Holistic Approach to HIV Care and Prevention

Hillcrest, South Africa
Anonymous (not verified)

Year Founded:
1990

Organization type:
nonprofit/ngo/citizen sector

Budget:
$500,000 - $1 million

Website:
http://www.hillaids.org

Community development
Health care
HIV/AIDS
Poverty alleviation

Project Summary

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

The Hillcrest AIDS Centre Trust (HACT) is a multifaceted, holistic HIV/AIDS project that responds to the pandemic from several different angles. Our mission is to provide unconditional love to all infected and affected by HIV/AIDS in a practical, sustainable way. Our vision is to see the elimination of HIV-related stigma, new HIV infections and AIDS-related deaths in our region.

About Project

Problem: What problem is this project trying to address?

Situated in the accessible town of Hillcrest, we serve several poverty-torn, semi-rural communities in the Valley of 1000 Hills region in KwaZulu-Natal, South Africa – one of the epicentres of the world’s HIV pandemic with estimated HIV-infection rates of up to 40-60% of the population in some communities. Along with high HIV infection rates, the Valley of 1000 Hills region has high rates of unemployment, low matric pass rates, high rates of teen pregnancy, drug and alcohol abuse and crime. There are a few government clinics in the areas we serve however they are severely under-resourced and under-staffed. While there are other NPOs serving the area in a variety of ways, addressing poverty primarily, no other organization focuses specifically on addressing the HIV/AIDS pandemic.

Solution: What is the proposed solution? Please be specific!

Our mission is to provide unconditional love to all infected and affected by HIV/AIDS in a practical, sustainable way. Our vision is to see the elimination of HIV-related stigma, new HIV infections and AIDS-related deaths. Our objectives include to:
• Comprehensively assess the health status and social situation of everyone who approaches us for help
• Provide holistic, individualised care for people living with HIV/AIDS (PLWHA), including HIV tests, CD4 counts, health checks, home-based care, ARV readiness training, and inpatient respite/palliative care
• Empower PLWHA to become financially self-sustaining through income-generation and poverty-alleviation initiatives
• Provide education and training on HIV/AIDS to help prevent new infections and keep PLWA healthy as long as possible.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

Our long-term vision is to be a model of a holistic response to HIV/AIDS that can be replicated in other communities/areas and that brings hope to tens of thousands of people who are living with HIV, and hope to South Africa as a whole. We want to create employment for thousands and enable tens of thousands to generate their own income through crafts, sewing, vegetable gardens and other horticulture projects. We want to see people who are HIV Positive living full, long lives, and people who are HIV Negative remaining HIV negative. We hope to see a decrease in the demand for our Respite Unit due to fewer people becoming so ill, and in increase in our income generation activities – all as a result of our prevention/awareness work.

Impact: What is the impact of the work to date? Also describe the projected future impact for the coming years.

Total number of households served: 610 Total number of patients served: roughly 1600 Number of HIV+ patients provided care for: roughly 1500 Number of patients being treated for TB: 1000 Number of community members educated with HIV/AIDS prevention and awareness in 2012: Roughly 4000 Number of HIV tests per month: roughly 650 Number of crafters supported with income through craft store sales: roughly 160 Recovery rate in respite unit in 2012: 60% Number of Granny Support Groups: 32, roughly 1600 members Number of home visits conducted: 100 home visits by nursing department per year; 20,690 visits by home based carers per year Number of orphans and vulnerable children served: 700-1000 per year Percentage of patients testing positive: The number of females testing positive showed an 8% decrease in the past year while the
number of males showed a 2% decrease in the past year.

Sustainability

Financial Sustainability Plan: What is this solution’s plan to ensure financial sustainability?

We hope to see a decrease in the demand for our Respite Unit due to fewer people becoming so ill, and an increase in our income generation activities – as a result of our prevention/awareness work. We would like 1000 people to be empowered to generate income for themselves in the next five years.

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

Hillcrest AIDS Centre Trust aims to fill the gaps in service left by the government healthcare sector and other organizations. As such we build strong partnerships with other public healthcare services, non-profit organizations, and non-governmental organizations to best serve the community at large.

