MISSION STATEMENT
The Topsy Foundation partners with rural communities, empowering people infected with, and affected by, HIV and AIDS, through medical care, social support and skills development.

VISION
The Topsy Foundation has a future vision of flourishing rural communities, where a generation of young people who, in spite of the impact of HIV and AIDS, are productive participants in society.

VALUES
- Compassion
- Commitment
- Excellence
- Honesty
- Transparency

The TOPSY Foundation

EXECUTIVE DIRECTORS
Dr Jana Oosthuizen, Silvia de Jager (as at 31 March 2013)

NON-EXECUTIVE DIRECTORS
André Gilbertson (Chairperson), Ouma Masiteng, Sandesh Singh (as at 31 March 2013).
The TOPSY Foundation
Programmes and Projects

THE TOPSY FOUNDATION

MAIN PROGRAMMES

COMMUNITY OUTREACH PROGRAMME
- Home-Based Care Project
- Orphaned and Vulnerable Children Project
- Vegetable Garden Project

COMPREHENSIVE HIV AND AIDS CARE CLINIC PROGRAMME
- Provision of ARV Therapy
- Voluntary Counselling and Testing
- Prevention of Mother to Child Transmission
- Cervical Cancer Screening
- General Care for HIV and AIDS Patients

SKILLS TRAINING PROGRAMME
- Shukushukuma Beadwork Project
- Tinyiko Sewing Project

Tuberculosis Treatment
Executive Directors Report

Executive Director’s Report for period 1 April 2012 to 31 March 2013.

The UNAIDS Global Report published at the end of 2012 highlights the work Topsy and others have already done. There is a decrease in HIV infection rates amongst adult South Africans, which coupled with an increase in government spending to heal the country of the disease, makes it clear that it is now essential to support organisations like The Topsy Foundation to back up this work with our existing and effective life-saving programmes.

As we end another year, we have many reasons to reflect upon the manner in which we have triumphed in the face of increasing economic hurdles. As we celebrate our progress, we acknowledge that we have also faced numerous setbacks and challenges.

Throughout this Annual Report you will read of both the successes and challenges we have faced during the period under review. The free Comprehensive HIV and AIDS Care Clinic is the cornerstone for the work that Topsy does which saw an increase in the cumulative number of patients in the Comprehensive HIV and AIDS Care Clinic by 419 patients. The total number of patients on ART has stabilized.
The Cervical Cancer Screening Project had a growth of 65% in the number of woman screened. Colposcopic biopsies are now being done by the Topsy medical team.

The value of the Community Outreach Programme has continued to grow over the years. It is key that people are reached where they are. Through our consistent and reliable presence in their lives, people have developed a trust for Topsy and our staff. The work of the Community Outreach Programme is carried out through 3 interdependent projects, namely Home-based Care, Orphaned and Vulnerable Children and Vegetable Gardens.

Two teams of dentists from the US visited Topsy to provide a much needed dental service to our patients. This was arranged by Crossroads Church, who currently solely supports our Home-based Care Project.

The number of beneficiaries in the Home-based Care and OVC Projects has stabilized. The Vegetable Garden Project, however, is still showing a steady increase in the number of beneficiaries.

We are also able to provide our communities with our Skills Training Programme. This programme contributes to the third spoke in our holistic wheel of support of medical, social and economic intervention. We do this by way of two social enterprise projects for women in our under-resourced communities, namely our Shukushuma Beadwork and Tinyiko Sewing Projects.

The accompanying financial statements include the accounts and transactions of the Topsy Foundation as well as MasterProps 324 and 341 which hold the fixed property owned wholly by the Topsy Foundation during this period.

An audit was conducted by PriceWaterhouseCoopers Inc without qualification. It was recorded that the Foundation showed R68,217 in retained profits, with all income being utilised to fund the projects under its care.

Donations in kind increased by R127,753 despite a slight reduction in the cash donations reflected, whilst overall expenses decreased.

The credit depreciation balance in the current year is due to errors in prior years which resulted in an overstatement of prior year depreciation.

During this period confirmation was received of continued support from PEPFAR through USAID until 31 March 2014. Topsy has strengthened the relationship with Mpumalanga Department of Health to ensure long term sustainability for the Comprehensive HIV and AIDS Care Clinic while PEPFAR changes focus. The continued support from PEPFAR allows ample time to complete negotiations with Department of Health.

