

**The establishment and role of HOPE Cape Town in the fighting of HIV and
AIDS in Cape Town, South Africa: A case study**

by
Edwin Leonard Louw

*Assignment presented in fulfilment of the requirements for the degree of Master of
Philosophy (HIV/AIDS Management) in the Faculty of Economic and Management
Sciences at Stellenbosch University*



Supervisor Prof. JB du Toit

March 2013

Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2013

Abstract

HIV and AIDS infiltrated our communities to such an extent that it has cut across racial and religious groups and opened up dialogues especially amongst the youth today. Unemployment and socio-economic challenges are giving the spread of HIV and AIDS a perfect platform to further destroy human capacity and destroying communities. HIV and AID, undoubtedly, introduced the 'blame-game' as to who is more responsible for the HIV infection rate in some instances.

Facing the news of being tested HIV positive created the opportunity to share your stories of brokenness, aiming for healing and eventually breakdown the barriers of stigma and discrimination. Government departments, NGO's and all interested community people need to look for more structured ways around HIV and AIDS intervention programmes to tackle the spread with possible and available resources earmarked for this fight.

Education and health, in as so far, continue to remain the two compelling issues regarding HIV and AIDS. Dealing with HIV and AIDS constantly is still looking for new ways how to renew information, extending social inclusion invitations and develop coping mechanism. HIV and AIDS is still regarded as a death sentence for many in this world and for the ordinary South African family. People living with HIV and AIDS and concerned activist consistently demonstrated the eagerness to adopt a healthy life-style by accepting their status and breaking the silence over the deadly HIV virus.

This undignified virus has taken more lives than the two World War One and Two jointly together. This virus left behind a devastating trail of hopelessness and exposes the vulnerability of children and women to communities that are on the fringes of HIV and AIDS.

The story of HOPE Cape Town is about confronting HIV and AIDS together and not just about accumulating statistics of those been tested HIV-positive. An organisation that is eager recognizing that every individual can be affected and that the impact of HIV and AIDS calls upon an effective preventative care and support approach.

Opsomming

Hierdie werkstuk dokumenteer die ontstaan van die HOPE Cape Town projek in die vorm van 'n gevallestudie.

Daar word eerstens aandag gegee aan die gemeenskapsprobleme wat bestaan het voor die totstandkoming van die projek en die geskiedkundige besonderhede van die ontstaan van die HOPE Cape Town projek word daarna kronologies aangebied.

Die werstuk bespreek die huidige funksies van die projek in detail en doen daarna 'n kritiese evaluering van die projek. Die werkstuk sluit af met 'n kort bespreking van verdere uitdagings wat bestaan vir die HOPE Cape Town projek.

Acknowledgement

I wish to extend my sincere appreciation to the following people who contributed to the completion of this case study:

Rev Fr Stefan Hipler, founder and chairperson of the HOPE Association, who did not hesitate to meet with me and extended an approval to do the case study with HOPE Cape Town. Stefan stayed humble right through my interaction with him and always provided me the guarantee should I request additional information. His humbleness, visionary and passion for the community were visible in his tone of voice and how he chooses his vocabulary when he spoke.

Kirstin Behlau for her continuous help, guidance and assistance.

Sr. Paulina Jooste who uses her 20 years nursing experiencing creating a winning team around the HCT Community Health Workers to serve and to express human responsibility towards communities with love and support. Her commitment to care for the sick and ill-equipped she regards as a 'calling'.

Sonja Daniels, the coordinator for care and support, is always so dedicated to organise playing times with children infected with HIV and give them moments of pure playing pleasure.

Dr Sandy Picken, HCT medical doctor, who clearly went the extra mile to stay part of a team that wants to make a difference both at Tygerberg hospital and in the community.

Delene Brintjies with whom I developed a remarkable relationship encouraging me to steer through the difficult times to complete the masters programme.

To Professors Jan Du Toit and Johan Augustyn for their patience and belief that I could remain and complete the Master's programme with the Africa Centre for HIV AND AIDS Management. These two gentlemen gave so much of their personal and professional time to guide and advice where they possibly could.

One of the most important contributing factors regarding this work study was the level of interaction support I received from friends and family.

The story captured about HOPE Cape Town opened their doors wide open to allow me to have an insight on what they are doing and how they set those criteria for total commitment.

A greater appreciation to God that has given me the strength to acknowledge every individual that I came across my path to assist with the completion of this post-graduate programme at the University of Stellenbosch.

Table of Contents

Chapter 1	Introduction	1
Chapter 2	The status of HIV AND AIDS Care before the establishment HOPE Cape Town	3
	2.1 History of HIV & AIDS in South Africa	3
Chapter 3	The formation of HOPE Cape Town	8
Chapter 4	Defining the role of Hope Cape Town	10
Chapter 5	The aims and goals of HOPE Cape Town	11
Chapter 6	The programmes of HOPE Cape Town	13
	6.1 Tygerberg Hospital and THE ITHEMBA WARD	14
	6.2 The agreement with Tygerberg Hospital	14
	6.3 The HOPE Community Health Workers	15
	6.4 Training Development Framework	16
	6.4.1 University of South Africa Training Course	17
	6.4.2 In-service Training at Hope Cape Town	17
	6.4.3 Practical Training	17
	6.4.4 Further Education	18
	6.4.5 E-learning Project Course	18
	6.4.6 The H.A.A.R.T Project	19
	6.4.7 Hope Cape Town Sangoma project (traditional practices)	22
	6.4.7.1 The Focus areas of the CHW intensive Training	24
	6.4.8 Mammies for HOPE	24
Chapter 7	An evaluation of the role of HOPE CPT	25
	7.1.1 Hope Cape Town Trust and Hope Kapstadt Stiftung	25
	7.1.2 Gala Events	25
	7.1.3 Operation Management	25

