

Paballong Trust

2011 Annual Report

Summary

With an HIV prevalence of 23.6% the socio-economic impact of HIV/AIDS in Lesotho is immense. The Government on its own cannot deal with the problem and public/private initiatives are needed as well.

The Trustees of the Paballong Trust have worked voluntarily since 2001 to establish the Paballong HIV/AIDS Care Centre at Ha Senekane on the Berea Plateau (28km from Maseru) and to support the running of the Centre through seeking funds from national and international donors.

The Centre's aim is to be the hub of all HIV/AIDS activities for HIV infected and affected people on the Plateau.

Since 2007 the Paballong Centre has been fully equipped and staffed and has provided VCT, ART, counselling and treatment of opportunistic diseases (including TB) in full compliance with the Ministry of Health & Social Welfare's guidelines. In addition, since 2008 all services have been freely provided. The Centre also has an agricultural sector to offer training in home-gardening, and to provide clients and their accompanying caregivers with a free nutritious lunch.

The direct impact of the Centre has been impressive: to date there have been 25,051 visits by 4,013 clients of whom 888 on ART; 20,863 free lunches have been provided; it has tested the HIV status of 1,835 people and provided 7,631 treatments for opportunistic diseases.

In addition, the Centre has reached out to the surrounding communities by supporting village support groups; by sharing experiences and training with visitors and officials; by organising World AIDS day celebrations (in 2011 targeting especially the herd boys on the Plateau); and by supporting income-generating cooperatives. The Centre is also a distribution centre for WFP.

In addition to the PMTCT (Prevention of Mother to Child Transmission) programme the Centre introduced Family Planning and Ante/Post Natal Care programmes in 2011. A funding proposal for a Day-Care Centre for OVCs (Orphans and Vulnerable Children) has been sent to prospective sponsors and the Centre is working on plans to establish a Community/Conference Centre on the Commercial site.

The Government has committed itself to provide two nurses, HIV testing kits, ARVs and drugs for opportunistic diseases, including TB drugs.

Fortunately 4 Official Sponsors, the National Queen's Trust Fund and the Aqualia Foundation Limited (Bermuda) provided funds to run the Centre in 2011. A number of individuals and organisations, especially the Foundation Nederland Lesotho, have committed monies for the running costs for 2012, but the Trust still needs to find M692,612 to cover the operational costs of 2012.

Gerard Mathot, Chair of Paballong,

March 2012

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1. Background and Description of Paballong Centre

1.1. HIV/AIDS Pandemic in Lesotho

Lesotho is a small (30,355 km²) landlocked mountainous monarchy, bordered on all sides by South Africa and with a population of 1.88 million (2006 Census).

Lesotho continues to grapple with a high HIV burden, with the third-highest HIV prevalence in the world at 23%. Children aged between 0 and 14 years account for 12% of all new infections; an estimated 21,000 children are living with HIV. In the 20–24 year age group, there is a pronounced gendered dimension, with a prevalence rate of 24.1% among females and 5.9% for males. It is estimated that there are 221,403 OVC children, 68% of whom have lost a parent to AIDS.¹

The Government of Lesotho has developed its National HIV/AIDS Strategic Plan, through which it provides treatment, mitigation and prevention programmes.

Nevertheless, the socio-economic impact of the HIV/AIDS scourge remains immense and the Government is actively promoting public/private initiatives to deal with this problem.

1.2. Voluntary Role of the Paballong Trust

The Paballong Trust was founded in 2001 by eight Basotho professionals who voluntarily offered their skills and services to establish the Paballong HIV/AIDS Care Centre to provide holistic support to HIV/AIDS affected people on the Berea Plateau (at that time there was no ART available in the public health sector).

The Trust sought support, both financial and in kind, from various national and international donors to realise its plans. As a result two sites (commercial and residential) were acquired in 2003 at Ha Senekane on the Berea Plateau. The facilities on the residential site were renovated, extended, rebuilt or constructed, and the Trust was also able to purchase the necessary furniture, equipment and medicines. The agricultural sector was developed to provide food for the Centre (with surplus for sale) and to provide training in home gardening and animal rearing techniques to clients and the nearby communities.



The Paballong sites at Ha Senekane with a view of the Maluti Mountains

¹ Quoted from UNICEF Annual Report for Lesotho, 2010

The Trust holds the Paballong assets in trust, continues to seek funds, and provides guidance to the Steering Committee of the Paballong Centre. The Paballong Centre is working towards implementing a democratic governance structure in which clients, community and stakeholders are members.

With financial support from the WK Kellogg Foundation (a 3-year grant of US\$400,000 from July 2006 to June 2009) the Centre was able to commence operations in January 2007 as a day-care centre for HIV/AIDS-affected people and, from October 2007, it offered Voluntary Counselling and Testing (VCT) and ART. Clients initially paid M10 (in line with the Government's own rate), although from 2008 all services were freely provided, including a healthy lunch, in keeping with Government policy.

