



CELEBRATING 15 YEARS



# **COVER** **PHOTOS** 2018

The cover photos on the front and back pages are of the various projects in action in 2018

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## VISION STATEMENT

Mosamaria AIDS Ministry envisions all people in the Free State showing God's love in practical and effective ways to all those whose lives have been affected by HIV and TB and to all who have been infected with HIV and TB.

## MISSION STATEMENT

To work tirelessly and with complete dedication to:

- Eliminate stigma, empower through knowledge, and decrease the spread of HIV through information, education and compassionate communication.
- Provide a network of care and support to as many people living with HIV and TB as possible.
- Provide a highly professional HIV Confidential Counselling and testing service and TB screening.
- Provide support to Orphans and Vulnerable children and a range of services to their families.
- Work together with other organisations and churches with the same vision as Mosamaria.
- Advocate for better services for people living with HIV and TB.

## MOTTO / SLOGAN

"If God is with us, who can be against us".

*[Romans 8:V-31] ~ English Version ~*

"Ha Modimo a na le rona, ke mang ya tla ba khahlanong le rona"

*[Romans 8:V-31] ~ Sesotho Version ~*



## LOGO SYMBOLISM

The sun represents the warmth and care given to those in need by Mosamaria. The flower represents growth and progress in healthy living with HIV. The Red Ribbon, a well known symbol for HIV, wraps around the images and name to unite the elements into one logo.

# COORDINATOR'S REPORT

## TRUDIE MATSHIDISO HARRISON

2017 was the year in which Mosamaria had the highest number of 175 staff members ever, the largest budget ever, over R10Million and much needed services were provided to 74,160 people! For this we give thanks to God.

I should like to praise our staff members who made this all possible by working with total commitment, dedication to our clients and loyalty to Mosamaria. I say again that Mosamaria's greatest asset is the staff members.



Each one works with a passion for really making a difference to the lives of all people infected with and affected by HIV and TB.

They firmly believe that they are called to do this work for our communities, regardless of the very small stipends many of them are paid.

Results from the Human Science Research Council's 5th South African National HIV prevalence, incidence, behaviour and communication survey published in July 2018 show that:

7.9 million people are living with HIV in South Africa.

17% of South Africans between the ages of 15-49 years are HIV+

2,7 million HIV+ people in South Africa have not yet accessed treatment even though we are proud of the fact that we have the biggest ART (Anti retro-viral therapy) programme in the world

The Free State has the second highest HIV prevalence rate in South Africa with 21,3% of our population being HIV+. This amounts to approximately 630,000 people.

There is much work to be done if we are to reach the target from the WHO and NSP of achieving:

90% of all people who are HIV+ knowing their status

90% of all people who are HIV+ having accessed Anti Retro-Viral Therapy (ART)

90% of all people who are on ART being virally suppressed by adhering to their treatment

# HIV SELF-SCREENING

## HIVSS

HIV self-screening is a new tool that has shown great potential to reach new people, including sexual partners who may be less likely to test by existing strategies.

To date evidence from Malawi and Kenya suggests that the oral HIVSS is acceptable, accurate and increases testing among male partners.

We were fortunate enough to be chosen by our old partner Society for Family Health (SFH) to pilot self-testing in the Mangaung Metro District in which we work.

The contract runs from 15 October 2018 – 30 June 2020 and has a budget of R4 million.

We need to distribute 150,000 self-test kits to targeted groups during this time.

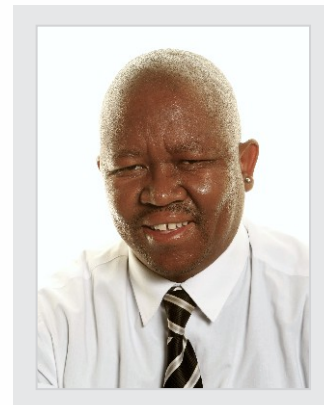
SFH provided training and we selected and appointed 17 staff members with Ntate Baeto Mogoera as manager and started distributing on the 15th of October.

This form of testing does not include comprehensive pre and post-test counselling, but each person who

takes a kit has their details recorded and we encourage them to phone us once they have used the kit, whether their results are HIV positive or HIV negative.

If their results are HIV+ then we do post-test counselling and offer them a rapid-results test for confirmation, and then assist them to access ART at a clinic of their choice.

We do not want to “lose” a single person who has tested HIV+ .Every single person who is HIV+ must be on ART in order for us to have a healthy population and to slow down the spread of HIV.



BAETO MOGOERA

## New Start Mobile Community HIV Testing Service

This contract which we had with SFH, in the Lejweleputswa District, sadly ended in September 2018 as SFH's funding was not renewed.

