

A woman in a red t-shirt is standing in a classroom, facing a group of students. She is holding a large white sheet of paper with text and a small image on it. The students are sitting at desks, looking towards her. The room has white walls and windows with metal grates. The overall image has a green tint.

# TRANSCAPE PROGRAMME REPORT JAN-JUNE 2018

TRANSCAPE NPO  
COUNSELLING

# INTRODUCTION

It was an amazing start to the year and I was extremely happy to continue with my projects. I was and remain very positive and I look forward to the rest of the year as I am still enjoying assisting in the communities. I was fortunate in the first half of the year to have two volunteers join me in my work.

The first quarter saw us continue our work with the following projects. Counselling at the clinics, home visits, school visits home base care and support group workshops, community awareness, Cataract project and sanitary towels. The second quarter will be discussed later.

## 1. Counselling at the clinics:

During the first quarter of the year I managed to visit 2 clinics. As according to the previous year evaluation I have noticed that as much as people are aware about HIV/AIDS, they are still very much afraid to get tested. During my education sessions and encouraging testing I have come to the conclusion that people are reluctant to get tested because most people require more information about how HIV works and how the treatment works in the body. This information, when provided in a manner that is understandable, changes people's perspectives. My main focus this first 3 months was thus to educate and encourage people to know their status and to know the importance of taking their ARV medication.

## Education to Everyone:



## Case studies

This 26 years old woman was eager to get tested, and shared that she was quite afraid to get tested as she maybe have been exposed to HIV but after my open training and education session with everyone she was very inspired and wanted to get tested.

This type of story really puts joy in my heart that I am making a difference.



This is a 24 years old man was not interested to get tested as he said he was really afraid that if he tested positive he might be stigmatised and he also felt that he was too young to get tested.

I talked to him about the disadvantages of not knowing his status and I also showed him images of people who did not know their HIV/AIDS status while it kept on spreading in the body.

He was really shocked that it could damage the body so severely and slowly shut down the immune system. He then asked how he could get support if he got tested and I told him about the support groups we have and also told him that I am also there for moral support. He said he was happy that he was able to talk to someone who could explain to him more about HIV and for that receiving one on one counselling.

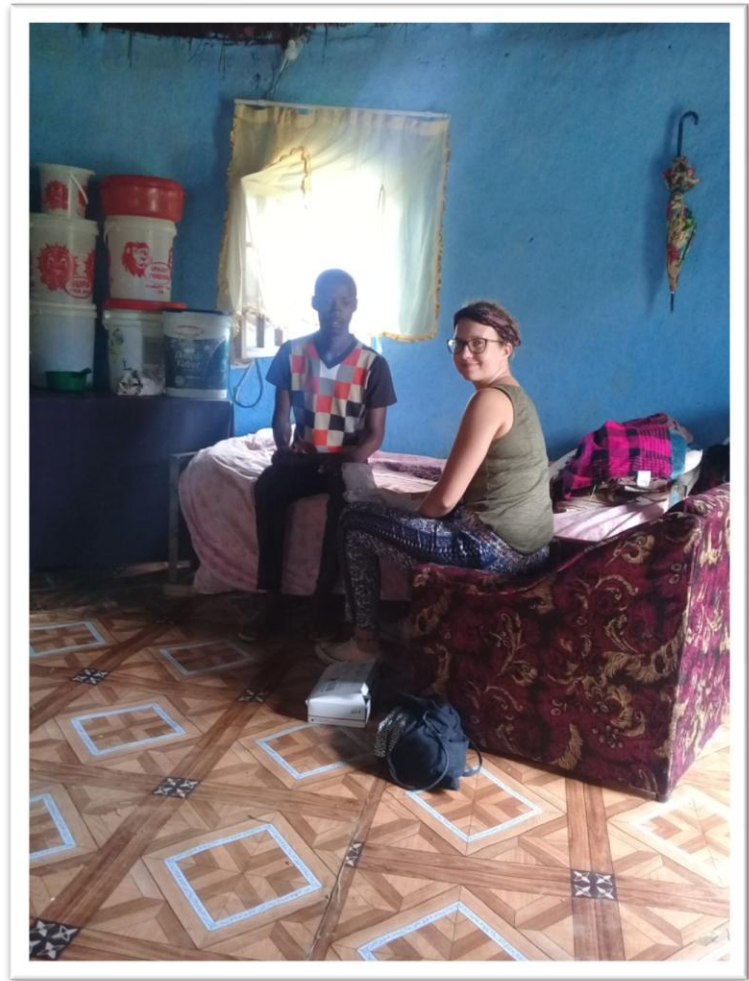
## Stats

People received education at the clinics	498
People got one on counselling and testing	168

## 2. Home Visits

During the first quarter I visited 5 families at least once a week. This helps immensely as so many do not have the little money needed to go to the government clinics and some people really need moral support, to feel that they are being cared for and that their health matters.

I also experienced that people feel freer to open up in their homes and they are happy to test at their homes.



My volunteer, Danique Brenkman, doing HIV testing at homes.