The Paballong HIV/AIDS Care Centre was officially opened by the Honourable Minister for Health and Social Welfare, Dr. Mphu K Ramatlapeng on 24 November 2007.

1.3. Facilities at the Paballong HIV/AIDS Care Centre

The Centre consists of the following fully equipped buildings:

- the Reception Centre with reception, examination and consultation rooms;
- the Main Building with a room for residential care during the day or overnight and a TB treatment room; a lounge used for meetings and group counselling; a dining room; four bathrooms; as well as a kitchen, pantry, laundry and consultation room;
- the VCT Centre with a counselling and testing room, a pharmacy, medicine storeroom and waiting room, an office for the manager of the Centre and two staff showers;
- the 3-roomed parents' house where up to six relatives of the residential patients can stay (at present it is also used as an office for the assistant manager and accommodation for visitors and agricultural trainees);
- the chapel or spiritual centre;
- two flats: one for the manager and one for a nurse;
- a building with three store rooms and a carport for two vehicles;
- two vehicles, one van for transporting supplies and agricultural produce and another serving as an ambulance to transport clients to and from home or to alternative health facilities; and
- two chicken houses, a rabbit house, a pigsty and a cow shed.



People waiting for food at the main building during World AIDS Day

In order to reduce its **environmental footprint**, the Centre is powered by solar energy for electricity, water pumping and water heating. In addition a biogas digester transforms human and animal waste into gas for cooking and nutrient rich water for the garden.

1.4. Human Resources at the Centre

The Centre currently employs 24 staff: a manager and assistant manager, a senior nurse, a nurse counsellor, a registered nurse and a nurse assistant, a VCT counsellor, a lay-counsellor and a pharmacy technician, a driver and a maintenance assistant, two senior gardeners and four gardeners, two senior domestic and two domestic staff, two security guards, and one expert patient who, because of his own experience with HIV/AIDS, can provide sympathetic support to clients. The Centre also has the full-time services of a US Peace Corps volunteer and a German GIZ volunteer.

During the holidays of the National University of Lesotho two students were on attachment, one at the VCT section, the other at the Pharmacy.

1.5. Agricultural Sector at the Centre

The Centre produces eggs, chickens, rabbits, pigs and piglets and milk. It also grows vegetables, fruits and herbs in its fields, whilst seedlings and cuttings are grown in the green house and shade house.

All produce is either given to the kitchen to provide free meals for the clients, or sold to the public to generate income for the Centre.



A demonstration garden is used to train clients and their caregivers in home gardening and small animal rearing techniques.

2. Annual Report for 2011

2.1. Services offered at the Paballong HIV/AIDS Care Centre

The **Paballong Centre** aims to be the hub for all HIV/AIDS services on the Berea Plateau and during 2011 freely provided the following services to people infected and affected by HIV/AIDS:

2.1.1. Care Services

- Voluntary Counselling and Testing;
- Anti-retroviral Treatment;
- Treatment of Opportunistic Diseases;
- Anti TB Medication;
- Counselling of patients;
- Spiritual Counselling;
- Counselling and training of their caregivers;
- Follow-up of clients on ART, including home-visits; and
- Training and support to Village Health Workers and Support Groups.



Reception Centre

2.1.2. Prevention Services

- Prevention of Mother To Child Transmission (PMTCT);
- Ante / Post Natal Care
- Family Planning
- Providing its facilities and staff for awareness raising;
- Outreach for prevention programmes to schools, institutions, etc.; and
- Male directed awareness raising.

2.1.3. Mitigation Services

- Training in Home Gardening. In 2011 the Agricultural Sector has organised two workshops for a 20 clients each on keyhole gardens and mushroom growing;
- Training in Animal Rearing;
- Training in Nutrition;
- Initiating and supporting Income Generating Projects for the surrounding communities;
- World Food Program (WFP) Food Distribution point; and
- Free lunches for clients.



Kitchen staff cooking free lunches

The Centre works in close cooperation with the District Health Management Team (DHMT) at the Berea District's capital, Teyateyaneng. The Counsellor attends the HIV Testing and Counselling monthly meetings and the nurse-counsellors all workshops organised by DHMT.

In addition to the PMTCT programme and testing and ART for children, Paballong has this year introduced Ante and Post Natal Care and Family Planning.

Paballong staff received the relevant training and support on paediatric HIV/AIDS care from the Clinton Health Access Initiative and the Baylor Paediatric Clinic.

The Pharmacy Technician attended a 5-day drug supply management workshop in October.

2.2. Client and Visits Statistics

The Paballong Centre uses its own computer programme (in dBase) which records anonymously information about clients and their visits. Data are entered daily using specifically designed forms from which the following statistics have been derived.