The aim of the project was to find people who had not tested for HIV and if they were HIV+ to help them access ART immediately.

We had a wonderful relationship with Health Systems Trust (HST) who had nurses placed at each clinic, and they were able to attend to the HIV+ clients and initiate ART immediately.

Fortunately some of the staff members we had were able to join our HIV Self-screening project in October, but we had to close our office in Welkom.



# ART ADHERENCE CLUBS & TREATMENT LITERACY PROGRAMME

Adherence Clubs in South Africa are part of the National Department of Health's 2016 "Adherence Guidelines for HIV, TB and Non-communicable diseases" and have been scaled up in recent years.

Adherence Clubs provide clinically stable ART clients with counselling and pre-packed ART in groups of 25-30 clients.

In Mangaung Metro District in the Free State, Mosamaria has been running adherence clubs in 21 health facilities since 2014, and by December 2018 we had over 25,000 people on ART in our clubs.

This represented just about half all clients on ART in the district.

The project has been very capably managed by Ntate Thapelo Mabule who has a team of 2 project officers, 2 registered nurses, an M&E officer and 28 adherence club facilitators working with him.

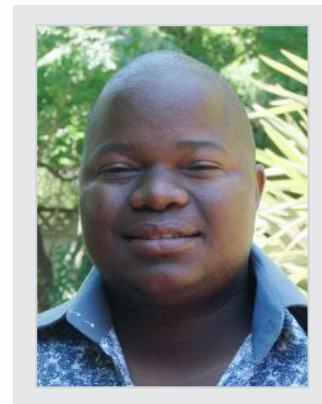
Our nurses are paid per kind favour of the Anglo American Chairman's Fund to draw blood annually from club members to check for viral load suppression.

Right to Care (RTC) as a Global Fund prime recipient funds us for this work, and they do vigilant on-site data verification as well as financial compliance with us every quarter.

We appreciate this as we learn through our mistakes, and RTC has been very generous in affording us plenty of on-site training from different training specialists.

We receive numerous letters of appreciation from our club members who value the way in which we treat them and make their lives much easier as far as accessing ART is concerned.

We also have a good relationship with the health facility managers who we meet every three months to give feedback on results, discuss challenges and plan to improve our service.



THAPELO MABULE

# ART ADHERENCE CLUBS & TREATMENT LITERACY PROGRAMME





# SOUL CITY STIGMA AND DISCRIMINATION ERADICATION PROJECT

Soul City organisation contracted Mosamaria to run a programme aiming to reduce stigma and discrimination against HIV and TB in Mangaung for the contract period of August 2017 - February 2019. The target was to reach 20,000 people.

A recent HSRC study had revealed that Mangaung has one of the highest rates of stigma and discrimination.

Even after all the work that we did with engaging with a very broad spectrum of community members, we are not sure what causes this. Stigma is very evident when discussing the topic in a six module course at schools, clinics, adherence groups, churches and other community structures.

We heard heart rendering stories of people living with HIV who could not disclose their status to their partners and families as they feared for their lives, and others who were terrified of their employers knowing their status in case they lost their jobs.

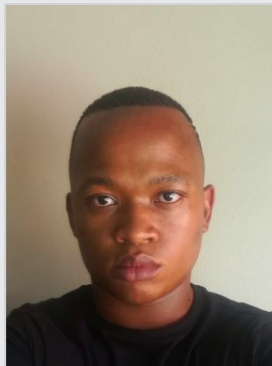
There is a great deal of “self-stigmatisation” which many people

do not even recognise, but our team could deal well with this and many people called to say how much the dialogues had helped them accept their status.

Our team of 8 community mobilisers and 8 ambassadors led by Ntate Katleho Marumo and Ntate Mohau Mara, were trained to refer cases to Legal Aid, but very sadly most cases could not be taken to court for lack of detailed evidence.

## During the year we:

- Engaged with 32,410 community members in dialogues
- Facilitated support groups for 2,146 people
- Engaged with 3,558 people in local actions and events



Katleho Marumo



Jacob Mara

A total of 38,114 people were impacted by our work

# SOUL CITY STIGMA AND DISCRIMINATION ERADICATION PROJECT



# OVC PROGRAMME

## ORPHAN & VULNERABLE CHILDREN'S PROGRAMME

We had 166 orphans and vulnerable children in our support groups this year, 40 of whom participated in soccer and netball coaching on three afternoons a week.

Mm Kelebogile Ditema, our project manager was assisted by Mme Letshego Rapulane, Mme Rethabile Mkwana and Coach Mpela. Thanks to donations from the Blackburn Mosamaria Trust, we were able to give the children something to eat every afternoon of the week.



