



2021

HEALTH4LIFE
ANNUAL REPORT



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WHY YOUTH HEALTH?

Most young people are healthy, however, a few thousand young people aged 15 to 24 die each year. A much greater number of young people suffer from illnesses that hinder their ability to grow and develop to their full potential. And still a greater number of young people engage in behaviours that jeopardize not only their current state of health but often their health for years to come. It is estimated that nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviours that began in their youth, including tobacco use, a lack of physical activity, unprotected sex or exposure to violence.

Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks is critical to the future of South Africa's health and social infrastructure.



OUR CORE
BELIEF

Through health, we have
the power to change
youth's lives.

OUR
MISSION

To improve the health* status of youth and
hard to reach populations from historically
disadvantaged communities.

*Health defined by WHO as a state of complete physical, mental and social well-being
and not merely the absence of diseases.



SUCCESS STORY

Meet Exauce Maleki

I was born in Congo - my biological mom still lives in Congo. My parents separated when I was about 5. My Dad went to live in South Africa seeking better opportunities.

I was a 9-year-old when I left the Congo. I travelled on my own, to live with my Dad in SA. Living without my Mom wasn't a problem for me because I loved my Dad so much. He fulfilled all the roles of parenting that I needed, and so much more.

When I was 12, my Dad married again. My stepmom accepts and loves me like her daughter. She has raised me as her own child. Not long after she married my Dad, they had a son, and later a daughter who is now 3 years old. Our family thrives on love.

I started Grade 4 in SA - I was called *makwiri-kwiri* by the other kids because I only spoke French - they didn't accept me, at first. At the end of Grade 4, I collected all the academic certificates, having mastered Xhosa, English and Afrikaans since my arrival.

I first met the H4L team when I was at Northlink College. I didn't take their service seriously, refusing to take the HIV test.

Then I met the team again and one of the counsellors recognised me and asked me if I was the one who had run away from taking the test last year. I am afraid of needles and get emotional when I am pricked. The counsellors encouraged me to have an HIV test telling me it doesn't hurt.

When the counsellor did the test, we started talking while we were waiting for the results. She showed me pictures of various STI's - some of the pictures were shocking to see - a reality check about what can happen if I am not protected during sexual relations.

Through our conversation, I learned that sex is not love. We spoke about problems facing young girls these days that are unable to

assert their rights to have safe sex because young men tell young girls that if they have to use a condom then the girl doesn't love them. So young girls get blinded by what they perceive to be love. They are manipulated by the false promises the boys make to them, telling them they love them, just to have sex with them.

The counsellor explained how people can get HIV – through blood or body fluid exchange or during the birth process. I was comfortable asking questions without feeling judged and she cleared up any misconceptions I had about HIV.

The counsellor also spoke about TB. I never knew that TB could be cured and I never knew it was spread by someone coughing. I learnt that SA has one of the highest rates of TB in the world. It is curable, but the patient needs to take consistent medication until they are clinically cleared of TB.

The counsellor covered many aspects of mental health, asking me about what I had been through during high school that caused me to cut myself. I felt it was the only way to release the anger I felt towards both my parents. Being able to talk to the counsellor without judgement helped me to heal the rift between my mother and myself.

Before the counsellor told me my results she talked me through the procedure of how to respond whether the result was positive or negative. She inspired me to follow my dreams and not let my status determine my future.

Once the test revealed my results were negative, the counsellor reminded me that this status is relevant just for now – it could change in the future. We spoke about how can I maintain the negative status and we developed a personalise risk reduction plan.

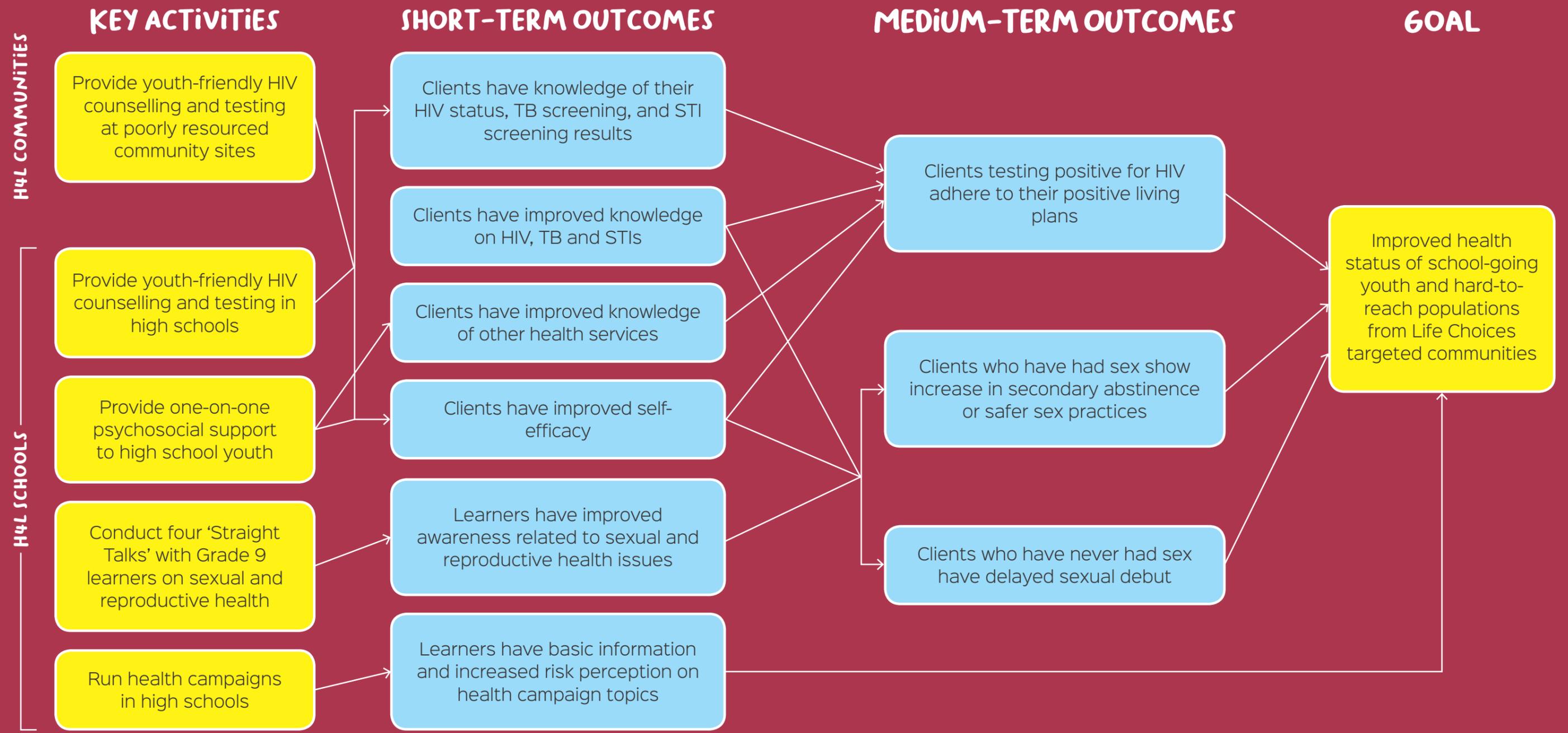
I only had one session with the counsellor, probably 40 minutes, but I learned so much. It has inspired me to protect myself but also to speak to youth about their sexuality, about protecting themselves from becoming pregnant or picking up STI's and HIV.