2.2.1. Number of Clients

Since opening in January 2007 a total of 4,013 clients have made 25,051 visits to the Centre of whom 888 were on ART. Throughout 2011, an average of 480 visits per month was made to the Centre, with a total of 564 patients on ART. Many patients, especially those on ART, visited several times - the largest number to date being 85 (21 in 2010).

In 2011 93% of patients came from the Berea Plateau: around Ha Senekane, Makujoe, Sefikeng, Sehlabeng, Ha Rapholo and Ha Matholoana from the valley below (see the sketch map on page 16).

The Centre, therefore, is of particular benefit to those who are further away from the bigger centres in Lesotho. It is also visited by a number of people from beyond the Plateau; this may be due to fear of discrimination as some people do not want to be seen entering an HIV-testing facility by those they know.

Counselling and Testing during World AIDS day celebrations



Vital Data Collected at the OPD (Out Patients' Department)

Opportunistic Diseases

In addition, the Paballong Centre helps clients with their opportunistic diseases, as well as Ante and Post Natal Care and Family Planning. These can be put into the categories listed in table 2 with 'uncategorized' referring to undefined fevers and pains as well as trauma through accidents.



Table 1: Opportunistic Diseases

	Results in 2011							
DISEASE Group	HIV+		HIV-		Unknown		ALL	
Respiratory	498	37%	48	13%	2	4%	548	31%
Cardio-vascular	18	1%	3	1%	0	0%	21	1%
Digestive	76	6%	6	2%	1	2%	83	5%
Endocr/Nutr/Metabol.	23	2%	3	1%	0	0%	26	1%
Genito-Urinary / STI	113	8%	30	8%	2	4%	145	8%
Dermatitis	102	8%	9	2%	1	2%	112	6%
E.N.T. & Mouth & Eyes	46	3%	5	1%	0	0%	51	3%
Muscular/Skeletal	196	15%	5	1%	1	2%	201	11%
Nervous/Mental	49	4%	1	0%	0	0%	50	3%
ANC / PNC	20	1%	23	6%	3	1%	46	3%
Family Planning	79	6%	221	59%	41	79%	341	19%
Uncategorized	114	9%	23	6%	1	2%	138	8%
TOTAL	1334	100%	376	100%	52	100%	1762	100%

The Centre also treats those clients, who initially present for HIV testing but are subsequently found to be negative, if they have any other health complaints. To date, 7,631 client-visits were recorded by the Centre's Out Patients' Department.

Respiratory (such as TB) infections are the most common complaint and, as expected, HIV+ clients are treated more frequently for skin diseases than those who are negative.

2.2.2. HIV Testing

Since January 2008 the Centre provides for Voluntary Counselling and Testing (VCT). Blood samples from HIV+ patients are brought to Queen Elizabeth II laboratory in Maseru for CD4 counts and the results sent back to Paballong.

Table 2: Results of VCT

SEX/STATUS	Results in 2011			
	HIV+	HIV-	Not decided	Total
MALE	19	66	3	88
FEMALE	53	160	2	215
TOTAL	72	226	5	303

2.3. The Centre's Outreach Programmes

2.3.1. Village Visits

The Paballong Centre works closely with the Village Support Groups, which consist of local volunteers who help those in their villages infected and affected by HIV. On Thursday and Friday afternoons Paballong staff go out to call on clients and caregivers in their villages, to train caregivers in palliative care and trace ART defaulters. Plans to combine these visits with village HIV testing are being considered.

2.3.2. Sharing and Learning

The Centre frequently receives visitors, for example, the American Peace Corps, the Ministry of Health & Social Welfare, LENASO, Lesotho Durham Link, World Food Programme, Baylor Lesotho, and the National University of Lesotho.

In addition to understanding the aims and objectives of the Centre's holistic approach to HIV/AIDS activities, some visitors are especially interested in the environmentally friendly solar energy usage and the biogas digester.

Paballong staff also do outreach about HIV/AIDS information and awareness raising workshops in schools and other institutions in the target area.



2.3.3. World Food Program (WFP)

The Paballong Centre has become a distribution centre for the WFP's monthly food parcels to poor households. The Centre was selected due to its central position on the Plateau and its valuable contacts with the surrounding communities.

2.3.4. Income-generating Activities

The high level of poverty in Lesotho exacerbates the impact of the HIV/AIDS pandemic. The Paballong Baseline Survey² illustrates the levels of poverty on the Berea Plateau. The Trust, therefore, decided to support the communities surrounding Paballong to set up income-generating activities. The Paballong Trust obtained start-up funds from the Finnish Embassy to acquire the necessary equipment and materials for the first batch of products, after which the cooperatives are completely responsible for further purchases from the sales.