Chapter 8	Challenges facing HOPE CPT	27
	8.1.1 The appointment of a new Hope Cape Town Programme Director	27
	8.1.2 HCT Monitoring and Evaluation Plan	27
	8.1.3 Employment turnover	28
	8.1.4 Staff Recruitment	28

Chapter 1: Introduction

HIV and AIDS has become the most destructive threat amongst humankind and deprived communities and individuals from futuristic goals and left behind an increased number of aids orphans, struggling single parent, loss of breadwinners, misconceptions, staggering and death rates including infants. Pursuing an on-going research and preventative treatments of the HI-virus seems to be the order of day to ease the fight against the HIV and AIDS but this at a cost of acknowledging cultural believes versus Western, stigma and discrimination that unfortunately leaves more women and children vulnerable.

Finding dignified ways to deal with the wild spread of HIV was about developing a deeper sense of relationship(s) with those who felt exclusive when diagnosed HIV positive.

HIV and Aids continue remaining a critical issue everywhere and for everybody affecting men, women and children. 'For people who have not come face to face with the acquired immune deficiency syndrome (AIDS), it may be a little more than a curiosity' (Shelp & Sunderland, p. 11).). Van Niekerk and Kopelman went further and has the following to say about the pandemic: 'We have struggled to grasp the virology of Aids, its demography, its impact on human physiology, its social and economic consequences, its responsiveness to medical treatment'. Van Niekerk and Kopelman concluded by saying that when South Africa was by all means really tested from grassroots levels right up to the leadership of this country how to respond to HIV and AIDS. The public reaction has tended to be one of fear, more based on awareness that the HI-virus that causes AIDS is communicable and a desire to be protected from infection.

Looking at the various developments around HIV and AIDS, the Joint United Nations Programme on HIV and AIDS (UNAIDS) released a report realising that a progressive 'game-changing' approach need to be adopted to make an impact on the fight against HIV and AIDS. The report of the UNAIDS was to highlight that the HIV prevalence rate was standing at a staggering rate of 21% during 1997 already and a decreased in the percentage should be the main goal to achieve that. Mayosi who

was heading a Lancet journal made a comment that we must look at improving the basic condition of human beings for the sake of building a stronghold hope.

The purpose of this assignment is, however, not to document the epidemiology of the HIV AND AIDS pandemic: the latter has already been done in numerous scholarly publications and is well documented.

This assignment was to document the establishment of the Hope project in Cape Town, South Africa and to share, in the form of a case study, the work that they are doing in South Africa.

Chapter 2 of the assignment will give a short overview of the situation regarding HIV and AIDS before the formation of the Hope project. The formation of the HOPE project will be detailed in Chapter 3 and the problems that face the newly founded HOPE project will be discussed in Chapter 4. The aims and goals that HOPE Cape Town set for themselves will be discussed in Chapter 5 and the work currently been done by HOPE Cape Town will be discussed in detail in Chapter 6.

A short evaluation of the HOPE project will be discussed in Chapter 7 and the assignment will conclude by touching on certain challenges still facing the HOPE project.

Chapter 2: The status of HIV AND AIDS Care before the establishment HOPE Cape Town

2.1 History of HIV & AIDS in South Africa

AIDS is less mysterious today than it was in 1981. HIV and AIDS in South Africa was at a time very confusing and with so many interference from politicians, government and local activities more harm was created to those who were affected by this deadly infections due to such limited information to grasp the impact of it. It was believed at first that HIV got its origin from homosexual men.

There is so much to be grasped and learned about the HI- virus today. Fear around HIV and AIDS was a big concern and people had mixed reactions as to how they should protect themselves and their families. Communities were feeling the brunt of the HIV infection and the evidence was evident everywhere. High risk sexual behaviours, various cultural practices and unsafe sexual behaviours with multiple partners were just some of the contributing factors that left communities in South Africa crippled of their own wounds.

It's been believed that two gay men were found HIV positive which gave rise to immediate isolation scopes of stigma that had to carry much of the blame. This continued to formalise the unfortunate actions the blaming of homosexual men after a study concluded that in 1982 when two hundred and fifty blood samples were taken and resulted that two gay men tested HIV positive. Classifying HIV and AIDS as a gay infection derailed the wider understanding of other risks involved apparently.

The HIV and AID epidemic was not only felt in South Africa the hardest but it already had major impact on the rest of the Africa continent. Apparently a black Malawian person tested positive in South Africa during 1987 whilst employed as mine worker. The spreading of the virus unfortunately used this platform to find undoubtedly new ways of spreading to more other African countries eventually including nearby neighbour countries like Swaziland and Mozambique.

The AVERT aids report stated that in the 1990's a considerable number of heterosexual (straight) people were found with the infection same number as homosexual infections.

With no hesitation on its part, the 1990 Health International Convention statement was released; the Maputo Release was attempting to invite health workers from all other countries to discuss burning issues surrounding HIV and AIDS with reference to preventative programmes. The health department in the Western Cape already recorded a TB and HIV infection at a staggering rate of people being infected at 45 to 55 percentages. A long standing non-governmental organisation during the time of 1992 and 1994, the National Aids Coordinating Committee in South Africa, seriously started to focus its energy and attention on a range of important topics such as the drawing up of a National Aids Strategy, prevention, care and support, acknowledging of individual rights, HIV testing, pre-post-test counselling, HIV research and attracting all parties concerned that can make a difference.