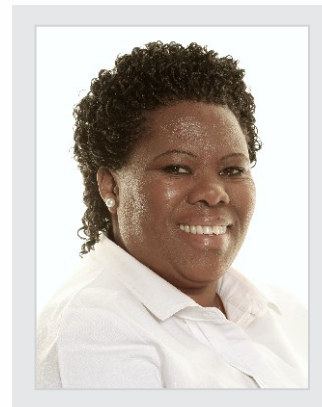
A highlight for the children was being visited by the assistant coach for Bafana Bafana who got our teams enrolled with the South African Football Association!

The children also participated in walks, and soccer tournaments. We are trying to motivate the children to be active and healthy and have interests so that they do not lie around watching TV every day. We should like to introduce other sports as well.

Some of our children and Mme Letshego entered into a competition where they had to dress themselves with outfits made of paper, cardboard and plastic, to create environmental awareness.

Once again, the drought prevailing for most of 2018 made it impossible for our families to plant vegetables. Once it rains they will start again.

Families Matter Programme  
Mme Dithuso Monare from the Department of Social Development contracted us to implement a behaviour change programme called Families Matter for the parents of children aged 9-11 with a budget of



KELEBOGILE DITEMA

R56,000 between April and May.

We contracted Ntate Seeiso Theko who is an experienced facilitator for this programme which entails 6 sessions with each group of 20 participants.

Ntate Seeiso trained 6 groups and 139 people completed the course and were awarded certificates.

In the last session each adult brings his/her pre-pubescent child and the adults and children speak freely to one another about sexual and reproductive health, relationships and any their topic which shows that the adults have gained the knowledge and skills that they need to talk to their children about these matters.

# OVC PROGRAMME

## ORPHAN & VULNERABLE CHILDREN'S PROGRAMME

The programme was a resounding success and it was just the lack of more funding that prevented us going on with it.

You Only Live Once Programme (YOLO) Katleho Marumo, from our stigma eradication programme was chosen to be a facilitator for this programme. It is designed for young people who have left school and are struggling to find themselves and find jobs. There are a number of sessions which groups work through to identify their challenges and grasp all the opportunities they can find.

They also discuss matters like preventing HIV infection and teenage pregnancies, and drug and alcohol abuse, to try to modify their behaviour accordingly.

Katleho trained all the members of our various teams in YOLO, and Mme Kelebogile worked through the programme with a group of young people who said that they had enjoyed the interactions and benefitted from the discussions.



*Mosamaria Blackburn Trust's  
"Senior Gentleman's Club" playing with the children*



# DSTB PROJECT

## DRUG-SENSITIVE TB PROJECT



## TB MISSING CASES

URC asked Mosamaria to implement a ten week intensive project of finding “Missing Cases” of TB. This involved 46 community healthcare workers going from door-to-door to find untreated TB cases, taking sputum samples, and if these were TB+, getting these patients on to treatment within one week. Our team that took on this additional work inherited a very volatile situation from the previous manager, with immensely troublesome staff members, who at one stage when we could not pay them because URC had not transferred the money to us, went to complain to the press, the MEC of Health and the Department of Labour.

The project was successful in that many people with TB were found and put on treatment. In weeks 7-10 of the project alone

- 8,815 households were reached
- 19,026 people were screened for TB
- 3,706 people were TB presumptive and had sputum samples taken
- 33 TB positive cases were confirmed and put on treatment

## DRUG RESISTANT TB

The contract we had with the Hospice and Palliative Care Association (HPCA) to treat and support drug-resistant TB patients, ended on the 31st of July. We had 43 patients who we were caring for at that time, some of whom were still getting daily injections.

If funding could be made available to us we should like to continue with this work as DRTB patients are extremely sick and need a lot of encouragement to take their treatment, as they face stigmatisation from their families as well as the community. It was difficult to say goodbye to our patients and staff members with so much work still to be done.

We felt greatly encouraged by the fact that most of the DRTB patients were put on oral Bedaquiline treatment, which is a major breakthrough in this field, and shortens the period of treatment. We hope this will give better treatment outcomes to improve the 50:50 chance of survival.



FLORINA TLALI

# DSTB PROJECT

## DRUG-SUSCEPTIBLE TB PROJECT



who do not capture the correct statistics that we give them, and for example do not record deaths so these patients continue to show as drop-outs from treatment.

Our greatest challenge however, was with URC who did not pay us in time what was due to us month after month after month. We claim for the work that has been done each month and the money that was spent, but our claim does not get processed timeously, and we have had many months when our staff members were paid late. It is unsustainable to run a project this way.

People also live with relatives as they do not have their own homes and they move around from one relative to another and often cannot be traced.