HOW DO WE CHANGE YOUTH'S LIVES?

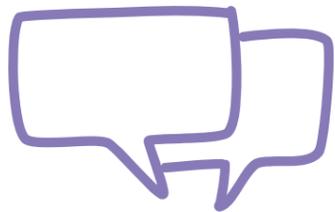


The programme is delivered in secondary schools and communities of the 'Cape Flats' area. And it consists of four main components, namely: Straight Talks (reproductive health talks); HIV counselling and testing (HCT); health campaigns; and one-on-one psychosocial support with a counsellor.



OUR YEAR AT A GLANCE

⇒ HCT SERVICES ⇐



4,321 People were provided with HCT services

HIV Counselling & Testing was offered to learners from 18 high schools, 10 colleges and individual clients in communities. The objective of HCT was to improve clients' knowledge of their personal health status and improve their HIV related health behaviours. During HCT, information was shared about HIV, TB and STIs and the counsellor tested the client for HIV and screened them for TB and STIs. Sessions were about 40 minutes long and counsellors developed personalised risk reduction plans with each client.

2021: OUR 2 MAIN CHALLENGES

- Loss of contact time with clients due to National lockdown;
- COVID infections, fears and regulations made it complex to operate. Schools and colleges kept being disrupted. In communities, many clients were turned away because they did not pass the COVID screening in reception.

HEALTH4LIFE SCHOOLS

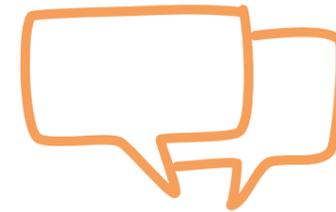
Athone High, Athlone	New Eisleben High, Cross Roads
Belgravia High, Athlone	Oaklands High, Lansdowne
Bonteheuwel High, Bonteheuwel	Peak View High, Athlone
Chrystel House High, Ottery	Phoenix High, Manenberg
Fairmount High, Grassy Park	Rylands High, Athlone
Fezeka High, Gugulethu	Sophumelela High, Phillipi
Heideveld High, Heideveld	Spes Bona High, Athlone
Intsebenziswano High, Phillipi	Vuyiseka High, Phillipi
Modderdam High, Bonteheuwel	Zeekoevlei High, Zeekoevlei

HEALTH4LIFE COLLEGES

Boland College, Strand campus
College of Cape Town, Crawford, Pinelands, Wynberg and Gugulethu campuses
Northlink College, Belhar, Parow, Goodwood, Belville and Tygerberg campuses



⇒ PSYCHOSOCIAL COUNSELLING ⇐



553 Youth attended at least 2 out of a minimum of 3 sessions

One-on-one psychosocial counselling was offered to learners facing personal challenges. Learners could decide to make use of the service by themselves, but the majority was referred to the service by teachers or the HCT counsellors. The objective of these sessions was to improve the self-efficacy of the client to deal with their personal challenges.

COUNSELLING: TOP THEMES

- 1st - Relationship Problems (family)
- 2nd - School Problems
- 3rd - Bereavement
- 4th - Illness (e.g. HIV)
- 5th - Depression

⇒ STRAIGHT TALKS ⇐



51 Learners attended at least 2 out of the 4 sessions

Straight Talks involved four sexual and reproductive health talks with Grade 9 learners during LO classes. Topics included sexually transmitted infections (STIs), teenage pregnancy, prevention, and 'true love'. The objective of these talks was to improve learners' awareness and attitudes on sexual and reproductive health.

NOTE

At the beginning of the year, Life Choices made the strategic decision of not providing this component to schools. Schools were very disrupted by COVID regulations and contact times with learners had decreased a lot. We opted to stop any activity that required classroom time. One school insisted to continue with the component and that is the reason for the 51 learners reached.





Jy was baie gelukkig
toe iemand jou spesiaal
laat voel.
Skryf 'n paragraaf daaroor.

- Eng
- Eng
- NS
- Tech
- LO
- Afr
- Afr
- Ems
- Math
- Tech
- GEO
- Afr
- CA
- Math
- Math
- His
- Ems
- Eng
- LO
- GEO
- CA
- NS
- Math
- Math
- His
- Afr
- Ems
- NS
- Afr
- Math
- Tech
- Eng

≡ THE NEW NORMAL & RESILIENCE ≡



150

Learners provided with sessions on 'The New Normal and Resilience'

The Department of Education reached out to pilot an intervention with Grade 12's where they requested support to provide training to some of their learners. The sessions lasted for 1-hour and were piloted in two schools. The session covered resilience practices, learning from home discussions, developing study schedules and self-care.

⇒ COVID-19 RESPONSE ⇐



4,499

Learners provided with COVID-19 inductions in 18 High Schools

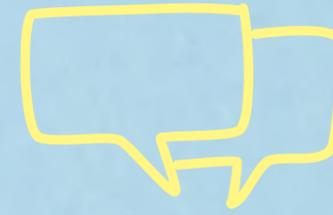
COVID inductions involved 45 minutes to one-hour sessions with Grade 8 learners during their school induction week. These sessions aim at interactively providing basic COVID information and introducing students to school COVID protocols.



295

Educators provided with COVID support sessions in 10 Schools

At the beginning of the year when schools were reopening, the country was coming out of the second wave. This wave had infected and killed many more people than the first wave. Educators were fearful to go back to schools and Principals reached out to us. We sent our therapists out to facilitate emotional support group sessions with educators. These sessions lasted for a minimum of one hour each.

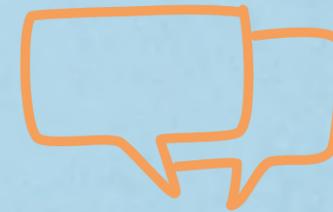


47

Youth working at the COVID vaccination centre

Partnerships with civil society and the private sector were needed to bolster the provincial government's vaccine roll-out and ensured that the province reached its vaccination targets.

At the end of May, Old Mutual joined forces with leading healthcare provider Netcare to open a private vaccination centre at the insurer's campus in Pinelands, Cape Town. The private vaccination site initially performed about 1,400 vaccinations a day, which soon increased to about 3,000 vaccinations per day. Old Mutual is a Life Choices donor and they invited Life Choices to join the partnership. Life Choices provided and managed the organisation's alumni to work as administrators and ushers in the centre.



30

Schools received PPE Donations

At the beginning of the year, we partnered with Western National Insurance to donate protective material to 30 high schools. The donation consisted of 22,500 L of Anolyte, 1,515L of Sanisparty, and 1,860 masks.

SUCCESS STORY

Meet Shamiel Davids

I grew up in an area that was unsafe due to gangsterism and drug dealing. Those 'bad' guys knew us because my friends and I were involved in break dancing. Ironically this protected my friends and me from the drug and alcohol influences in Lotus River.

I come from a family of four children. My father wasn't abusive but he drank a lot and he was a drug user. Mandrax was the drug of choice in those years. My Mom was a sick lady, suffering from asthma. Through my school years, neither of my parents worked – we lived off the benevolence of community. Life wasn't easy for me and my 3 siblings.

Growing up I decided I didn't want to be like my father, I wanted to be better than him. I realised I had to break the cycle of drug and alcohol abuse in my family. I left school in Gr 9 to start working to support my family because my parents had no income. I applied for a general job at Kirstenbosch, I worked there for 10 years during which time I grew and got promoted to the foreman position – I was the youngest foreman to work at Kirstenbosch. After 10 years I resigned to become a carpenter. I love working with my hands and fixing things, but life became tough when not having a regular income.

