Annual Report

2014

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About HIVSA

HIVSA, a non-profit organisation, was established to develop and implement innovative programmes to improve the lives of people and communities infected and affected with HIV and AIDS in the greater Soweto, Orange Farm and Sedibeng region of Gauteng Province in South Africa, serving an estimated population of 3,5-million people. HIVSA is acknowledged by donors and international funders alike as being an ethical organisation that is capable of delivering high-level standards of service. HIVSA's formation in 2002 was conceptualised in the pre-treatment era and played a critical role in advocating for access to treatment for all at the time. Since then, there has been an increasing acknowledgement that while treatment is critical, so too is psycho-social and other forms of support.

We recognise that HIV and AIDS do not exist in a vacuum and that there are multiple psychological, socio-economic and environmental factors that impact on the spread of HIV in communities. These include poverty, challenges in public healthcare provision, and a lack of information and knowledge to improve healthy decision making - to name a few. Our work has grown and developed over the past decade to incorporate this understanding and various developments in the sector, and this is reflected in our vision.

VISION:

HIVSA and our partners empower individuals, organisations and communities by developing their capacity and resilience to effectively address psycho-social and health issues related to HIV and AIDS, and contribute to an HIV-free generation.

Our strategic objectives supporting this vision are to build capacity of those working in the Health and Social Sector with a focus on the following areas:

1. HIV Prevention, Treatment, Care and Support
2. Orphans, Vulnerable Children and Youth (OVCY)
3. Supporting sustainable community-based organisations (CBO) with a strong emphasis on organisational and management development
4. Using innovative technology such as mobile phones and social media to increase awareness. We provide education to encourage social and behavioural change through fresh and youth-oriented communications strategies

HIVSA is an accredited Health and Welfare Sector Education Training Authority (HWSETA) training provider, and a strategic partner of the Gauteng Provincial Departments of Health (DoH) and Social Development (DSD). We specialise in designing, implementing and monitoring Health Systems and Community Systems Strengthening initiatives and programmes to mitigate the negative impact of HIV, and create an HIV-free generation.

Message From The Executive

I was recently privileged enough to attend a talk at the University of Johannesburg entitled *Nelson Mandela: The Champion Within.* The guest speaker, Ahmed Kathtrada – or 'Uncle Kathy' as many of us know him – spoke with a passion that moved me.

An inspirational speaker, he spoke about being part of the Rivonia Eight, sentenced to life imprisonment with the likes of Nelson Mandela, and how he and the group were strengthened by their belief that they would overcome the situation they were faced with for one simple reason: they could not do otherwise. They simply did not entertain the notion that any other option was possible. I suppose this is because they understood that they had truth and justice on their side.

What struck me the most during the time that this humble and dignified man was speaking, was that these men represent something very significant for us all as we go about our daily lives and work. They remind us that we all need to practice sacrifice, leadership, respect, integrity, commitment and humanity every single day if we are going to create a healthy, united, equal and just society.

We still have a long way to go and have much to do, but (and there is always a but) it is within our power to make a difference. It all starts with each one of us: right here, right now.

Nobody said it better than the late Nkosi Johnson when he said: *"Do all you can with what you have, in the time you have, in the place you are."*

These words certainly inspire each of us within HIVSA to strive to do the best we can all the time. I hope these words move and inspire you too.

Jean Armstrong
Chief Executive Officer HIVSA

HIVSA Board Of Directors

JEAN ARMSTRONG

Jean has a BA Honours Degree, majoring in psychology and community development. She is working towards her Masters Degree on the social aspects of HIV/AIDS. Jean has 15 years' NGO programme management experience in the development sector. She has a particular focus on early childhood development (ECD), training and community-based support programmes.

MARIUS DU PLESSIS

Marius joined HIVSA in 2013 after several years in the Audit and Accounting sector where he worked with numerous non-profit companies in the Western Cape and Gauteng, providing impeccable and invaluable financial support and guidance. As a member of the South African Institute of Chartered Accountants, his experience and support have been well received in a sector where compliance and sound financial decisions are of the utmost of importance.

ANDISWA HANI

Andiswa has a Master's Degree in Public Health. She has extensive experience in this arena, having worked for almost a decade in the field with many varied development agencies in South Africa. She has extensive experience in applied monitoring and evaluation (M&E) of HIV/AIDS programmes in the region and was a regional M&E specialist for the BMS Secure The Future Community Treatment Programme in Southern Africa. Andiswa was one of a team of consultants who worked on the Mid-Term Review for the SA HIV/AIDS 2007 to 2011 NSP, and was also an integral member of the team working on the SA UNGASS report.

FATIMA MAYAT

Fatima holds a Bachelor of Pharmacy degree and carried out her internship as a pharmacist at the Chris Hani Baragwanath Hospital. From 2001 to 2003, she held the position of senior pharmacist at Afrox Hospital Limited and in 2004, moved to the Perinatal HIV Research Unit (PHRU) as senior pharmacist. She was soon promoted to pharmacy manager and in 2006, joined PPD as a senior clinical research associate. She currently holds the position of Director: Clinical Operations and Strategic Development at the PHRU.