We require staff to ensure the successful running of our programmes. Without the fieldworkers, nurses, doctors and other operational staff, the needs of those who have been so violated by HIV and AIDS, would not be met. A commitment to work closely with partners and the rural communities we serve delivered the key targets and objectives for the year. We recognise that it was the hard work, professionalism and dedication shown by all staff that allowed these achievements to be possible.

Topsy has built up an extensive professional work force over the years and during this time our beneficiaries received care and attention from 3 medical doctors with a total of 23 years experience at Topsy and more than 40 years in total; 5 professional nurses with a total of 33 years experience at Topsy and more than 70 years in total; and 3 social workers with a total of 21 years experience at Topsy.

In addition to the professional staff we have fieldworkers that are known and trusted in the communities with many dedicated support staff. Last, but certainly not least, thanks needs to be extended to our operations and fundraising staff, the backbone of our organisation.

We remain indebted to our loyal funders, in particular we would like to mention the long-standing partnerships with the Mpumalanga Department of Health, Right to Care, Pepfar (USAID), the National Lottery Distribution Trust Fund, Ogilvy & Mather, PricewaterhouseCoopers Inc, Crossroads Church, Absa Foundation, Anglo American Chairmans Trust, Momentum Trust, Discovery Trust, Warner Music Gallo Africa and Phil Collins, Sasol Social and Community Foundation, N3 Toll Concession, Johnson Matthey, Amrod Group, Jacaranda Stigtingh, RB Hagart Trust, UPD/Clicks Foundation, BBraun Medical, Herman Olthaver Trust, Royale International, Topsy UK and the Dis-Chem Foundation. We are not able to mention all our loyal donors; individuals, companies, trusts or foundations, thank you to all who believe in Topsy and the work we do.

Topsy is well aware that even though outstanding, powerful work is being done to prevent the spread of the disease, and help those who are living with the affliction, there is still much more that needs to be done.

Topsy prides itself on being a reputable, consistent and transparent organisation. We aim to carry out our work to the highest possible standard in a way that reflects the support and confidence that our donors and supporters place in us. It is felt and understood by each member of staff that the work we do each day, we do in the name of our donors and beneficiaries.

Now is the most vital time to support the Topsy Foundation. As the tide is finally turning, we need to make every effort to resolve the HIV and AIDS crisis.
The Topsy Foundation NPC, (hereafter also referred to as Topsy), is a fully-registered and internationally-respected South African Non Profit Organisation and Public Benefit Organisation which provides relief services to some of South Africa’s most under-resourced rural communities. This is done through a multi-faceted approach to the consequences of HIV and AIDS and extreme poverty.

Topsy partners with communities in and around the crossroads of the Mpumalanga, Free State and Gauteng provinces. Activities take place from a central project site at Grootvlei, Mpumalanga, called the Topsy Sanctuary which is established as a focal point for the surrounding communities. This area, often referred to as a forgotten part of the country, due to its scant infrastructure and lack of large-scale industry, is home to several large rural communities situated around the towns of Balfour, Grootvlei, Villiers, Greylingstad and Cornelia.

The world has recognized the top 8 priorities to be focused on to improve life for people living in developing countries. Of these 8, Topsy is working directly in the first 6 of these – it is clearly essential work that is being done - and we are proud to be achieving results in these areas.
The Topsy Foundation NPC provides HIV & AIDS relief services to rural, hard to reach populations through inter-related, interim medical and social services.

Topsy operates in collaboration with the Mpumalanga Department of Health and has existing partnerships with eight South African Government clinics in Mpumalanga and Free State, providing telephonic consultations, training sessions, X-ray services and specialized care to patients with complications.

Measured by its total current income, Mpumalanga has the third lowest total income of the provinces in South Africa. In per capita income terms, however, the province ranks fourth lowest (SSA, 2003). Topsy operates in the Gert Sibande District in the most southern part cross-serving rural populations of Mpumalanga, Gauteng, and the Free State.

According to the National Census of 2001, the Free State province is home to about 6.0% of South Africa’s population, 2.75 million people. The Free State has the second lowest total current household income of all the provinces in South Africa. In per capita income terms the province ranks fifth (SSA, 2003a). Topsy attracts, although situated in the Gert Sibande District in the most southern part cross-serving rural populations of Mpumalanga, Gauteng, and the Free State. Both provinces are marred by high poverty rates, inequalities in the distribution of income between various population subgroups, and unemployment. Poverty and unemployment in South Africa are often rural phenomena.