From 1992 to 1993 South Africa with little choice , was preparing themselves for a major storm around the prevalence rate at the antenatal clinics that showed a steady increasing rate from 0.7,4% to 2.3 %

According to a report published by the Safety Net Development a survey showed that one in every eight mother who were pregnant happened to be HIV positive especially amongst the age groups of 26 and 30 years of age.

Having these young women being HIV positive was hitting hard the family unit and since most of them were regarded as heads of households, their financial position are hitting compromised levels especially where young children also face the real reality of becoming AIDS orphans that can deprive them further from available but limited resources to survive.

Women and children became such a vulnerable group of people within the field of HIV in spite of the anti-retroviral treatment plan introduced to the HIV population in South Africa. Mother-to-child HIV infection under the age of 14 became more and

more prevalent with young women being at an infectious rate of almost closes to 15% in South Africa.

There is absolutely no doubt that South African's HIV and AIDS programmes with regards to prevention and ART treatment are making positive advances. The South African community used various opportunities by recognizing skilled human resource capacity in and around the HIV intervention programmes. A report issued by the Buanews (2009) brings across a concern that to have human resource capacity with special reference to specialized fields, needs serious attention and not attending to this challenge almost predict a bigger dilemma to acknowledge other threats around HIV and AIDS.

A survey that was conducted in 2008 by the South African National HIV Prevalence, the Incidence Communication eventually reported that South Africa's HIV and AIDS epidemic has stabilised with a noticeable percentage of declining amongst mothers and children.

The Director General of WHO, Margaret Chan, said that the world within their own respectful programmes are adding value and progress combatting HIV and AIDS in the world. However she also mentioned that, "prevention services fail (in some communities) to reach many in need, governments and international partners must accelerate their efforts to achieve universal access to treatment,"(2009, p. 10).

The development of community-based projects in South Africa and in other parts of South America and Africa improved their impact dramatically to provide a care and support service to people living with this dreadful infection HIV and AIDS.

Ryder and Webster (2002, p. 663) highlighted the need for improved understanding of the beliefs that health professionals develop about HIV and AIDS through medical education and general socialisation, including factors such as resources within the broader community. Funding for research, the protection of aids patients from exploitation, and access to social welfare resources are issues upon which local action will have little bearing.

Looking at the nature and scope of the Aids pandemic continues to make AIDS an international and national concern. Ignorance and misunderstanding around the situations of people living with AIDS is so frightening that it can have the ability to confuse credible research findings. The task at hand is to constitute an accepting community, concerned for the needs of patients and others affected by AIDS.

Within the midst of the battles to find appropriate ways of dealing with treatment, care and support there was much to be debate upon what could be recognized as a good ARV treatment medicine to assist with the reduction of the HI-virus. The common name used in 1998 when referring AIDS drugs were called the AZT, Zidovudine, and proved to be effective especially when dealing with mother-to-child-transmission (MTCT) and the prevention of the mother-to-child-transmission(PMTCT).

Many organisations were advocating on a progressive scale calling for the immediate implementation of the abovementioned drugs of AZT and Nevirapine to support those mothers who expecting new born babies.

Mark Heywood, an HIV and AIDS activist from the AIDS Law Project, spoke very strong by saying that South Africa is in no position to just allow fifty thousand newly babies to be born with HIV and staring at how it increase year after year. This even led Zacchi Achmat to go on a public announcement that he will not take any AIDS drugs unless it's available to every citizen affected by it.

The story of HOPE Cape Town does what others, could not provide at a time when it was seriously needed: individual attention, personal care, and after-care (Annual Report 2012, p. 3).

HOPE Cape Town Trust & Association consciously stepped into the gaps of opportunity, in South Africa and in Germany, and presented a momentum to pioneer in taking care of the poorest of the poor, mainly HIV infected children and adults from poverty stricken town-ships in and around Western Cape Province.

HCTA furthermore decided to represent those affected and infected who feared the death penalty and rather created the platform to bring communities together and find progressive ways to support people who are HIV positive.

Treatment, support & care and training proved to be the practice HCTA are going to embark on to relief the plight of the HIV sufferer following a strategy and several measures by creating dialogues and conversations to understand HIV better in communities coupled with practical interventions.

Chapter 3: The formation of HOPE Cape Town

Hope Cape Town (HCTA) is a registered organisation in terms of the South African Law and Procedures and regards itself as a programme that is constant developing an holistic approach in order to interact with people infected and affected with HIV and AIDS.

HCTA originated as a venture between Signal Hill Rotary Club, German speaking Catholic Community, the Tygerberg academic hospital and Stellenbosch University. The initial attempt was clear: to give young children who were infected and affected with HIV a level of dignified Human Immune deficiency (HIV) survival.

Rev Fr. Stefan Hipler , who worked for a medical project at Tygerber hospital as a member of the German Catholic Church and Signal Hill Rotary club, was initially approach to steer this particular interest to develop and to find care and support ways to help children who are HIV positive. Many mothers who came to hospital come from poor family backgrounds, no formal education, single headed households, unemployment and from homes that either have little or no sustainable income to address their needs. It was imperative to give support to these mothers and fathers to ensure healthy and happy children.

Hipler fully committed himself to work together with Esser from the Immunology Department at Tygerberg Hospital to bring about a HIV and AIDS ward, called Ithemba, which could serve as a care and support ward for young patients of HIV. Hope Cape Town proudly stands out as one of the first non-governmental organisation that went one step further and became prominent in the administration of Anti-retroviral drugs treatment in South Africa.

Hipler continue to echo that HOPE was the first organisation to warn the greater public against inappropriate use of the ARV treatment drugs too.