GLENROSE LINDIWE DLAMINI

Lolo graduated in 1993 with a Masters Degree in Social Work, practicing in both the public health and social development sectors for the past 17 years. She has specialised in gender mainstreaming and governance issues, and has extensive involvement and experience at an operational, strategic, policy development and management level. In addition, she is a consummate professional who has shown expertise in the areas of social entrepreneurships and social economy from a lecturing, mentoring, support and social action point of view.

2014: The Year In Review

South Africa has achieved much in the past decade and we now have the largest anti-retroviral treatment rollout programme in the world with over 2,4-million of the 6,4-million infected South Africans on treatment. It is the Government's intention to up-scale this substantially in the near future. This access to treatment has done much to reduce the stigma related to HIV, and many people now view HIV much like any other chronic disease. Life expectancy has also increased by five years since the height of the epidemic. These efforts have been largely financed by our own domestic resources and the country now invests more than R10-billion annually to run its HIV and AIDS programmes.

Despite this success, the truth is that we have not won this war yet. According to the most recent HSRC report, we had 469 000 new HIV infections in 2012, many of them young people. As much as 79% of South African's do not think that they are at risk of HIV, 30% do not know the facts about HIV transmission and only 36% of people use condoms consistently. All these statistics are preposterous in a county that has the worst HIV epidemic in the world!

The release of the 2012 HRSC report this year was a wake up call for many. While South Africa boasts the largest ARV treatment programme in the world, it is clear we have failed when it comes to the prevention of HIV.

As many as 1 500 people are infected with HIV daily in South Africa. Adolescent girls and young women aged between 15 and 24 year bear the brunt of the disease, with 300 new daily infections in this group. It is critical that we move away from treating HIV as a generalised epidemic and provide interventions to support at-risk groups such as these. Much more needs to be done in terms of prevention and addressing the social economic determinants of HIV.

There is growing acknowledgement that there needs to be better co-ordinated, integrated and innovative approaches which focus more on at-risk groups, HIV prevention and behavioural change. Over many years, HIVSA has developed a strong team able to design, implement and monitor a range of interventions that address these critical development areas.

Improving Health of Communities
- HIV Prevention, Treatment, Care and Support

Linking communities to HIV treatment, care and support through HIV Counselling and Testing Improvement project

AIM:

To promote and improve the quality of HIV counselling and testing (HCT) to strengthen HIV prevention and create easy access to treatment

OBJECTIVES:

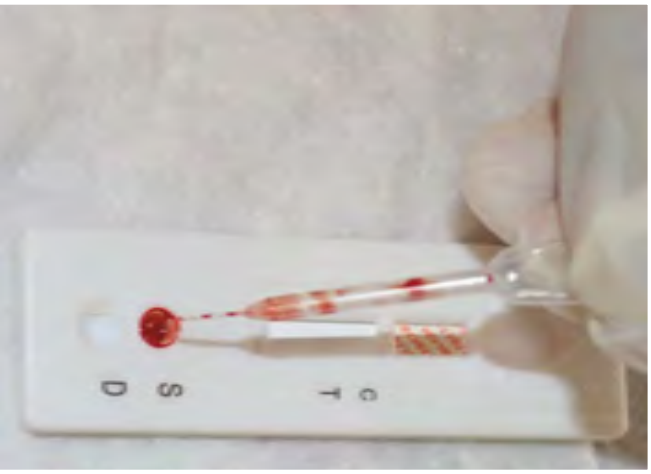
- Ensure that appropriate and standardised HIV testing and counselling is provided at healthcare facilities
- Increase the uptake of HCT services

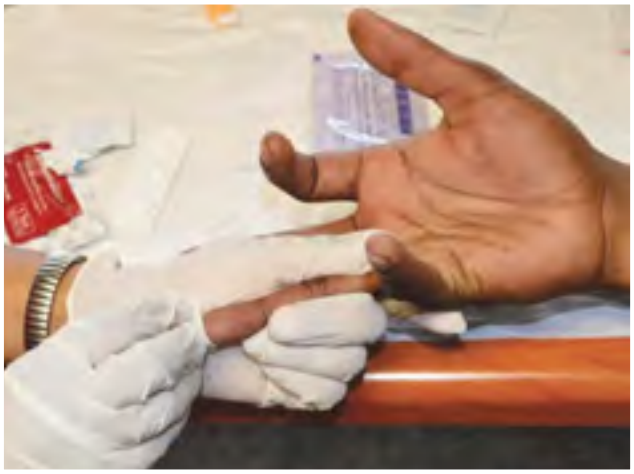
BENEFICIARIES:

35 healthcare facilities within the Gauteng region, including HCT facility managers, lay counsellors and mentors

Background:

Since its inception, HIVSA has been commited to working towards creating an HIV-free society. The organisation is passionate about ensuring that everyone living in South Africa has access to compassionate, effective and targeted information and support in the fight against HIV and AIDS. As a result, every effort is made to ensure appropriate training and support is given to those working in and around healthcare facilities in their approach to the prevention and treatment of those infected and affected by HIV and AIDS.





