

## CARe's Fields of Service:

- Psycho-Social  
Counselling
- Home Based  
Care
- Poverty  
Alleviation
- Defaulter  
Tracing
- Training &  
Capacity  
Building
- Nutrition
- Youth  
Education  
Programmes

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## Impacting the Lives of Children

In the world of community based NGOs, an organisation like Community AIDS Response (CARe), providing frontline service in the prevention and treatment of HIV, is continually met with the challenge of re-evaluating itself in order to remain relevant and effective. The next frontier of service that CARe has identified within its purview for programme building is orphans and vulnerable children (OVC). With statistics quickly approaching 2 million, South Africa is home to more recorded children orphaned by AIDS than any other country in the world. The need is urgent and extensive.

For over 2 years, CARe has provided services for adults in the community surrounding the Thabo Mbeki informal settlement. Recently, Pastor Zwelile, leader of a local church, informed CARe staff members about an estimated 300 children living in the settlement who had lost parents. He shared that the children were being cared for by

family and community members struggling to provide for them.

As a result of a donation coordinated by CARe supporter Bart Cox,



**HBC Coordinator, Sangiwe Moyo, with a child from Thabo Mbeki Informal Settlement**

made by several Dutch students and supplemented by Unitrans, on 23 May 2009, CARe organised its first event geared towards meeting the needs of OVCs. Over 100 children gathered and were given food par-

rels and school uniforms in an effort to contribute towards the educational needs of the children.

The CARe team visited again on June 20<sup>th</sup> to provide the children with a celebration in honour of Youth Day unlike any they had ever experienced. Hugs, smiles and squeals of excitement were shared as children enjoyed hot dogs, face painting, dancing and a jumping castle. "It was wonderful to see the kids happy and smiling. I felt so attached to them and their joy. Your heart gets involved!" reflected Lerato Molobesti, a member of the CARe team.

In the coming year, CARe plans to seek partners willing to take part in this new endeavour. Our vision is to establish a long term, sustainable effort to impact the lives of children through increased access to educational opportunities, medical care, and social welfare resources. Together we can change the future for the youngest of those whose lives have been affected by HIV/AIDS.

## Words from the Executive Director

As September draws near, it is almost the end of another year at CARe. We have decided to launch a news letter as a means to inform, update and reach out to many of our current and would-be friends, partners and donors.

Looking back on everything we have experienced during the year, CARe's decision drivers have continued to be People, Cost, Reliability and Consistency. Our people continue to be our most valued asset,

whether in our backrooms, board room or on the frontline. Provision of care and support services would not have been possible without all of our passionate men and women who daily stand to serve those in need. Above all, we salute the men and women who daily pluck up courage to come through the doors of the health facilities from which we provide our services and those that open their homes for us to support them in their day to day

needs.

The work done by CARe would not be possible without the collaboration and partnership of those that provide us with the funding, moral support and in-kind gifts that daily translate to the caring touch that allows our clients the strength to face each and every passing day.

We salute you all.

Keith Muloongo

Executive Director, CARe

## Going Above & Beyond



**CARe Executive Director, Keith Muloongo (right) acknowledges staff member Edwin Ramasika**

For the dedicated team at Community AIDS Response, those who stand out are the staff members who not only consistently display the highest levels of professionalism, but also approach clients with sensitivity, dignity and exceptional hearts of service. In July, 16 members of CARe's staff were recognised for their outstanding job performances throughout the first half of 2009.

The following counsellors were commended for the consistent compassion and dedication exhibited in their work: Philisiwe Mageza, Leatile Makgamatho, Cynthia Ngidi, Johannah Manamela, Vuyani Sizani, and Linda

Gumbi.

Four Community Adherence Support Project fieldworkers were acknowledged for going the extra mile to reach out to clients and encouraging them to return to antiretroviral treatment: Zanele Ngwenya, Cylia Nkoana, Nokuthula Khambule and Mapule Mokae.

The caregivers who make up the team from Home Based Care are confronted daily with the harsh realities of AIDS, and serve the gravely ill with love and empathy. The following caregivers carried out their responsibilities with excellence: Potie Ntini, Nefefe Tshifhiwa, Daniel Fengu, and Sister Mampa.