Cooperative Members' Training Session

The Cooperative now produces mainly Aloe jelly and cream. With the support of the Peace Corps Volunteer they established a small café to sell their produce and 'healthy living' foods,



² Paballong HIV/AIDS Care Centre, Baseline Survey, Drs GB Mathot, October 2007

as well as creating a place where community members, including children, could sit and talk about their health, etc. The cooperative applied for and was granted a US Embassy grant of M54,600 to set up the shop.

2.3.5. World AIDS Day Celebrations

With the generous grant from Paballong UK of M18,532.21 (£15,000), the Centre organised a community event on the 1st of December. The Paballong Centre Staff reported as follows:

Report on world AIDS day celebration of 1st December 2011

To commemorate World AIDS day of 1st December 2011 the Paballong Centre received a donation from Paballong Trust UK to organise a celebration. The theme for this year's celebration of world AIDS day was "Zero death related to HIV/AIDS, Zero new infections of HIV and Zero discrimination". To strengthen the theme in our context we added a slogan for the day which was "Know your status and live longer".

Our main aim this year was to reach hard-to-reach groups in the communities such as; **herd boys, men, youths** and people who never visit health centres with information and education relating to HIV/AIDS and the essential health services that are provided at Centre. The idea was to reach the targeted population through:

- ✓ Health talks by health workers.
- ✓ Testimony by some willing patients.
- ✓ Community leaders' support and involvement in fighting the pandemic.
- ✓ Pamphlets, information education and communication materials (IEC)
- ✓ T-shirts with HIV/AIDS messages.
- ✓ Edutainment: dance groups, drama and singing.



Our celebration started at 6:30 am in the morning where 100 t-shirts with message (Rua Tsebo me o phele) at back were distributed and then at 7:15 am an estimated 5 km fun walk started from the place called Lekhalong la baloi to Ha Senekane football ground, where the celebration took place. During the fun walk HIV/AIDS songs were sang. The ceremony at football ground kick started with cattle demonstration of race and walk. The crowd enjoyed watching the cattle. At 10:00 am ceremony started with a prayer and the official opening by Paballong management.

Activities for the day were:

- ✓ HIV/AIDS information and Education (epidemiology of HIV/AIDS in Lesotho).

- ✓ Testimony by some willing patients (disclosure). An interview with some of those who spoke is given in Section 7, page 16
- ✓ HIV testing and counselling.
- ✓ Entertainment group (Mokhibo and Ntlamo dance).
- ✓ Life skills presentation by the youth member from the Good Shepherd Health Centre.
- ✓ Drama by Social Stigma group.
- ✓ Lunch at the Paballong Centre.
- ✓ Closing.

Testimony by one of the clients



Successes:

Even though the attendance was less than expected, primarily due to the rainy weather, we managed to reach our goal of disseminating information. And the results were measured from the following points;

- ✓ An estimated number of between 350 and 450 people were reached with HIV/AIDS information and education.
- ✓ 50 people got tested for HIV, 18 females and 32 males, out those who tested 6 tested HIV positive.
- ✓ An estimated 400 people were served with lunch.

Apart from the members of the community, officials and representatives of other organisations present were:

- ✓ Koali health centre with its Village health workers who assisted with counselling and testing.
- ✓ Members of the Community Council D07.
- ✓ Chief of Senekane area.
- ✓ Different church leaders.
- ✓ Sefikeng police.
- ✓ District Health Management Team (DHMT) representatives.
- ✓ Neighbouring schools with pupils and teachers.

The Way Forward



We are planning to conduct home visits starting from the year 2012 to provide follow-up to those herd boys, who were part of the event, and to reach out to those, who could not make it on 1st December. We have learnt that there are herd boy committees in their villages. We thought that we could write some letters to those committees in order to alert them of the dates of visits. We will then reinforce the education about HIV/AIDS and provide some group counselling, as well as individual counselling and testing.

The Paballong Staff would like to convey their sincere gratitude to all above mentioned officials, organisations and all those who attended; without you the celebration would not have been successful. Special thanks to Paballong Trust UK for their notable gesture; without their donation we would not have had that special day for those infected and affected by HIV/AIDS.

2.4. Finances

2.4.1. Finances to end 2011

The financial books of the Paballong Trust and the Paballong Centre have been audited by Ernst & Young - Lesotho (2001 to 2006) and by Moores Rowland - Lesotho (2007 to 2010) and found to be in good order.

The bulk of the funds to run the Paballong Centre were provided by the WK Kellogg Foundation for 2007, 2008 and 2009, by the Foundation Nederland Lesotho in 2010 and by the Aqualia Foundation (Bermuda) in 2011.

Client care and agricultural expenditures were paid for by funds to the Paballong Trust by various national and international organisations and individuals, as well as the Trustees and its Patron.