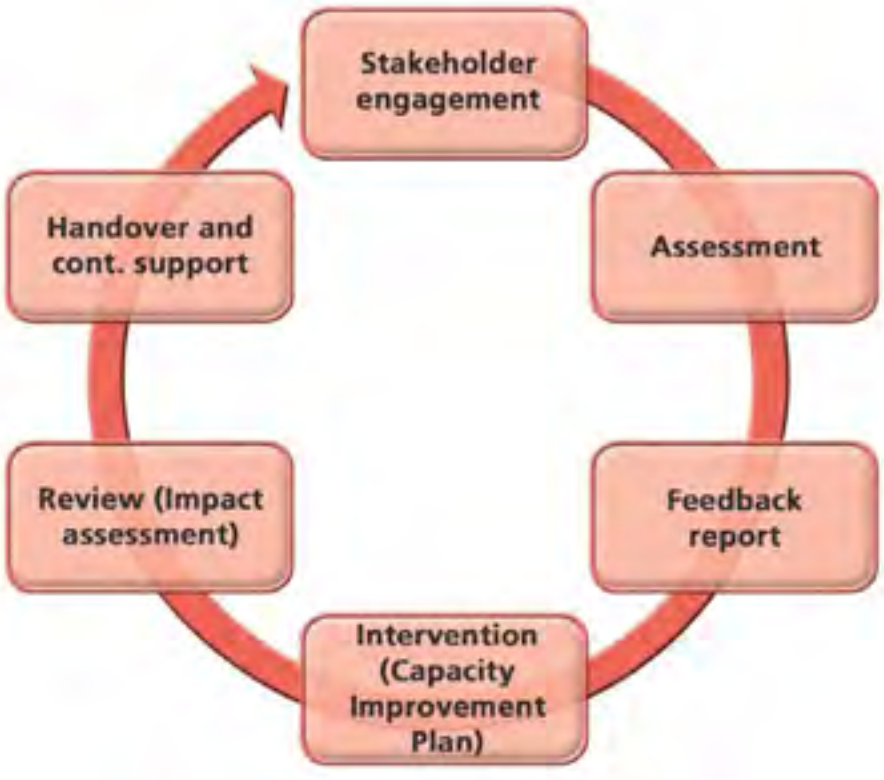
In April 2010, The South African Department of Health (DoH) launched a countrywide HIV counselling and testing campaign targeting 15-million people in South Africa. Gauteng province had a target of 3,4-million people to be tested for HIV by March 2011. Almost 3-million people in Gauteng were tested during this time. Working with and capacitating various community partners, HIVSA tested 30 000 people as part of the organisation's response to the national call.

Since the National HIV testing campaign, HIV testing in Gauteng has been on the decline, with the testing rate for the financial year 2012/13 reaching only 36% of its targets. In the post campaign period, HIVSA has worked to improve HIV testing quality standards at healthcare facilities. Assessments reveal many issues compromising quality including: not following the proper serial testing algorithm; lack of utilisation of HCT guidelines and protocols; and a lack of signage to advertise HCT services, to highlight a few. The effect of this is that services are not trusted by community members. Quality is critical to ensure uptake and the culture of people knowing and taking responsibility for their HIV status. HIV testing is critical not only to the prevention of HIV, but also the cornerstone of an effective treatment programme. In recognition of this, HIVSA - supported by USAID and Pepfar through Anova Health Institute - developed a facility-based HCT quality improvement model that aims to promote the provision of quality HCT services that are easily accessible to the public.

The Process:

The HCT Quality Improvement model

The HCT Improvement Project aims to ensure high-quality, standardisation and accessibility of HCT services at facility level, leading to increased numbers of clients being screened for HIV. In partnership with the Gauteng DoH and City of Johannesburg Health Services, HIVSA provides an assessment of HCT services, a skills audit of HCT facility staff, a feedback report to the facilities and regional health management, and interventions in the form of in-service training and mentorship to counsellors as the main providers of HCT services and mentorship and support. The diagram below illustrates the HCT Quality Improvement Project processes.



Results:

Over the past year, the HCT Quality Improvement Project has worked closely with 35 healthcare facilities in the Greater Johannesburg Metropolitan Health district to support HCT services.

At each of these facilities, the HCT Quality Assurance team worked closely with the facility manager, the lay counsellors providing HCT services to patients, as well as other focal personnel providing HCT services to patients. Through this support, (and following the HCT improvement cycle noted above), marked improvements in HCT services have been realised in most facilities, notably:

- More visible HCT signage at the facilities, showing patients where HCT services are provided within the facility
- More informed personnel at the clinic, beginning with the security guards at the gate, who are able to inform patients of the services offered at the clinic and who are able to direct patients to appropriate service points within the clinic
- Highly-visibly, clearly displayed HCT testing protocols in consulting rooms (HCT serial testing algorithm), that clearly indicates to the clinic personnel and patients, what processes will be followed in providing the HIV test
- The quality of HIV counselling provided to patients has also been improved. Patients are now being provided with quality pre-test and post-HIV test counselling, as well as discussions, literature and information relating to ensuring patients who test HIV-negative remain HIV-negative

HCT re-orientation strategy

Due to the decline in testing as mentioned above and at the request of the provincial DoH, HIVSA supported an HCT re-orientation programme for Gauteng that was launched in September 2013 with HIVSA being the primary drivers of the process. The re-orientation was aimed at bringing the importance of HIV testing back onto the agenda of healthcare personnel and making it a priority. The HCT re-orientation strategy was targeted at different cadres of staff including district managers, sub-districts managers, facility managers, mentors and the counsellors. To date, a total of 170 DoH staff from the Johannesburg, Ekurhuleni and Tshwane were involved in the process.