I was lucky because one day I was called to the school of my son, Zeekoevlei High, because he was in detention. Whilst I was there, the principal told me about a contract position at the school. I got the 3-month contract and now it's 8 years later and I am the caretaker at school.

My daughter also attended Zeekoevlei, during that time she attended a few Life Choices activities - Straight Talks sessions which focus on responsible sexual behaviour, HIV testing and counselling. As her Dad, I was happy for her to be exposed to this programme which spoke openly about the risks of irresponsible sexual behaviour. It also offered her a place for therapy which helped my daughter and ended up benefiting our whole family.



During my marriage, there has been infidelity, so when the Life Choices Health4Life team was at Zeekoevlei one day, the counsellor approached me to take an HIV test. My wife and I went together to take the test. We were both very relieved to find out that we had negative HIV status. We have been through stuff in our marriage but we have stuck together and worked it all out. This year we are celebrating 27 years of marriage together.

I was 45 when I had my first HIV test. Now I encourage everyone to know their status.

Being able to talk to the H4L counsellor when I needed it and have a safe sounding board, has been very encouraging and supportive. The counsellor walks the journey with you. It's an invaluable community offering, especially in a community where there is very little emotional support. The H4L counsellor has been a true friend to me over the years.

A year ago I found out that I was diabetic. It was shocking to hear this - my first place for support was the H4L counsellor who quietly listened to me, then encouraged me to be active, to eat healthily and to take my medication twice a day. This dedicated routine has helped me stay healthy and positioned me to start a table tennis club for the youth in the area.

My sole purpose has become to help youth stay off the streets, away from drugs and crime. I am also busy writing songs for the youth at school who do break-dancing. The words I write are all educational, influencing and encouraging the youth to make healthy choices – the principles I have learnt from the H4L programme. I finally feel like I am able to 'pay it forward'.

The H4L intervention at Zeekoevlei impacted my son as well. During his Grade 8 year, he attended a Health Promotion Talk at the school. The topic discussed was the impact of drugs in the community. From this, Shakeel took part in the drug poster competition at the school. He learnt about the negative effects of drugs on the mind and body and they discussed reasons for saying NO to drugs. I am proud of my son because now he is a positive influence with his friends, helping them understand why they should stay away from drugs.

When I look back over time, I see Life Choices as a long term partner. During COVID, Life Choices offered food vouchers to the poorest

families at the school which has been lifesaving as so many families live on the bread-line in Lotus River. And then when lockdown Level 5 dropped to Level 1 and the schools needed to reopen - Life Choices was there again with their continued support, providing COVID training to staff and students as well as providing sanitiser and a fogging machine to the school. As a school community, we are so grateful to Life Choices commitment and involvement in supporting our school.

My son and I now both encourage the youth at the school to be tested for HIV whenever H4L is at the school. The youth get excited when they know the counsellor is coming to the school – they accept that it is not something to be ashamed or fearful, and have replaced their thoughts with 'being informed is being empowered'.

I have become a true advocator for the H4L services. Another way I was able to get youth to take HIV tests at the school, was to get involved in coaching cricket to them – I made wickets for the school team, another parent donated bats, another helmet and gloves. I made a trophy out of wood for the youth to aspire to win. Our focus is on building a positive, healthy and safe community – no swearing, no bullying, no substance abuse. We focus on respecting one another. A condition of belonging to the cricket team requires to go for an HIV test with H4L counsellors. This offers a safe place for kids to be able to talk to a counsellor.

I am deeply thankful to Life Choices for their care and the initiatives which have helped our youth and our school. For an NPO, they are doing valuable work which is having a great impact in our community.





OUR IMPACT

Health4Life has four key objectives:

To improve knowledge of personal health status and HIV related health behaviours among youth at Life Choices targeted schools

To improve the awareness and attitudes of school-going youth on sexual and reproductive health and other adolescent health issues at Life Choices targeted schools

To improve the mental health of school-going youth that utilise the Life Choices psychosocial support

To improve knowledge of personal health status and health behaviours among “hard to reach” populations living in Life Choices targeted communities

Evaluation Methodology

This year, we evaluated three components of the program. Data was collected for the HCT School evaluation by administering pre- and post-HCT questionnaires to 165 learners. Data was collected with 26 clients via telephonic follow-up interviews to evaluate psychosocial support. And finally, data was collected with 63 educators through a semi-structured questionnaire to evaluate the Educators COVID support component.

⇒ OUR IMPACT ⇐

HCT Findings in Schools

I. Risk Profile

A section of the questionnaires focused on gathering information on the risk profile of the beneficiaries accessing HCT services. Learners were asked whether or not they had had sex, 45% (n = 75) said ‘Yes’ and 55% (n = 90) said ‘No’.

Sexually active learners

Those who had had sex previously were asked questions about their last sexual encounter as can be seen in the chart below.



Did you know the HIV status of the last person you had sex with?



Did you use drugs or alcohol before the last time you had sex?



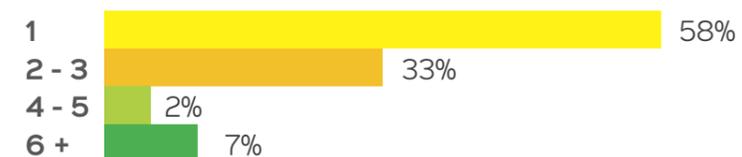
Did you use a condom the last time you had sex?



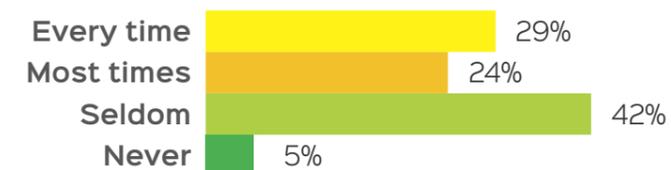
Of those learners who had had sex before (n = 75), **63% did not know the HIV status** of the last person they had sex with, 17% reported using drugs or alcohol before the last time they had sex, and 44% indicated that they had not used a condom.

Learners were then asked if they had had **sex in the past 6 months, and 73% (n = 55) indicated that they had.** These learners were then asked questions about their behaviour currently and in the past 6 months.

How many different people have you had sex with in the last 6 months?



How often did you use a condom in the last 6 months?

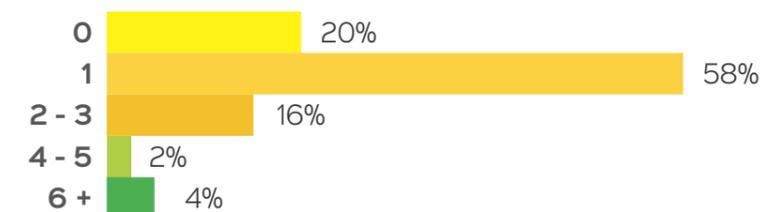


How often did you use drugs or alcohol before you had sex in the last 6 months?



