



PROGRESS UPDATE

October 2020



This report covers the period from 15th July to 30th September

Hope Park Infant Health Unit (Clinic)

After a member of staff tested positive for Covid 19 in July, the clinic unit closed for 5 days for disinfection. The staff member went into self isolation, her colleagues were tested and our senior nurse and manager was not exposed during that time as she was on leave.

The main clinic in Munsieville had several cases of Covid 19 and had to close for two weeks. During that time our small unit was the only access point for health services in Munsieville. I am happy to report that the whole team is in good health now.



In August 2020 the number of vaccinated children went past the 10,000 mark. On 31st August the total was 10,142 of which about 85% of the vaccinations were given to the cohort of 0-5 year olds. The vaccinations include polio and tuberculosis for babies, rotavirus, diphtheria, whooping cough, tetanus, pneumococcal disease and measles/mumps/rubella for 8 weeks-18 months olds. They also vaccinate against chickenpox at a later stage (5-7).

I am attaching a short article from the Lancet showing that *The deaths prevented by sustaining routine childhood immunisation in Africa outweigh the excess risk of COVID-19 deaths associated with vaccination clinic visits, especially for the vaccinated children. Routine childhood immunisation should be sustained in Africa as much as possible, while considering other factors such as logistical constraints, staff shortages, and reallocation of resources during the COVID-19 pandemic.* We are exceptionally happy to be able to contribute to it.

Child Health Unit/ Teenage Health Unit

All units in Hope Park are well used and now nearing capacity. The Department of Health is getting more involved which is very encouraging. Over the past 18 months our senior nurse sister Makoti had a team of 12 community health officers from the main clinic reporting to her every morning. They then went into the informal settlement for door to door visits to promote vaccinations and encourage families to get tested for HIV. This was very successful, so subsequently an HIV counselling team was placed in the Child Health Unit Monday to Friday 8:30-13:00. The evidence that community based HIV programmes in South Africa are more effective than the plain distribution of ARVs has increased greatly over the recent months. Please find attached a Lancet article covering it. It is really encouraging to see that we are on the right way.

Our stakeholder Victim Empowerment also operates from the Child Health Unit Monday to Friday 9-13 h. The Teenage Health Unit has more flexible hours for FAMSA (social workers) and a programme dedicated to fatherhood and boys.



NRF Nutrition Unit

Another encouragement came again from the Dep. of Health. A nutritionist now operates from the NRF Nutrition Unit every Friday taking referrals from the clinic.

Gladys, our Nutrition Officer started her workshops at half capacity in September which was also well received. She will continue with those workshops as they can be conducted socially distanced, and as the temperatures are rising, will be outdoors.

Our community feeding scheme during lock-down has been a great success. We were able to feed about 300 kgs of brown beans and split peas as well as 250 litres nutri-porridge and fresh vegetables per month to the community. For the month of August that covered 548 children, 868 women and 179 men plus their families.

We are looking at reducing this now as the economy is slowly opening and some people can go back to work. However we will help where necessary.



E-zone/spinach farm

The extension of the farmland and growing produce for sale is the first transition project we have picked up after South Africa went to lock-down level 1 at the end of September. Our infrastructure was sufficient to farm a part of the land, but scaling up the amount of vegetables grown requires more space. The team cleaned the part up the hill, Mogale City supported with a tractor. We still share the area with community members. They generate income and we are a little more protected against burglaries and vandalism. Our market is the primary schools in the area, any guesthouses that are open, the local market in Krugersdorp and old people's homes. This is a trial to understand the market and test sales prices.



One of the challenges in the area is water supply when it does not rain. We have one 10,000 litre water tank which gets filled free of charge by Mogale City. This can sometimes take long and lead to longer dry periods. Also, the lower part of the fields are currently being watered with watering cans. For the upper part we get water from the neighbours and connect a hosepipe.

Mogale City is open for applications until the end of October. We are applying for 2 more tanks, one polytunnel, tools and an irrigation system. We know they have funded projects like this in the past and I desperately want to involve them more and get more support as we are looking at our transition.



Early Childhood Development (ECD)

Our ECD programme has always been at the heart of the Thoughtful Path and will be part of the transition process. The first programme we aim to re-open is No Child Left Behind. Due to its outstanding success in the past and the very encouraging decision by the Dept. for Education to allow foreign children to now graduate from school, we are in the process of registering the Fhulofhelo Centre as an ECD centre. This is necessary for the following reasons:

- 1) Enables TPM to receive gift in kind support for food, tools and learning equipment from Mogale City and District
- 2) Conditional to resume our programme
- 3) Positions TPM as a lead organisation in ECD as we are well known and trusted and other ECD centres are struggling severely to re-open.

A safety officer from the DSD visited the Fhulofhelo to give advice what changes to our structure are required so our registration is successful:

- 1) Separate the building with a fence from the rest of Hope Park. This is to ensure that children do not mix with other visitors without supervision.
- 2) Several internal divisions according to age groups and changes in the kitchen.
- 3) Safety Certificate from registered engineer.

We are writing the business plan and look at what would be required as investment which I will present when complete.

As the year is ending, none of the ECD centres in Munsieville is currently operating. 4 of over 30 centres tried to open in September but only about one third of the children came back. The main reason is that the schools in Munsieville teach children on a rota of about 2 or 3 days per week to ensure enough space in the classrooms. This means the children are at home for the other days and parents expect them to look after their younger siblings instead of sending them to a qualified ECD centre. This is very worrying as it takes away the best possible care and stimulation from children, something we have worked so hard for, we really need to avoid this to become the norm.

At the moment No Child Left Behind operates on a play group basis to encourage children back to the centre.