Team

Founding Story

Hillcrest AIDS Centre Trust (HACT) began in 1990 as an effort by the local Methodist church to contribute to the fight against the emerging HIV pandemic. The then Minister had attended a talk in the USA about HIV/AIDS and returned to Hillcrest confronted by the reality that the Valley of 1000 Hills region was about to erupt as the epicentre of the world’s HIV/AIDS pandemic.

Organization Name

Hillcrest AIDS Centre Trust

About You

First Name
Shalini

Last Name
Singaravelu

Twitter URL
https://twitter.com/Hillcrest_AIDS

Facebook URL
https://www.facebook.com/pages/Hillcrest-AIDS-Centre-Trust/2801007653637...

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen.

Innovation

Explain what the “innovation” is about, e.g., is it the idea and/or the model you use to accomplish the idea, or your understanding of the target population, etc.?

Hillcrest AIDS Centre Trust provides a multifaceted model of HIV care that tackles the many causes for an increased HIV prevalence within the community where we work. The issues we address across our departments include poverty, low education rates, poor nutrition, lack of healthcare access, a historically disempowered population, and social and cultural stigmas. Over the past 22 years, the Centre has expanded its suite of projects and programmes year on year, always in response to the needs on the ground in the communities we serve. Today, our projects focus on three main aspects: care, poverty alleviation and prevention of new infections. Projects include: a 24-bed Respite Unit, an out-patients clinic staffed by nurses, a home-based care project, HIV education programmes in schools and workplaces, HIV testing and counselling, a horticulture project, an onsite plant nursery, an onsite craft store and craft workshop, a feeding scheme, a clothing scheme, a school feed fund and a grannie support group project.

Our model is particularly innovative as we maintain a community-centered approach where we employ over 60 staff members, the majority of whom come from the surrounding communities, and many of whom are infected or affected by HIV/AIDS, thus creating leaders of all ages in the areas we serve. Our prominence in the community and variety of services available also enables us to not only provide holistic support and care for the HIV infected and affected population but also to refer community members to more specialized care when needed.

Describe how your innovation model is distinct from any other organization in your field?

Unlike the other organizations in our field, Hillcrest AIDS Centre is the only organization providing palliative care to impoverished people, and specifically to people with end-stage AIDS, in congruence with prevention, income generation, nutritional support, and educational programs. While there are other non-profit organisations serving the area in a variety of ways, addressing poverty primarily, no other organization is specifically focusing on addressing the HIV/AIDS pandemic. Furthermore, no other organization has an outreach like ours. We serve communities within the Valley of 1000 Hills region, supporting people of all ages from small children to elderly grandmothers.

What type of operating environment and internal organizational factors make your innovation successful?
Through the presence we have built within the community over decades, we have been able to identify potential leaders in the community who are dedicated and passionate to the fight against HIV/AIDS. This combined with the support of international funders, such as the Stephen Lewis Foundation, Oxfam, and NACOSA, gives us a diversity of perspectives to best tailor our innovation to the community’s needs thereby ensuring success. We are also governed by an eleven member Board of Trustees comprised of experts in the fields of business, finance, medicine, and community development in addition to leaders from the local churches.

How do you make sure you constantly innovate in light of (potential) external challenges, or your growth plan?

As a non-profit organisation, sustainability is a priority and we are continuously looking at ways to decrease our dependency on donors by increasing our income generation activities. To ensure long-term sustainability, we look for donors that can provide multi-year funding contracts, and we also avoid having any one project funded by one large donor, preferring to diversify our donor base to minimise the implications should one donor pull out.

Organization Country

, KN, Hillcrest

Business Model

The systemic challenge you are trying to overcome (select one)

Bring accessible healthcare to communities in emerging markets

Health area (target market) where the need is [select only one]

Other specialty care

Categories along the health continuum you are covering [select all that apply]

Prevention, Detection, Intervention, Follow-up, Long-term care, Social integration.

Stage that best applies to your solution [select only one]

Established (past the previous stages and has demonstrated success)

Core strategies of your business model [select all that apply]

Approaches to behavioral change at the individual level, Patient-centered design, New/redefined roles for healthcare service provision, New approaches to distribution of health products and services, Unconventional partnerships (between traditional healthcare players and players outside healthcare), New financing strategies for health.