Table 3: 2011 Budget, Actual incomes & expenditures, and 2012 Budget

	Budget 2011	Actuals 2011	% of budget	Budget 2012
INFLOWS				
Agricultural sales	200,000.00	175,806.50	88%	240,000.00
Other Earnings	10,000.00	7,717.74	77%	10,000.00
Sponsors	1,226,944.00	1,186,267.80	97%	1,319,447.00
TOTAL INCOME	1,436,944.00	1,369,792.04	95%	1,569,447.00
OUTFLOWS				
Agricultural expenditures	200,000.00	244,816.82	122%	240,000.00
Meals	40,800.00	33,375.98	82%	30,000.00
Medical Supplies	20,000.00	16,162.26	81%	20,000.00
Outreach / Impact studies	20,000.00	-26,022.65	-130%	20,000.00
Equipment & Maintenance	80,000.00	101,236.64	127%	60,000.00
Office + financial services	70,000.00	64,670.59	92%	60,000.00
Human Resources	926,144.00	820,554.92	89%	1,049,447.00
Transport	80,000.00	95,401.54	119%	90,000.00
TOTAL EXPENDITURES	1,436,944.00	1,350,196.10	94%	1,569,447.00
Annual Surplus		19,595.94		

It was assumed that Agricultural sales would cover Agricultural expenditures, but this hasn't been the case. The Assistant Manager, who is also an agricultural expert, is looking how to avoid losses and it is hoped that the Agricultural Sector will be self-sufficient in 2012.

The Centre earned some money in rent from outside organisations, which used the Centre's facilities for their own meetings and workshops.

The budget for meals was overestimated. So it has been reduced in the 2012 budget.

It had been expected that all medical supplies would be obtained through a Government grant, but the Centre needed to complement these with supplies bought from pharmaceutical suppliers.

The negative expenditure for Impact Studies was caused by the VAT refund from the LRA for the Participatory Review in 2009.

For 2012 the budget lines Equipment & Maintenance, Office and transport are lower than the 2011 expenditures, because it should be possible to economize a little.

During 2011 the Centre did not always have its full staff complement and, therefore, spent only 90% of its budget. The Human Resources budget line needed to be increased for 2012 due to a 5% salary increase on the 2011 budget, because all posts are filled now..

2.4.2. Additional Financial Support Required

A centre like Paballong will always depend on outside funding, as it offers all services for free.

The Government provides for HIV testing kits, CD4 count blood testing and some of the medicines for opportunistic diseases. And while Paballong staff participate in Government meetings and workshops, it has not fulfilled its promise to provide two nurses, despite of many attempts to formalise this commitment.

Because the HIV/AIDS scourge is a problem for Basotho and should be solved by Basotho, the Paballong Trust is now seeking **Official Sponsors**, for example large Basotho private enterprises, businesses or organizations which commit to making a monthly contribution, so that together they would guarantee Paballong the operational funds to continue its proven valuable work for the foreseeable future. If 100 sponsors contribute M1,000/month (or M12,000/year) Paballong's annual budget of about M1,200,000 would be met.

Advantages to the sponsors:

- The tax deductible contributions will support an activity which will have a great and positive impact on the lives of Basotho. Eradication of the scourge would greatly improve productivity and hence the economic development of the country;
- Paballong has a proven record of financial and corporate responsibility (yearly financial reports by internationally respected auditors and regular progress reports), therefore the sponsors are guaranteed accountable usage of their contributions;
- The brand name or logo of each sponsor will appear clearly on all publications, press-releases and reports of Paballong, which are widely distributed locally and internationally, showing the sponsors' corporate commitment towards social responsibility in Lesotho. The Paballong logo could be used on all reports and publications of each sponsor; and
- Government would be very appreciative of these Public/Private efforts.

To date four Official Sponsors have been found: EPIC Printers, Maseru Roller Mills, Lancers Inn and ABB Builders. As from April 2012 Security Unlimited will also become an Official Sponsor and the National Queen's Trust Fund has given M60,000 for 2012, so that it is becoming the next Official Sponsor. The Trust still needs to put in much effort during 2012 to find the remaining 94 sponsors.

Through the good services of Paballong's Patron, the Hon. Dr Tim Thahane, the Aqualia Foundation Limited in Bermuda increased its original grant of M682,000 (US\$100,000) by an additional amount of M234,700 (US\$30,000), thus ensuring that the Trust had sufficient funds to pay the operational costs of the Paballong Centre during 2011.

Well-wishers in Britain have established a charity, the Paballong UK Trust (www.paballong.org.uk), which provided the funds for the World AIDS Day celebration (see Section 3.3 (e)), and a similar charity is being set up in The Netherlands, so that donations (and/or sponsors) to Paballong will have tax advantages.

The Foundation Nederland Lesotho has already granted M509,835 (€50,000) for 2012.

The Paballong Trust has not enough words to express its gratitude for these generous grants from all those mentioned above, other than to assure that it will be used efficiently and effectively.

Table 4: Funds still required for 2012.