Learners were also asked about their **current sexual relationships.**

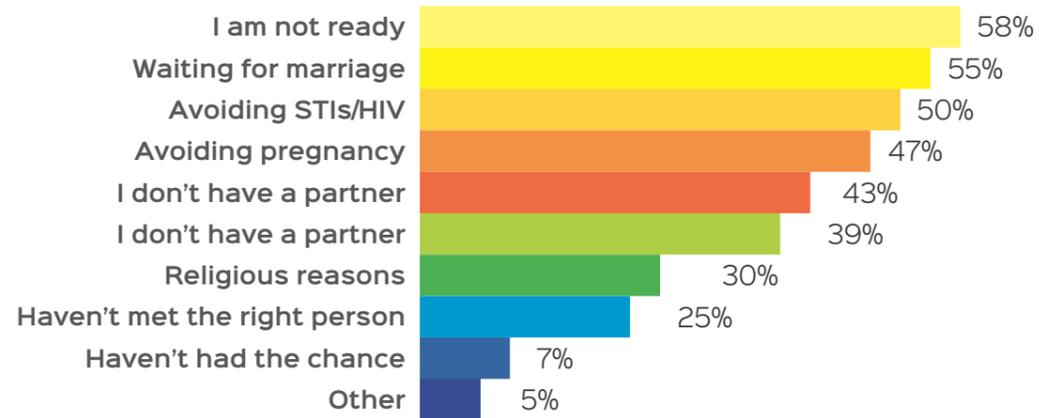
How many people are you in a sexual relationship with at the moment?



Non-sexually active learners

The majority of learners (55%; n = 90) indicated that they had not had sex before. They were asked what their reasons were and could select as many as were applicable.

How many people are you in a sexual relationship with at the moment?



2. Are youth satisfied with the HCT service?

In a post-HCT survey, learners were asked to rate how much they agreed with five statements on their HCT session (1 = strongly disagree; 7 = strongly agree).

- I felt ready to receive my test results [6.4]
- I had enough time to speak or ask questions [6.6]
- I understood everything the counsellor said [6.8]
- The counsellor made me feel comfortable [6.7]
- The counsellor was friendly [6.8]

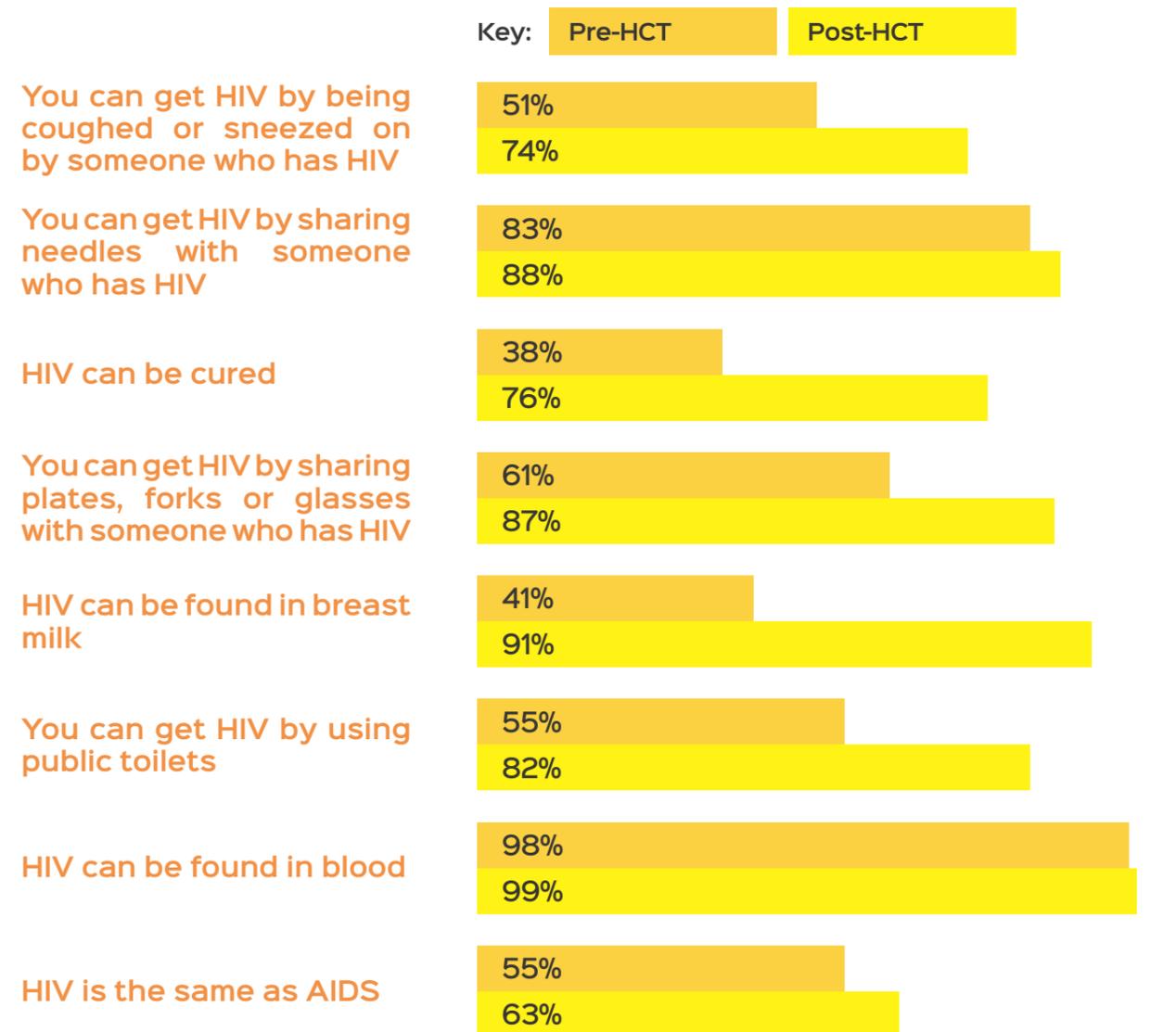
Learners were asked, “How likely are you to recommend the H4L services to a friend who wants HCT” on a 10-point scale (0 = “Not at all likely”; 10 = “Extremely likely”). Their responses were grouped into three categories: Detractors (scores from 0 to 6), Passives (scores from 7 to 8), and Promoters (scores from 9 to 10).



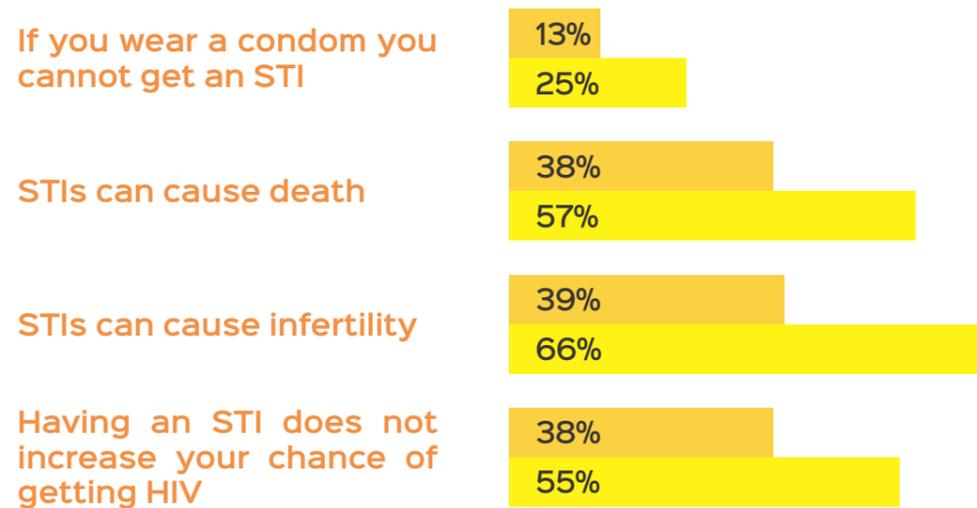
The net promoter score is calculated by subtracting the % of detractors from the % of promoters and can therefore range from -100 to +100. A score of above 0 is considered good, a score of above 50 is considered excellent, and a score above 70 is considered world-class. Health4Life overall Net Promoter Score is +72, which means students perceive the service as world-class.

