how to communicate with and discipline their children.

Education

4.1.1. HCHW Training Program

We pride ourselves on the on-going training and development of all our staff members, but especially our HOPE Community Health workers, most of whom have been previously unemployed with no access to tertiary education. We believe that our extensive training program across various platforms sets HOPE Cape Town apart from others in the field.

- **UNISA HIV Care and Counselling**
We initiated a training program where all HOPE Community Workers are enrolled in and mentored to obtain a UNISA certificate in counselling during their first year of employment.
- **UCT Health Literacy and Advanced Counselling Course**
Many of our HCHWs are currently enrolled in this intensive 2 year course. It is presented by experts in the health and counselling fields. Our HCHWs are excelling in this course and are able to translate their knowledge into practice on a daily basis.
- **HOPE in-house training**
In-service training, facilitated by our HOPE Doctor, continues on a monthly basis ensuring professional development and updating and equipping our HCHWs with the latest knowledge and techniques to deliver a service par excellence.
- **E-learning**
All our HCHWs are equipped with Samsung Galaxy tablets. These tablets are used as document repositories, and loaded with flipcharts, guidelines, educational videos, photographs and other tools useful in patient education and care. All in-house training material is uploaded onto the tablets. Our HCHWs have now also embarked on an e-learning course through the Health-e-Foundation

4.1.2. Awareness, training and prevention:

HOPE Cape Town offers short-term HIV and AIDS awareness training to local organisations and companies, churches, community forums as well as to schools. This forms part of our HIV prevention programme.

We also have an elective student programme in close co-operation with KID-CRU, the Tygerberg Hospital Children's Infectious Diseases Clinical Research Unit, where we host international medical elective students for a two week period. During this time, the students are exposed to all aspects of HIV as it pertains to the South African context. This is a unique opportunity to learn about not only the HIV/AIDS pandemic but also the culture of a foreign country!

Primary care exposure for the students includes the attendance of STI, TB, ARV/HIV and childhood vaccination clinics in community health centres as well as visiting mobile outreach clinics, homes in poor communities and support groups in the surrounding areas. At tertiary level, the elective students attend infectious diseases clinics, ward rounds and are exposed to paediatric academic teaching.

Additionally we offer a volunteer program, where individuals from around the globe commit 3 – 12 months of their time to assist us in service delivery. They have the opportunity to get in-depth first-hand experience in the various aspects of our NPO, as well as knowledge in the field of HIV related issues. Our volunteers describe this program as a “life altering experience”

5. Budget summary

HOPE Cape Town Budget Summary	
Description	Budget (ZAR)
Human Resources (including on-going training)	3 550 000
Project Related Costs	1 320 000
Monitoring and Evaluation	50 000
Overheads	580 000
Total Annual Operational Budget	5 500 000

6. Conclusion

During the past 14 years HOPE Cape Town has sustainably demonstrated its standing as a non-profit organisation through the successful projects implemented. HOPE Cape Town has laid out strict founding principles. Our dedicated staff is at the heart of HOPE Cape Town. We provide scarce human resources, by adding qualified professionals to optimize, strengthen and network within existing structures, where they are needed most: at community level. In this way, HOPE Cape Town manages to operate flexibly and change strategies quickly according to changing needs and demands.

Financial efficiency, transparency, and strictly enforced internal control mechanisms have always demonstrated accountability and credibility to our donors. This strengthens the image of HOPE Cape Town.

Our focus will remain on the HIV+ child and his/her HIV affected family. Our aim is to care for the child holistically, with the focus on access to treatment, retention in care and adherence. We strive to educate caregivers and HIV+ adolescents to fully understand their disease and treatment plan. Our aim is to not only play a role in the promotion of health, but also to help address some of the psychosocial problems these children face to set them on the road to live a full and happy life.

We know that our work makes a crucial difference in the lives of so many, particularly children living with HIV/AIDS and their families. We succeed only with the support of our donors.