INCOME	Earnings	M 10,000
	Agricultural Sales	M 240,000
	Sponsorships 5 monthly: @ M 1,000	M 57,000
	Foundation Nederland Lesotho	M 509,835
	Queens Trust Fund	M 60,000
TOTAL available		M 876,835
EXPENDITURES	2012 Budget	M 1,569,447
	Still Required	M 692,612

3. Plans for 2012

3.1. Continue Core Activities

In view of the critical role the Centre plays in the fight against HIV/AIDS, as well as the high appreciation the clients have expressed, it is essential that the Paballong Centre continues to provide its core activities.

3.2. Further Outreach

3.2.1. Caregivers' Training

More caregivers' training and more home visits, so that other household members (especially the male members) could be involved in providing care.

3.2.2. Awareness Workshops for Traditional Healers and Initiation School Teachers and Herd Boys

Separate funds may need to be sought to implement these plans.

3.3. Developing the Agricultural Sector

The Assistant Manager is also an agricultural expert so the Centre can therefore implement the following activities:

3.3.1. Annual Plan

An annual plan has been developed so that the farm can run profitably. Better procedures for recording sales are being prepared, so that possible losses can be avoided.

3.3.2. Agricultural Training

Clients and/or caregivers/family members, who would be carefully selected on the basis of poverty, interest and capacity, will undergo intensive, hands-on training in agriculture and nutrition. The training will be provided by the Assistant Manager, as well as the nutritionist and agricultural extension officers from other projects. The workshops on Keyhole Gardening and Mushroom growing will be continued in 2012 and, most importantly, the trainees will continue to receive follow-up support once they have returned to their villages.



3.4. Use of the former Commercial Site

3.4.1. Support to Income Generating Activities

The income-generating cooperative, established with Paballong's support, is still being supported by the Peace Corps Volunteer. It will continue to use the two renovated spaces for both producing aloe jelly and cream and selling the finished products at the shop (See Section 3.3 (d))

3.4.2. Funding Proposal for a Day-Care Centre for young OVC

Proposal to establish The Paballong Day-Care Centre for young Orphans and Vulnerable Children

The need for a Day-Care Centre

Due to the scourge of HIV/AIDS there are many households headed by children, who are often unable to go to school as they have to look after their younger siblings. These children not only have to manage the households, but are often bewildered themselves and need adult advice and guidance

And it is not only the children who look after their younger siblings: many elderly also look after their grandchildren, because their own children have died due to AIDS related diseases. This is a heavy burden for these grandparents; for their own wellbeing they need some time off from the needs and requirements of these young ones.

The Day-Care Centre Solution

A day-care centre for orphans and vulnerable children (OVCs) between 2 and 6 years of age would alleviate these problems. The small children would be dropped off daily by their older siblings and grandparents before school opens and be collected afterwards. They would be provided with services similar to those at Early Childhood Development Centres, as well as a healthy lunch.

It has been shown that having attended and been socialized in kindergarten is a great advantage when entering primary school. Due to lack of resources in Lesotho many OVCs have no opportunity to attend pre-school institutions.

The heads of the children-headed household would also receive counselling and advice for when they have to take 'adult' decisions.



An example of such a centre is the Manyelo a Manyane Day-Care Centre in Thaba Bosiu.

Why at Paballong?

The Paballong HIV/Aids Care Centre is at Ha Senekane, in the middle of the Berea Plateau some 28kms outside Maseru, the capital of Lesotho. The Centre approaches the HIV/AIDS scourge in an holistic manner by providing prevention, care and mitigation programmes.

In 2007 the Paballong Trust conducted a Baseline Study which showed that there were 233 double orphans (i.e. those who have lost both their father and mother) in the vicinity of Ha Senekane. As this number will have increased over the last 5 years, it is estimated that there are at least 60 double orphans between the ages of 2 and 6 years living near the Paballong Centre.



Shed at Commercial Site

The Paballong Trust owns two sites at Ha Senekane, on opposite sides of the road to Sefikeng. The residential site has been upgraded to provide testing, antiretroviral treatment, treatment of opportunistic diseases and agricultural production and training. The other side, which was a shop, disused since 1991, has a corrugated iron shed, which was used for a grain mill. This site has been fenced in and is completely safe for children to play on its grounds.



It is proposed to upgrade this shed into the day-care centre, by painting a protective paint on the corrugated iron; insulating the ceiling and the inside with Masonite and fibreglass; dividing the available space (17m by 10m) into one large space for playing, eating and food preparation and four smaller separate rooms (a pantry, an office, a store room and a resting room); and constructing three separate pit latrines.

Inside the shed

Sliding doors will give easy but controlled access to the outside and big windows and skylights will keep the space brightly and cost-effectively lit. When the Metolong Project has completed the water pipes through Ha Senekane and the Lesotho Electricity Corporation has connected Ha Senekane to the main grid, both water and electricity will be available at the site.