On the 29th October 2001 the Children Ward, IThemba, was launched. The HOPE Cape Town Educational, Care and Support Programme were also officially opened to

start of the HIV and AIDS intervention venture. The work they embarked on was constantly about looking for potential funders and partners to realize their goals and in spite of funding challenges they remained committed and instrumental developing the HIV and AIDS strategic goals between the Western province and Bavaria.

Chapter 4: Defining the role of Hope Cape Town

AIDS is still a hidden disease and it can be difficult to reach the people who need support and care. Stein mentioned that a bigger problem is going to face us if we don't pay more attention to the rejections of HIV and AIDS and acts of social-exclusions. He believes that this will result counter production social exclusion relating to HIV and AIDS are not only morally wrong, but also counter-productive to effective HIV and AIDS prevention and treatment (2003, p. 95)

Hipler had the opportunity to speak with Tsabalala-Msimang at a national AIDS conference in Durban. The discussion started at first very rational and accordingly Hipler the conversation soon turned very hostile when a question around antiretroviral drugs was tabled. Tsabalala-Msimang fuelled the conversation by referring the handling of antiretroviral drugs in South Africa a fantasy world which sadly turned the minister of health into an 'international laugh'. Denying that people are dying of AIDS and yet South Africa at that time had an estimation of 2000 people being infected every day. Sadly enough that the South African government of 2006 was just not prepared for the AIDS disaster momentum. Dr Mamphela Ramphele, who previously was the Vice-Chancellor of the University of Cape Town, took the platform and criticised the Mbeki government's aids policy as "irresponsible bordering on criminal frontier".

Sr Pauline Jooste, HOPE Cape Town programme coordinator explained that as a programme we attend to the patient from the first moment when someone tests positive. Health care workers and counsellors offer a family-visit to help explain the situation to the families. The family thereafter are then put on a follow up list to make sure that support is offered to them.

Some people with HIV and AIDS never get support from the formal health system and it is impossible to identify them.

Chapter 5: The aims and goals of HOPE Cape Town

The following aims and goals were regarded important and seen as the way forward to make the following possible:

- 5.1** Hope Cape Town felt that reaching out to the community would allow them to connect people from different backgrounds and experience with the work at the Hope Cape Town. Addressing HIV and AIDS through awareness and prevention campaigns can have a significance influence on how to minimize the on-going spread of HIV in communities that in most cases affect illiterate individuals or ignorant people.
- 5.2** The implementation of the treatment of Anti-retroviral medicines to young children from birth is one way of enhancing the quality of life and find close relationships with reference to research findings on HIV and AIDS with staff at Tygerberg hospital and various tertiary institutions.
- 5.3** Involving communities still carry the obligation to create opportunity of training in the organisation to improve the quality of information and develop outcome based responses for the better of the community. The fight against HIV involves also about the breaking of silence to generate dialogues and start conversations that can further deal with stigma and discrimination
- 5.4** Nutritional support will have the opportunity to support individual's dietaries especially for those who have to do administration of ARV treatment and a lack of nutritional food support due to unemployment.
- 5.5** HCT continued to embrace new possibilities and eventually partnered with the paediatric infectious unity at the hospital (KID CRU) to strengthen their care and support approached.

This partnership was made possible with the help of Dr Esse, Prof Dr. Bernd Rosenkranz and Hipler since 2008. Hope received no governmental support as far as financial gains are concerned. This allows them to claim and exercise their

independence and maintains an 'in-side-out' approach-meaning that they are very comfortable exercising their opinions in the public and putting some pressure on government departments and their administration.

When creating funding opportunities, there is a special dedication that potential funders need to stay involved for a minimum of 3 years to ensure suitable growth and hope and to add value to staff members and to sustain project operation.

Chapter 6: The programmes of HOPE Cape Town

In order to meet the goals of the community the following programmes had been put in place:

6.1 Tygerberg Hospital and THE ITHEMBA WARD

The children section at the Tygerberg provincial hospital is very important part of the Tygerberg Hospital's academic research department. The children hospital at Tygerberg became very much involved working with people living with HIV and AIDS.

After long negotiations Hope Cape Town Association was given the green light to carry out its mission and vision and was awarded space at Tygerberg hospital in 2001. Hospital management acknowledged the commitment to fight HIV and AIDS and their partnership surely was unique especially with reference to join hands and find solutions.

6.2 The agreement with Tygerberg Hospital

Office space on the Ithemba ward 10th floor was also to include, training facilities and a place to keep important items like documentations and equipment.

Ithemba is a Xhosa word for 'Hope' that consist of a ward that has child friendly decorations, thirty beds, thirty four staff members operation including employed doctors and nurses from Tygerberg hospital, and also Hope Cape Town medical doctor, Sandy Picken.

Sonia Daniels is the Hope Cape Town Care and support coordinator who are amazingly supported by two volunteer ladies providing sandwiches two days a week.

The self-catering kitchen allows parents who have to overnight at hospital to have a place where they can prepare a meal for themselves and their children. With the inclusion of the playing room for children and dining room create a sense of hope and

get children to enjoy their stay at hospital whilst they are far away from home and relatives.

Ms Constance Mayaba was the first volunteer and Community Health worker employed by Hope Cape Town since 1999 and left a trail of wonderful work behind whose primary job at Ithemba ward was to create a comfortable environment at the Ithemba ward. The wards gave first preference to children started from birth of six months until sixteen years of age. Children who are admitted for medical support get a bed duration of two months at Ithemba ward and management will thereupon decide if more time is needed.

Hope Cape Town decided to continue with the word 'Hope' because it adds to the reduction of fighting down the spirit of discrimination and a stigma. During a visit to the Ithemba ward I noticed how extra room was created to accommodate mothers and fathers to stay with their children which clearly were an indication of an inclusive comprehensive care.