DoH HCT mentor programme

In October 2013 the Gauteng DoH employed 26 new HCT mentors to provide mentorship with the aim of improving HCT performance at both facility and community level. HIVSA's HCT Quality Assurance team was involved in the initial orientation and subsequently monthly review sessions were held with the HCT mentors to collaborate on HCT quality assurance interventions.

Extended Support

Printing of HCT Registers

As part of the continuous support to the Gauteng province, HIVSA printed and distributed 3 500 HCT registers that were successfully delivered to the district provincial office in September 2013. These were provided to ensure that HCT counsellors would adhere to effective and good data capturing practices, and that information gathering would be standardised.

Training and capacity building of personnel

In July 2013, the DoH employed 170 HCT counsellors across the Johannesburg Metro in an attempt to improve quality of service delivery. HIVSA undertook a skills audit of these newly-employed counsellors and delivered training programmes for counsellors concentrating in all areas of operation, and aimed at equipping them with the basic skills and knowledge necessary for them to begin supporting service provision at healthcare facilities. The courses provided included:

- Basic HIV knowledge
- Basic counselling skills
- Pre-HIV test and post-HIV test counselling
- Treatment literacy and adherence counselling
- Rapid Test Training

Following training, HIVSA's HCT Quality Assurance team continued to support and mentor the counsellors at facility level.

Prevention of Mother-To-Child Transmission (PMTCT) of HIV through education and support

AIM:

To strengthen linkages to treatment and support through PMTCT facility-based mentor education and support to prevent the transmission of HIV by HIV positive women to their babies

OBJECTIVES:

- Offer effective PMTCT peer education programmes and support to pregnant women at healthcare facilities
- Empower communities and improve access to PMTCT sevices

BENEFICIARIES:

Ante-natal and post-natal clinics at 15 healthcare facilities in Soweto and Orange Farm
Pregnant and post-partum women and their babies in Soweto and Orange Farm
50 Gogo champions

Background:

As a result of various socio-economic factors and the patriarchal nature of South African society, the most vulnerable group of people served by HIVSA are young, pregnant women and their newborn babies. The rate of HIV in this community is upwards of 30% and in our goal to establish an HIV-free society, offering support to HIV-positive mothers is vital to ensuring that HIV transmission to unborn and newborn babies is eradicated. At the same time, the elderly in society are often the primary care-givers to these infants. This might be as a result of social circumstances where new mothers have to return to work, or because the child has been orphaned. The Gogo Champions Project serves to empower and assist the respected elders of the community in providing much-needed care and support to the children in their care, as well as supporting younger women in their communities.

The Process:

In 2009, with the support of Orange Babies, USAID and Pepfar through Anova Health Institute, HIVSA, established a project to support pregnant women and new mothers to contribute to the global goal of ensuring that all babies are born HIV-free. The project was initially established at ante-natal clinics (ANC) and post-natal clinics (PNC) in facilities in Soweto and Orange Farm, Johannesburg. The area is a high HIV-prevalence rate, with up to 30% of pregnant women being HIV-infected. As many as 70% of these women only find out they are HIV-infected when they attend the ANC for check-ups during their pregnancy. In addition to concerns related to pregnancy, the women then have to deal with their HIV status and ensuring that this is not transmitted to their baby. Our trained peer educators provide group and one-on-one information-giving and support sessions to these women at various points within 15 healthcare facilities in Soweto and Orange Farm.

The following healthcare facilities are supported:

- **Soweto:** Chiawelo CHC, Itereleng CHC, Zola CHC, Tladi, Lenasia Extension 5, Mofolo CHC, Diepkloof, Mandela Sisulu, Meadowlands, Orlando, Chris Hani Baragwanath Maternity Hospital, Lillian Ngoyi CHC
- **Orange Farm:** Lenasia South CHC, Stretford CHC, Imbalenhle

The PMTCT team comprises a professional nurse, mentors and peer educators. The professional nurse gives guidance and support to ensure consistency of messaging and alignment with the National and Gauteng DoH priorities and guidelines, while mentors and peer educators provide information and education to pregnant and post-partum women on how to prevent HIV transmission to their unborn/ newborn HIV-exposed babies. Because of the high prevalence of HIV in these communities, it is worth noting that information and support is provided to all women as often their HIV status is unknown.

Results:

Number of interactions providing PMTCT information in a large group between March 2013 and February 2014:

Group information sessions provide the entry point for pregnant women to access facility-based PMTCT services. The key lesson learned is that group information provides vital information that women and other family members bringing infant children to post-natal clinics are all eager to hear. This information is often the trigger that creates the demand for one-on-one sessions, as many women approach the peer educators for additional information after hearing them deliver the group talks.

Number of one-on-one interactions with pregnant women between March 2013 and February 2014:

Once group talks are conducted with pregnant women at ANC for first and subsequent visits, peer educators provide one-on-one support to all pregnant women as required. Their objective is to support and encourage:

- All pregnant women to test for HIV (particularly when their HIV status is unknown)
- Once their HIV status is known, and if positive, to ask for the single-dose HIV treatment (FDC) and to adhere to treatment for the sake of their own and their baby's health

On average, peer educators provide one-on-one interactions and support to about 3 000 women per quarter, as can be validated by the second graph shown. Peer educators are valued by all facility staff, with pregnant women being routinely referred to them for one-on-one support before being tested for HIV, and before they receive anti-retroviral treatment.