The population which Topsy targets and assists can be typically described as the most marginalized population group and can be characterized as follows:

- High levels of unemployment.
- Low average educational and skills levels.
- Very low average incomes.
- Big average family size. Extended families are common.
- Very low levels of mobility. Car ownership is rare and public transportation facilities inadequate. This situation is further aggravated by the long distances to social facilities such as clinics and schools, and the scarcity and sporadic nature of public transport. People in this group regularly travel long distances by foot.
- Poor access to basic health care, compounded by poor living conditions in many instances and inaccessibility of basic health services and facilities.
- Some malnutrition.
- High HIV and AIDS prevalence rates. People in this group rely almost exclusively on government and on their employers to provide their basic health needs. Service delivery protests (including health services) broke out in Dipaleseng in 2010, necessitating a visit from President Jacob Zuma to address the situation.

There is clearly a huge imbalance in the needs of the different socio-economic groups as characterized above, and this imbalance needs to be redressed in a pro-active way. The prevalent socio-economic conditions in the rural areas are of particular concern, however due to the low population densities, long distances and poor infrastructure in these areas, remedial measures will be particularly expensive and difficult to implement effectively. This clearly indicates the need for Topsy’s services in this area.
Good Reasons to Support Topsy

Topsy prides itself on being a reputable, consistent and transparent organisation. We aim to carry out our work to the highest possible standard in a way that reflects the support and confidence that our donors and supporters place in us. It is felt and understood by each member of staff that we go to work each day to do this work in the name of our donors and beneficiaries.

Now is the most vital time to support the Topsy Foundation. As the tide is finally turning in our country we need every effort to make the final push to resolve the HIV and AIDS crisis – and completely heal our country. In the words of our Executive Director Silvia de Jager, “The recent UNAIDS Global Report highlights the work we and others have already done. There is an up to 49% decrease in HIV infection rates amongst adult South Africans,” says Silvia de Jager, Topsy’s Executive Director. “That, coupled with a five-fold increase in government spending to heal the country of the disease, makes it clear that it is now essential to support organisations like Topsy to back up this work with our existing and effective life-saving programmes.”

Some of the good reasons to support Topsy include:

- Topsy has established itself as a credible organisation in the field of HIV and AIDS and is more than adequately resourced to meet our set objectives and targets.
- We are the only non-profit organisation of its kind in the communities we serve. We reach over 6,000 direct and indirect beneficiaries on a monthly basis.
- We help people to help themselves through our vegetable gardening and skills training projects.
- We use a multi-pronged approach to the treatment and prevention of HIV and AIDS – it is not simply a medical response.
- The organisation receives corporate support, as well as assistance from the Mpumalanga Department of Health through the provision of ARV and general medication, nutritional supplements and lab costs.
- Topsy’s staff capacity comprises a full staff of employees with notable experience and qualifications, especially in the medical field. Where possible, staff members are recruited from the surrounding communities, so as to create jobs and uplift the area as a whole, as well as bring their knowledge of local problems and needs.
- Topsy complies with King III recommendations and requirements where applicable.
- Topsy has an impressive track record of administering funds from donors and has experience in how funds will be monitored and expended.
- Strict, clear reporting requirements enable accurate monitoring and evaluation of both the programmes and projects we manage. Our monitoring and evaluation aim is to maximise the impact and lessons learnt to minimise the risk of project failure.
- PWC and De Loitte & Touche audit Topsy’s financials annually. The audits of Topsy Foundation have always been without qualification.
- Income generating projects contribute to organisational financial stability. The beadwork project has been able to sustain itself through the income from sales.
- Donations is tax deductible. We issue tax exemption receipts for all donations.
- Donors can earn points for the BBBEE score card when supporting us. Our current beneficiary analysis confirmed that 97.7% of our beneficiaries are from previously disadvantaged communities.
The Topsy Foundation’s Community Outreach programme is an extension of both the medical and social services offered at the Comprehensive HIV and AIDS Care Clinic. The development of the Community Outreach Programme actually preceded the formalisation of the Clinic. Dating back to the years before antiretroviral therapy was readily available, Topsy recognised that the need to help the impoverished communities in our area was vital.

The need that was first identified stemmed naturally from Topsy’s involvement with the Orphaned and Vulnerable Children in the community of Grootvlei.

In the early days this meant that our medical team, headed up by Dr Jana Oosthuizen, would go out into the community and find the people who were sick. This team did whatever was possible to alleviate symptoms, bring relief and support Caregivers in their efforts.