Due to the renovation of the Children's Hospital the ward has moved in 2012 to the A-section before finding its new place on floor G10. Sonja and the volunteer team attend to various requests of the families and also supplementing their daily food that is normally kept in the storage place.

Sonja gave much acknowledgment to the wonderful work that HOPE Cape Town volunteers were able to achieve. She highlighted how the volunteers created the opportunity to have a new playroom for the children of the Ithemba Ward of Tygerberg Children's Hospital.

6.3 The HOPE Community Health Workers

Most of the Community Health Workers are all local unemployed before joining HOPE Cape Town and had either volunteered at the clinic or other organisations within their community. Many of the HOPE Cape Town Community Health Workers have not necessary completed a 12 year formal education. Talking with them and listening to their excitement they add to bring to Hope programme certainly bring a

wealth of experience and the support of their community. Employment at HOPE Cape Town has provided a source of income and opportunities for these workers and their families while improving their communities' awareness around HI and AIDS and other. As one Community Health Care Worker put it, "I am getting paid for something that I love and have been doing for many years".

The HOPE Cape Town Community Health Workers are all local employees, who receive on-going training in all medical and social aspects of HIV and AIDS as well as life skills training. The requirement is that they either have completed or are busy with a UNISA (University of South Africa) course on "Care and Counselling" regarding HIV and AIDS and received the respective UNISA diploma.

The HOPE Cape Town currently have 26 Community Health Workers and are working at the local primary Health Care Facilities (Community Health Care Centres), keeping themselves intact and up to date with local grass-root and any other pilot projects within their scope of interest.

A number of areas have been identified so far to extend their close relationships to the communities: These areas include Bellville South, Belhar, Blikkies Dorp, Brackenfell North, Delft and Delft South, Bloekombos, Elsies River (Lonsdale), Goodwood (Dirky Uys), Grabouw, Mfuleni, Hermanus, Valhalla Park/Netreg, and Wallacedene (Kraaifontein).

The HOPE Cape Town outreach initiative is a very committed programme whose primary goal is to find opportunities to educate people where needed, creating session for information around health care issues especially with references to, treatment, TB DOTS treatment , the dangers and causes of HIV and AIDS, opportunistic

The HOPE Cape Town Community Health Workers generally taking up the challenges when and where necessary when confronted. Especially people living with HIV and AIDS were supported by creating HIV support groups to help deal with the burden of being infected and how to cope with it. Community health Care centres like Bloekombos, Wallacedene, Mbekweni and Blikkiesdorp (Delft) developed their own emotional care groups and incorporated community vegetable gardens using the

proceeds to enhance their nutritional diet support for those living and affected with HIV and AIDS.

Jooste proudly says that in 2011 our CHW were able to record an amazing 263 000 face to face clients visit in the community. The CHW visits that were done in the Western Cape showed that HOPE Cape Town maintained the highest visits. The national average is at 2.3 visits versus HCT's. (Hope Cape Town, 2012). Stefan and his team's intention is to use HOPE Cape Town together with their CHW's to go to as many Day Care Centres taking the service to those in need. (Rev Stefan Hipler, personal communication)

6.4 Training Development Framework

On-going workshops and short course training programmes for the working staff of HOPE Cape Town are key elements to ensure that employees who are working in the field of HIV reach a comprehensive understanding on what is expected from each when encountering clients in the community. The result is to ensure that especially the CHW's needs to have a holistic approach to what care giving means. Hipler is committed to have his staff members attracted to a holistic approach developing CWH to be advisors, health promoters, counsellors and family supporters. South Africa presents a diverse representation of cultures and equipping staff members with the skills required will help eliminating frustration and give back healthy lifestyle including psychological, social, financial, educational and spiritual.

The HOPE Cape Town Community health care workers are recruited from local disadvantaged communities offering them the skills to give back to their own communities and the training intervention programmes are done in the language of understanding to the workers intended to use for this service.

A big part of growth and focus at HOPE Cape Town continues to involve training. Academic training, practical training sessions including in-service training for volunteers were seen as providing a fully equipped tool for an approach to deal with the complexity HIV and AIDS presented at people across the spectrum in communities.

6.4.1 University of South Africa Training Course (UNISA)

A Diploma programme from the University of SA in HIV and AIDS counselling was compulsory to complete. This Diploma course duration was to cover a 6 months training programme with main focus on information on HIV and AIDS, prevention, treatment, transmission, opportunistic infections, stages of HIV and AIDS, African tradition perspectives on AIDS, pre-and post-test counselling, HIV and AIDS support and care.

6.4.2 In-service Training at Hope Cape Town

Nocawe Frans is employed as the HOPE Cape Town's social worker who plays also a very big role amongst the CHW for further support in keeping them focused and assists with in-house training and counselling opportunities.

Tuesdays and Thursdays are currently the two designated days for follow-up training which is done either once a week or every other second week. Sessions that are scheduled were used to help to debrief the workers, looking at any field work concerns regarding their knowledge especially with reference to their formal trainings too.

During a conversation I had with Sonia, she made me aware that she herself is not highly educated and also didn't have the opportunity to obtain a degree but HOPE Cape Town "makes time to take care of us emotionally and give us a chance to educate us." (Personal communication) Monica includes bereavement counselling, stress management, and encourage one-on-one sessions with workers to keep them energized and focused for their next challenges.