Another challenge is the people who simply refuse to take treatment. This is something that is difficult to understand because the alternative to treatment is death. It would be an interesting subject for research.

We also have an ongoing problem with the data capturers at the clinics





# DSTB PROJECT

## DRUG-SUSCEPTIBLE TB PROJECT

The University Research Company (URC) obtained funding from PEPFAR to implement a directly-observed-treatment (DOT) in many provinces and approached us to implement the programme in Bloemfontein where the TB infection rate is extremely high.



It was quite challenging to learn to work with a new funder and we wrestled verbally over many issues as it was the first time that URC was implementing this service too! However, it has been great to work with Hyla van den Berg and Patricia Ngwetjana who have become our friends.

Mme Florina Tlali got the project up and running in no time at all in 7 clinics with 35 community caregivers (CCGs), where all their DSTB patients were referred to us to DOT every day.

This is no mean feat at all training and managing 35 people working in the community, as all their statistics have to be verified. The CCGs learned how to take sputum samples and collect the patient's medication from the relevant clinics and update the professional nurses at the clinics on the patient's progress.

Adherence of ART is also closely monitored. The CCGs become a great support system for the patients and report to us on those who have really no food at all so struggle to swallow their medication.



TB is a disease of poverty so one cannot look at treatment without taking the other matters relating to poverty into account.

The treatment for DSTB is usually for 6 or 8 month period, and then the patient has to have negative sputum results for the next 3 months to be declared cured.

We had a number of challenges the greatest of which is that there were some patients referred to us by the clinics who we could not find at all. There is great population mobility in Bloemfontein with many immigrants from Lesotho and people moving in from the farming areas.



# TB PROJECTS

## DRUG-SENSITIVE TB PROJECT

### TBSAP

Mosamaria signed a contract with the University Research Company (URC) for implementing a Directly Observed Treatment (DOT) programme to 500 Drug-sensitive TB (DSTB) patients in Mangaung Metro. This project is known as the TB South Africa Project (TBSAP) and is funded by USAID.

The contract runs from 1 April 2018 – 31 March 2019.

Mme Florina Tlali runs this project very capably with a team of 45 Community Healthcare Workers (CHWs), one registered nurse and a data capturer, which requires the strategic planning and implementation of a complicated military manoeuvre.

It is no mean feat to ensure that each of the 500 patients at any given time are swallowing their medication every morning, having their medication collected from their nearest clinic, having sputum samples taken to see that the bacterium is no longer in their system at 9 weeks after the start of treatment and again at 5 months after the start

of treatment, that the family are educated about infection control in the home, and that any side-effects from the treatment are dealt with immediately.

As patients are diagnosed with DSTB at clinics, they are referred to Mosamaria to DOT for the period of the 6 months of treatment until they are certified as cured.

During the 12 months of the contract Mosamaria will be effectively treating and supporting 1,000 DSTB patients. Unfortunately after the 12 months of the contract, some patients will not have yet completed their treatment, and we fear that many of them will stop adhering and become ill again, with the risk of developing Drug-resistant TB (DRTB).

South Africa has one of the highest TB infection rates in the world, roughly of which 60% occur in people living with HIV. The TB cannot be cured properly if the HIV+ patient is not adhering to ART. Patients find it very confusing to take both types of medication at different times of the day.



FLORINA TLALI

TB is directly linked to poverty and we have found a horrifying number of people who quite literally have no food to eat in their homes, and live in the most appalling conditions.

In situations like this we have to find some food for patients. We are so very grateful to the Fitzmaurices of the Westminster Estate for donating tons of maize to us each year which we can have milled and give to these families.

The St. Andrews Boys School also collects and donates hundreds of cans of tinned food to us every school term which we can give to these families.

In this way Mosamaria can provide a better and more comprehensive service than the government department of health, which we believe will result in better outcomes for the patients.

# DSTB PROJECT

## DRUG-SENSITIVE TB PROJECT



# BLACKBURN MOSAMARIA TRUST

In April we were blessed with a visit from a delightful group who we called “The Mosamaria Old Boys' Club”.

The team was led by Father John Hall, with John Eastwood who is the chairman of the Mosamaria Trust in Blackburn, Liam, Phil and David.

They were very interested in the Mosamaria work and were inspired to go back to Blackburn and collect funds for us to build Wendy Houses at clinics for our adherence club members.

We had a team of Blackburn Diocese youth members under the leadership of Father Sam Cheeseman who spent 10 days with us in July.

They had worked very hard to collect enough money for their trip as well as collecting about R30,000 to invest in Mosamaria work. They were taken to see all the different Mosamaria projects and they also built shacks for two of our TB patients who were

completely poverty stricken without any proper shelter.