3. Do youth have improved knowledge of HIV, TB and STIs as a result of HCT?

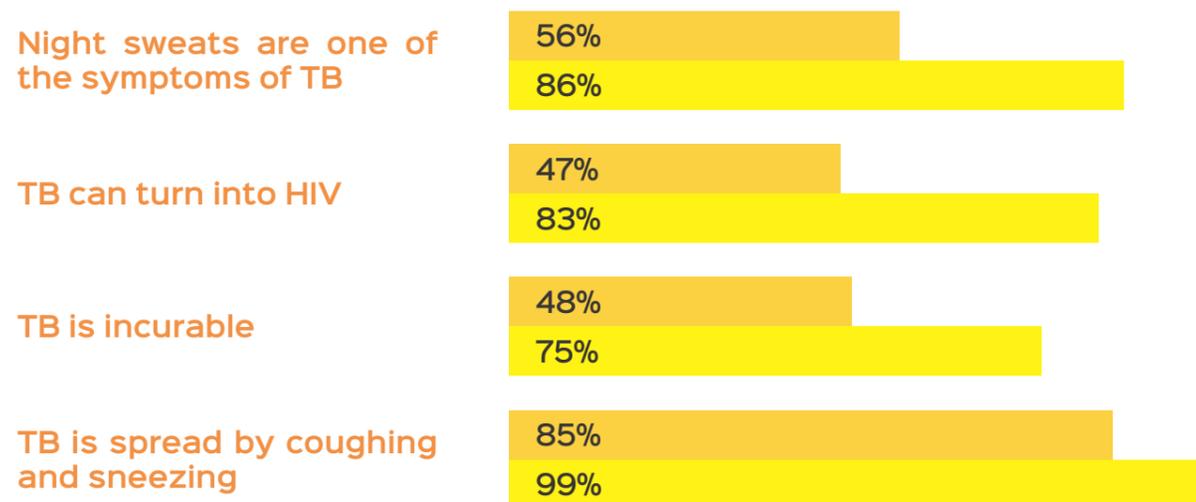
To test the improvement of knowledge, learners were given 16 true/false questions before and immediately after their HCT session. They also had the option to answer “I don't know”. The items related to HIV, TB and STIs. **The proportions of learners giving the correct response per HIV question are presented below.**



The proportions of learners giving the correct response per **STI** question are presented below.



The proportions of learners giving the correct response per **TB** question are presented below



Not only were youth tested on their HIV, TB and STI knowledge before and after HCT, they were also asked whether they thought they gained any new knowledge on these topics (1 = strongly disagree; 7 = strongly agree). Their average scores per item are presented in the chart below.

- The session taught me something new about STIs [6.8]
- The session taught me something new about TB [6.7]
- The session taught me something new about HIV [6.7]

SUMMARY

Learners showed increases in correct knowledge on **all items** measuring HIV, STI and TB factual knowledge. Some increases were larger than others, however the smaller increases were generally due to high baseline scores. The items with the largest increases were “HIV can be found in breastmilk” (+50%), “HIV can be cured” (+38%) and “TB can turn into HIV” (+36%).

On average, learners also strongly agreed that they had learnt something new about HIV, TB and STIs during the session with the lowest score being 6.7 out of 7.

4. Do youth have improved self-efficacy to reduce their risk as a result of HCT?

To measure improvements in self-efficacy, learners were given 3 statements to rate on a four-point scale (1 = strongly disagree; 4 = strongly agree) **pre-** and **post-HCT**. The average ratings per statement are presented in the figure below.



Learners were also asked **whether they had planned with their counsellor to reduce their personal HIV risk** (as this is part of the HCT protocol). The distribution of responses is presented in the figure below.



Learners who said that they had made a plan were then asked **how much of their plan they thought they would implement**. The distribution of responses is presented below.



All learners were also asked **what they intended to change after the session**, they could select as many options as they felt were applicable, the proportion of learners selecting each response is shown below (n = 163).

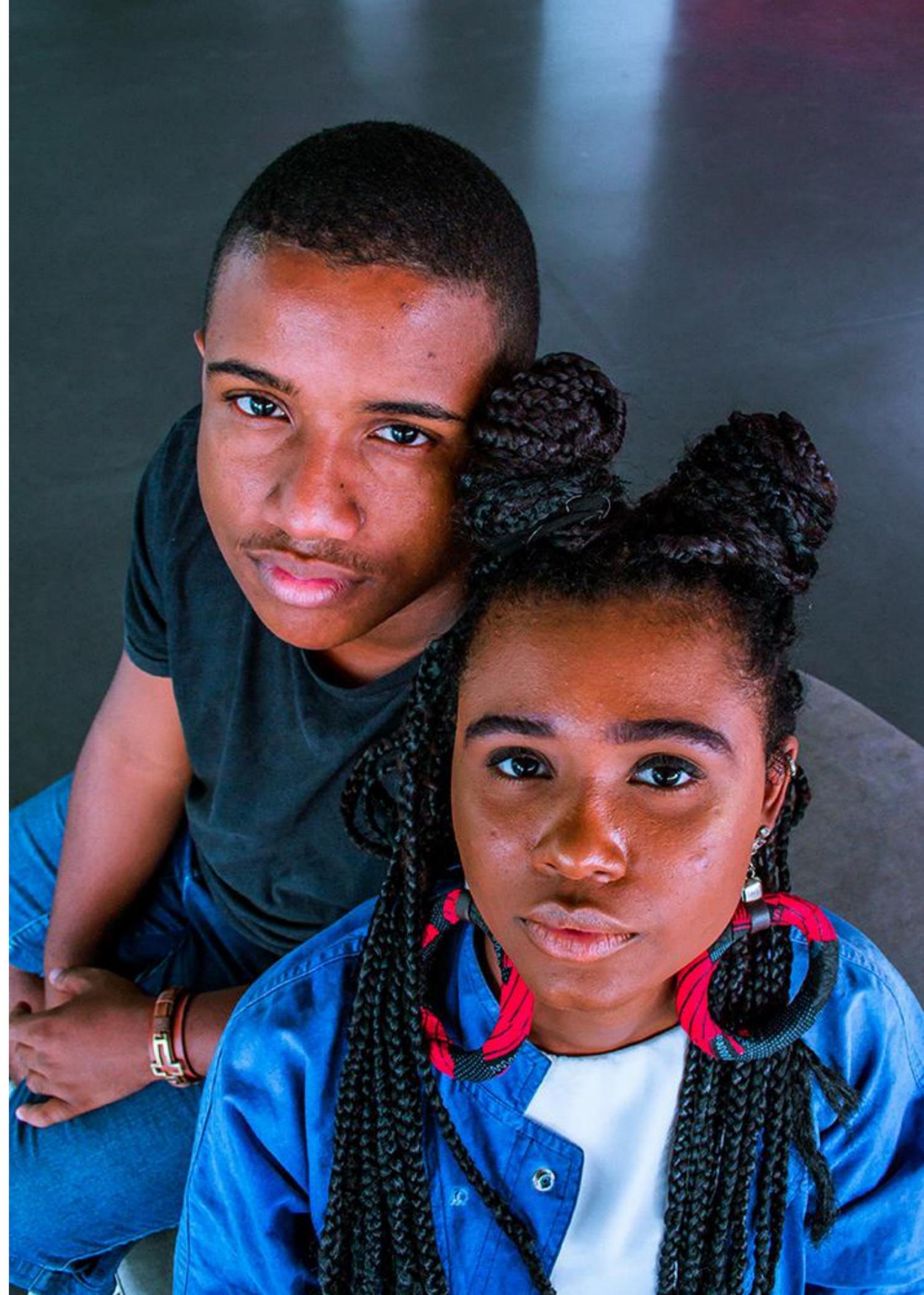


SUMMARY

There were significant improvements on all three items measuring clients' self-efficacy to reduce their risk (i.e. to use a condom properly, to say to sex, and to ask their partner to use a condom).