6.4.3 Practical Training

The newly appointed Hope Cape Town doctor, Sandy Picken, created more training opportunities by extending the classroom training area of the Community health workers at the hospital level. Each one gets hospital rounds together with Dr. Picken

to visit the wards at Tygerberg hospital to have a close experience with how she is conducting information and medical care. This kind of exposure adds valuable skills when CHW deal counselling referrals, follow up consultations and the support of medication administration of clients. The hospital ward training exposure includes: assisting at the Infectious disease Clinic, Anti-retroviral treatment for HIV clients. The practical training approach is to sit down with potential clients to be taken step by step of how to adapt to a positive healthy lifestyle.

Picken was pointing out that compliance and adherence are the major challenges in disadvantaged communities and that people just basically lack the resources for the support of basic needs such as food and fuel for transport. Using public transport is a stressful and daily expense exercised with those that doesn't have the means to travel to the Day Care Community Centres (hospitals) to see the doctor and to get the next supply of medicine. (Personal communication)

It is crucially important that clients adhere to the treatment as prescribed and not to develop negative kick back symptoms. Clients and patients must adhere to the instruction otherwise drug resistance can create possibilities for virus mutations and this can lead to new or more complexities of HIV strains.

6.4.4 Further Education

Health Care Workers identified that they need more accredited courses to enhance the current skill that can provide a more formal qualification to increase their chance for better employment especially if CHW wants to pursue a career in the nursing and social worker fields. Not so long ago Hope Cape Town took up the challenge to involve a qualified skill assessment person to establish a documents that could help with how to better equip their workers to stay effective whilst employed as CHW's and general administration staff.

The highest qualification amongst the CHW is grade 9 with an average of workers completing with a grade 6 education qualification. This meaning that to continue any chances of further a career in Nursing will mean extra effort to get the recognized diploma.

Rev Stefan responded by saying that Hope Cape Town are receiving the acknowledgment from the health facilities, staff and are very committed to make a difference through their professional contributions. The involvement of the skills assessment lead to a successful partnership with Stellenbosch University that are known granting the CHW with accredited course lines that want to enter a career in primary health care to achieve their goals eventually

6.4.5 E-learning Project Course

At HOPE Cape Town people are brought together because of personal relationships and through styles that attracts people to stand for the truth to bring about a change. The e-learning project is about exploring other ways of getting the information to ordinary people. This initiative received its initial support from the Bavarian State Chancellery and the Bulli Bildungsfond facilitated by In Went.

The e-learning is about giving knowledge and valuable information to ordinary people who are unable to visit health information centres. The E-learning programme suggest to use technology through the use of tablets, cell phones, computers in a comfortable environment where people are also able to move to learning centres with their electronic equipment. Andre Geldenhuys and Dr. Sandy Picken are directly responsible to further develop the e-learning project and their objective would be to develop a course programme namely:

- a. 'The Anatomy of the Body and,
- b. 'Awareness of the Human Immune Deficiency Syndrome, prevention, anti-retroviral treatment information and the various HIV infection modes'

The HOPE Cape Town e-learning project was getting much support and welcomed a presentation on the 23 September 2011 to the University of Applied Science Neu-Ulm, the University of Stellenbosch with Prof Ulrike Reisach leading the project together with students exploring various entrepreneurial developments with reference to his thesis to find practical and workable approaches for the CHW's.

A follow up visit to HOPE Cape Town was made possible during November 2012 by Neu-Ulm University (Prof Dr. and President Uta Feser) and Dr. Olaf Jacob (Information Management) to find conclusive results to establish agreement.

Abovementioned visit was to get to the best training methodology and strategy in order to develop training material for the HOPE Cape Town Community health workers.

Hipler regard this training direction as a very cost effective way (cheap) to disseminate information to Community health care workers, community members, clinics and their staff that can easily maintain technical support provided with up-to-date medical information. Continuous training will have to be done to stay ahead the use of the devices technology developments that will pose challenges since it will operate on progressive funding. Dr Sandy says that this project presents a few challenges such as limited or no computer skills, technical understanding, limited resources, available venues and trainers. The e-learning project is also aiming to provide a one year SETA accredited course

6.4.5 The H.A.A.R.T Project

HOPE Cape Town was one of the very first organization who deliberately (mainly) involved and initiated the administration of ARV's (Anti-retroviral treatment) to young children and mothers in South Africa (Cape Town). At the beginning this particular initiative was given much understanding and support initially from generous donors from Germany that adopted a person and gave him or her funding needed to support ARV medical treatment normally in a period of one colander year. Sandy Picken took up the part-time appointed as HOPE Cape Town in-house medical doctor who will continue to be in charge of patients visits in the hospitals (Ithemba ward especially), treatment, monitoring of the use of medication and regular follow up visit to people within focused cases.

The Haart programme also allow Hope Cape Town to assess new developments and to look at findings critically and objectively outside the framework of government like drug resistance treatment.

Its entire emphasis was to help as many children they possible can but soon discovered that the need was great and had to limit themselves to selection criteria especially admitting children who entered into the programme too weak for the administration of ARV treatment. The leadership of HOPE are constantly challenged with very difficult decisions to make for the people concerned with this part of the program according to Stefan.

Information gathered is very important for this will allow to be viewed carefully combined explaining the side effects of patients and their treatments. With the information (data) were passed on the Children's Infectious Disease Clinic Research Unit (KID-CRU) stationed at Tygerberg Hospital too and this proved vital as this information played a significant role in the development of the Western Cape antiretroviral project(s)

In December 2007, HOPE Cape Town finally gave over its last group of patients (19) over to government provincial health facilities for continuous treatment care and support. The HOPE Cape Town doctor continues to support the ARV role out in seeing patients who are developing complications. Dr Picken committing her time every week to visit the various area as outlined according to the CHW especially Blikkiesdorp in Delft and do a random checking up of health progress of clients and assisting with breaking down of stigma around HIV and AIDS'. In Blikkiesdorp she currently see 137 patients and this includes counselling and community information sessions. HOPE Cape Town decided to leave the administration of ARV's in the hands and guidance of government.