They worked very hard constructing the shacks and planting vegetable seed and even buying furniture and food for these families.

We were also visited by Archdeacon Peter Ballard and his wife Helen, who were very interested in and supportive of the work that we do, and visited all our projects.

It was great to be able to discuss fundraising as Peter runs a construction business with volunteers from churches, and they use the profit to plough back into Diocesan Funds.

They kindly left us a personal donation towards our work as well.



*Mosamaria Blackburn Trust's  
“Senior Gentleman's Club” playing with the children*

# STAFF REPORT

During 2018 Mosamaria peaked at 175 people on its payroll !!

We only had one baby born to our Mosamaria family who was a little girl, named Blessing, born to Mme Connie Motsoeneng in our Adherence Club Team. She was a much wanted miracle baby as her mother had been so ill and had to lie in bed for a large part of the pregnancy.

We had a very enjoyable staff wellness day on the 11th of May when every member of every team joined in to play team building games and a soccer tournament between project teams.

We also had a church service to give thanks to God for Mosamaria, and a motivational speaker who encouraged every person to overcome their personal challenges so that they could reach their full potential.

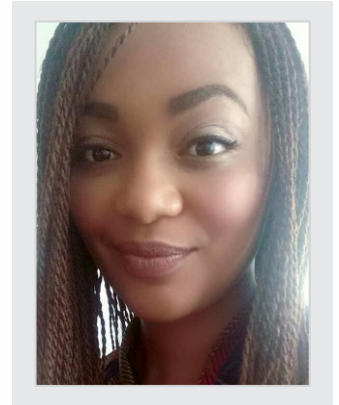
Our Human Resources Officer, Euphemia Goliath, left us to work for a private hospital in Mbombela. She assisted with drawing up many of the stand-alone HR policies that we needed to complete our HR Resource file.

We were very fortunate to have Mme Nthibane Mokuchana join us to take Euphemia's place for a few months. She is a very successful business woman with a huge capacity for getting work done.

She managed to get all the details and records for each staff member corrected and updated. I appreciated the advice and support she gave me, as she is able to see "the big picture" of an organization very clearly.

We had no CCMA hearings for the people we had to dismiss during her time with us.

She will leave us as soon as she has a new contract from the government for her bus line company.

