



HEALTH4LIFE

AGAINST ALL ODDS

2020 ANNUAL REPORT 

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MOTIVATION ↗

# MEET SHIREENA KAMISH

“Growing up in Hanover Park on the Cape Flats, I attended school in Kensington. Although our neighbourhood was afflicted by extreme drug and alcohol abuse, poverty, violence and organised crime failing to offer quality public spaces for children to be safe in, I was fortunate to come from a solid family.

I was the youngest of three children living with our mom and dad. As a child I think teaching was predestined for me, I recall reading often to younger kids at home. However, when I left school, Teaching Colleges had closed down as there was a surplus of teachers on the market at the time. So instead, I studied business management.

During my final year of studies, I got married and soon after graduation, our first son was born. Soon after I fell pregnant with our second child, which forced me to stay home to look after them for three years before I returned to work at a meat wholesaler. We had our third son after a few years, but this time I carried on working as we could not afford any other situation.

Because of our financial difficulties we lived with our parents since we married, initially with my mother in law, then with my parents, then back to my in-laws. The financial struggling and interference from our families did take its toll on my marriage.

Retrospectively I can see that given my work demands, being a mom to three boys and trying to manage the complexity of living with parents, my husband wasn't getting the attention he deserved. He got involved with another woman and this resulted in us getting divorced. He remarried three months after our divorce, the impact on our sons and myself was enormous. The boys went through a phase of not wanting to see or talk to

their dad, who had never integrated them into his new marriage.

Meanwhile, my anger at his betrayal boiled below the surface. I did not have the time to process what had just happened, I was too busy with everything else. The boys needed me, as did my mom, who was diabetic and had had both legs amputated. Because I had moved back to my parents to care for them, my Dad offered me his retirement money as an opportunity to follow my dream to become a teacher. This was my time! My first passion, to teach, became my focus. I continued working whilst studying through UNISA. There were so many times I wanted to quit – juggling being a single mom, caring for my parents, working and studying often felt just too much. But I stuck it out and at 40 years old I graduated as a teacher. It has been the highlight in my life. I felt so proud to call myself a teacher.

I became a teacher at Rylands High – my first year was tough learning, it was difficult to get into the pace and role of being a teacher. During this time, one of my colleagues booked me a psycho-social session with the Life Choices Health4Life therapist. I never realised what an emotional mess I was in. Attending sessions with the therapist offered a place of safety to talk, to be heard and to be cared for. It also helped me to work through my unhealthy and angry emotions.

As a key learning from the sessions, I looked at the forgiveness of myself and my ex-husband. We also worked on a self-care programme for me which resulted in me joining a karate group with my sons. Looking back I can see that this gave me an outlet for my anger as well as a practice in how to deal with the stress I was carrying, because of all the responsibilities I had. I got to see that I deserve a place in the world as well.”

Attending sessions with  
the therapist offered a place  
of safety to talk...

MOTIVATION ↗

# THANKS TO YOUR SUPPORT...

“That was the start of my healing, I subsequently joined a hiking club with my colleagues. Nature became also a healer and I finally found a way to balance my life.

Whilst I was healing and getting stronger, my eldest son was struggling to cope at university and started cutting himself. He ended up dropping out of university and he didn't know how to tell me what was going on. My middle son, who was in matric, saw him cutting himself. The impact on both of them was devastating and I didn't have the skills to deal with it. Once again I turned to the Health4Life therapist for help. He agreed to work with my son.

Through the sessions, my son started facing his emotional pain. We soon started noticing healthy behavioural changes. He was able to rebuild his self-image, to the point that he was ready to go to work, getting a job in a call centre. I can't imagine how I would have been able to care for my son, had it not been for the professional psycho-social support from Life Choices.

It was during this time that the therapist mentioned the Life Choices Coding Academy and encouraged my son to apply. His support resulted in both my elder sons studying coding at Life Choices. The Academy helps learners to get paid-internships, both my sons got to do them. My middle son's internship was extended into full-time work where he is building his career in tech, whilst my eldest son couldn't get work in coding, so he