6.4.6 Nutrition project - Promoting a healthy lifestyle

A partnership between HOPE Cape Town and Harvest of Hope got established in March 2010. The initial understanding between the two entities was to provide fresh food and vegetables to people infected with HIV including mothers and children (from six months) supporting their daily nutrition and ARV treatment plan.

The programme started in Delft, Blikkies Dorp with a population of 13 000 people. Pauline and Dr. Sandy also include training around healthy eating habits. The nutrition project soon after its introduction considered the need to also include community children from struggling homes due to a number of unemployment in the community and where government social grants are the basic household income. A family in German made it possible to donate a shipping container that was allocated to Blikkiesdorp that will serve the purpose of a kitchen where daily food support will be administered from.

An initial six months rotation plan for families are considered too but then got reduced to three months that included vegetable garden training that teaches them also how to restore and preserve their proceeds. Each family receives ten bags of vegetable couple with how to start their own garden at their homes. Vegetables that were considered are tomatoes, chilies, beetroot, unions, bronchially, cabbages, herbs, and apple trees.

Three volunteers are currently working in the garden with the support of a volunteered landscaper from the Garden School. Pauline says that there is no long term plan on the agenda yet seeing that it requires formal funding but for now every Monday and Thursday at Blikkiesdorp one volunteer cooks for the elderly that represents around 600 families.

The project also enjoys at the moment the support of Binko Bakery (Cape Town) and Swartz Brood Gold (Milnerton). At the beginning of 2012 the vegetable garden project decided to started to sell a percentages of the vegetables and the proceeds will come back to sustain the three workers with a stipend and provide on-going purchase of seeds for the garden.

6.4.7 Hope Cape Town Sangoma project (traditional practices)

HOPE Cape Town project initiatives are really stepping up addressing and trying to find practical responses to the concerns of the community they so intimately care about. Proposals around the inclusion of traditional healers/practitioners (sangomas), was to address the various voices of belief of the community and trying to find

common ground of understanding to create a plan around HIV and AIDS and TB intervention awareness's in the community. HOPE Cape Town introduced the acknowledgement of the sangoma's in 2003 and tabled information around HIV and AIDS.

Prof. Rosenkranz leading the project on behalf of HOPE Cape Town and University of Stellenbosch indicated that since HIV and AIDS presented dynamic medical fields, the sangoma project was about looking at potential interaction between traditional medicines and ARV treatment. The approach was to encourage prevention when following traditional treatment. At some stage there was an understanding that one get infection from just touching a person who are HIV positive or even drinking from the same cup and the result is discrimination and stigmatization.

Hope's strategy was to get as many participating groups to learn from and (but also) to assist the sangoma resources and avoid misconceptions that holds no support to the fight HIV and AIDS. There is a great level of respect and acceptances amongst South Africans to visit traditional doctors. Amongst the African cultural groups the tendency is still considered to visit traditional healers as going to clinics, hospitals and doctors.

Whatever tools and methods used the idea was to create greater participation amongst different groups of beliefs, and this eventually led to another opportunity in December 2003 where an estimated number of one hundred traditional practitioners, medical staff and members of the department of health set aside time and agenda to work toward an understanding to rather work together and find out better communication channels rather than ignoring respectful practicing.

The 2004 conference suggested looking at effective sangoma practices in various cultural groups and investigating how information of HIV and AIDs are treated during client visits especially when explaining the causes of AIDS, the type of medications, pre information before testing for HIV and the levels (stages) of HIV.

HOPE Cape Town has taken the opportunity and used the findings of the March 2004 conference, and trained its Community health workers around the understandings of

African Traditional beliefs and practices to enter the communities they serve with a holistic view on HIV and AIDS.

The focus areas of the CHW intensive training can have a significant impact regarding individual and family wellness, traditional medication application, cultural beliefs and support; western ideology versus Traditional practices and the whole issue around individual stigma

The programme around the inclusion and acknowledgement created a place of dialogues but unfortunately had to suspend its continued efforts due to a lack of sufficient sustainable funding.

6.4.8 Mammies for HOPE

The project "Mammies for HOPE" was initiated by Monika Rosenkranz (the wife of Professor Rosenkranz who is the head of Pharmacology at Tygerberg Hospital and a board member) in September 2011.

The project Mammies for Hope provided creativity opportunities to the mothers of the babies that were hospitalized at Tygerberg Hospital at the Ithemba ward. The initial idea of Monika Rosenkranz was to sponsor material for the mothers in the Ithemba ward to make bookmarks, bracelets and necklaces. This was done in groups led by Monika Rosenkranz and Sonia Daniels, Ithemba Ward coordinator and Sandy Picken, HOPE's medical doctor, while the children are busy sleep and/or are being entertained in the playroom by either visiting volunteers too.

Eventually the bookmarks, bracelets, key rings necklaces and other gems were sent to Mammies in Germany (Stuttgart for example), and local shops around the Western Cape, who sell these items at various other markets to sustain some of the daily operational things like daily refreshments for parents and children.

Chapter 7: An evaluation of the role of HOPE CPT

Looking back on what HOPE Cape Town has been established to help in the fight against the HIV AND AIDS pandemic, their role had been vital and hugely successful. They filled a gap in service provision and keep on doing work that ranks very highly as far as professionalism and efficiency are concerned, HOPE Cape Town also proved to be effective looking at the following:

7.1.1 Hope Cape Town Trust and Hope Kapstadt Stiftung

The level of accountability, being honest and transparency are clearly the characteristics the organization represents to the world to create more funding support and belief in the cause they stand for. Hope Cape Town at the present moment relies on fundraising and the majority of the incomes they generate are supported by Hope Kapstadt Stiftung which directly falls under the German AIDS Foundation.