Danique recently returned to the Netherlands, where she obtained her Degree in Medicine. She has a new understanding and unique insight into the value of the work that she does and will do.

## Case study

This is one of the homes that really touched my heart. There is a 20 years old lady with a child of 6 months living with HIV but she did not take her medication very well.

She once stopped taking treatment and had been sick with her malnourished child. I gave a lot of education to this family.



I called all the family members to listen to the education. The whole family was very interested and they were asking question and very much willing to assist the young lady.

She was a little bit shy and not really opening up but was very grateful that the whole family was willing to support her.

She then opened up and told her story that she left home and stopped taking her treatment medication because she felt that no one really cared if she survived or not. With the support of her family, she is now on the right path.

## Stats

Homes visited	49
People that received one on one counselling and testing	23

### 3. School Visits

I was active in three local schools during the first quarter of the year. I gave educational talks to the pupils about various subjects related to HIV and AIDS.

When I get to the schools I first have an ice breaker game which the students really love. This really helps as the children feel more relaxed around me and their minds become active. After I introduce myself then we set the rules for the lesson. These include for example only one person will talk at a time, no laughing at one another, everyone needs to participate and ask when you did not hear something.



The above picture is of one of the classes that always listen and ask many questions. For instance, I made an example of the disadvantages of being pregnant at a young age. I told them that they would not be able to further their education as they will have to take care of the child and work. So I asked each of them what they wanted to become when they grow up. One of them stood up and said: "I want to be like you and educate people about killing diseases and encourage the children from school to study and become what they want to"



My volunteer inspiring the kids and telling them how one gets HIV and how does it spread. She also printed some of the pictures of the signs of a defaulting people and those that do not want to test.

## Stats

Schools visited	3
Learners that got education	87

## 4. Support group workshops:

Each and every month I meet with the support groups and home based care givers. We meet in order for us to update each other about the people that need support as well as the overall needs of the villages, I also update them about the latest health changes and share the information that I learn at the clinics or that I am given by the Doctors that I know. This really helps as we get updated about all the villages and we do not visit the same homes as each other. This also helps to break false information and stigmas as I help them to give accurate information.

Most of the support group members and home based carers are elderly people and the only time that they ever got training was when they started so the workshops help to keep the information fresh.



### Stats

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Total number of support group and H.B.C	36
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## 5. Community awareness

Each month after working in the village I do a small community event in order for everyone in the community to come together and to listen to other people' s stories and to hear from the support groups.

This event also gives a chance to those that were unable to be reached to come and get education and information about HIV/AIDS. It is well received by everyone as we play music and share educational pamphlets, Sanitary towels and condoms.



### Stats

Awareness events held	3
People in attendance	195

## 6. Cataract Project

We had two trips to the Zithulele hospital for eye operations. This is a wonderful project that all community members benefit from as we take people that have problems with their eyes and send them to the other hospital where they can receive the operation. Some are also able to get glasses to improve their vision. This uplifts individual households and the community.

## 7. Sanitary Towel Project

We had a new group of participants in the beginning of the year that helped to sew sanitary towels. They are still continuing and are improving daily. People from the community are so pleased and amazed by the job that is being done by the disabled people. They really like the quality of the pads as they are soft and comfortable but most importantly they are re-useable. We had successfully made 40 reusable pads during the first three months and endeavoured to increase production as our team was still new and we needed more material.

## Second Quarter – First Term

The second quarter proved to be very rewarding, as I had been as fortunate to have had another volunteer from Holland join me in my work. We worked together for a month and it was a pleasure to have a professional nurse by my side, as she was assisting me with pricking people at the clinic to test people for HIV/AIDS. This was supportive in my work, as I did not at that stage have the qualification to finger prick people and I could only do the counselling and education.



## Further Training for Counsellors

I was extremely blessed in the last quarter of the semester to be sent for training. The course was presented by HR Training and Business Solutions in the city of Durban, Kwa-Zulu Natal province. I increased my knowledge on HIV/Aids but most importantly I received formal training on how to test for HIV/AIDS in people including children. This I would proudly say was my biggest achievement within the last term. I am very happy that I will be able to test people without assistance from a qualified nurse and I will also be able to provide counselling directly after testing.



## 1. Clinic Visits

Education at the various clinics was continued during the second quarter of the semester. When we get to the clinic we encouraged people to come to test for HIV/AIDS. After talking informally to the patients outside, we go to the consulting room where we do individual counselling and test people for HIV/AIDS.

In the last few months there have been changes made to one of the clinics that I work with. They were renovating and cleaning the clinic but it was very encouraging to see that the people and staff still wanted me to come and give education even when there was no space. That made me realize the appreciation that the community has for the work that I do. It is always a pleasure to get recognition from the clinics.

### Stats

Clinic visits	2
People counseled	449
People tested	264

### Case studies



Here is our volunteer testing this 17 years old lady whom, she felt pregnant at a young age and after I have given education about the importance of knowing the HIV/aids status and the risk of infection to the children and unborn children. She decided to come and test as she said she was very scared to test as she has been feeling so well. But today she realise that she is a parent and that her health is important

to her and her baby. We then emphasise to her the importance of using contraceptives and use of condom.

