
2019 ANNUAL REPORT



MARCH 2018 – FEBRUARY 2019

CHIVA South Africa



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CHIVA SOUTH AFRICA

LETTER FROM OUR FOUNDER

Dr Karyn Moshal



CHIVA Africa has been working in South Africa for the last fifteen years. Our work and programmes have evolved significantly over this time in response to the maturation of the epidemic and the success in implementing anti-retroviral treatment programmes for children, work which we are so proud to have been a part.

The successful treatment of infants and children has brought with it new challenges and priorities for children and young people living with HIV. Now they are growing up, it is our job to help them negotiate the challenges and travails of adolescence in the context of HIV infection, so as they gain independence and autonomy, they understand the importance of adherence to medication, learn to successfully navigate disclosure of their diagnosis to their nearest and dearest, stay healthy, and have the social and psychological tools to achieve this.

We responded to this changing need by focusing efforts on our adolescent programme primarily, while still running a combined paediatric/adolescent programme.

We provide expertise in the development of youth friendly services for the growing number of young people – infants and young children fifteen years ago – whose needs have changed and who are on the brink of young adulthood. Our Adolescent and Youth Friendly Services (AYFS) programme – ‘Our Youth – Our Future’ designed to do this, has achieved its primary aim. Our colleagues in KZN now have the skills and confidence to treat, manage and support children and adolescents living with HIV effectively and successfully, ensuring long and healthy lives beyond an HIV diagnosis. This programme is now completed and we are immensely proud to have supported the South African Department of Health in achieving this.

However, our work is not yet done. We are strengthening community/clinical partnerships alongside management and systems development in clinics and have a standards-based, target driven approach to closing specific gaps in services for children and adolescents in South Africa. In light of our success in achieving this in Harry Gwala District, the KZN Department of Health have identified other districts in KZN in need of our expertise.

Over the next year, we will be looking carefully at the feasibility of taking CHIVA South Africa to other parts of South Africa and beyond, which could benefit from the programmes we have successfully implemented in KZN.

We remain hugely grateful for core funding received to underpin this work with grants from our major long-standing supporters, JAKAMaR, the Victor Daitz Foundation and World Relief Australia. We have diversified our funding and attracted new funders during this time, including The ELMA Foundation, the Chalker Foundation, The David and Elaine Potter Foundation, Mercury Phoenix Trust, UNFPA, Yad Morcechai and numerous generous individual philanthropists.

Our underlying philosophy – reaching out a helping hand to colleagues, and sharing expertise, experience and practical skills to improve the lives of children and adolescents with HIV – remains the same. The journey continues: whilst we have come a long way down the road to success, we still have many miles still to go. Please join us in achieving this.

A handwritten signature in black ink, appearing to read 'Karyn Moshal', with a long horizontal flourish extending from the bottom right.

Dr Karyn Moshal
Founder and Chairman, CHIVA Africa

OBJECTIVES AND ACTIVITIES

Our Vision

Children and adolescents living with HIV receive the care they need to live long and healthy lives.

Our Mission

Our mission is to equip healthcare professionals with the skills and knowledge they need to provide high quality, long term prevention, treatment and care services for children and adolescents living with HIV.

Our Goals

1. Build the skills and capacity of all cadres of healthcare workers.
2. Work in partnership with government and other partners to identify, develop and deliver programmes targeted at strengthening the health systems.
3. Use lessons learned from our programmes to contribute to the development of local, national, and global policies and resources.

Our Approach

We achieve these goals through targeted on-site mentoring and support, which strengthens health systems and health workers to develop the clinical and managerial competencies required to improve and sustain services for children and young people in their community. In doing this we aim to build models which can be replicated across facilities, districts, provinces and countries

OUR PROGRAMMES

During the 2018/19 financial year our primary programme focused on concluding our current support in Harry Gwala District of KwaZulu-Natal and initiating support in a new district. Our experienced team provided on-site mentoring and teaching to five health facilities in Harry Gwala, KZN.

This was complemented by year-long remote support and concluded 5 years of support that reached 25 clinics across the district; providing tailored mentoring and teaching to improve child and adolescent healthcare to over 2000 healthcare and community workers.