86% of clients said they had made a plan with their counsellor to reduce their HIV risk. Of these clients, 85% said that they intended to implement all of the plan.

The most frequently mentioned change that the clients would implement was using a condom each time they had sex (53%).



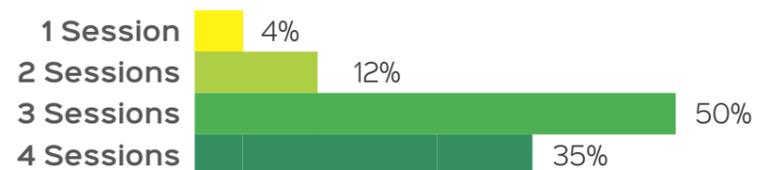
⇒ OUR iMPACT ⇐

Psychosocial Support Findings

I. Do clients have improved self-efficacy to deal with their challenges?

Of the clients who participated in the follow-up interview, the majority had attended three (50%, n = 13) or four (35%, n = 9) counselling sessions as illustrated below:

Number of sessions attended:



Clients were asked whether their attendance at counselling sessions had been out of their own choice or whether they had been referred to this service by someone else (such as a teacher or programme counsellor). The majority of respondents (73%, n = 19) said they had been referred by someone else.

Counselling session attendance



The majority of these respondents (88%, n = 23) also said that the service had been beneficial to them:

"I found the session beneficial since it assisted me in overcoming my challenges, and she helped me understand that what happened to me was not my fault."

"It helped me cope with the loss of my mother."

"I was really worried when I was writing my exams. She told me that instead of worrying, I should focus on studying. She gave me a study timetable that I can use. She also gave me some old exam papers that I could use as well."

"It was just nice to have a human being on your side, to have somebody on your side. Just having access to a counsellor, these things are expensive."

"It was a huge relief to be able to speak to someone that really understood what I was going through, so it helped with my anxiety and depression."

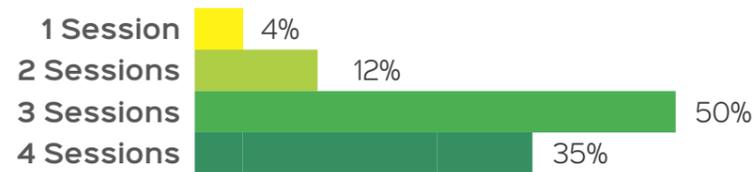
To ascertain improvements in self-efficacy, clients were asked whether they felt they were better able to cope with their challenges after having attended counselling sessions. The majority of respondents answered "Yes" (88%, n = 23), presented in the figure below:

Did you feel better or able to cope with your challenges after counselling?



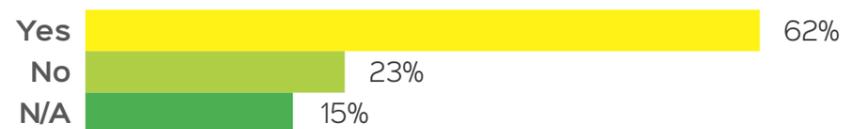
Respondents were also asked whether their challenges had remained minimized since attending counselling sessions. 62% (n = 16) of respondents felt that they had.

Number of sessions attended:



Clients were asked whether their attendance at counselling sessions had been out of their own choice or whether they had been referred to this service by someone else (such as a teacher or programme counsellor). The majority of respondents (73%, n = 19) said they had been referred by someone else.

Has your personal challenge remained minimized?



SUMMARY

Although the majority of clients (73%) had been referred to counselling sessions by someone else, most respondents (88%) conceded that the service had been of benefit to them *“It was a huge relief to be able to speak to someone that really understood what I was going through...”*

A large proportion of respondents (88%) also agreed that they were better able to cope with their challenges after having attended counselling sessions, and for 62% of respondents their personal challenge remained minimized.

2. Do clients implement plans developed?

During counselling sessions, counsellors typically help clients develop a plan that will assist them to deal with the challenges they are facing.

During follow-up interviews, clients were asked whether they could remember their counsellor helping them develop such a plan. Out of all the respondents, 88% (n = 23) agreed that the counsellor had helped them develop a plan. The follow-up interview then went on to explore what the process of implementing that plan was like for clients. Responses and quotes are presented below:

Do clients implement the developed plans?



“It was hard at first but I then remembered the Art of being silent when being provoked and then when got home I wrote on my journal how I felt when I was being provoked then I felt better and did not harm myself.”

“The task was a bit difficult; because it was something I have not done before but it is better now because whenever I have a problem, I just grab a piece of paper and a pen and jot it down. Nobody is going to see what’s going on within, so when I’m hurt, I just write it down.”

“It was both challenging and easy. It was easy because it wanted to get better, and challenging because it was a painful process. It is an uncomfortable thing to look at your life, look at your heart, and deal with your pain. It is very uncomfortable.”

“It was a bit challenging at first, but the counsellor was very helpful because he told me his own story, which kind of related to mine, and I felt better knowing that he also went through the same pain I was going through.”

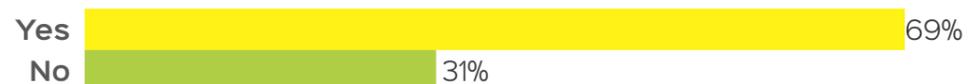
SUMMARY

The majority of respondents (69%) reported that they had implemented the plan that was developed with the counsellor. However, respondents also mentioned that putting their plans into action had been challenging.

3. Do clients feel supported by the counsellors to implement their developed plan?

Clients were also asked whether they felt supported by counsellors after having developed their plan, especially in terms of implementing this plan after attending counselling sessions. A total of 69% (n = 18) of respondents felt that counsellors had been supportive during this process, while 31% (n = 8) felt that they had not. To understand why such a large proportion of clients felt counsellors had not supported the plan implementation process, follow-up interviews asked for clients to provide some feedback.

Do clients feel supported during plan implementation?



“Although no support was provided, he told me that I was more than welcome to contact him if necessary.”

“It was a struggle, but he also helped me develop the plan and helped me all the way through, but he was very busy, so he referred me and I called them for further support.”

SUMMARY

69% of respondents felt that counsellors were a support during the implementation of their plans. Respondents who answered this question negatively (31%) (i.e. counsellors were NOT supportive during plan implementation) explained that they had answered in this way because there had not been any additional follow-up by counsellors. However, these respondents also clarified that counsellors had offered their support if clients wished to reach out at a later stage, and that some clients simply had not felt able to do so (“...I never reached out to him...”; “he told me that I was more than welcome to contact him...”)

4. Do clients have improved knowledge of other specialized services where necessary?

Counselling can also improve client knowledge of health services through referrals to other services in their communities. Clients were asked whether counsellors shared referral information with them, to which 62% (n = 16) of respondents answer affirmatively. Responses are presented in the figure below.