It is the exceptional support staff who facilitate the work done by the teams involved in direct care. Edwin Ramasika and Lerato Molobetsi were recognised for going the extra mile to put forth their very best efforts to advance the mission and vision of CARe.

We applaud the long hours and tireless dedication demonstrated by all recognised staff members and extend an enormous "thank you!" to each one!



**Minenhle, age 27**

## Minenhle's Story

Minenhle's name means "a good day," and spending even a few minutes with her makes your day better too. Though she was diagnosed with both HIV and Non-Hodgkin's Lymphoma within a few days of

each other in February of 2009, her outlook is one of hope. "When I started chemotherapy in June, at first I would cry after coming home from the clinic every day. The side effects from chemo were worse than the side effects when I started ARVs. I thought I

was at the end. But now, I'm surviving!" As she speaks, a huge smile spreads across her face. Minenhle is one who brightens a room with her presence. Sitting on the couch beside her sister, as she holds her baby niece, you can tell that Minenhle's hope is contagious. "I know that it's been hard for my family to watch me go through this, but we haven't been alone."

Though she doesn't feel well enough to leave her home, except to receive treatment, Minenhle

looks forward to visits and phone calls from CARe's HBC caregivers. They have been spending time with Minenhle and her family ever since she was given her dual diagnosis. The skin creams and food supplements that she has received from HBC help to mitigate some of the side effects from treatment. But even more important than the easing of physical discomfort has been having new friends who see past the ways in which her body has changed, to the woman of courage, joy and perseverance that she continues to be.

"CARe will provide counseling, palliative services and HIV training to this vulnerable and high-risk population."

## CARe Moves Into "Sun City"

By: Ringson Ngozo, Monitoring & Evaluation

In the early months of 2009, Community AIDS Response was approached by a social worker affiliated with Johannesburg Central Prison, commonly known as "Sun City." He expressed that there were unmet needs surrounding the issue of HIV/AIDS among inmates. After meeting with prison staff to gain a clearer understanding of exactly which services were needed, CARe selected two counsellors, Christopher

Ndlovu and Sarah Magagula, to spearhead CARe's expansion in this new direction.

In 2006, Johannesburg Central Prison was licensed as one of the first South African prisons able to distribute antiretroviral medication to inmates from its own clinic. Recent estimates placed the number of prisoners receiving on-site ARVs at over 500. In accordance with a signed memorandum of

understanding, CARe will provide counselling, palliative services and HIV training to this vulnerable and high-risk population. Such a significant move for the organisation poses unique challenges along with enormous growth potential into new fields of service for Community AIDS Response.

# “Care” Excerpt From A Poem By Colleen Kekana



CARe, you try hard to fight with our enemy (HIV)  
Who attacks everyone  
I was taken aback  
Because it swallows our pride  
No knocking, no asking  
It just enters like Shaka Zulu  
The time when he decreased the population

Week, month, year & every time  
I regret and say “Why me?”  
Who will care for me?

But CARe you’re here for me  
I was lonely  
Worms were running in my mind  
Swimming in my soul  
Digging deep in my heart  
But there is a place called home, a heaven

I heard the rumours  
Say there is an institution  
The home of everyone  
CARe, you try your best  
For one future, one nation  
Our future counsellors  
Our health leaders of tomorrow

I remember one day when I detect that I’ve got HIV & AIDS  
I started to remember the word “care”  
The place called CARe  
There was no one who cared for me  
Because I’ve got 3 & 4 letters  
That was my number plate  
Every second, minute, hour, day

CARe, you have the memorandum of the world  
People have many questions  
Who will take care of us?  
Our people had sold us to death  
But you buy us to birth  
To the new creation

“Of those tested more than once, 51.8% had in fact returned for testing 3 times or more.”