Through our Adolescent-focused Programme, *'Our Youth, Our Future'*, we successfully completed our support to fifteen health facilities, working alongside staff teams in ten clinics in eThekweni District and five in Ugu District. Through assisting clinic teams to strengthen Adolescent and Youth Friendly Services (AYFS) they offer to their communities, young people are able to receive services that are accessible, respectful and responsive to their needs. This programme was part funded by ELMA Philanthropies, who concluded their 3-year funding at the end of 2018. Following discussions with the KwaZulu-Natal Department of Health (KZNDOH) Youth, Gender and Transformation Directorate (who are responsible for AYFS), it was proposed that the KZNDOH is now sufficiently upskilled to implement and sustain AYFS in clinics independently of any partner support. Thus this programme was closed at the end of 2018 and we wish the KZNDOH every success with AYFS in the future.

During the 2018/19 year we concluded our partnership with United Nations Population Fund (UNFPA SA), having received funding for a further programme of support focusing on sexual reproductive health and rights (SRHR) and AYFS in 20 clinics across uThukela District. This followed on from our successful UNFPA-funded programme in 2017/18.

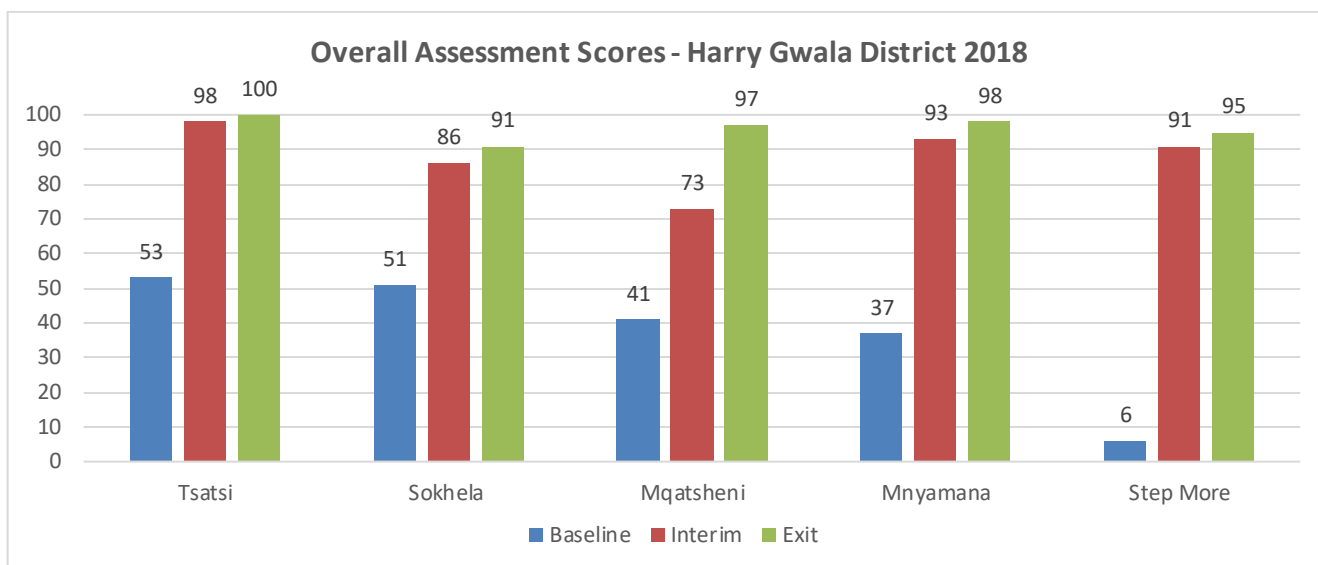
At the beginning of 2019, at the request of the KZNDOH Strategic Health Programmes Directorate, we commenced planning and implementation of our programme in two new districts identified by KZNDOH as priority districts; Amajuba and uMzinyathi.

Further details of both these programmes can be found below.

Paediatric Programme – Harry Gwala, KwaZulu-Natal

This year we completed our partnership with Harry Gwala District DOH delivering our paediatric programme in a further five facilities. The programme team also included an Adolescent and Youth Friendly Services expert to work with each facility on their adolescent and youth services. The programme continued our intensive, target driven year-long programme based on standards for paediatric and adolescent care developed with the KZNDOH. Performance against these standards was measured at inception, mid-way through the year, and at exit. The assessments were carried out with the engagement of supervisors and Operational Managers at each facility.