The value of the Community Outreach Programme has grown over the years. It is key that people are reached where they are – and who are in some cases too frail to journey to the Clinic, or afraid to come forward or that may require other forms of support from Topsy.

The work of the Community Outreach Programme is carried out through 3 interdependent projects:
- Home-Based Care (HBC) Project
- Orphaned and Vulnerable Children (OVC) Project
- Vegetable Gardening Project
Home-Based Care (HBC) Project

This programme reached approximately 2337 adults and 129 children per month from April 2012 – March 2013. One of the foundational pillars of the Community Outreach Programme is the Home-Based Care Project. Topsy has created an inspired, professional, efficient care service that has been recognised for the unrivaled commitment they demonstrate. The model for the Home-Based Care Project was a major inclusion in the establishment of best practice in this field, as determined by the state appointed NICDAM (National Institute for Community Development and Management) study in 2011.

Home-Based Care comprises:
- Care of patients and education – for those who are too ill to travel, and for their relatives to ensure adequate care is being maintained.
- Medical assessment – to introduce HIV Counselling and Testing and to assess the care required.
- Medicine delivery and education – to ensure adherence and patient co-operation and to provide support.
The number of Orphaned and Vulnerable Children (OVC) in South Africa is shockingly high, at +- 2 million. Some of the rights of Orphaned and Vulnerable Children that can be violated are: Food and food security; Health; Shelter and protection of property and inheritance; Parental love, care, and nurturance or appropriate alternative care; Education; Play and recreation; Identity; Protection from abuse; Protection from child labour; Participation by children in the decisions that affect their lives. As a result, there is a need for concentrated effort to reverse the impact of HIV and AIDS on children and ensure the restoration of their dignity and well-being. Topsy's Orphaned and Vulnerable Children Project seeks to do this through interventions such as:

- Strengthening and supporting the identification of OVCs within the organization, schools and community. Provide psychosocial and spiritual support to OVCs and their families through:
  - providing counseling sessions
  - organizing trips once a year for OVCs depending on the availability of finances.

- Providing material assistance to OVCs and their families through:
  - food parcels every month;
  - school uniforms at the beginning and middle of the year depending on the identified need;
  - vegetable gardens;
  - clothing for children if and when available.

- Providing academic support for OVCs through:
  - motivational and/or career guidance days for grade 11 and 12 learners at the time suitable for the whole organization as well as the concerned children, preferably within the first and second semester;
  - assisting exceptional students pursuing tertiary or university education to acquire needed financial assistance.

During the year an average of 90 households per month were helped through this project, and on a monthly basis over 187 children were assisted through Topsy’s services.

These most vulnerable beneficiaries in the Orphaned and Vulnerable Children Project also received vital emergency food parcels.
Vegetable Gardening Project

Topsy’s Fieldworkers provide emergency food parcels to those in need, ensuring that those most vulnerable are able to build up their strength through proper nutrition, and are assisted with the responsibility of feeding their families. In these cases families are also required to sign on to the Vegetable Gardening Project to both supplement the food parcels, and also to increase their involvement in improving their circumstances.

There are 196 individual gardens as at March 2013, with 395 adults and 304 children benefitting from them per month. There are 14 communal gardens, with 110 adult beneficiaries and 2714 child beneficiaries.

As mentioned, the Vegetable Gardening Project is also closely linked with the OVC Project. As our knowledge of what it takes to bring health and sustainability to families living in our impoverished rural communities has developed over the years. Topsy came to see that one of the missing ingredients was a secure source of nutritious food. So the Vegetable Gardening Project was born.

Beneficiaries are helped by Topsy’s trained Vegetable Gardener and Fieldworkers to demarcate, develop and plant a vegetable garden at their home.
The free Topsy Comprehensive HIV and AIDS Care Clinic (CHACC) Programme was established in September 2006 at the Topsy Sanctuary, which serves to provide care and treatment, specifically involving antiretroviral therapy to identified and eligible members of the community. The clinic team consists of medical staff and social workers, all of whom have received the appropriate, specialised training.

On the first visit to the clinic the medical professional will make sure all relevant results are available and stage the client according to WHO staging. The client will be referred to the social worker to start readiness counselling. The social worker then will determine when the client is ready for ART after at least 3 sessions. During this time Topsy provides prophylaxis for opportunistic infections, as well as treatment for any acute infections.

The client is seen by a medical professional and social worker every two weeks (or monthly thereafter) for the first 3 months. Adherence checks are undertaken, e.g. pill count. The social worker does adherence counselling.