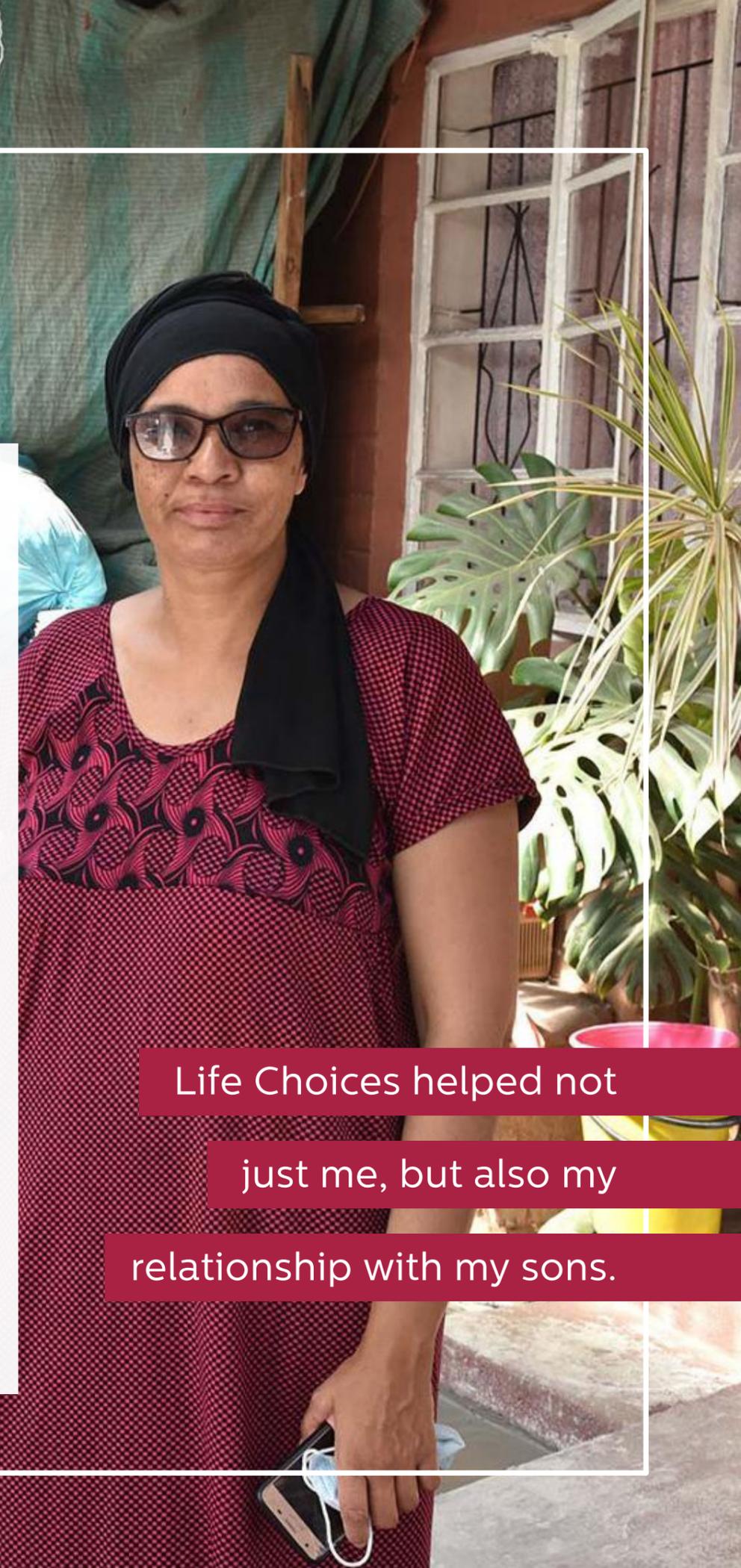
went back into the call centre environment.

Through self-awareness I gained from the psycho-social support at Life Choices, I am now able to “challenge” my eldest son to not be a victim. I am working with him to become empowered and to create the future that he wants. Without my journey with the therapist, I don't think I would have been as positive and determined to have my son stand on his feet.

Looking back, I feel that Life Choices helped not just me, but also my relationship with my sons, whose young lives had been negatively affected by the divorce. I got to see that after my divorce that I had become a victim and this directly impacted on the way I used to speak to my sons. It gave me the chance to ‘clear’ that with my boys who were also able to reflect on what I had been through and were able to accept that I had done the best I could do with what I had at the time.

I now openly share my story with my learners and my colleagues and encourage them to seek support when they are struggling. It gives me enormous pleasure to pay forward the personal growth and development I got from the work Life Choices does at our school.”

Life Choices helped not  
just me, but also my  
relationship with my sons.



# OUR GOAL

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.*



# WORK

## HIV COUNSELLING & TESTING (INTENDED WORK)

HCT services are offered to learners from all grades in the 19 Health4Life schools and surrounding communities. The objective of HCT is to improve clients' knowledge of their personal health status and improve their HIV related health behaviours. During HCT, information is shared about HIV, TB and STIs and the counsellors test clients for HIV and screen them for STIs and TB. Sessions are about 30-40 minutes long and the counsellors develop risk reduction plans with clients. Clients who test positive for HIV or screen positive for TB or STI's are followed-up by counsellors (face-to-face in schools and telephonically in communities).

**6,000**  
TARGET

**2,640**  
REACHED

### GENDER DISTRIBUTION



### RACE DISTRIBUTION



### AGE DISTRIBUTION



## CHALLENGES

In 2020, we were unable to provide this service for the majority of the year (7 months). This was due to the lockdown restrictions and also to protect the safety of the team.