Since the establishment of the Hope Cape Town Trust in May 2006 and the Hope Kapstadt Stiftung in 19 October 2007, successful fundraising efforts and working relations were achieved including the annual Cape Town Ball of Hope in South Africa and the Hope Gala Dresden in Germany.

7.1.2 Gala Events

The Gala event vision is to attract as many private and public German potential interests. A deep sense of understanding was advocated to link the German community with local projects and to help securing funding support in the long run. The proceeds that the Gala event in Germany is raising are channelled for project operations in South Africa. At the moment Hope Cape Town does not receive any donation from local or provincial government. This understanding and arrangement allows them to move around freely with no restrictions and is able to achieve their goals with great anticipation.

7.1.3 Operation Management

Currently the German twin trust, Hope Kapstadt Stiftung, is directly responsible for the following administration who is involved in the payment of HOPE Cape Town salaries of staff members, office rent, recruitment of new staff, human resources issues, transporting of workers to and from their visiting sites, maintenance of equipment, creating media and marketing material for awareness, and all other operational matters assigned to it to the project administrator.

The Hope Cape Town funding philosophy is to let people understand that their contribution is to enrich lives but also to support a 'real life' that is in need or experiencing the basic limitation to sustain him or herself. 'The mission of fundraising is to reach out to the unreachable eventually and make a difference' Rev Hipler says during personal communication with him.

Chapter 8: Challenges facing HOPE CPT

Despite all the successes mentioned in the previous chapter, HOPE Cape Town still faces some challenges. The following and the most important challenges:

8.1.1 The appointment of a new Hope Cape Town Programme Director,

Stefan Hipler stepped down as chairperson in 2006 after a well thought restructuring suggestion at a meeting by the board. This decision was made to have Hipler being more involved in creating a viable organization especially with regards to fundraising and being the chairperson of the Trust. His current profile at the Hope Cape Town Trust allows him to travel more locally and international. A Project Director was suggested to be employed to take over the leadership and working closely with Rev Stefan. This appointment still needs to be made. The task of the new Project Director will be the following:

- developing a new direction for Hope Cape Town,
- develop a strategic plan with particular reference to the vision of the organisation,
- find cooperation around making decisions,
- develop a service delivery orientation plan,
- advocacy, and
- working closely with the chairperson of the Trust

8.1.2 HCT Monitoring and Evaluation Plan

Hipler was clear and honest to say that Hope Cape Town as an organization has a weakness regarding monitoring and evaluation to measure the impact of the programmes. As part of the restructuring process of the organization, M&E will be a main responsibility to develop a strategic plan to assist with the direction of the vision and find better working approached both with local staff and international relationships. Hipler insist that his organisation must take up the responsibility to continue to redefine organization portfolios of staff members and look for more

impactful ways not to frustrate organisation and international support of friends and business.

Some of the areas that were identified to receive attention including service delivery, raising funding, recruiting more volunteers, the following up of clients, staff performances and community intervention programmes

8.1.3 Employee turnover

Fundraising is not always certain and guaranteed and this creates fear and unsettledness to workers and their commitment to the programme. What motivates most of the workers is the 'red line' approach of any intervention meaning that staff members developed: "I have to do it go the extra mile to deliver their best". Equipping workers with various education programme(s) in order to provide adequate training tools for the role and it also prepare them to look for better job opportunities. The experiences of losing workers are setbacks and new workers are to be introduced, programme orientation, salary negotiation and training. No long-term contracts are promised due to the reason that it mainly dependable on donations.

8.1.4 Staff Recruitment

It's been believed that staff recruitment sometimes are ignored due to the high level involvement with getting the work done from workers. Members of staff normally vacate positions to find better jobs but have gaps to find new workers are not easily. Doing job advertisements normal leave behind budget commitments and the process is not always cost effective.

References

AVERT.org provides AIDS & HIV information, including information about HIV AND AIDS infection, HIV testing, prevention, global and African information.

<http://www.avert.org>

HOPE Trusts, HOPE Kapstadt Stiftung: <http://www.hope-kapstadt-stiftung.de>

Leap in life expectancy, 30.11.2012 .Kerry Cullinan-Article. <http://www.health-e.org.za/news/article.php>

Mail and Guardian, September 2009, SA steps up access to ARV treatment, 05/10/2009, BuaNews (News article)

Sadow, Ryder & Webster, D. 2002. Is education of health professionals encouraging stigma towards the mentally ill? *Journal of Mental Health*

Shelp and Sunderland(1987). *AIDS and the Church*, Westminster Press, Printed United State of America

Stein, J. 2003. HIV and AIDS stigma: The latest dirty secret. Centre for Social Science Research Working Paper no. 46. Cape Town: University of Cape Town.

Van Niekerk, Kopelman:(2005). *Ethics and AIDS in Africa; The Challenge of our thinking*. David Philip Publishers in South Africa

Hope Cape Town Association, *Annual Report 2012*(1st March 2011- February 2012)

Department of Health, HIV information - National AIDS and TB information. <http://www.doh.gov.za/aids/index.html>

World Health Organisation. 2005. "3 by 5 Progress Report

2006 Report on the global AIDS epidemic:

http://www.unaids.org/en/hiv_data/2006globalreport/default.asp

KID-CRU, Children's Infectious Diseases Clinical Research Unit