Number of one-on-one interactions with HIV-positive women between March 2013 and February 2014:

One-on-one interactions continue to provide more direct support to empower HIV-positive pregnant and post-partum women with the information necessary to make informed decisions about keeping their unborn/infant children HIV-negative. This support is proving to be invaluable in terms of providing women with the necessary support throughout their pregnancy as well as post-delivery to sustain their decisions about their and their children's health.

In conclusion, peer educators have made a significant contribution to increasing demand for services by clients, and increasing adherence to PMTCT interventions.

The Gogo Champions Project

Elders, generally referred to as Gogos, are respected in the society and children, men and women still look up to them for advice on important matters. The Gogo Champions Project builds on this strength and works with elders in the community to reduce the transmission of HIV from mother to child. With on-going development in the management and treatment of HIV, TB, STIs and opportunistic infections, senior citizens need to be informed on what these developments and changes mean in their daily lives, and how to support their children, daughters-in-law and the community at large.

This is a community health project that works very closely with various senior citizens clubs set up by the Department of Social Development. The project provides targeted sexual reproductive health and HIV and AIDS-related information to 50 senior citizens with the aim of empowering them as custodians of culture and traditions in the families, societies and the community. They are trained to provide accurate and appropriate information on sexual reproductive health and how pregnant HIV-positive women can prevent transmission of HIV to their unborn babies. In addition they promote breastfeeding initiatives and healthy infant feeding methods.

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Training and Skills Development of Counsellors and Healthcare Workers

AIM:

To strengthen HIV services by building the capacity of non-clinical healthcare workers

OBJECTIVES:

- To empower non-clinical healthcare workers providing vital services relating to HIV and AIDS in communities
- Offer accredited and non-accredited training to ensure appropriate and standardised counselling and care services are provided to clients

BENEFICIARIES:

Non-clinical healthcare workers including community health workers, counsellors, peer educators and volunteers

Background:

HIVSA recognises the valuable role played by community healthcare workers (CHW), volunteers and counsellors in the health sector, who support various crucial services such as HIV testing and treatment adherence. More often than not, these healthcare workers have earned the respect of their communities and, as a result, are the first port of call to community members in need. As a result, HIVSA - supported by USAID and Pepfar through Anova Health Institute - strengthens HIV counselling, testing, care and support through the training of counsellors and community workers. HIVSA provides both HWSETA-accredited and non-accredited unit standard aligned training in HIV and AIDS-related courses in support of the DoH's programmes. The courses on offer include Counselling, HIV testing, Community Health, Adherence and other related HIV topics.

Accredited Training Programmes

Further Education and Training Certificate in Counselling (FETC) (NQF Level 4)

The FETC programme was initiated in consultation with the Gauteng DoH and the Regional Training Centre (RTC). The aim was to provide a counselling qualification that would not only equip lay counsellors with the skills needed to function effectively at the facility level, but also contributed to career development for counsellors. The FETC programme runs over a 12-month period, and between March 2013 and February 2014, HIVSA continued this programme with the second intake of 74 learners.

Counselling Skills Programme

The Counselling Skills Programme is a six-month course that covers only the basic skills package of unit standards required for counsellors to function in facilities. The programme was launched in 2013, with a total of 98 learners enrolled to date.

Non-Accredited Training Programmes

Short Courses

HIVSA works collaboratively with the RTC to meet the needs of counsellors requiring refresher and in-service training to improve on existing skills. These are delivered in the format of unit standard aligned, non-accredited training programmes.

During the period under review, HIVSA trained a total of 1 603 non-clinical personnel on its various short courses offered:

	MODULES:
1.	Peer Educator Training includes condom demonstration
2.	HIV Rapid Test Training
3.	Three-day Pre-test and Post-test Refresher course
4.	PMTCT for Health Promoters
5.	Developing a Client ARV Treatment Plan
6.	Demonstrate Knowledge and understanding of HIV and AIDS, other STIs and TB for Counselling purposes and Dreaded Diseases
7.	Counselling an Individual in a Structured Environment
8.	Pre-test and Post-test HIV Counselling
9.	10-Day Basic Counselling Skills Training
10.	Medical Male Circumcision

Results:

A good working relationship has been established with the DoH's Regional Training Centre (RTC) in Gauteng. HIVSA also works very closely with the City of Johannesburg's Health Department, and supports the training of peer educators, health promoters, counsellors and other healthcare workers. As indicated on the previous page, 74 FETC NQF Level 4 and 1 603 non-clinical learners participated in our accredited and skills-based learning programmes. Continued demand for our training has resulted in a need for the HIVSA Training Centre to relocate to a larger facility to expand services in February 2014.

