



BHCC

(BARAGWANATH HOSPITAL COMFORTS COMMITTEE)
HOSPITAL AND CLINIC OUTREACH
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BREAD FOR LIFE



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(BARAGWANATH HOSPITAL COMFORTS COMMITTEE)
BREAD FOR LIFE

Bread for Life is a project spearheaded by BHCC, the aim of which is to provide food to patients at various hospitals and clinics in the Greater Johannesburg area. It was started in 2005. We now run or support soup kitchens at Alex East Bank Clinic, Alex Health Clinic, the Johannesburg “General” (Charlotte Maxeke) Hospital, Helen Joseph and the Muldersdrift Clinic. We have just started supporting a new soup kitchen at Coronation (Rahima Moosa) Hospital, and in 2010 - 11 we are hoping to expand our new mission to provide feeding schemes to Soweto, hopefully to include the largest hospital in the world, Chris Hani Baragwanath Hospital.

This initiative has grown so significantly over the last few years that we have entered into a partnerships with Premier Foods (Blue Ribbon Bread), to help keep the work sustainable. The directors of Premier Foods have been particularly generous, now delivering on average 100 loaves of bread free of charge to our hospitals in the Johannesburg area and to the clinics in Alexandra. The National Lotteries’ Board has also pledged two once-off sums of R 50 000, the first tranche of which we have already received.

The rationale behind this initiative lies in the fact that in recent years, there has been a growing need for food to be provided at clinics and hospitals, particularly those with regular out-patient clinics. The idea was initially a simple one : to provide a meal to patients seated (or standing) in queues for many hours on end, sometimes until the clinic closes in the afternoon. If a patient leaves their seat to go and look for something to eat, they will lose their place in the queue and risk losing their chance even to see the nurse or doctor that day. They may then as a result lose their chance to see the clinicians that same week, as different days are allocated to different conditions.

In addition to these patients, other patients who are destitute in the communities around the clinics, are also fed. For them, a simple bowl of soup or some bread and peanut butter quite simply means the difference between survival or not. Children passing by on their way to school are also able to receive enough nourishment in order to be able to maintain their concentration levels for the success of their education. Occasionally, our soup kitchens have also saved diabetics or other patients in severe need of food.

However, there is now a more pressing reason for providing food. Certain drug treatments, such as TB treatment programmes, and anti-retrovirals for HIV/AIDs, require very strict patient compliance with lengthy drug programmes, and this involves careful adherence to the regularity and the timing of the ingestion of the drugs. Ideally, these drugs should be taken on a full stomach, a stipulation which is very often an impossibility for many destitute people.

In the case of TB, for example, non-adherence to the lengthy, strict drug programme, with drugs needing to be taken at a certain time of the day each day, on a full stomach,

results in haphazard infection control, with the result that the disease becomes multi-drug resistant (MDR). Not only is this a hazardous problem for the community as a whole, but it results in the patient needing to be hospitalised in virtual quarantine conditions, for months, and even years, on end. This leads to many other problems, such as those manifested so violently in recent years at Sizwe hospital (and a similar hospital in the Eastern Cape) which houses, among others, MDR and XDR TB patients, some of whom occasionally go on the rampage and attack staff members out of frustration about being kept away from their families and communities.

A similar strict adherence requirement exists for Anti-Retroviral treatments for AIDS and HIV patients. Indeed, many TB patients are infected as a secondary response to suffering from full-blown AIDS.

As most TB- and AIDS- infected patients are seriously ill and cannot work, clinics are faced with an ever increasing dilemma: the patients are unemployed and very often homeless or destitute; the drug programmes fail because of non-compliance by the patient, through no fault of their own.

Thus, it has become imperative for clinics and hospitals to start to provide food as well as drug treatments, and not just for the ever-patient people sitting in day-long queues, and homeless or destitute people in the communities. The patients on strict drug programmes have become the major focus. South Africa cannot afford to allow XDR TB to become so prevalent that it can no longer be controlled, nor can the country allow AIDS to reach the uncontrollable levels that are threatening to exist in the not too distant future unless something is done.

So it was that the Baragwanath Hospital Comforts Committee set up a subsidiary initiative entitled “Bread for Life”, and facilitated the establishment and ongoing running of soup kitchens. This initiative is run out of the following hospitals as follows :

Alex East Bank

Alex East Bank clinic operates 5 days a week, with general ailments (mainly AIDS-related) and TB patients reporting every day for treatments, psych patients Monday to Thursday, ante-natal clinics running on Tuesdays and Thursdays and a large group of geriatric patients being catered for on a Friday. On Thursdays, other than the general ailments, TB, ante-natal and psych patients, there is an extra focus on HIV counselling and testing for STIs, as well as a well-baby clinic.