The families caring for children are visited daily for at least one month upon commencing treatment during which the trained fieldworkers ensure that the caregiver administers the medication correctly. Each dosage given must be charted. After that they are visited regularly to follow up. This enables the Topsy Foundation to deal with all social and medical problems as soon as they arise.

The total number of patients on ARV treatment from Grootvlei Ext 1 is 239; Siyathemba 586; Qalaboyjha 741; Nthoroane 267 and Cornelia is 259. The number of patients on ARV treatment from other communities (for example Frankfort, Johannesburg, Meyerton, Staff members etc.) is 248 per month as at March 2013.

The projects within the CHACC Programme are:
- Provision of ARV Therapy (ART)
- HIV Counselling and Testing (HCT)
- Prevention of Mother to Child Transmission (PMTCT)
- Tuberculosis (TB) Treatment Cervical Cancer Screening
- General care for HIV and AIDS patient
Provision of Antiretroviral Therapy ARV (ART)

Offering and monitoring treatment to our patients is a very administratively and professionally demanding service. Efficiency and effectiveness are ensured via careful data-capturing and regular follow-up consultation with patients.

The average number of adult patients on ARV treatment at Topsy’s Clinic is 2193 per month as at March 2013. The number of children on ARV treatment is 149.

Topsy’s excellent adherence rate and exceptional level of treatment is once again due to the sound structure of service delivery in this regard. For the first 3 months of treatment each patient is seen by a Topsy Medical Professional and Social Worker 1 to 2 times per month. Charts are updated with relevant results and pills are counted to ensure that the patient understands their medicine routine. Adherence counselling can even involve implementing supportive systems for illiterate patients to be able to manage their dosage regime.

With all going well after the first 3 months of treatment, the viral load is measured again, medication adjusted and the patient continues on with the next 3 months of treatment. Antiretroviral therapy is not a one-size-fits-all prescription, and so great care is taken to meet the individual patient’s needs. Topsy aims to ensure that patients can achieve an undetectable viral load at 6 months of treatment – which we have achieved with 80% of our patients. This is a very important strategy to reduce infectiousness of patients, and so the prevalence of HIV infection in the community.

Topsy also offers Post-Exposure Prophylaxis (PEP) to staff and community members who have identified a potential risk of infection, such as an accidental needle-stick injury. This service includes pre and post test counselling, the provision of medication and aftercare.
HIV Counselling and Testing (HCT)

Through meetings, campaign days and events, and initiatives with local groups and farms Topsy consistently creates opportunities for community members to enter into HIV Testing and Counselling and as a result we achieved an encouraging total of 2,657 people being tested during this reporting period. That means 2,657 opportunities for healing to be offered, positive changes to be made and support to be given.

The vital piece connecting everything that is possible to achieve in conquering this epidemic is knowledge of HIV status. This is due not only to the knowledge itself giving the individual power – but it also means that at some point they have engaged with an organisation such as Topsy.

When an individual comes forward to be tested there are a number of important opportunities available. This is where a relationship can be formed, and good results realised. Topsy takes this opportunity very seriously.

Each person who takes ownership of their status, treatment and lifestyle choices has a tremendous and compounding impact on their community.
Prevention of Mother to Child Transmission (PMTCT)

Globally, South Africa is one of only 12 countries where child mortality has increased since the 1990s. With the current treatment and counselling plans available, it is possible to really turn this situation around, by:

1) Preventing babies from contracting HIV from their mothers and

2) Ensuring that HIV positive children receive proper treatment.

Topsy follows both lines. The approach to prevention of mother to child transmission is done with great care and efficiency. There is an end-to-end process which takes into account the specific needs and situation of each expectant mother in our programme. The project assists patients to ensure that their child is born HIV negative, and remain so through the correct practice of feeding etc.

Topsy has also implemented specific monitoring through the PMTCT register, which provides a holistic overview of the patient’s experiences and needs. This has lead to improved documentation and statistical reporting.
It is well known that Tuberculosis is highly connected to HIV and AIDS in South Africa. Topsy has always aspired to offer a holistic HIV and AIDS and TB service. We are now completely able to provide this – from precise diagnosis via sputum and X-Ray testing through to internally monitored treatment with high adherence. During this reporting period an average of 106 chest X-Rays were done per month; with an average of 27 people beginning TB treatment per month.

Being able to offer this to patients prevents lapses in treatment and delays in achieving results, which may arise if the patients had to seek help elsewhere. It is always wonderful to be able to offer very sick patients the treatment they need immediately.