Supporting
Community-Based Responses

Improving Linkages to Healthcare and Supporting Home-based Care

AIM:

To strengthen community links and access to healthcare facilities by supporting community-based organisations (CBOs)

OBJECTIVES:

- Support and strenghten access and links to healthcare facilities
- Strengthen the capacity of community-based organisations (CBOs) in terms of service delivery and improved patient outcomes

BENEFICIARIES:

25 community-based organisations and 397 caregivers operating in Soweto, Orange Farm and surrounding areas

Background:

During the decade of HIVSA's existence, it became apparent that drawing on the strengths of the community was vital to the success of any HIV and AIDS initiative. As a result, the HIVSA Community Health Project (HCP) was born. Its aim was to strengthen the HIV-infected and affected communities of Soweto and surrounding areas access to appropriate support and care. Often referral and discussion with community-based care workers (particularly in the case of destitute and bed-ridden clients) was the first point of contact with health services.

Many of the community workers did not have access to the most updated information on HIV and referral to the appropriate healthcare facilities was lacking or delayed. It became vital to update community worker's knowledge to ensure timeous access to appropriate health services. In addition, partnering with - among others - organisations such as Johnson & Johnson enabled HIVSA to provide 2 284 hygiene packs for bed-ridden clients and fortified foods for those patients requiring additional nutritional support.

The Process:

HIVSA's Community Health Project (CHP), supported by Johnson & Johnson, USAID and Pepfar through Anova Health Institute, is aimed at strengthening community linkages and access to healthcare facilities through the support to 25 community-based organisations (CBOs) operating in Soweto and surrounding areas. This approach stems from the realisation that community-based caregivers are often the first point of contact with bed-ridden patients in the community. By strengthening the capacity of the CBO's caregivers to take care of bed-ridden clients in communities (through appropriate training and the provision of Johnson & Johnson hygiene packs), as well as creating the platforms for these CBOs to engage with role players within the regional health management structure for referral purposes, better patient outcomes can be realised.

Strengthening CBO capacity for service delivery and improved patient outcomes through in-service training of CBO caregivers

CBOs work at the community level and are the first point of contact with patients in the community, often through home-based care activities. Through our work with these CBOs, we have often realised that lack of updated HIV information and capacity is the greatest barrier to services for CBOs. When caregivers are empowered with updated HIV information, they are able to timeously identify signs and symptoms of illness and disease in the community.

CBO Forum engagement to strengthen patient referral linkages

HIVSA believes that unlocking referrals linkages at CBO level, facility level, sub-district and district levels is the key to improved health outcomes for patients. This has been achieved through targeted forum meetings involving all relevant stakeholders that provide health-related services within communities. If CBOs are linked to healthcare providers within their localities, they will be able to refer their patients appropriately.

Forum meetings held in this period highlighted the challenges faced in service delivery and facilitated discussion with various stakeholders on possible and shared solutions. They also allowed for updated information sharing and strengthening of referral mechanisms. Information takes place on sharing of best practices in referral strengthening, CBO mapping tools, and other information relevant to supporting referrals between CBOs and healthcare facilities in their area.

Emergency relief for destitute patients

Poverty is one of the biggest threats to the health outcomes of most HIV-infected patients in Soweto and Orange Farm. In order to alleviate this challenge, HIVSA distributed a nutritionally-fortified supplement called E-pap, which is believed to provide not only energy for bed-ridden clients, but also provides nutritive elements necessary for boosting the patient's immunity.

Building Resilience for Orphans, Vunerable Children and their Families

AIM:

To increase the provision of quality care and support to vulnerable children, orphans and their caregivers and families while reducing risk and increasing resilience

OBJECTIVES:

- Strengthen organisational and technical capacity of CBOs providing OVCY programmes

BENEFICIERIES:

50 CBOs and their staff within the Sedibeng, Soweto and Orange Farm district who provide services to approximately 30 000 vulnerable children

Background:

Studies and assessments have revealed that, very often, CBOs who are at the forefront of identifying and linking orphans, vulnerable children and youth (OVCY) to services, do not have sufficient organisational capacity needed to offer effective programmes that respond to the needs of this group. The aim of the HIVSA OVCY support programme - funded by USAIDand Pepfar - is to increase the provision of quality, comprehensive care and support that improves the well-being of 30 000 orphans and vulnerable children, their caregivers and families. This, in turn, helps reduce their risk and vulnerability and increases their resilience.

This will be achieved by building and strengthening the institutional and OVC programme capacity of 50 community-based organisations (CBOs) working with OVCY in the areas of Sedibeng, Soweto and Orange Farm. The intervention has a family-centered approach and seeks to address various issues such as Adolescents at Risk, Parenting Skills, Household Economic Strengthening, Child Protection, Child Health and Nutrition and Psycho-social Support.

The capacity development process diagrammatically represented above mainly takes place through accredited and non-accredited training, on-site mentorship and support, as well as the strengthening of links and referral networks between CBOs and other service providers including healthcare facilities.

The Process:

HIVSA framework for capacity building reflecting focus areas outlined further below.

Institutional Capacity Development:

Project managers and two additional senior staff members are trained in an accredited management skills programme for home and community-based care (HCBC) organisations. This training aims to equip key personnel with skills in governance, project management, financial management, human resource management, strategic planning, networking, resource mobilisation, computer literacy, monitoring and evaluation and effective communication.

Health:

In May 2014, HIVSA - in partnership with the Johnson & Johnson group of companies and the Wits Centre for Deaf Studies - will commence a health screening pilot aimed at screening 5 000 OVCY at 10 CBOs currently functioning as drop-in centres. Project managers and community caregivers based at the CBOs will be trained in growth and immunisation monitoring, nutritional assessments and counselling, vision and hearing screening, basic developmental delays, TB screening and referral for HIV screening. As part of its community mapping activity, HIVSA aims to strengthen referral networks between CBOs and surrounding healthcare facilities to ensure better integration of health services within existing CBO programmes.