Mr Thomane Seguru is in charge of the facility, with help from the psychology clinician and the TB specialist.



There are several thousand people registered at the clinic, 2000 of whom are children registered for counselling with the psychology department. About 400 patients report regularly for TB treatment, with up to 200 patients a day needing daily attention and support. Many of the TB patients are supplied with a nutritious “immuno-pap” to supplement their diet and assist in the treatment they receive, in addition to the soup, peanut butter, vitamin-enriched juice and bread provided from the soup kitchen at the clinic. Outside the clinic there is a small vegetable patch run by the psych patients as part of their therapy, which, it is hoped, will provide small amounts of fresh vegetables to supplement the soup, which is currently from packets.



By 7 am each day, 200-250 patients on average are queuing to be seen by the clinicians. After the Sister in charge coordinates the opening of the clinic, starting with singing and prayer, the soup kitchen co-ordinator sets up the soup kitchen in a corner by the door of the clinic.



The soup coordinator arrives at 6:30am to start making the soup. By 7:30am, needy patients are gratefully queuing for their bowl of hot soup and slices of bread, and this process continues throughout the day. Patients express sincere gratitude for the provision of tasty food, all year round. (On hot summer days, peanut butter and bread, with a glass of juice, replaces the hot soup).



In a clinic which is overcrowded and understaffed, it is a measure of the high calibre of the staff involved, overseen by the management and some dedicated helpers, that the soup kitchen is a well-run, tightly controlled operation.

Alex Health

The Alex Health Clinic is larger in size than Alex East Bank, consisting of numerous colourful single-storey buildings set in pleasant garden-like surroundings.



The main soup kitchen is run from the new CCMT (HIV) clinic, recently built as an addition to the facilities here. Formerly known as the Phatsima Kanya clinic, the CCMT clinic caters for 6000 registered patients, many of whom make use of the food provided, especially on Mondays and Tuesdays, when extra HIV and AIDS counselling and group therapy is offered. (The number of patients requiring feeding drops slightly on Thursdays and Fridays).



At the CCMT clinic, the soup kitchen is run by a skilled volunteer. She is now paid a nominal transportation refund to enable her to afford to continue this work.



Once again, there are several hundred people sitting patiently (most the whole day long) in queues, and a new development for the soup kitchen has been the provision of food to the people directly in their seats, by taking the food to them on trays, so that they do not lose their place.



These soup kitchens operate in addition to the other comforts provided by the charity, notably in the past to the Occupational Therapy section, where numerous rooms have been refurbished and equipment supplied by the committee.

West Rand

This area is extremely widespread, with numerous main clinics overseeing satellite clinics in the area. In many of the areas, patients walk for miles to receive treatment or make use of expensive minibus transport. We work with 4 main social workers in the area, each responsible for a number of clinics within a defined area, from Randfontein to Magaliesberg to Kagiso, Mogale City (Krugersdorp) and Muldersdrift. All of these social workers are then co-ordinated, for the charity's purposes under Lebo Molebedi, the social worker at the main Muldersdrift Clinic, who also oversees the needs of patients from the Lanseria, Honeydew and Diepsloot areas.

Using members from HIV support groups, the patients awaiting treatment are receiving soup, bread and other nutrition at the busy main Muldersdrift Clinic, which alone has

nearly 1000 ARV patients. This initiative will be extended to other areas if funding is received. Help is additionally extended to a network of Community Rehabilitation Facilitators in the West Rand Health area, who go out into the communities and provide help directly there.



Johannesburg (Charlotte Maxeke) Hospital (“The Jo’burg Gen”)

The charity is involved in a feeding scheme at the Johannesburg (Charlotte Maxeke) Hospital at the various clinics run from the “Gen”, including the new Oncology clinic, which has also been amalgamated with the Chemotherapy Clinic. The charity is currently providing bread soup, peanut butter, vitamin-enriched juice, etc., as well as nutritionally enriched porridge for additional treatment support to destitute families, which they take home with them. The Oncology clinic alone has been treating 200 to 250 patients per day. Here, patient numbers have increased to such a degree that at one point we were only able to hand each patient about one inch of soup in the bottom of a cup, and feed bread and peanut butter to the patients who arrive the earliest in the queue. We have since increased our supply here, and will continue to monitor demand. Unfortunately, patient numbers are continually on the increase due to AIDS-related cancers.



In addition to Oncology, the bread, soup and peanut butter being supplied by us also needs to be extended to the HIV clinic. Recently, the clinic was being renovated and there was no kitchen available. However, it has recently re-opened, and the soup kitchen will require tight controls and strict monitoring as our involvement grows. The soup is

cooked and distributed by counsellors who fall under NGOs associated with the hospital, but these are often not paid for months on end due to lack of funding. Nevertheless, we have an undertaking from the social worker that not only will the counsellors be available for soup distribution, but also there will be regular checks by social work to ensure that those most in need are receiving the nutrition we are providing to keep them compliant with their ARV treatment plans.