The graph below, shows the performance of each facility against the standards at each stage of assessment. As can be seen there have been significant improvements across all facilities.



“We would like to say that our year working with CHIVA South Africa has been a fruitful, productive and fantastic moment working with this team. Most of the gaps that were identified have been corrected and we promise to continue and sustain the level that we have achieved.”

Mrs M L Mokapela, Operational Manager, Mqatsheni Clinic

Adolescent Programme: 'Our Youth, Our Future'

CHIVA South Africa's 'Our Youth, Our Future' programme commenced in 2014 in response to the successes of the paediatric ART programme in KwaZulu-Natal and the need to capacitate healthcare workers to provide quality services to adolescents; including those living with HIV.

Young women are disproportionately affected by HIV in South Africa: new HIV infections among young women aged 15–24 years were more than double those among young men: 69 000 new infections among young women, compared to 25 000 among young men. HIV treatment was also higher among women than men, with 65% of adult women

living with HIV on treatment, compared to 56% of adult men.
(<https://www.unaids.org/en/regionscountries/countries/southafrica>)

Our adolescent-focused programme empowered healthcare workers to provide high quality HIV and Sexual & Reproductive Health services through the provision of Adolescent and Youth-Friendly Services (AYFS). This is based on our belief that all adolescents are entitled to receive quality healthcare services; for both treatment and prevention of disease.



Our specialist teams of AYFS Coordinators and Mentors provided structured teaching, mentoring and quality improvement support that was tailored to meet the needs of each clinic. Further clinical expertise is provided by our Nurse Mentors.

Quality improvement was measured throughout the programme to enable clinics to identify strengths and areas for attention. Analysis of client attendance trends were provided monthly to elicit areas of strong performance and opportunities for strengthening services.

We promoted engagement and cooperation between clinic staff, young people and civil society/communities served. This helped to improve accountability, promote mutual understanding and shared ownership of challenges and successes, and strengthen systems for responding to gap identified and sustain quality service provision improvements.

Strengthening Adolescent and Youth Friendly Services in 15 Health Facilities

In 2018 we worked with 15 Primary Health Centres (PHCs) in KwaZulu-Natal; 10 in eThekweni District and five in Ugu District.

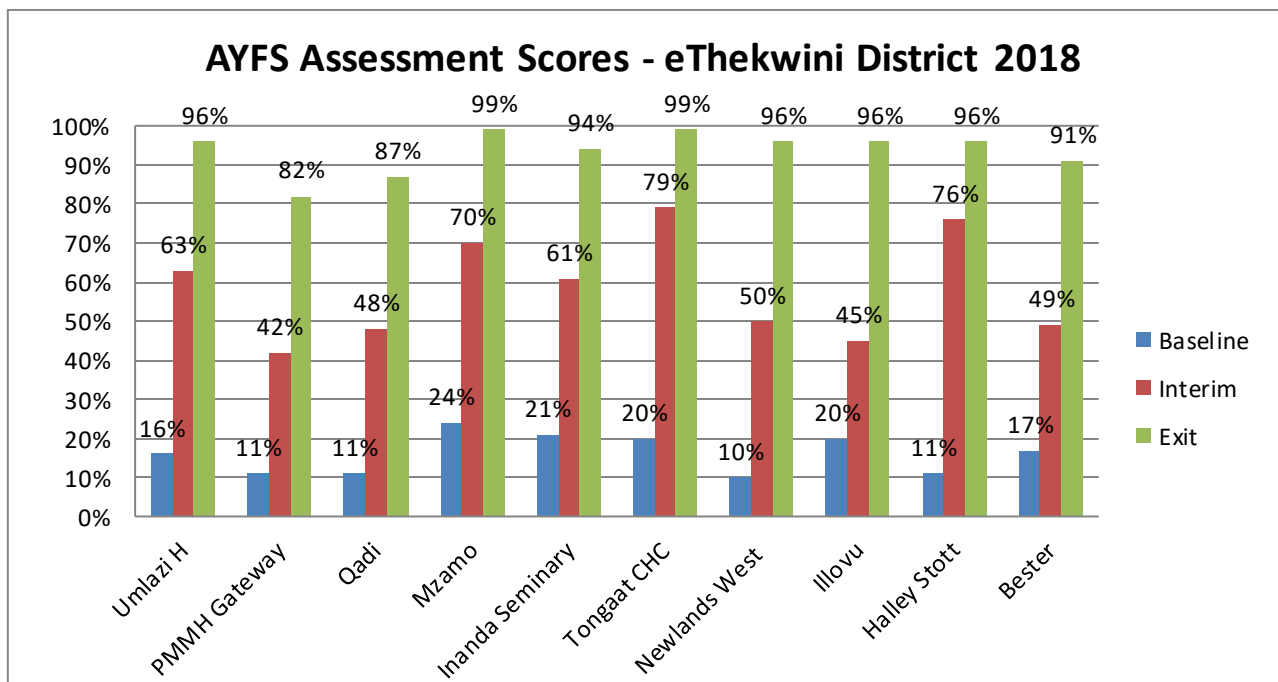
The Districts and facilities were selected in partnership with eThekweni Department of Health and our partners ELMA Philanthropies and MatCH (Maternal Adolescent and Child Health) in eThekweni District, and the Youth, Gender and Transformation Directorate who selected Ugu District. This year represented the final year of 3 of funding for the *Unfinished Business* programme with ELMA Philanthropies.