Child protection:

Due to the lack of preventative child protection initiatives and the poor response to children requiring child protection services, social auxiliary workers at the 50 CBOs will be trained in the accredited Thogomelo Child Protection Skills Programme. Further capacity building will be undertaken in the form of parenting skills training and the training of an additional 40 individuals, selected from the 50 CBOs, with a social auxiliary work qualification in partnership with Johannesburg Child Welfare.

Psycho-social care and support:

In this area of capacity building, social auxiliary workers and community caregivers will be trained on the accredited Thogomelo Skills Programmes in Supportive Supervision and Psycho-social Care and Support for Community Caregivers. Other capacity building programmes will include training in basic counselling and bereavement counselling skills, the facilitation of groups, memory work and child participation.

The aim of the HIVSA OVCY support programme - funded by USAID and Pepfar - is to increase the provision of quality, comprehensive care and support that improves the well-being of 30 000 orphans and vulnerable children, their caregivers and families.

Household Economic Strengthening (HES) and Income Generation Activities (IGA) at CBOs:

HIVSA has partnered with Junior Achievement South Africa (JASA) and will commence entrepreneurial skills training to youth between the ages of 18 and 35 in 2014.

Adolescent programming:

Currently, adolescents do not actively participate in programmes offered by the CBOs. Here HIVSA will work with several partners to pilot a number of innovative interventions starting in 2014 that combine entrepreneurial skills training, life skills and sexual reproductive health information and programming as well as using cellphone technology.

Using Communication and Technology for Social Change

Mobile technology

AIM:

Using mobile technology to inform, educate and engage at risk groups of HIV, in order to further drive knowledge, attitude and behavioural change

OBJECTIVES:

- Improve health outcomes by promoting prevention and health-seeking behaviours with a focus on sexual reproduction and HIV and prevention
- Provide trusted and accessible information on relevant platforms and social media to support this

BENEFICIARIES:

Youth, particularly young women, aged between 15 and 25, and men and women of reproductive age

Background:

According to the most recent Human Sciences Research Council (HSRC) HIV prevalence survey, with over 400 000 new HIV infections occurring in South Africa during 2012, South Africa ranks first in HIV incidence in the world. The proportion of South Africans infected with HIV has increased from 10,6% in 2008 to 12,2% in 2012, and the HIV incidence in young women rates more than four times higher than males.

The HSRC further reports that female teenagers aged between 15 and 19 years were more likely to have sex than their male counterparts - not with their peers, but with older sex partners. Young women aged between 15 and 25 accounts for 40% of new infections in South Africa, and teenage pregnancies have escalated to an alarming rate. As a result, young vulnerable women bear the brunt of the HIV epidemic and the social and economic challenges faced in South African society. This directly limits their ability to take their rightful place in the South African socio-economic and political economy.

While it is often highlighted that there should be more prevention interventions focused on increasing healthy behaviour and choices for young women, there are limited opportunities to engage with this group. In addition, adolescent girls and young women who are not in school are very difficult to reach, and often receive little advice or support. Many young women access sexual health-related information from peers or poorly-trained and equipped peer educators. The HSRC found that only 30% of people have accurate knowledge of how HIV is transmitted and prevented.

The Process:

The Power of Mobile

The mobile revolution has become a critical platform for social change, giving millions of South African affordable access to information services and connecting them to interventions that can improve the quality of their lives. South Africa has one of the highest mobile device penetration rates in the world with 59 474 500 cellphones - one in five of those being smartphones. This means that with a population of 50 586 757, for every South African there are 1,5 mobile devices in operation. Mobile technology is paving the way for a new frontier of innovation by providing interactive information that's engaging, dynamic and empowers users, particularly the Generation-Y users that demand instant gratification. Generation-Yers can receive relevant health and lifestyle information wherever they are and presents a golden opportunity for organisations such as HIVSA to stand at the cutting edge of innovation. Leveraging on the power of social media, gamification and interactive content, HIVSA can develop HIV behaviour change communication interventions that lead to tangible positive change in attitudes, knowledge and behaviour.

Hi4LIFE

With this in mind, HIVSA - funded by USAID and Pepfar through the Anova Health Institute - established a mobile health portal for the dissemination of information related to HIV/AIDS, HIV prevention and treatment known as Hi4LIFE. Using mobile technology and social media, the Hi4LIFE project was developed to positively contribute towards an empowered, educated, and informed South African community, with a particular focus around HIV-related prevention, care and support, pregnant women and youth. The programme has been in operation for three years and reaches 70 000 individuals annually providing information and support via a mobi site, MXIT, Facebook as well as USSD messaging services.

Bokang Batsha and Choma

Funded by Charlize Theron Africa Outreach Programme (CTAOP) and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), The Bokang Batsha Project (Sesotho for 'Rejoice in Young People') aims to engage young South African women between the ages of 15 and 25, through Choma© an interactive online magazine, accessible on mobile devices and social media. While Choma© seeks to engage user interest in a wide array of popular lifestyle content, the primary purpose of the magazine is to engage young women and girls on HIV and sexual and reproductive health (SRH) issues and contribute towards changes in behaviour, knowledge and attitudes. To date, Choma© has reached more than 134 039 total unique users since going live October 2013.