Operation of the Paballong Day-Care Centre

The Centre will cater for 35 to 40 OVCs between the ages of 2 and 6 years who will attend for free. If space is available, other children from the village may be admitted, but this will be for a monthly fee. The Centre will be operational during the regular school periods and times from Monday to Friday from 7:30am to 4:00pm. There are two primary schools and one secondary school at Ha Senekane which the older orphans could attend while their younger siblings are at the Centre.

It will be staffed by a director (who is also an HIV Counsellor), and two caregivers, one of whom will already been trained as a pre-school teacher and the other as cook/cleaner. The ingredients of the food will be provided by the Agricultural Sector of the Paballong Centre at the other side of the road. The Paballong Centre staff will also provide any professional advice required.

The estimated monthly running cost is M9,000, for which the Open Society Initiative for Southern Africa (OSISA) will be approached.

This proposal is a request for sympathetic sponsors to join hands and provide the funds to establish the Paballong Day-Care Centre.

Funds required to establish the Paballong Day-Care Centre

Budget in Maloti	VAT		
Contractor	413,000.00	57,820.00	470,820.00
2 water tanks			15,000.00
3 pit latrines			30,000.00
Furniture and Equipment			40,000.00
Architect Drawings			13,500.00
Architect Supervision			12,031.00
			581,351.00

3.4.3. Community/Conference Centre

Paballong is not too far from Maseru to run day-conferences and workshops for organisations in Maseru. Not only would this provide income for the Centre, but it could also be used for the Centre's outreach/awareness programmes.

The estimated costs to renovate the old shop ruin into a Community Centre are as follows:

Renovate Hall (169 m ²)	M350,000
Kitchen + Store Room	M165,000
Solar Electricity + connections	M200,000
100 chairs, 25 tables	M105,000
Kitchen equipment	M150,000
TOTAL	M965,000



3.4.4. Office to be rented by World Vision

In 2011 World Vision approached Paballong with a proposal to rent office space for 14 years. Even though this particular proposal was not subsequently taken forward other organizations might be interested in such an office. It is therefore proposed to renovate the existing building on the commercial site for this purpose; these offices would then also provide regular income for the Centre.

Estimated costs:

Total space: 10m by 10m with saddle roof,	
3 rooms of 5m by 5m and a porch of 5m by 5m:	
(right-hand room) 25m ² @M2000/m ²	M 50,000
(two other rooms) 50 m ² @M3700/m ²	M185,000
(porch) 25m ² @M750	M 18,750
VIP latrine	M 5,000
Various (electrical, plumbing)	M 11,250
TOTAL:	M350,000



The Paballong Trust is seeking funds to realise the above mentioned plans

4. Benefactors during 2011

Gieskes-Strijbis Fonds (NL)

Paballong UK Trust

Dr T.Thahane

Lancers Inn

ABB Builders

EPIC Printers

Maseru Roller Mills

Reinhardt, Brigitte (Germany)

Long, Martin (UK)

Poland, Leni & Cor (Canada)

Bas de Graaf & Paul Kemme(NL)

Reefman, Derk (NL)

Additionally, EPIC Printers also provided all printing work for free.

The Paballong Trust and Paballong Centre wish to acknowledge the generosity of their sponsors and are very grateful for their continued support



5. Budget for 2012

Human Resources

	Position	number	Monthly	Yearly	Total	5%
Professional	Manager	1	M9,471	M113,652	M113,652	M5,683
	Assistant Manager	1	M7,161	M85,932	M85,932	M4,297
	Nurse in Charge	1	M9,471	M113,652	M113,652	M5,683
	Nurse Counsellor	1	M7,161	M85,932	M85,932	M4,297
	Enrolled Nurse	1	M5,219	M62,622	M62,622	M3,131
	Nurse Assistant	1	M3,434	M41,202	M41,202	M2,060
	VCT Counsellor	1	M8,778	M105,336	M105,336	M5,267
	Pharmacy Technician	1	M6,185	M74,214	M74,214	M3,711
Agricultural	Senior Gardener	2	M1,271	M15,246	M30,492	M1,525
	Gardener	4	M1,071	M12,852	M51,408	M2,570
Support	Security	2	M1,019	M12,228	M24,456	M1,223
	Maintenance Assistant	1	M1,071	M12,852	M12,852	M643
	Driver	1	M1,386	M16,632	M16,632	M832
	Lay Counsellor	1	M1,071	M12,852	M12,852	M643
	Expert Patient	1	M1,019	M12,228	M12,228	M611
	Head Domestic	1	M1,271	M15,246	M15,246	M762
	Domestic Staff	3	M1,071	M12,852	M38,556	M1,928
		24			M897,264	M44,863
	Medical Insurance		M545	M6,540	M52,320	
	Work Clothes				M30,000	
	Staff Development				M25,000	
Subtotal:					M1,049,447	