We have also started another feeding scheme at the Paediatric HIV clinic, providing bread, peanut butter and soup, as well as all the cups for this clinic, which is operated on a Tuesday, Wednesday and Thursday. Patient numbers are approximately 100 children a week, sometimes 50 to 75 in any single day, and there is a severe need for food for this clinic. The Adolescent HIV clinic also operates once per week, with about 70 patients and we are supplying this clinic too.

The amount of bread, soup, peanut butter and juice we are supplying to the “Gen” in total was hopelessly insufficient for the needs over the past 12 months and we have increased the amount of food supplied during 2009-10.

Helen Joseph

An extremely well-run soup kitchen is operated by a group of volunteers called F.B.I. (Faith Based Initiative) from the community close to the Helen Joseph Hospital. This HIV clinic is the largest of its kind in Africa. Here, between 400 and 500 patients are being seen on a DAILY basis. Currently, our charity is supplying 20 loaves per day to the clinic, and delivery and demand is controlled by the Chief Social Worker, Hannie du Plessis, an extremely dedicated woman. Thanks to strict monthly controls by our representatives, with the help of Hannie du Plessis, the project is proceeding extremely well.



Albany Bakery in Germiston are to be commended as well for being extremely reliable with their deliveries on our behalf. Once again, though, the amount of nutrition we are able to supply to this very well run soup kitchen is severely insufficient, and we would hope to increase supply considerably this year. Next door to the HIV clinic is a TB clinic, which services a small amount of patients per day (approximately 20), and we may approach the hospital to find out if these patients require feeding, once again in an effort to do what we can to keep patients compliant with their treatment plans, so avoiding stop-start treatments, and thus reducing the possibility of yet more patients developing resistance to the drugs, endangering their communities by spreading MDR and XDR TB.

Coronation (Rahima Moosa) Hospital

F.B.I. have also established a soup kitchen which we are funding at Coronation (Rahima Moosa) Hospital (primarily a gynaecology and obstetrics hospital, linked to Helen Joseph (the latter being more a general clinical and surgical hospital)). We are now supplying peanut butter, soup, enriched juice and 15 loaves per day to this hospital, feeding around 100 to 150 patients per clinic day.

Chris Hani Baragwanath Hospital

Chris Hani Baragwanath Hospital in Soweto is the largest, most dynamic, hospital in the world. There are 350 patients on average per DAY admitted just to the Trauma Unit. The hospital services the needs of 3,5 million people in South-West Gauteng alone, plus referrals from other areas. Other than the busy Trauma and surgical/recovery in-patient wards, there are numerous outpatient clinics at the hospital, among which are :

- HIV clinics, both adult and paediatric, operating independently, both servicing hundreds of patients per day.
- Chronic healthcare clinics (such as diabetes, renal, heart disease, etc.)
- A TB referral clinic.
- St John's Eye Clinic, where the "daily screening benches" contain upwards of 200 patients at any given moment, from where they are referred to the main clinic, with yet more lengthy queues.
- The sex abuse clinic (usually female patients of all ages who have been raped and abused), the Cerebral Palsy unit, the Occupational Therapy Division (including adults, children, psychiatric patients of all ages...), Speech Therapy, Physical Therapy, the Hand Clinic.... These are just some of the clinics operating at "Bara". Many of the chronic treatment clinics were operating from a single building until recently, and the number of patients here alone amounted to well over 1000 per day.

The patients lining up for treatment at this hospital are in desperate need of food, and if enough funding or sponsorship can be obtained, it is our desire to spearhead feeding schemes here. If necessary we may have to extend this scheme to all of the clinics in the Soweto area and south of it, a vast region, which includes clinics as far away as Orange Farm, Meadowlands, Zola, etc.

Mofolo Health Care Clinic

From April 2010, we will be supplying a soup kitchen from the HIV treatment centre at Mofolo Clinic, Soweto, serving up to 150 patients per day. This clinic is an ARV initiation clinic, with patients from as far away as 15km walking, or catching transportation, to it, to receive their first six months treatment, adherence counselling and support therapy. Thereafter the patients are down referred to other clinics if they are out of the area, while the patients within the catchment area remain there. The feeding scheme will be run along similar lines to that at Alex Health Clinic, with a volunteer making and distributing the soup and bread. We shall be equipping the kitchen and then supplying ongoing foodstuffs.