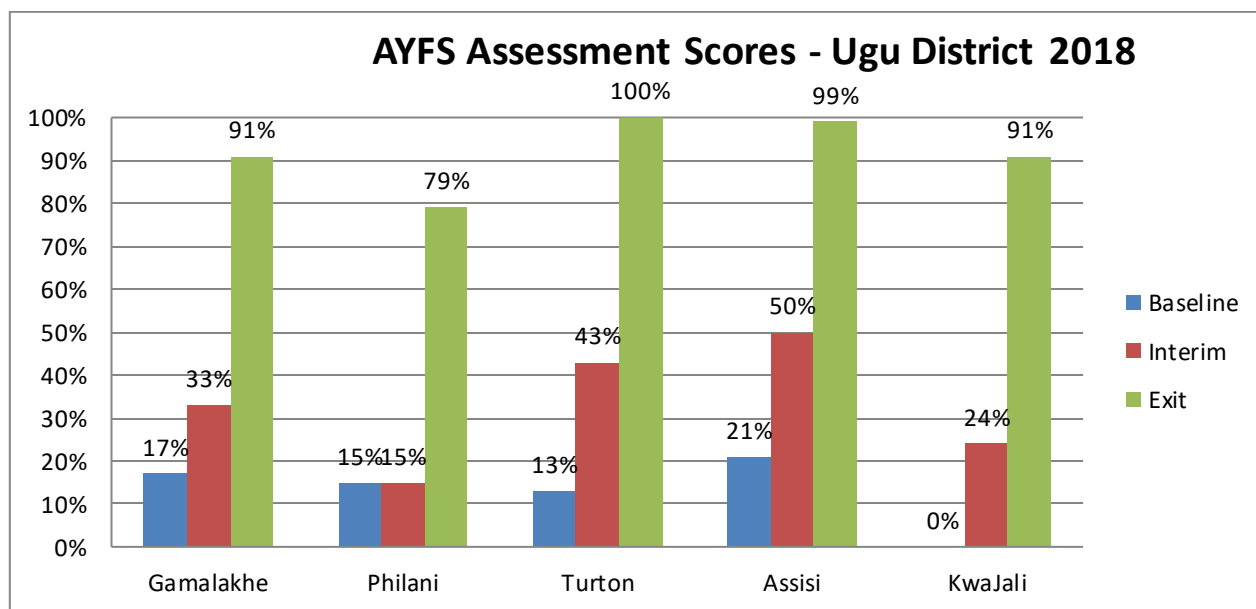
In each of the 15 clinics our aim was to support the staff team in achieving the 10 NDOH standards for Adolescent and Youth Friendly Services (AYFS), ultimately building capacity of health facilities to deliver quality treatment and prevention services for young people.