The other highly correlated illness with regards to HIV and AIDS is Cervical Cancer. In line with our holistic approach to healing and care, the need for screening is apparent. Now the first 2 levels of diagnostic screening can all be handled within the free Topsy Comprehensive HIV and AIDS Care Clinic Programme. The first is the Pap Smear and the second level is the Colposcopy. The importance of this offerings cannot be underestimated. It is more than a convenient optional extra. Patients are able to immediately seek appropriate treatment because we have closed the gap for them.

During this reporting period an average of 53 women monthly were screened for Cervical Cancer.
General Care and Management

A consistently high level of general care is given throughout the clinic. These elements of general care serve to not only enhance the effectiveness of clinic projects but to holistically address deficiencies in the community:

- The general poverty and hunger of our beneficiaries means that adequate nutrition is a constant struggle. Provision of patient food is one way in which Topsy deals with this. Patients visiting the Clinic will receive 2 wholesome meals prepared in our kitchen. Meal supplements will also be provided where necessary. ARV medication cannot be taken on an empty stomach.

- Public transport is prohibitively expensive in our under-resourced communities. Due to this reality Topsy offers a free scheduled centralised transport service to and from our Clinic.

- Exceptionally efficient and effective Clinic management is a priority and focus. Cleaning, housekeeping, building and grounds maintenance, etc. Visitors and patients always comment on the obvious level of care that is taken in everything that Topsy does. Through experience and community involvement it has become clear that these support mechanisms do more than enhance our services – they make them possible and relevant.
Topsy is very honoured to provide our communities with our Skills Training Programme. It contributes to the 3rd spoke in our holistic wheel of support of medical, social and economic intervention. We do this by way of 2 social enterprise projects for women in our underresourced communities. These are as follows:

Skills Training Programme

The importance of providing such projects is manifold. Through the completely non-profit operation of these projects, women are given a vital opportunity to learn a skill and be supported in the development of that skill. Limited employment options and inadequate infrastructure for normal entrepreneurship in our areas of operation, make our Skills Training Programme specifically relevant to the people we help. They are provided with all the tools and materials necessary to create these high quality goods to earn a salary through Topsy purchasing the goods from them directly. These are then marketed and sold locally and internationally through our Head Office in Johannesburg. All income received is put right back into the running of the project.

Beautifully hand crafted Christmas themed placemats, which were made collaboratively by both the Shukushukuma Beaders and Tinyiko Seamstresses.
Shukushukuma Beadwork Project

The beautiful meaning of the name of this project is ‘Busy Hands’. The beadwork project began in 2002 and has grown over the years from strength to strength. 128 women have gone through the training, and at any one time there are an average of 15 full-time beadworkers producing intricate designs. An average of 2 619 beaded items per month were sold through this time. Overseen by a well-known beadwork artist Christine Fischer, the work produced is of a very high standard.
Flowing from the success of the beadwork project, the non-profit sewing project was born. The name Tinyiko was given by the first facilitator for the group, (who has since passed away) – it means ‘special gift’.

Overseen by social enterprise expert Tina Craig of ilithuba, this project aims to bring beautiful shop-quality sewn items to the customer. Gone are the days when an item should be bought simply to support the charity in question. The new path of social enterprise and development means that projects like Tinyiko are empowering disenfranchised women to be able to produce goods that are bought based on their local relevance, creative design, professional finish and special handmade quality. An average of 341 sewn items per month were sold through this reporting time period. This project continues to have big hopes for expansion.
In an effort to better convey the real life impact of HIV and AIDS we have conducted interviews with 2 of our trusted Fieldworkers. From their honest and revealing testimony you will gain further insight into both the reality of life with this illness and the help that is required:

**Maria’s Story**

1. What were your personal challenges before attending the Topsy clinic?
   *I did not have money because there was no one working in my house. There was no food, I had no treatment and was very sick at the time. My child was sick. We did not have much clothing to wear.*

2. How did you overcome these challenges?
   *I overcame this by attending the Topsy clinic. I got medical assistance and my child also got assistance. After this I volunteered at Topsy and with this I introduced many people I knew to the clinic so that they also could get assistance.*

3. What type of counselling did you receive at Topsy?
   *I got a very high standard counselling which assisted me in accepting many things about my life and helped me to confront many things. I also got consoled about my child’s status as a result I could be there for her. I also learned to love myself and also to be adherent to treatment.*