## 2009 South African AIDS Conference

At the 2009 South African AIDS Conference, held in Durban during the month of April, Community AIDS Response was given the opportunity to present research findings that had been more than a year in the making. If one were to go by annual statistical reports, it would appear as though HIV testing rates have improved dramatically in South Africa, with more people willing to be tested each year. CARe staff members Ringson Ngozo and Ndimiso Tshuma hypothesized that a significant number of those receiving HIV tests

were instead “repeat testers” who had in fact been counted more than once in nationally published statistical reports. From February to April of 2008 a randomized sample of 2443 VCT client questionnaires, taken from the 5752 HIV tests given during that period at Esselen Clinic in Hillbrow, were analyzed to ascertain what percentage of clients were coming for repeated testing. CARe’s researchers found that, of those sampled, 40.3% of clients were repeat testers. Of those tested more than once, 51.8% had in fact returned

for testing 3 times or more. Though the results are discouraging in the sense that HIV testing statistics do not necessarily reflect an increasing number of people willing to be tested, the information discovered is of critical importance. International organisations addressing HIV/AIDS have approached CARe for the purpose of including similar material in their own research. It is our hope that the information gained may be used to improve awareness campaigns within South Africa and abroad.

## CARe Staff “Walks the Talk”

It has become something of an annual tradition for members of the CARe team to take part in Johannesburg’s yearly “702 Walk the Talk” event. The morning of 26 July 2009 found 61 staff members from all departments of Community AIDS Response taking part as an endeavour to show team unity. Participating in the 8km walk departing from the Marks Park Sports Club and winding through Emmarentia, the delegation from CARe joined an expected 50,000 entrants, making the event the largest of its kind in Africa. “I have done it for

2 years now, and enjoy taking part with other NGOs and with some of CARe’s donors. The road is never lonely!” said Mmathabo Rangoshe, Counselling Services Manager.

Providing an opportunity for members of the community to come together with local non-profit organisations, CARe hopes that you’ll join us in 2010!



# Community AIDS Response

## Community AIDS Response

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## Our Vision

A South Africa that uplifts and upholds the dignity of individuals and communities.

## Our Mission

To be the preferred organization partnering with individuals and communities to find and cross the bridge that provides hope, opportunity and choices over HIV and AIDS and other chronic/communicable diseases in order to promote the well being and sustainability of communities.

## Our Values

Open Conversations  
Dignity & Respect  
Integrity & Honesty  
Passion & Commitment



## A New "Spin" on a Classic Game

By: Sindi Solopi, Community Care Centre Coordinator & Jennifer Qupe, CARE Social Worker

Most of us remember a birthday party or two during our adolescence where the game "Spin the Bottle" was played. It's a game that seems to have survived for generations, in which two teens of the opposite sex kiss in front of an audience of giggling friends. This relatively innocent game has taken a new turn for today's youth.

In recent months, one of CARE's partnering clinics noticed increasing number of young people arriving from the nearby inner city schools presenting with sexually transmitted infections (STIs). When questioned, the learners disclosed information relating to a high risk version of Spin the Bottle being played in schools and in communities; whereby they engage in sexual acts.

As CARE staff members closely engaged with the community, we decided to visit local schools to assess the prevalence of the game, its rules for play and the awareness level of educators to its existence. The fact that

all learners, grades 5-12, who were interviewed were either aware of the game or had played it before was indicative of just how common this updated version of Spin the Bottle has become.

When describing the game, learners explained that they sit in a circle with one person in the middle who "spins the bottle". When the bottle comes to a halt, the boy and girl the bottle points to will kiss, but if they choose to take the game further, they instead go into one of the vacant classes to engage in unprotected sex. Though played when teachers were not in their classrooms, learners admitted that they had taken part in the "kissing only" version of the game with teachers present while on school camps.

Upon hearing this information, we wanted to find out the learners' level of understanding regarding STIs. Most had little or no knowledge of STIs other than HIV. Even with basic knowledge of HIV, the teens expressed that they did not feel that

they were at risk because of their young age and the fact that most of their friends had not participated in sex with people outside of their immediate age group. The only concern admitted to by the students was a fear of pregnancy among the girls. The boys interviewed insisted that their participation in sexualized games presented no risk whatsoever.

It is disconcerting to hear that such high risk behaviour is taking place in schools where we expect our children to be supervised and protected. It is the responsibility of every South African to take part in making our youth aware of the risks and responsibilities that sexuality carries with it, particularly in a country where roughly 300,000 children under the age of 14 are living with HIV.