At the beginning of the year, our AYFS team worked with the PHC staff, district managers and partners to assess each facility in order to establish a baseline score against each of the 10 AYFS Standards. This was achieved using an assessment tool which includes 244 criteria as indicators of performance against each standard. As well as providing the

baseline score, it enabled us to create a % score for each of the 10 Standards and overall PHC score.

The baseline analysis influenced the focus of our monthly on-site teaching, mentoring and remote support, ensuring our intervention is tailored to meet the specific needs of each clinic. Ongoing quality improvement cycles throughout the year, as well as interim assessments using the same tool as at baseline, ensured that teaching and mentoring focused on addressing the gaps identified. The graphs below show the results we achieved across the 15 clinics in 2018.





Behind the statistics were activities which made this happen – real changes to health service delivery that improved care for not only today’s adolescents but those of the future. Highlights include:

- *Happy Hour* dedicated time for young people – prioritising adolescents at preferred times of the day which suit them e.g. after school.
- Fast tracking adolescents when they come for appointments during school hours
- Outreach activities, such as presentations and posters in schools, youth days in the community at weekends or in school holidays, and also promotion on local radio.

“You took us from nowhere to a better performing institution on the AYFS programme. The knowledge, skills, paediatric ART, disclosure and management ... and mentoring gave Myamana Clinic a new name: Youth User Friendly Facility. We appreciated your presence.”

Mrs A T Moloinyane, Operational Manager, Mnyamana Clinic

These are examples of the ongoing impact of our work – by building the skills and capacity of health workers and helping them become aware of the needs of young people, we empower to build sustainable improvements in the services they are able to provide.

UNFPA AYFS Partnership – On-site mentoring and support to 20 clinics in uThukela District

Following our successful pilot programme with UNFPA in 2017 we received further funding in 2018 to enable us to implement AYFS as well as integration of SRH/HIV/TB and Gender Based Violence services. These programmes were aimed at strengthening the capacity of relevant stakeholders to provide quality information and services to adolescents and youth accessing services at 20 clinics in the district. We also built stronger linkages between schools, communities and health service providers in order to promote the adoption of healthy sexual behaviours and increase access to relevant and age-appropriate services.

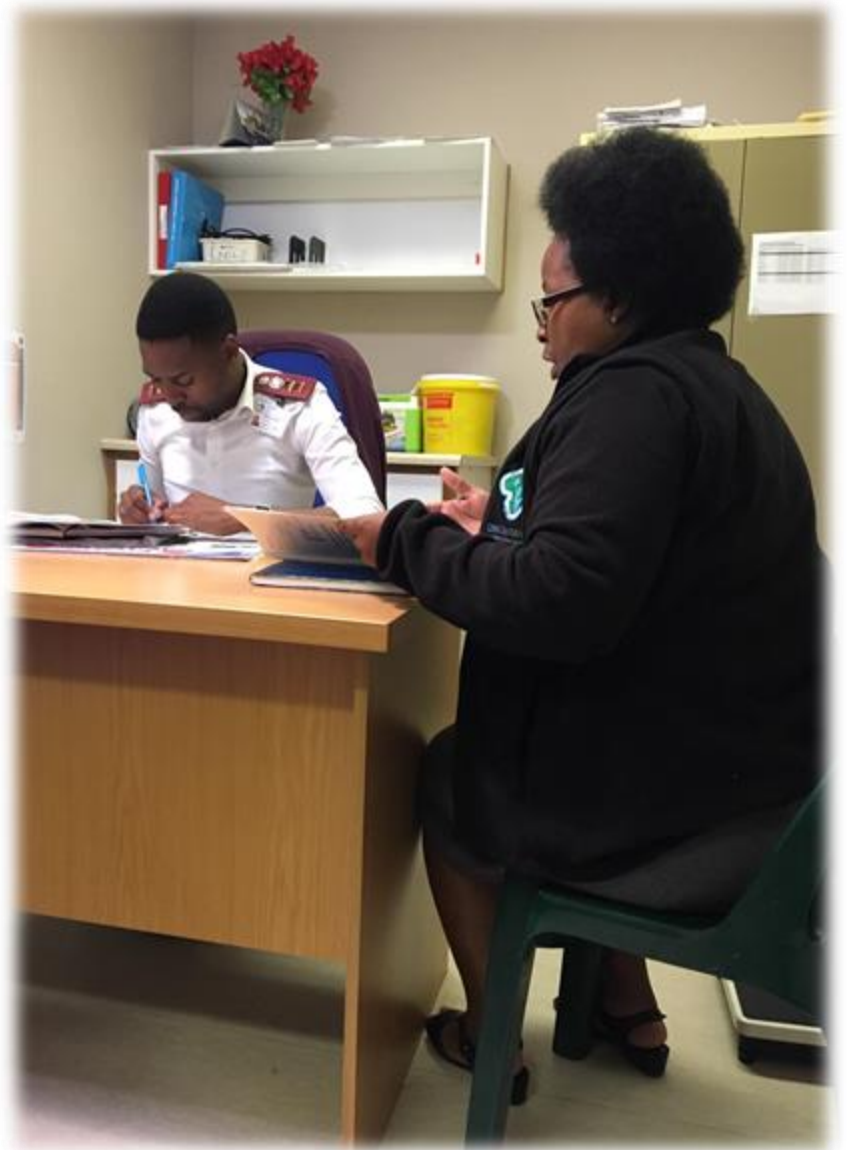
This programme took place in 20 clinics across the district and incorporated piloting of a Comprehensive Sexuality Education manual to out of school adolescents, and intergenerational dialogues at two high schools in the district (Bhekathina and Bonokuhle). We worked in collaboration with numerous District stakeholders, including the Department of Health, Social Development and Basic Education, as well as community organisations. Our interventions were viewed as *highly successful* by the district health teams and UNFPA.