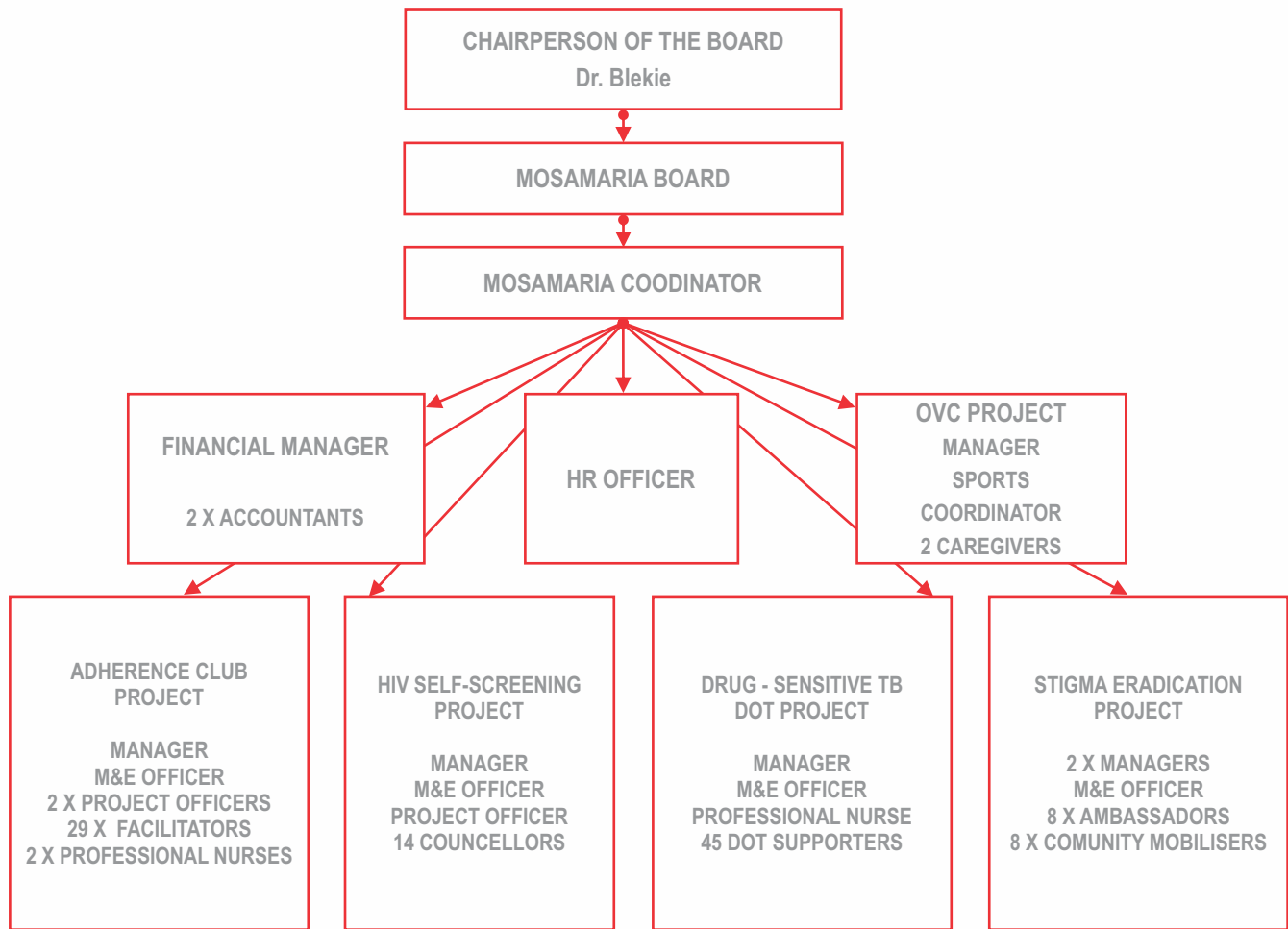


EUPHEMIA GOLIATH

We thank them both for their contributions to Mosamaria and hope that Mme Nthibane will go back to serving on our board.



# ORGANOGRAM 2018



# GOVERNANCE THE BOARD 2017



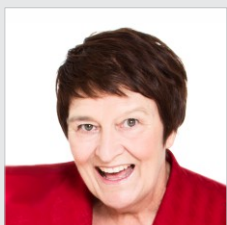
DR. ELLEN BLEKIE  
(CHAIR PERSON)



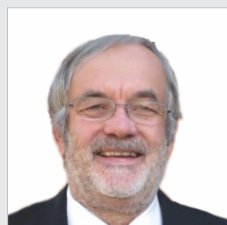
BISHOP DINTOE  
STEVEN LETLOENYANE  
(VICE CHAIRPERSON)



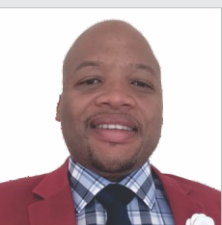
MME NNINI SETHOJANE  
(SECRETARY)



MME JULIA VAN WYK  
(MEMBER OF THE FINANCE  
SUB-COMMITTEE)



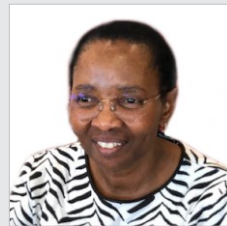
MR. GERALD ROBERTS  
(TREASURER AND CHAIR  
FINANCE AND STRATEGIC  
PLANNING)



NTATE SOLOMIZI HENGE  
(MEMBER OF THE  
STRATEGIC PLANNING  
SUB-COMMITTEE)



PROF CHRISTO HEUNIS  
CHAIRPERSON  
COMMUNICATIONS  
SUB-COMMITTEE



MME NOSIPHO SONDIYAZI  
CHAIRPERSON  
HUMAN RESOURCE  
SUB-COMMITTEE

The board met for quarterly meetings and the AGM was held on the 12th of May 2018.

The board carefully attended to complying with all their governance responsibilities which Gerald Roberts who leads our board strategic planning sub-committee has highlighted on numerous occasions.

The board members were re-elected and decided that their specific roles would be decided at the first board meeting after the AGM:

The board was very happy to co-opt Julia van Wyk, a Chartered Accountant with years of experience including forensic auditing, as we had a dire shortage of accounting skills.

We should like to thank the board members for all their time given to attend meetings, the support that they give to our project teams, and for their overall belief that Mosamaria can and does play an important role in our Mangaung community.

# FINANCIAL REPORTING 2018

I should like to thank the finance team of Nontsi Mohlahlo, Dusty Mabule and Tsholo Mona for recording all our income and expenditure accurately and producing monthly financial reports for each funder which gave us a good reputation for being an organisation which can handle large sums of money in a responsible and accurate manner.

The international donor climate for HIV has changed as many big donors are questioning the impact that their money has made because of the very high rate of new HIV infections we still have.