Information, Education and Communication (IEC)

HIVSA has developed a range of IEC material including posters and pamphlets that are used within communities and healthcare facilities by various stakeholders in support of the DoH's programmes. On an annual basis, HIVSA distributes in excess of 1-million printed pamphlets, also available online. The range of topics are available in English, Afrikaans, Xitsonga, Sesotho and IsiZulu and include:

TITLES:

HIV and AIDS
ARVs
STIs
TB
HCT - HIV Counselling and Testing
PMTCT
PCR - Testing your baby for HIV
HIV Treatment Adherence
Exclusive Breastfeeding
MMC - Male Medical Circumcision

Funding and Financials

The financial year ended 28 February 2014 has seen an increase in Grant and Donation Funding from R14-million in 2013 to nearly R21-million in 2014. The biggest contributing factor for this increase was the collaboration between HIVSA and USAID on a new programme geared towards improving the well-being of families and their vulnerable children *(See page 21)*. This will be achieved through comprehensive and co-ordinated evidence-based interventions that strengthen the capacity of families and communities to care for vulnerable children in sub-districts and districts with high HIV prevalence, high maternal mortality, and a high number of orphans and vulnerable children.

In addition, HIVSA, in collaboration with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and Charlize Theron Africa Outreach Programme (CTAOP), has embarked on a new venture involving information dissemination and behaviour change communication in the form of the newly-developed Choma© online magazine, *(See page 28)*.

HIVSA (NPC) had also enjoyed the continued support from other grant funders including Orange Babies (OB) and Johnson & Johnson (J&J) who have funded various programmes. HIVSA is thankful for this invaluable support.

Sadly though, certain programmes where HIVSA was unable to continue in the collaborative relationships have had to come to a close in 2013. These programmes were with funders such as the Elton John Aids Foundation and Global Camps. HIVSA wants to thank each funder for their on-going support in the past.

The total grant funding for 2014 can be broken down into the various funders as follows.

Anova Health Institute	R11 233 926
USAID OVCY	R 6 309 568
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	R 1 434 979
Orange Babies	R 994 287
Johnson & Johnson	R 456 399
Charlize Theron Africa Outreach Programme (CTAOP)	R 233 631
General Donations	R 45 265
TOTAL FUNDING	**R20 708 055**

HIVSA (NPC) was also fortunate to receive a further R45 265 from an anonymous donor.

The total write-off on depreciation of R509 848 on older equipment, vehicles and furniture and fittings resulted in a deficit from non-core funding and revenue operations amounted to R468 251. This deficit was offset - in part - through a more prudent cash investment policy which yielded a higher interest rate from the prior year, a special project where costs were recovered and the sale of one of the older vehicles. The net utilisation of reserves for the year amounted to R342 761. All in all, HIVSA (NPC) had a solid financial year where funding was increased despite the utilisation of reserves in the devaluation of an aging asset base. Our financial strategy is aimed at streamlining expenditure rates over the coming years, whilst developing partnerships aimed at ensuring sustainability for the company and programmes.

HIVSA (NPC)

(registration number 2002/00677408)
Annual Financial Statement for the year ended 28 February 2014

Statement of Financial Position

Figures in Rand	Notes	2014	2013
Assets			
Non-current Assets			
Property, plant and equipment	2	1 354 103	1 099 286
Intangible assets	3	-	1 328
		1 354 103	**1 100 614**
Current Assets			
Trade and other receivables	4	491 388	302 160
Cash and cash equivalents	5	2 509 600	4 299 559
		3 000 988	**4 601 719**
TOTAL ASSETS		**4 355 091**	**5 702 333**
Reserves and Liabilities			
Reserves		1 986 540	2 329 601
Liabilities			
Current Liabilities			
Trade and other payables	6	2 368 251	3 372 732
TOTAL RESERVES AND LIABILITIES		**4 355 091**	**5 702 333**

HIVSA (NPC)

(registration number 2002/00677408)
Annual Financial Statement for the year ended 28 February 2014

Statement of Comprehensive Income

Figures in Rand	Notes	2014	2013
Revenue	7	20 728 305	14 516 384
Other income		188 860	282 167
Operating expenses		(21 323 442)	(14 574 213)
Operating surplus/deficit		**(406 277)**	**224 338**
Investment revenue	8	73 977	26 936
Finance costs	9	(10 461)	(800)
Surplus/deficit for the year		**(342 761)**	**250 474**
Other comprehensive income		-	-
TOTAL COMPREHENSIVE SURPLUS/DEFICIT FOR THE YEAR		**(342 761)**	**250 474**

Our Partners

With Special Thanks:

United States President's Emergency Plan For Aids Relief (PEPFAR)

United States Agency International Development (USAID)

Anova Health Institute

Johnson and Johnson

Orange Babies

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

Charlize Theron Africa Outreach Programme (CTAOP)

Department of Health

Department of Social Development

Disclaimer: *The contents of this report are the sole responsibility of HIVSA and do not reflect the views of USAID or any of the funders. Permission was sought for all the photographs used. Pictures illustrate the text and do not reflect an individuals HIV or TB status or sexual orientation*

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