Did the counsellor share referral service information with you?



SUMMARY

62% of clients recalled that counsellors had shared referral information with them.

Overall, clients would have liked additional sessions, more privacy around sessions and for counsellors to follow-up.



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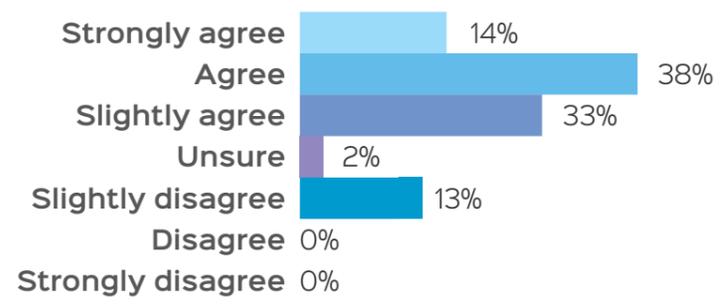
COVID Support

I. Are covid debriefings perceived to be beneficial/useful to teachers?

To continue assisting principals and teaching staff with COVID-19-related challenges, Life Choices facilitated COVID-19 debriefing sessions.

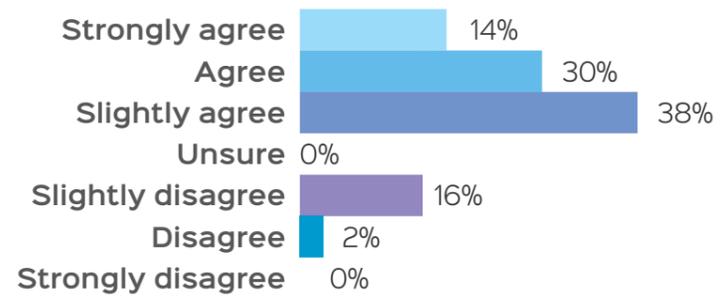
Participants were asked to rate the extent to which they agreed/disagreed with various statements focused on session content on a seven-point scale.

I found the debriefing to be useful



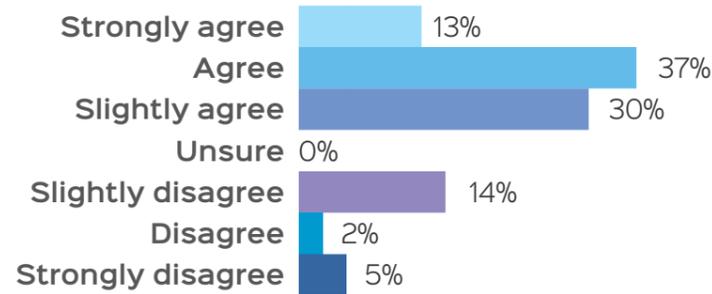
The majority of respondents (85%; n = 53) “slightly agreed”, “agreed” or “strongly agreed” that the debriefing session had been useful, because *“It gave us space to connect with our feelings.”* Similarly, a large proportion of respondents (82%; n = 51) felt that they had learnt something new (*“Learning how to help others with grief”; “I learnt about the ways to deal with grief”*) as presented in the figure below:

I learned something new



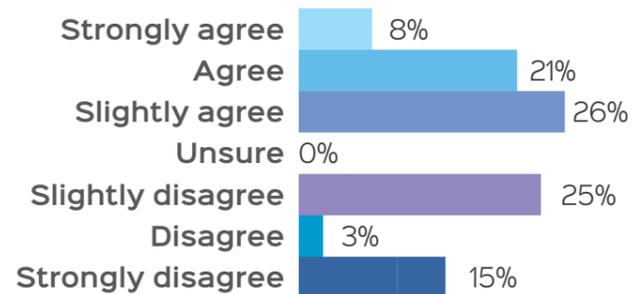
Further to this, clients were asked to rate how much they agreed/ disagreed with the statement that the session had helped them cope with Covid-related anxiety. Their responses are depicted below:

The debriefing helped me cope with COVID-anxiety



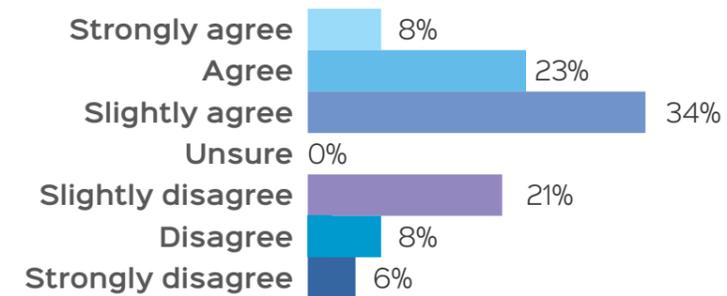
Of the respondents, 80% (n = 50) “slightly agreed”, “agreed” or “strongly agreed” that they had experienced Covid-related trauma, as presented in the figure below. And of those experiencing Covid-related trauma, 58% (n = 29) “slightly agreed”, “agreed” or “strongly agreed” that the debriefing session had assisted them in coping with this.

I have experienced/am experiencing COVID-related trauma

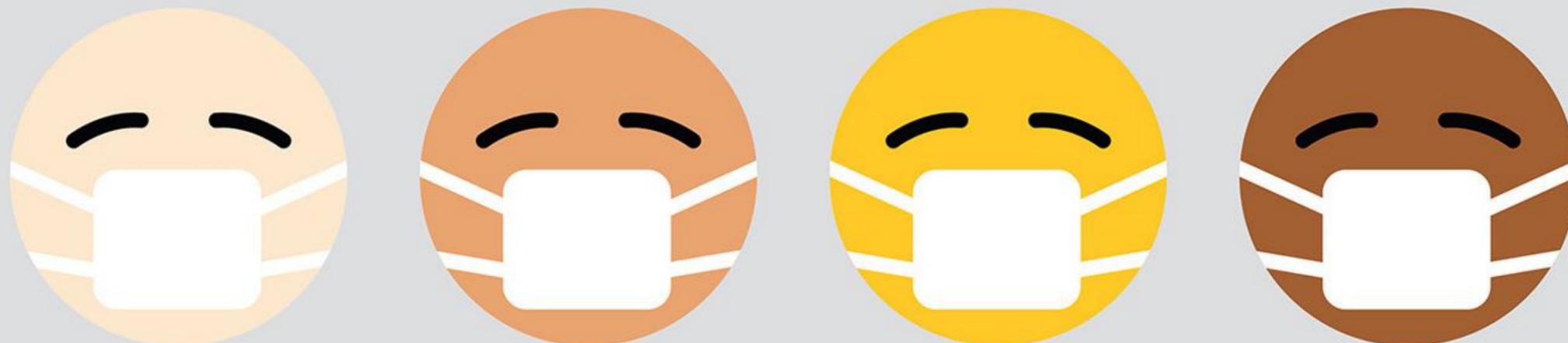
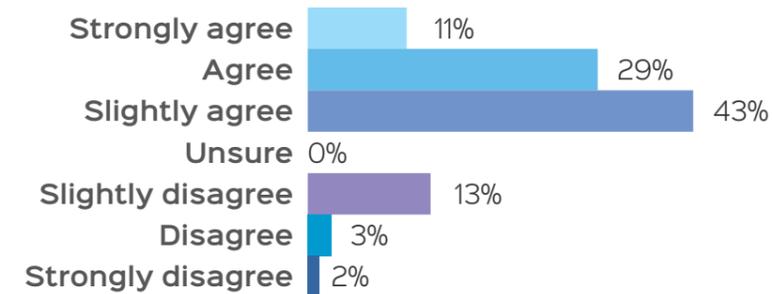


Due to the fact that a large focus of the sessions was on grief, participants were asked whether the session had helped them deal with their own Covid-related grief, and/or whether the session had helped participants better understand how to assist others working through this kind of grief. Responses for both of these questions are depicted below and illustrate a slight positive skew in the distribution of positive responses for answers to whether the session helped with one’s own grief. However, a large proportion of respondents (83%; n = 52) agreed to some extent that the session had helped them better understand how to help others dealing with Covid-related grief.