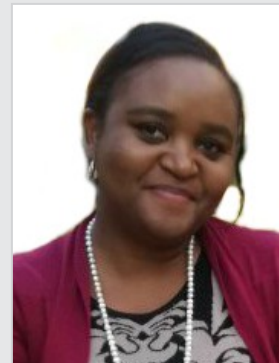
The global recession has also played a huge role as there is simply less money to give.

We should like to express our gratitude to our main donors:

Right to Care  
Society for Family Health  
Soul City

The TB South Africa Project (URC)  
The Department of Social Development  
Anglo American Chairman's Fund  
The Blackburn Mosamaria Trust in the UK

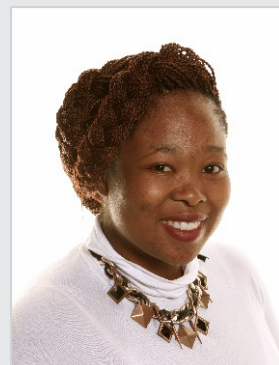
The Brothers of St. Andrews in Queensland, Australia  
The individual private donors Dr. Ellen Blekie, Gerald Roberts, George Wasserman, Jane McPherson, Sally Earl  
St. Andrews School for the hundreds of cans of food they collect and donate to us  
Rupert and Helen Fitzmaurice from the Westminster Estate who donate many tons of maize at the end of each harvest



NONTSIKILELO MOHLAHLLO



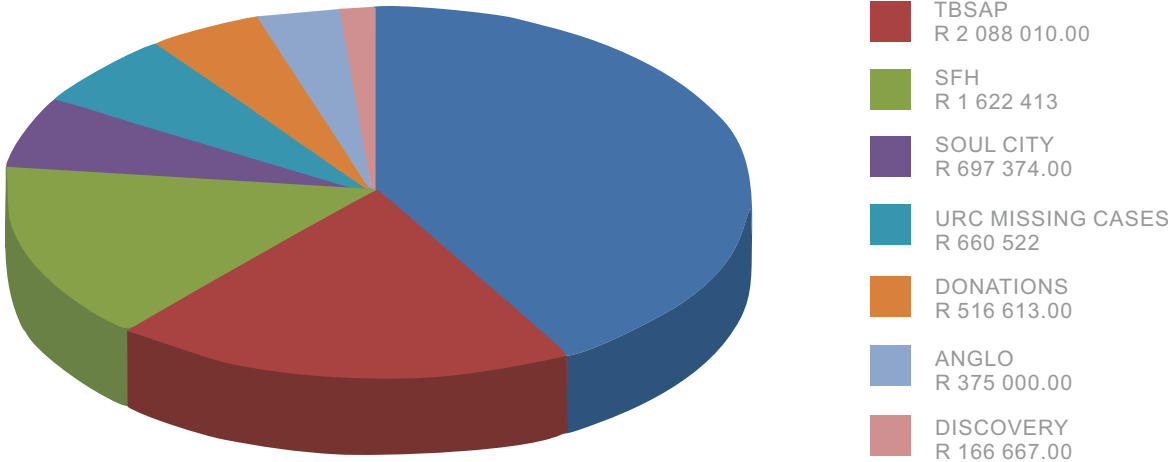
DUSTY MABULE



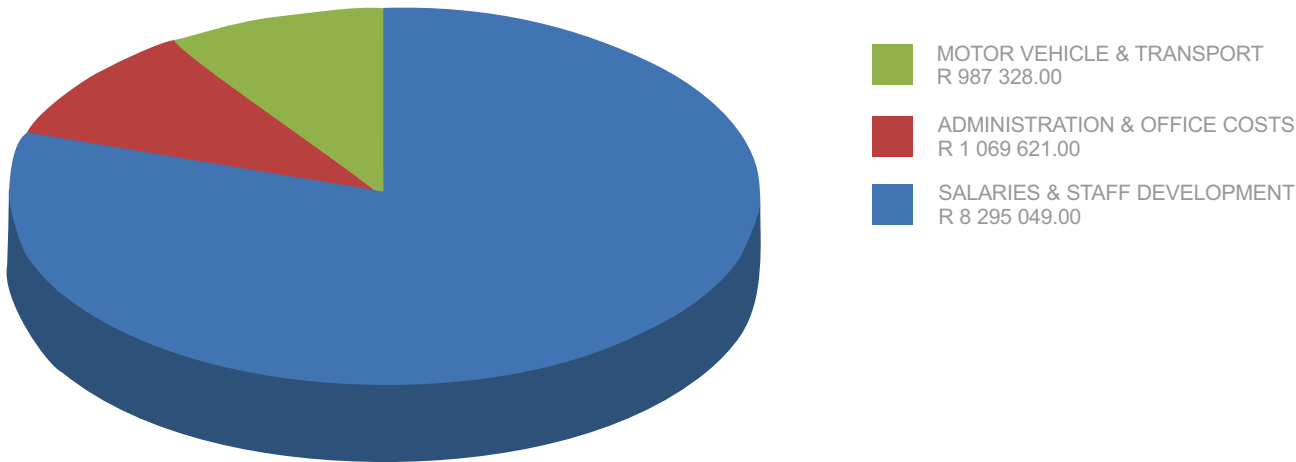
TSHOLOFELO MONA

# FINANCIAL OVERVIEW 2018

## INCOME 2018



## EXPENDITURE 2018





# FUNDING

## AND DONATIONS 2018

We should like to thank:

Society for Family Health who funded our New Start HTS programme in Welkom, and Mme Thandeka the project manager, and Ntate Jacob the finance chief, and especially Dr. Nkosi for his outstanding vision and understanding. Society for Family Health with funds from UNITAID who funded our HIV Self-screening project with thanks to Celeste Madondo the programme manager, Lina Langa the compliance and finance manager and Ray Munyaradzi the finance director for his calm and friendly manner at all times. Right to Care, and in particular Ian Hove the programme manager. This programme assisted us greatly with capacitating our staff with lots of training and mentoring. Department of Social Development, and in particular Mme Dimpho from the district office and Mme Dithuso Monare and Mme Mookgo from the provincial office who made it possible for us to do the Families Matter training. The Anglo American Chairman's Fund and in particular all the ladies from Tshikululu Social Investments who manage the fund and are always so helpful, gracious and charming in their appreciation for the work that we do. University Research Company (URC) and especially Mme Patricia Ngwetjana for her guidance and insistence on correct statistics, and Mme Hyla van den Berg for taking us under her wing and nurturing us through all the financial challenges, and Ntate Vincent Shaba who worked so hard to ensure that we received the funding in time to pay salaries every month. Soul City and the South African National AIDS Council, and in particular Mme Hannah Mabika the programme manager who afforded our team many training opportunities, and Zenande Mngqibisa the finance officer and Denzel Abrahams the finance manager who helped us with reporting correctly. The Brotherhood of St. Andrew, in Queensland, Australia and in particular Father Nixon The Mosamaria Trust in the Diocese of Blackburn in the UK who remain Mosamaria's greatest champions in the UK and go to endless lengths to collect funds for us. They have all become "family friends" of ours and we value the interest they show and their empathy when they come out to visit us. Westminster Estate, Rupert and Helen Fitzmaurice, for tons and tons of maize St. Andrews Boys School for tinned food collected every quarter and in particular Father Deon Lombard the Chaplain who makes this all possible.

Dr. Ellen Blekie  
George Wasserman  
Gerald Roberts  
Dr. Sally Earl  
Jane McPherson



ST ANDREW'S SCHOOL  
BLOEMFONTEIN



For their faithful monthly donations

# MOSAMARIA LUNCHEON

Team Members Express Their Gratitude





# COORDINATOR'S CONCLUSION

We are facing the closure of three of our largest projects in March 2019 because of lack of continued funding. This is very disturbing to us all and it is difficult to keep up the morale of teams who are probably facing unemployment from 1 April 2019.

One cannot expect people to continue working without an income as they do not have enough money to feed their families let alone pay taxi fares to get them to the job. We do not have well-off members in our communities who can afford to volunteer.

While one understands that international donors are reluctant to commit themselves to a long period of funding, it is also pointless to provide funding for short periods of time when no impact can really be made by our actions, and sometimes we are forced to leave needy people worse off than when we found them.

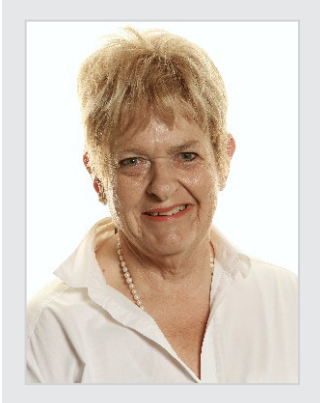
What is interesting for the future is that with amazing technology, health services are moving towards self-test and self-help model that they can do at home.

This is obviously more cost effective and also puts the control of health firmly in the hands of the individual, who equips him/herself with knowledge from the internet.

However, this has to be backed up by accessible services for treatment and a great need for counselling which will have to be provided by the government through clinics or through National Health Insurance.

During this transition, the need for dedicated, funded NPOs will probably be greater than ever to fill the “gaps” left in the marginalised communities.

We trust that only God will be able to show us where we should demonstrate the characteristics of the Samaritan.





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"If God is for us, who can be against us".  
"Ha Modimo a na le rona, ke mang ya tla bang khahlanong le rona".