280 health care professionals
from **35 health facilities**
received training, mentorship &
support to deliver **Quality
Adolescent and Youth Friendly
Services**

40 health care professionals
from
5 health facilities received
training, mentorship & support
to deliver **Quality
Paediatric and Adolescent and
Youth Friendly Services**

140 Adolescents/Youth &
Community Members attended
**Intergenerational Dialogues
focusing on Sexual
Reproductive Health Issues**

160 Operational Managers
& Facility AYFS Champions
were trained



Our Impact

160 000 Infants, Children, Adolescents, Youth and their
Caregivers receiving improved healthcare services



PROGRAMME DEVELOPMENT

Based on over 14 years' experience of working in South Africa and in response to the changing need in communities, we have further refined and refocused our programme to reflect Department of Health and community priority issues. Our core programme, now named *Sinikulwazi* (which means 'providing knowledge in isiZulu) we now provide a more holistic mentoring and teaching approach that focuses on leading paediatric and adolescent health and social issues.

Our approach is to provide technical assistance to selected clinics to identify the specific challenges they face and capacitate all cadres of staff to improve standards of treatment and care provided to children and adolescents, including those living with HIV.

Progress at each facility will be measured using a standards-based approach. Five standards focus on adolescent and youth health, with a further five standards directed at key components of child health (including Integrated Management of Childhood Illnesses (IMCI), immunisation, growth monitoring, Anti-Retroviral Treatment (ART) management, HIV disclosure and adherence to ART). Facilities are measured at baseline;

the assessment will be repeated mid-way through the programme (interim) and at exit to elicit areas of improvement and persisting challenges and will also enable us to establish scores against each standard to monitor improvements through the year.

Through this approach, we will strengthen the response of all cadres of healthcare workers to the spectrum of health and social needs; from before birth, through childhood and adolescence, and into adulthood.

ORGANISATIONAL DEVELOPMENT

This period has seen considerable organisational development following the decision to transition many of the functions of CHIVA Africa (UK) to CHIVA SA by the end of February 2019. The key areas of our focus were:

Board development

Strengthening both the CHIVA Africa and CHIVA South Africa boards to be appropriate for the changing needs of each organisation was a priority. At CHIVA Africa, two trustees were recruited (to start March 2019) to support greater fundraising in the UK, while at CHIVA SA two trustees were recruited; one to lead on finance and governance and the other to lead on fundraising and network development.

Leadership transition

The relocation of the CEO role from CHIVA Africa to CHIVA South Africa was also a priority and the handover and support to the incoming CEO (previous CHIVA South Africa Country Director) was overseen by both board of trustees and achieved at the end of February 2019.