If other, specify here:

Most relevant tools you are using to implement the strategies outlined above [select only two]

Education/training, Community financing.

If other, specify here:

What is your value proposition?

The Hillcrest AIDS Centre Trust (HACT) is a multifaceted, holistic HIV/AIDS project that exists to provide unconditional love to all infected and affected by HIV/AIDS in a practical, sustainable way.

Who is your customer(s)?

With regards to our community outreach and HIV services, our customers are our patients and rural community members who are enrolled in our programs. Our customers are also members of the community who buy plants from our horticulture project, locals and visitors who shop at our crafts store, and international consumers who buy crafts from our partner organizations and online.

What approaches to you use to reach your customers?

For the Valley of 1000 hills community that we serve, our community outreach is done primarily through word of mouth, local publicity (TV news, radio, newspapers), and by making announcements in each neighborhood with a loudspeaker. For customers of our craft stores and garden project, we reach out to them with our website, a variety of social media platforms (Facebook, Twitter, etc.), newspapers, emails, online and print newsletters/reports, and most of all by encouraging them to visit our centre to experience the work we do and the communities they impact first hand.

What are your primary activities?

Projects include: a 24-bed Respite Unit, an out-patients clinic staffed by nurses, a home-based care project, HIV education programmes in schools and workplaces, HIV testing and counselling, a horticulture project, an onsite plant nursery, an onsite craft store and craft workshop, a feeding scheme, a clothing scheme, a school feed fund and a grannie support group project.

What other challenges - individual, organizational, or environmental – are you currently facing or might hinder future success of your business, and how do you plan to overcome those?

Our biggest challenge we face are the stigmas against HIV/AIDS within the community. As we employ over 60 staff members, many of whom are from the surrounding communities, it is imperative that we as an organization break down stigmas together among our staff in order to be successful in the communities where we work. This challenges are overcome with staff development, personal growth, and HIV/AIDS education opportunities as well as a long-term investment in the well-being of our staff members.

Briefly describe your growth strategy going forward

In five years we would like to have expanded our current site and projects to be employing 100 people, and to have launched a community centre
including a Respite Unit, HIV testing and OVC programmes in one of the communities. We would like 1000 people to be empowered to generate income for themselves in the next five years. We are also expanding our reach to support 150 children within the year.

**What dimensions for growth are you currently targeting for your innovation [select all that apply]**

New customer group(s), New regions(s).

**What makes your business “ready” for growth?**

Hillcrest AIDS Centre Trust has multiple departments and projects, all of which support each other. Our growth going forward will be to better integrate these programs under the spectrum of holistic HIV care and to expand our reach while moving towards a more sustainable outcome.

**What are your key growth objectives?**

• To comprehensively assess the health status and social situation of everyone who approaches us for help
• To provide holistic, individualised care for people living with HIV/AIDS (PLWHA),
• To empower PLWHA to become financially self-sustaining through income-generation and poverty-alleviation initiatives
• To provide education and trainings on HIV/AIDS to help prevent new infections

**Organization’s Country of Operation**

, KN, Hillcrest

**Social Impact**

**What methods for quantification of social impact are you applying (if at all)?**

We measure social impact based on both outreach of our programs (ie. number of people/families impacted, number of communities involved, number of community gardens started, etc.), the amount of income generated by the community through our centre's projects, and HIV specific outcomes such as the number of people tested, number of people who test positive, number of people who recover from our respite unit, etc. As we are an HIV/AIDS oriented organization our impact must keep both healthcare and community development measures in mind in order to assess social impact.

**Could your solution work in other geographies or regions? If so, where?**

Our solution has the ability to work in rural communities around the globe impacted by highly stigmatized diseases, illnesses, or infections given the necessary country and culture specific adaptations are made. Our centre would ideally be replicated in an area near to but outside of the communities affected, in a location that is central and easily accessible. This aspect of our organization has been key in allowing us to break down the stigmas around HIV/AIDS while still providing community focused initiatives. Lastly, our commitment to sustainability has been a major component to our long-term success and must continue to be priority in order for this solution to work elsewhere.