The session helped me to deal with COVID-related grief

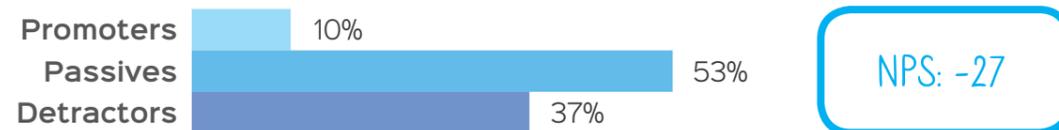


The session helped me understand how to assist others working through COVID-related grief



Despite the fact that participants had rated the session relatively positively in terms of its usefulness, having learnt something new, and having a better understanding of how to assist others through their Covid-related grief, it would seem that participants are not likely to recommend the session to friends or colleagues, as presented by the NPS of -27, presented below:

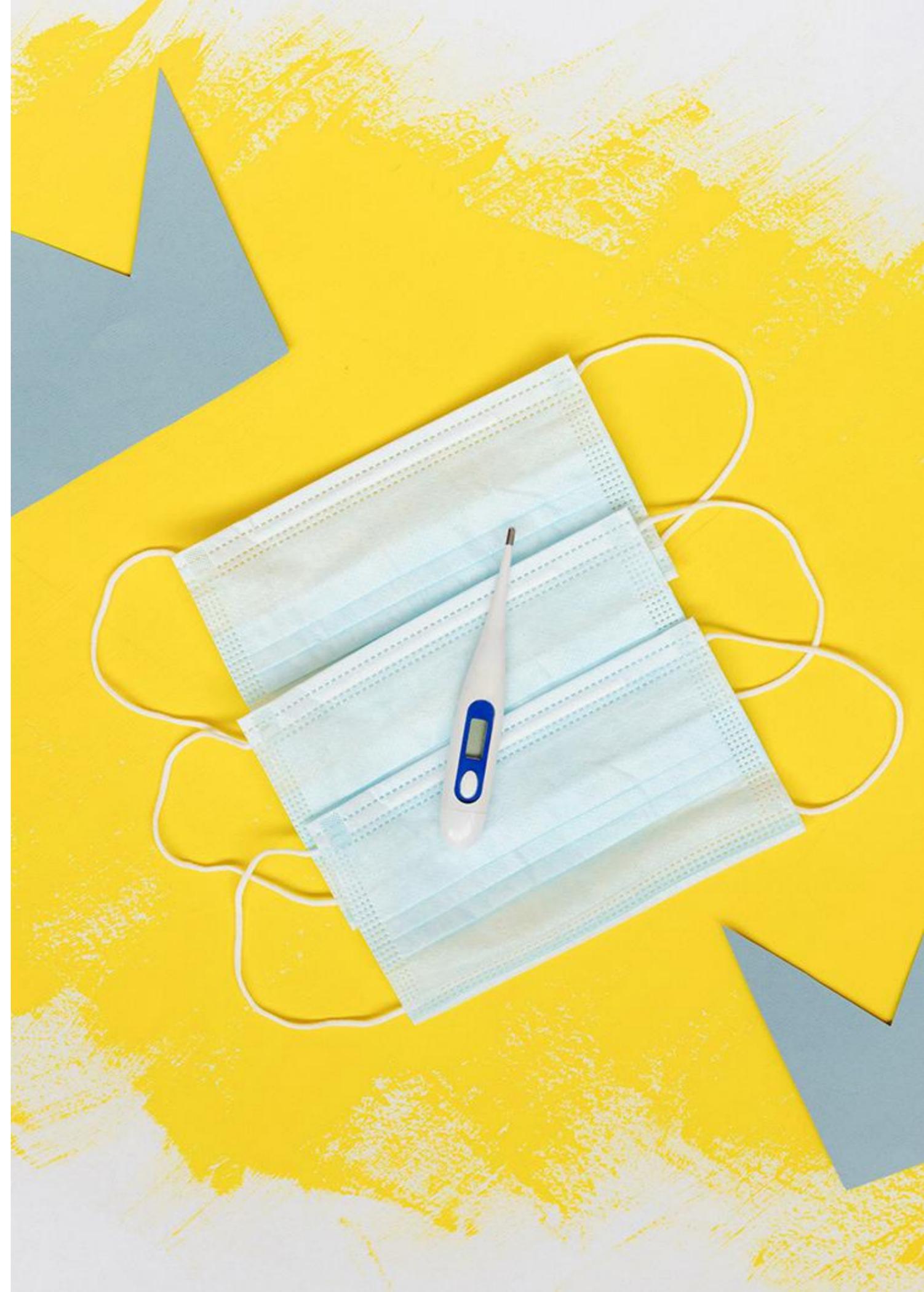
Net Promoter Score: On a scale of 1-10, how likely are you to recommend this session to a friend or colleague?



Some of the reasons provided for this included that: *“The session felt forced”*; that the session could have been better spaced over several days (*“The session can be for two days in order to cover the content bit by bit”*) and that *“It was uncomfortable to speak about anxiety and stress because it was private and having to share it with colleagues that you rarely share it with should not be done.”*

SUMMARY: ARE COVID DEBRIEFINGS USEFUL?

Respondents agreed that the Covid debriefing sessions had been somewhat useful (85%), provided new learnings (82%), and aided them in better understanding how to assist others experiencing Covid-related loss and grief (83%). However, the overall NPS for this programme component (-27) indicates that participants would not recommend this session to friends and/or colleagues.



⇒ FINANCES ⇐

Life Choices carefully stewards the donations we receive from supporters like you. We are committed to spending your contributions efficiently and transparently.

INCOME 2021

CTAOP – The Entertainment Co	1 308 735
Don Bosco Jugendhilfe Weltweit	857 485
Misereor	454 157
Scheck Stiftung	99 569
V.I.K. Stiftung – Don Bosco	126 688
Van Kesteren Foundation	200 000
LC Contribution	1 486 710
TOTAL	4 533 344

Note: Included in the above is the income of R63 344 to be deferred to the 2022 financial year.

EXPENSES 2021

Overhead Costs	1 189 985
Programme Costs	2 487 682
M&E Costs	293 273
Admin Costs	499 060
TOTAL	4 470 000

⇒ VISIONARY PARTNERS ⇐

Kind-hearted supporters like you power Life Choices' mission. Thank you for your ongoing support and generous contribution.



HEALTH  LIFE

 life choices



2022

AND SO WE PRESS ON 
UNTIL YOUTH
ARE HEALTHY

In 2006, we set out to transform young people's lives by providing 'youth-friendly' health services. We made a commitment, and year after year, we powered through highs, lows and many learning curves. And it's all thanks to the incredible community of supporters we have been able to gather over the years that our work has been possible despite COVID and all the interruptions. Together in 2022, we will continue changing youth's lives.