This 24 years old man simply said he has a lot on his mind, so testing for HIV/AIDS would only add to his problems. He even mentioned that there was nothing that would change his mind to take the test because he believed that it was better not to know, as knowing is killing.



I just did counselling with him and told him that I would not force him to do anything he did not want to do, I said that I would like to give him personal education for self empowerment. I also told him how important it is to know all the risks involved. In the end he was happy to test and said he would do it again every 3 months.

## 2. School Visits

Schools visits have been wonderful. The children are now very well behaved and interested. Their behaviour was very difficult in the beginning but now it is a joy. There was an occasion in mid may where I lost my temper as they were impossible. I was at Mphathiswa Secondary, there are a lot of teenagers and older boys in the school. Every time I raised topics that are important such as the use of condoms to prevent them getting HIV/AIDS they would always laugh.

On this specific day I was talking about drugs and alcohol abuse and I knew that some of them would have already been exposed to it. They just made noises and sang songs to prevent me from saying anything. As I was unable to carry on with the class, I left. The next Monday we all sat down and they apologised for their behaviour and the mood of the class changed.

We now enjoy fun times together. They have opened up about things that are bothering them and ask many questions about HIV/AIDS. They are always finding innovative ways to assist their relatives that are living with HIV and they encourage their friends to go for the HIV test.



I have now left a task with each of them. To go to the clinic and test for their status as I do not bring the testing kit to the school.

It is also interesting to work with different age groups. There is another school that I visit, where the children are quite younger and the children here do not know much about these topics but they are angels. They are always eager



to learn. They are hungry for new knowledge and they are happy children. I am happy to repeat information multiple times, to be sure the children understand. Most of these children are from homes whose parents are infected with HIV/AIDS. It is always good when

## Stats

Schools visited	2
Learners educated	64



### 3. Home Visits

Home visits have gained a lot of respect from the community. People are now happy to be visited in their homes as they say it is easier for them and they feel more comfortable. It is nice for me to visit homes even though I struggle at times with privacy to do counselling. Many homes have lots of family members so it makes it difficult to have privacy for all those that wanted to test for HIV/AIDS and receive counselling.

There were also some issues with keeping track of those that have tested and need to do so for 3months. There are also those that are not taking their medication diligently and this allows us early intervention to assist them to visit the clinics and hospital.

#### Case studies

I have been visiting older gentleman for some months. He stopped taking his medicine a few times while I have been working with him. There was a time that we even gave him food parcels to help him get in better health with his



medication. He did very well in getting better until he went back to Cape Town stating that he was looking for employment. He came back in a very bad condition as he had stopped the medication when he was away. We unfortunately lost him last week.



This lady is in her early 30s, she knew she was infected with HIV/AIDS 6 months ago when she was living in Kwa-Zulu Natal. I am constantly visiting her at her house. She is so happy to be home and to receive my counselling as she said she never receive so much care and counselling when she was in Kwa-Zulu Natal and she felt that she has learnt a lot about the disease that she is leaving with.

She wants to get well fast and join me in my job so she can also talk to others and warn them about the seriousness of HIV/ AIDS. She even mentioned that she was very hard to her daughter, who is 13 years old, as she wanted her to fear HIV/AIDS. I also talk to her daughter and I told her how a person gets HIV and how infection can be prevented.

## Stats

Homes visited	19
People who received counselling	38

## 4. Cataract Project

In the past 3 months there has been one trip to Zithulele Hospital for operations. We sent 13 people and 8 were able to get the operation that would improve their lives. A few needed to be sent to Nelson Mandela Academic Hospital in Mthatha.

## 5. Community Awareness

Community awareness in the second quarter was focussed on getting the smaller communities together to share more knowledge about HIV/AIDS and the issues that people in the village face. We also focus on issues that are faced by individual communities, for instance if in a certain village there are a lot of people that are not taking their medication, we will focus on that subject.

The past three months there were so many concerns about the youth that are not involved in the HIV programs even though they are not working. The community is working together to solve these issues.



This was one of the special events that happened in a small Kwa-Zulu Natal village where with the help of the community members we gathered together to empower the youth to engage themselves. It was a good start as most of them showed up and voiced their concerns and opinions. Some did mention that they are still afraid of HIV. So we agreed that monthly

they will join the awareness and be part of fighting HIV/AIDS in their communities and they will end the stigmatisation and discrimination. Old community members and head members we there.

### Stats

Community Awareness Events	2
People who received education	150

## Conclusion

The first half of the year was filled with hope. Many new opportunities for education were utilized both for the community and for our counsellors. It is important to keep spreading accurate information and breaking down the stigma that surrounds HIV and AIDS.

The project will greatly benefit from more regular volunteer nurses and medical students.

To have more events such as community gatherings and sports events will promote a positive approach to HIV and AIDS awareness.

We would like to thank our partners and sponsors for their continuous support. It is having a massive impact on the lives of our community members.