Client Care

Medicines for opportunistic diseases:		M20,000
Anti-retroviral drugs and TB drugs:	free from Ministry of Health	
HIV Testing Kits:	free from Ministry of Health	
Food for out-patients		M30,000
Subtotal:		M50,000

Running Costs

Administra- tion	Centre Maintenance (includes insurance)	M60,000
	Office (includes accounting and auditing services)	M60,000
	Transport (+maintenance of cars)	M90,000
		M210,000
Other	Outreach / Impact studies	M20,000
	Agricultural expenditures	M240,000
		M260,000
Subtotal:		M470,000

TOTAL: M1,569,447

6. Interview Reports by Nthabiseng Lohman

“The people who don't have knowledge will die”



“The people who don't have knowledge will die” is a commonly used expression in the Mountain Kingdom of Lesotho to make people aware of HIV/AIDS and the necessity to have themselves tested. The importance of getting tested is now even more vital because people can now live with the help of freely available medicines.

On 1st of December 2011, Family Fun Days were once again held at Paballong. Many families were attracted to these organized events. They were offered education about the disease and offered the possibility to have themselves counselled and tested for HIV. Four local village people addressed the public by sharing their personal stories on how they got affected with HIV and how it changed their lives. Amazingly enough all four people found the strength to turn the devastating outcome of the test into a positive mindset and become local teachers on HIV/AIDS within their communities.

Three people were prepared to share their personal stories in writing:

*‘Me Mathamae Mabetha** is a mother of 5 and a grandmother who found out about her status in 2008. She did become ill, but chose, out of free will, to have herself tested after hearing about HIV/AIDS on the radio. She decided to be frank and open with her family and friends. Much to her surprise she was relieved to find that those around her responded in an understanding manner. She comes to Paballong punctually in order to receive her medicine. She now encourages others to have themselves tested before becoming ill. She uses her own experience to emphasize the urgency of the matter. It is her personal wish to have Paballong expanded and follow-ups provided for the people who do not succeed in coming to the Centre regularly.



*Ntate Moribe Selatane** is a young married man and father of one child. He found out about his status in 2008 as well. In contrast to ‘Me Mathamae, he was ill. His family urged him to see a doctor. Eventually he came to Paballong and was tested. He too was confronted with the unfortunate outcome and was given medicine. He was relieved to have found out the cause of what made him ill. Now he was finally able to take the right measures. He is very grateful for the easy access to medicine, the counselling, and the education on HIV/AIDS provided by the Centre. His character (way of living based on his culture) has changed as

well as his diet. He is no longer reluctant to use condoms and persuades his peers to do the same. He has lost a few friends who were, 'too careless' as he says, to take full responsibility for their illness. Due to his openness, people from his community will now consult him on the matter. He wants his fellow villagers to look at HIV/AIDS as a chronic illness and treat it as such. Ntate Moribe says it has added meaning and wisdom to his life now that he is able to help others. He will continue to teach for as long as necessary.

*Ntate Lebohang Matekane** is an older married man who tested positive in 2009. He went to the doctor for painful feet. He could hardly walk. As he was treated for his feet, the doctor also tested him for HIV/AIDS. Last year he was diagnosed with diabetes as well. He was hospitalized for a few weeks. Ever since, he feels fine and claims to be satisfied with the fact that he no longer feels ill and weak. It has convinced him to take his medicine faithfully. He too has changed his diet and way of life. He is concerned about the habits of people which may contribute to the transmission of the disease. For example; it is a tradition to insert certain medicine by making a clean cut in the arm. 'This blade is shared by the whole family', he says. He now insists on each individual having his/her own blades. The appropriate use of condoms needs to become more the norm rather than optional. There are 280,000 people infected with HIV in a population of 1.8 million people! 60 people get infected by HIV every day and 50 people die each day of AIDS related diseases! 'It is time for Basotho to take responsibility' he explains. 'Multiple sex partners should become taboo, drug abuse should stop and our cultural beliefs need to change'. 'It will take time'. He is realistic but positive. He is happy about PMTCT (Prevention of Mother to Child Transmission) and hopes more centres like Paballong will open their doors in the future.



These three people wished that Lesotho become an HIV free nation. They claimed that each and every person should know his/her status. They hope that in the future there will be a law that requires people to do so. They believe that Lesotho has reached a point in time where people can no longer be careless and no longer be ignorant. Education and counselling must continue. After all *"The people who don't have knowledge will die"*.

Due to their courageous behaviour in accepting AIDS/HIV and dealing with it accordingly, they have now become teachers and set examples for their families, friends and fellow villagers. They are no longer afraid to engage with others and talk about HIV awareness. 'We should trust God in everything that we are doing here, we will continue to teach at our villages and never stop doing so'.

Note *: not their real names