Expenditures

There has been an exponential growth in the provision of food for the various feeding schemes supported and operated by the Baragwanath Hospital Comforts Committee. Expenditures have been averaging over R 10 000 per month, on soup, peanut butter and other items. The value of the bread, which Premier Foods kindly supplies free of charge would be upwards of R 175 000 per annum. This figure promises to increase dramatically in the not too distant future. In fact, our Bread for Life initiative, started only a few years ago, is now so large that it eclipses any other area of our work. We are forecasting total Bread for Life expenditures for our 2010-2011 financial year to exceed R150 000, and we may be needing to seek a sustainable partnership with a funder if the plans to provide more feeding schemes to the Soweto area are realised. Sustainability of this project is currently not guaranteed, but we put all our energies into applying for funding and sponsorships, so that we will not need to close down any of these vital soup kitchens, and so that we can meet the ever-increasing demands for more support for our destitute citizens.

SUMMARY

The Bread for Life initiative has become the most important and imperative part of our work. It is no longer simply a question of feeding hungry and destitute sick people. This initiative is taking on a role, vital to the future of our country, in incentivising patients to remain compliant with lengthy and onerous treatment plans, without which, not only they, but others in their communities, will die from increasingly deadly diseases, some of them man-made.

By incentivising patients to report regularly for treatment at the HIV level, these patients regain a level of health that enables them to become productive once more, and to lead near-normal lives. The benefits of this are enormous to the State : overburdened oncology and TB clinics are less inundated with patients. Health crises such as killer forms of TB can be averted. Partners of visibly recovering patients are more likely to report, themselves, to clinics for HIV testing, counselling and treatment. By investing in this initiative, donors are able to contribute directly into preventative health measures which will be of benefit to the nation as a whole.

Mechanically, the process is as follows : for every Rand donated, we can more or less feed one person with some bread, peanut butter, soup and enriched juice (since now our bread is mainly provided free of charge). By providing nutrition to those waiting at the clinics, we are :

- feeding destitute people who are mostly too sick to work and therefore rely on this food for survival
- feeding children on their way to school, and potentially saving lives (e.g. a diabetic patient, who was saved recently at one of our soup kitchens)
- alleviating the hunger of people waiting from 7am till 4pm in some cases, helping them keep their places in the queue
- helping the patients remain compliant with drug courses, not only by enabling them to keep their place, but by incentivising them to return for more the following week
- assisting with the instructions for the treatment programmes : most drugs need to be taken on a full stomach.

The beneficiaries are as follows :

- o Chris Hani Baragwanath Hospital – soup kitchen not yet operational
- o Charlotte Maxeke Hospital (Johannesburg General Hospital) – outpatients – Oncology clinic : 250 patients per day; HIV clinic : 100 patients per day (expected to increase dramatically since they have opened a new HIV clinic), Paediatric

HIV clinic : up to 50 patients per day; Adolescent HIV clinic, 70 patients per week.

- Rahima Moosa Hospital (Coronation)- outpatients – soup kitchen supported for approximately 300 patients per day
- Helen Joseph Hospital – outpatients – HIV clinic – 500 patients per day
- Muldersdrift clinic in the West Rand Health area – serving nearly 1000 patients reporting at various times each month
- Alex Health Clinic – 150-200 patients per day
- Alex East Bank Clinic – 200-250 patients per day.
- Mofolo Health Clinic, Soweto – 150 patients per day

Not all of these patients choose to make use of the food provided, but we estimate that approximately 750 to 1000 patients on AVERAGE per DAY are making use of the food we are providing, amounting to approximately **175 000-240 000 beneficiaries per year**, many of these being profoundly sick, jobless and destitute people. We have earmarked R 150 000 for this very important part of our work for the 2010-2011 year (in addition to the value of the bread, being about R 175 000). We appeal to donors and sponsors to join us in this effort.

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CONTACT DETAILS :

Postal :

P O Box 1454

Morningside.

2057

Telephone number : 082-901-7687

Contact person : Sue Dykes (Chairlady)

Fax : 088-011-462-8749

email : admin@bhcc.org.za

Chairperson : Sue Dykes (Sue Dykes : 082-901-7687)

Vice-Chairperson : Lynn Ferguson

Treasurers : Rose Roseveare, Gloria Tinker

Secretary : Audrey Dry

Assistant Secretary : Lindsey Stevens

Appeals Convenor : Sub-Committee headed by Sue Dykes

Bread for Life Co-ordinator : Ros O'Connor

Buyer : Lynn Ferguson

Assistant Buyer : Anne Gonlag

Banking Details :

Bank : FNB

Branch : Rosebank, Sorting Code : 253305

Account Number : 503 702 77764

Account Name : Baragwanath Hospital Comforts Committee

Website : www.bhcc.org.za