Ongoing support

Ongoing support from CHIVA Africa to CHIVA SA will continue with strengthening fundraising activities in the UK to fund programme implementation and development in South Africa.

FUNDRAISING

Thank you to all our partners, funders and individual donors that have supported our mission during the past year.

JAKAMaR

World Relief Australia

MatCH

ELMA

Beare Foundation

UNFPA

Janssen

Chalker Foundation for Africa

Mercury Phoenix Foundation

David and Elaine Potter Foundation

Yad Mordechai

KZN Department of Health

eThekweni Municipality

JAKAMaR Trust



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

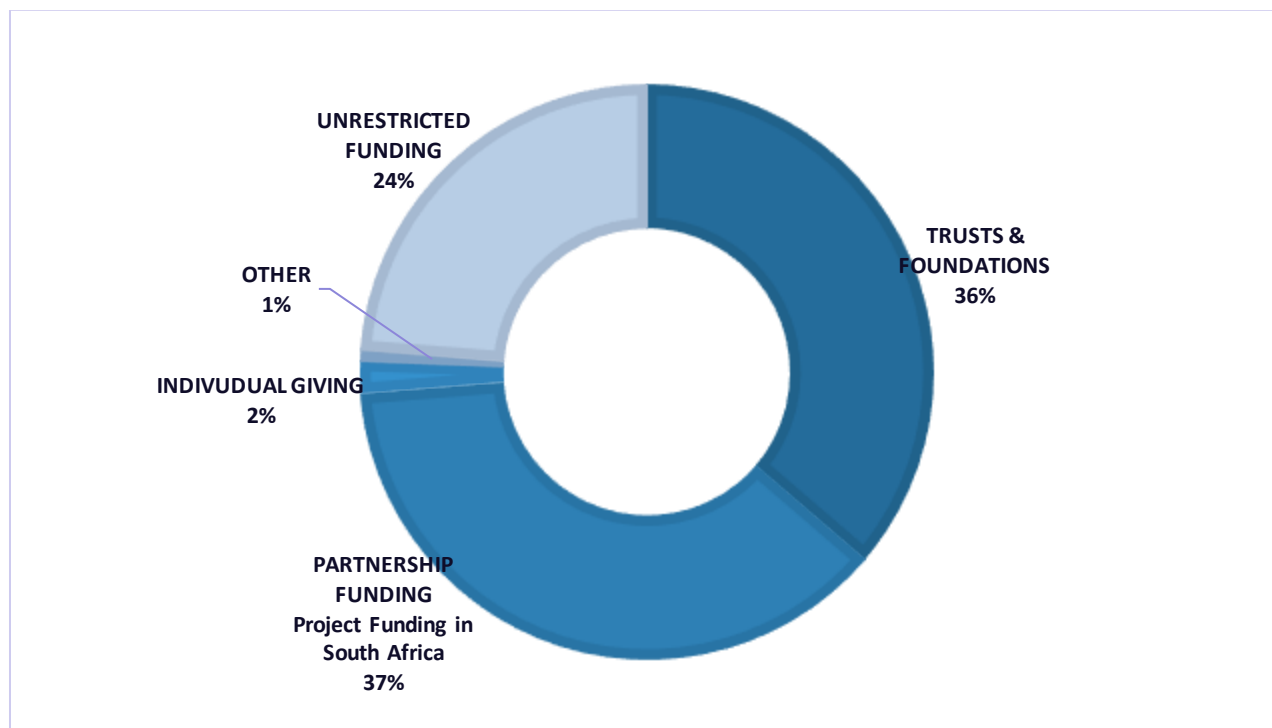


The David & Elaine Potter
Foundation



THE VICTOR DAITZ FOUNDATION

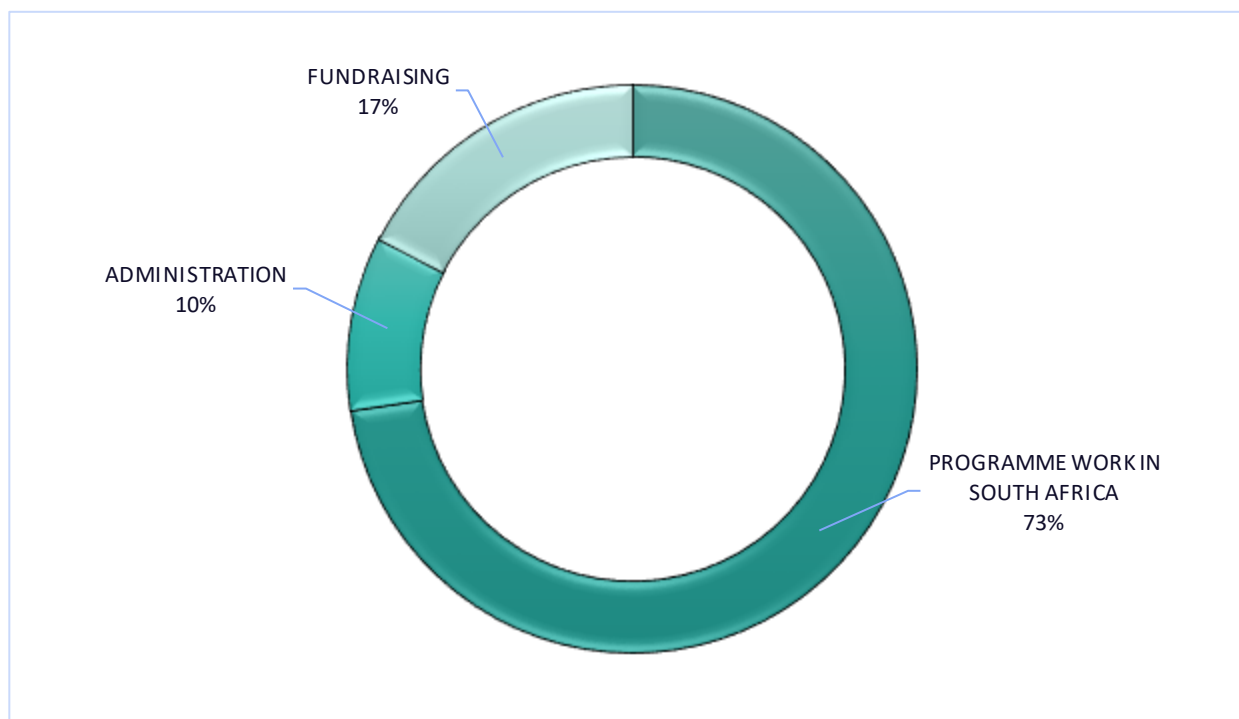
OUR FINANCES – INCOME



In the year ending February 2019, total income raised by CHIVA Africa and South Africa reached R 5 891 851 (£ 327 325). Income was spread across the following areas:

- Income from trust and foundations based both in the UK and South Africa provide the foundation of our programme funding with income reaching R 2 138 017 (£ 118 779).
- CHIVA South Africa raised R 2 206 899 (£ 122 605) in partnership funding from MatCH who sub-granted CHIVA South Africa from the ELMA Foundation, UNFPA and Janssen. CHIVA South Africa aims to explore additional partnership over the longer term.
- Donations from Individual supporters totaled R 906 935 (£ 50 385)
- R 1 400 000 (£ 777 777) is unrestricted funding that supports a measure of sustainability.

OUR FINANCES – EXPENDITURE



Expenditure in 2018/19 continued to focus on core programme activities in South Africa.

- Expenditure for the financial year ending 2019 totalled R 5 688 153 (£ 316 009).
- Programme activities supported training and mentorship to 40 facilities, implementation of community dialogues and group training sessions for facility operational managers and their colleagues. The total expenditure for programme activities was R 4 132 089 (£ 229 561).
- CHIVA Africa and CHIVA South Africa are dedicated to the long-term future of the organisation. An investment of R 990 023 (£ 55 001) was allocated to fundraising for 2018/19.

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CHIVA South Africa Board of Trustees

John Moshal (Chairman), Professor Hoosen Coovadia, Dr Neil McKerrow, Dr Karyn Moshal (Founder), Dr Kimesh Naidoo, Raymond Mkhulisi (joined July 2018)

CHIVA Africa Board of Trustees

Dr Karyn Moshal (Founder and Chairman), Dr Colin Ball, Kate Kuper (resigned October 2018), Fiona Lindblom, Felicia Meyerowitz-Singh, Shaun Wood