**What is your projected impact over the next 1-3 years?**

In addition to the statistics mentioned being replicated at the same rate, thereby increasing our impact, we anticipate the number of HIV tests conducted and the number of individuals enrolled in our education program to also increase with the development and implementation of a new pediatric HIV program. This project, which builds on our existing orphan and vulnerable children program by ensuring early testing and identification as well as on-going psychosocial support, promises to enroll 60 children in the program every 6-9 months for the next few years. In addition, after the first year the program will follow in suit with our already established projects by incorporating personal development and income generation opportunities for orphans and youth in child headed households.

**Sustainability**

**Elaborate on your current financing strategy**

HACT has an annual fundraising target of just under R9 million, of which close to R3 million comes in from our income generation project. As a non-profit organisation, we are continuously looking at ways to decrease our dependency on donors by increasing our income generation activities. Our Woza Moya craft project is completely self-sustaining, with income from sales funding the employment of staff and the payment of crafters. Sales from our plant nursery currently fund roughly 40% of the costs of our community gardens project, and the plan is to see this become a self-sustaining project in the future with plant sales funding 100% of the costs of the community gardens project. On the education/prevention side, we are looking to increase our corporate HIV education and testing work and also our HIV training, so as to generate income that we will use to implement our education/prevention programmes in the community. Our HIV care is, and most likely will remain, donor funded. To ensure long-term sustainability, we look for donors that can provide multi-year funding contracts, and we also avoid having any one project funded by one large donor, preferring to diversify our donor base to minimise the implications should one donor pull out.

**Share of revenue generation in total income of organization (in percent)**

30%

**Direct sales to patients or other beneficiaries (in percent)**

30%

**Of the possible sources of these sales listed below, check all that apply to your current strategy**

Friends and family, Individuals, Patients, Caregivers, Private businesses, Other beneficiaries.

**Licensing fees, e.g., for technology/franchise model (in percent)**

0%

**Of the possible sources of these licensing opportunities listed below, check all that apply to your current strategy**

Service contract with organizations, e.g., government, NGOs (in percent)
Of the possible sources of the service contracts listed below, check all that apply to your current strategy

Explain your revenue generation strategy in more detail

Our Woza Moya craft project is completely self-sustaining, with income from sales funding the employment of staff and the payment of crafters. Sales from our plant nursery currently fund roughly 40% of the costs of our community gardens project, and the plan is to see this become a self-sustaining project in the future with plant sales funding 100% of the costs of the community gardens project. On the education/prevention side, we are looking to increase our corporate HIV education and testing work and also our HIV training, so as to generate income that we will use to implement our education/prevention programmes in the community.

Share of philanthropy in total income of organization (in percent)

30%

Philanthrophy strategies you are using

Diversified strategy.

Explain your philanthropic approach in more detail

We diversify our donations among different sized organizations, foundations, ministries, and groups both locally and internationally based. We have about 160 donors and friends of the centre all who contribute different whether monetarily or through donations of clothes, food, supplies, resources, etc.

Expand on your selections; explain how you will sustain funding over the next 1-3 years.

Our Adopt A Bed campaign enables us to secure many different small to medium donors with a minimum one-year commitment, and many of our large donor grants are three-year funding cycles. Aside from funding renewals and on-going donations we strive to increase the sustainability of our projects such that they can be self-sufficient in the coming years.

Years in Operation

Operating for more than 5 years

Has the organization received awards or honors? Please tell us about them

•2012: Runner Up (final four) for 2012 Mayoral Excellence Awards in the Community Development Sector
•2012: Runner Up (final selection currently pending) for the Old Mutual Legends programme
•2011: Nursing Services Manager (Cwengi Myeni) finalist in the Shoprite Checkers Woman of the Year Awards in the Health category
•2010: Dreams for Africa Chair named Most Beautiful Object in South Africa at the Design Indaba. This was a project of Woza Moya – our craft shop – that created income for over 1000 woman
•2009: Nursing Services Manager (Cwengi Myeni) finalist in the Shoprite Checkers Woman of the Year Awards in the Education category

Source URL: https://www.changemakers.com/healthbiz/entries/holistic-approach-pediatric-hiv-care-and-prevention#comment-0