4. What pushed you to be a fieldworker?
   *Because of the kind of attitude and treatment I received at Topsy I got the courage decide to work with terminally ill patients at Topsy. I lost many relatives due to HIV; I also had many who did not want to take treatment properly. I felt an urge to be a fieldworker due these reasons - so that I could make a difference in somebody’s life.*

5. What gives you hope now?
   *I learned a lot at Topsy and that gives me hope. I also would like to become a Social Worker. I want to retire still working for Topsy.*

6. How has your life changed since you received treatment at Topsy?
   *My life has changed a lot. The treatment has suppressed the virus in my body. I am healthy and well able to do a lot that I couldn’t do for some time.*

**Thandi May’s Story**

1. What were your personal challenges before attending the Topsy clinic?
   - I was receiving medication in hospital and I always had to borrow money for transport every month to fetch my medication.
   - When I arrived at hospital I had to wait in the queue for 5 hours before I could get my medication and I had to buy extra food to eat at that time.
   - If I didn’t have money for transport, I would have to skip the date and default in my treatment.

2. How Did you overcome these challenges?
   - In Greylingstad I heard about the Topsy Foundation and I found that there is transport to go to the clinic in Grootvlei.
   - I joined the clinic and every month on my return date I had the transport to go and fetch my medication for free.
   - Each time when I arrived at the Topsy clinic I received a breakfast porridge and then soup and bread for lunch – so I don’t have to borrow money anymore. Since then I never looked back – there was no more defaulting.

3. What kind of counseling did you receive at Topsy?
   - The counseling I received at Topsy was the best counseling I have ever received in my life.
   - I started to see; how beautiful I am, and I released the pain that I had for so many years.
   - I use to live in quiet desperation, but today I am healed inside and I don’t worry about people judging me.

4. What pushed you to become a fieldworker?
   - I pushed myself to become a fieldworker because the counseling I received from Topsy healed me inside.
   - I decided to help other people, because the first counseling I receive in hospital was just a talk-show not truly healing.
   - Today I understand and I know the difference. I can heal the patient inside because I know what am I talking about.
   - Today I am a strong woman physically and intellectually, and I know how to keep my life in order. Even with tears in my eyes, I can manage to say I’m ok with a smile.

5. What gives you hope now?
   - Since becoming a fieldworker at Topsy I learned so much. Every day I learn something new in my job.
   - Topsy give me hope in my life and I discovered who I am.
   - My primary goal is to help mothers to learn more about how to protect their children. I hope one day I can be a Social Worker to heal the patient even more.

6. How has your life changed since you received treatment at Topsy?
   - My life has changed so much. I can see the beauty of myself
   - Today I am spreading the spirit of Ubuntu (South African concept that each person is responsible for caring for each other person because we are one and the same) meaning that people can depend on the treatment.
   - I learned that if you heal inside, then treatment can heal you too.
   - Everything has changed for me. I live a normal life now - since I received treatment at the Topsy clinic.
Julia, (not her true name) is a 54 year old woman from a rural area in Nthoroane, Greylingstad. She started attending at the Topsy Foundation in 2008. She saw that her health was not improving in spite of seeking services from different service providers and decided to approach the then fieldworkers who assisted her with acquiring medical and psychosocial services at the Topsy Foundation.

Upon arrival Julia was tested for HIV and later started on antiretroviral therapy. She says that since that time her body has been well and she is now able to live a normal life and feels healthy.

She has been receiving food parcels and vegetable seeds from Topsy Foundation. Though her right eye is partially blind since 2008, Julia diligently works on her vegetable garden which is a source of food for her and her family.

Julia is grateful for the medical and psychosocial assistance she and her family have been receiving at Topsy over the years.
Precious Thank You Letter

There is perhaps no better way to demonstrate the impact of Topsy’s work on a family than to share with you an encouraging and beautiful thank you letter:

Topsy you are a mother, you are a sister, you are a parent. I thank you because I’m alive, you encourage me. Thanks for everything you have done to me & help other people like me. I will always love you, respect you & cherish you.

MARRY XMAS 4 EVERYONE & ENJOY THE PROSPEROUS NEW YEAR.

FROM: TOOTETSI’S FAMILY
This is about Gogo Patience (not her true name) in the words of her Social Worker, Heleen Venter:

“Patience is a grandmother of two children and the youngest one is a patient here at Topsy. The children's mother passed away 3 months ago. They are extremely poor and it is so cold in their house.

I wanted to share something very remarkable which I have never seen before. Patience is 70 years old and as you can see in the photo, she is disabled. She walks with great difficulty and the only way she can move around is with this two old crutches. It looked as if she may have had Polio when she was little. Yet with all of this - you must see this lady taking care of her two orphans. When she does their washing she fills a bucket of water, puts it on her head and starts walking with this very heavy load and disabled legs with two wooden crutches, to the outside of her house to work outside on the grass. It seems effortless, and she did it perfectly, but can you imagine the weight and burden for this old Gogo to just do a normal daily task.

She is always so thankful and an example for so many people. She loves these two grandchildren so much, and taking care of them in such a simple but special way.

Today we gave the little girl some warm clothing on her visit to the clinic (note the hat and scarf in the picture) and to the family 3 double bed blankets. They were very, very happy. Life is not always fair but full of lessons for those who are experiencing a situation, and sometimes even more for those who observe the situation.

These are the lessons that I see. I choose to learn and try to be someone better than I was the day before. Topsy changes me every day. I thank God for it.”
There were some significant changes during the year at Topsy UK. Our first and generous Patron, Charlotte Church resigned to pursue a new direction in her career; as did our Development Manager and Company Secretary, Sian Venturotti. Mindful of the need to control expenditure tightly, particularly in the current financial climate, the Board decided not to replace Sian and to manage the Charity themselves by voluntary effort. We were fortunate to obtain the voluntary services of a new Company Secretary. Topsy UK was fortunate in strengthening the Board by the welcome election of a new member, Rob Burlison.

Rodney Waldeck and another Trustee, Michael Attwell, were both able to visit the Clinic in Grootvlei to discuss developments, meeting key staff members and Directors of Topsy SA.

The economic climate did not make raising funds any easier. Nevertheless, there were heartening efforts, some of which are highlighted below. We were able to send a total of ZAR 53,200 to Topsy South Africa.

- For World AIDS Day, students from Leicester University again made a valuable contribution by selling beadwork items produced by Topsy.
- Donor Colin Dudgeon of Stowe School made a significant contribution to Topsy by completing a sponsored London to Paris bike ride.
- Katie Coomber and Liz Schofield, on a visit from the UK to South Africa, completed sponsored bike ride and, in so doing made a handsome contribution to funds.

Being able to serve the beneficiaries is what motivates all Topsy staff.
## Audited Results
for year ended 31 March 2013

**STATEMENTS OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>43 000</td>
<td>812</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(1 689 277)</td>
<td>(1 350 354)</td>
</tr>
<tr>
<td>Comprehensive HIV and AIDS Clinic</td>
<td>(18 396 535)</td>
<td>(19 549 710)</td>
</tr>
<tr>
<td>Orphan Care Development programme</td>
<td>(1 386 474)</td>
<td>(1 399 464)</td>
</tr>
<tr>
<td>Home-based care</td>
<td>(747 230)</td>
<td>(749 808)</td>
</tr>
<tr>
<td>Beadwork</td>
<td>(807 046)</td>
<td>(707 067)</td>
</tr>
<tr>
<td>Sewing</td>
<td>(783 403)</td>
<td>(686 956)</td>
</tr>
<tr>
<td>Vegetable Garden</td>
<td>(199 569)</td>
<td>(197 892)</td>
</tr>
<tr>
<td><strong>OPERATING (LOSS) PROFIT</strong></td>
<td>(43 441)</td>
<td>309 924</td>
</tr>
<tr>
<td>Finance income</td>
<td>111 658</td>
<td>61 510</td>
</tr>
<tr>
<td><strong>PROFIT FOR THE YEAR</strong></td>
<td>68 217</td>
<td>371 434</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</strong></td>
<td>68 217</td>
<td>371 434</td>
</tr>
</tbody>
</table>
# Statements of Financial Position

as at 31 March 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>256 944</td>
<td>247 101</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3 743 963</td>
<td>4 062 336</td>
</tr>
<tr>
<td></td>
<td>4 000 907</td>
<td>4 309 437</td>
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<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2 874 523</td>
<td>2 534 319</td>
</tr>
<tr>
<td></td>
<td>6 875 430</td>
<td>6 843 756</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 875 430</td>
<td>6 843 756</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other payables</td>
<td>146 006</td>
<td>182 549</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
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<tr>
<td>Accumulated Funds</td>
<td>6 729 424</td>
<td>6 661 207</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY AND LIABILITIES</strong></td>
<td>6 875 430</td>
<td>6 843 756</td>
</tr>
</tbody>
</table>
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