Due to COVID, we could no longer use our mobile clinic because the counselling rooms are too small to respect social distancing guidelines. All services are now provided in well-ventilated tents.

## COVID-19 CALLS (ADDED WORK)

During lockdown, calls were made aimed at finding out how past and present beneficiaries were doing, creating awareness around COVID-19 and government regulations; and linking people to resources (e.g. food parcels, government grants).

**0**  
TARGET

**1,578**  
REACHED

### GENDER DISTRIBUTION



### RACE DISTRIBUTION

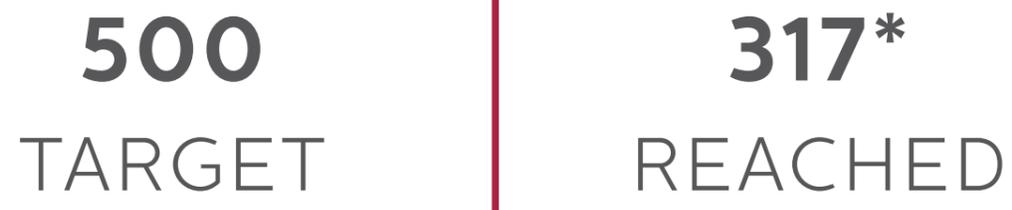


# WORK

## PSYCHOSOCIAL SUPPORT

(INTENDED WORK)

One-on-one psychosocial counselling was also offered to learners facing personal challenges. On average each client is offered 3-4 sessions. Learners are referred to this service by Educators and HCT counsellors. The objective of these sessions is to improve the self-efficacy of clients to deal with their personal challenges.



### GENDER DISTRIBUTION



### RACE DISTRIBUTION



### AGE DISTRIBUTION



### CHALLENGES

This service was also interrupted for many months as schools were closed (end of March). We were able to re-introduce this service back into schools in July/August.

\*An addition of 44 parents were provided with psychosocial support sessions.

## COVID-19 PSYCHOSOCIAL SUPPORT (ADDED WORK)

Life Choices set up a free therapy hotline in April 2020. The number was distributed via social media platforms. Anyone who reached out was called by one of our counsellors and offered telephonic therapy for free.



### GENDER DISTRIBUTION



### RACE DISTRIBUTION



### AGE DISTRIBUTION



# WORK

## STRAIGHT TALKS (INTENDED WORK)

Straight Talks involve four sexual and reproductive health talks with Grade 9 learners. Topics include sexually transmitted infections (STIs), teenage pregnancy, prevention, and 'true love'. The objective of these talks is to improve learners' awareness and attitudes towards sexual and reproductive health. Learners count as reached when they have attended two sessions minimum.

**3,000**  
TARGET

**2,737**  
REACHED

### GENDER DISTRIBUTION



### RACE DISTRIBUTION



### AGE DISTRIBUTION



## COVID-19 INDUCTIONS (ADDED WORK)

As schools started to open to various Grades, Life Choices facilitators ran COVID inductions with learners. The talks were at least 1 hour in duration and were provided to learners on their first day back at the school. These talks aimed to create awareness around COVID-19, as well as to educate learners on what they should and shouldn't do to ensure everyone's maximum safety. Learners also received a handout with relevant COVID information and new school protocols related to COVID. The sessions ran from June to October.

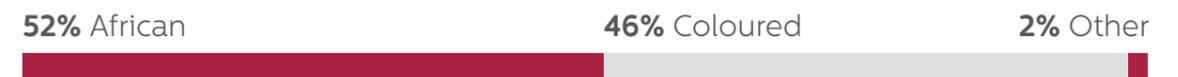
**0**  
TARGET

**14,205**  
REACHED

### GENDER DISTRIBUTION



### RACE DISTRIBUTION



# IMPACT

Our Health4Life programme consists of various large activities and for this reason evaluations are conducted on a three-year cycle. Methods used between 2018 and 2020, to evaluate the various programme components are presented below:

Programme Components	2018	2019	2020
Straight Talks	Straight Talk attendance registers Post-Straight Talk surveys (448 learners from 6 schools)	-	-
HCT	HCT client records Pre- and post-HCT surveys (160 learners)	HCT observations (39 sessions at 12 schools) 1-year follow-up surveys (53 learners)	Follow-up call monitoring data Bulk SMS monitoring records
Health Campaigns	Health Campaign attendance registers	Health Campaign observations (only two completed) Post-Health Campaign surveys (77 learners from 6 schools)	-
Psycho-social Counselling	Counselling client records Post-counselling surveys (36 learners)	Psycho-social counselling observations (21) Post-counselling surveys (53 learners) Exit interviews (4 clients)	Exit interviews (16 clients)



# IMPACT

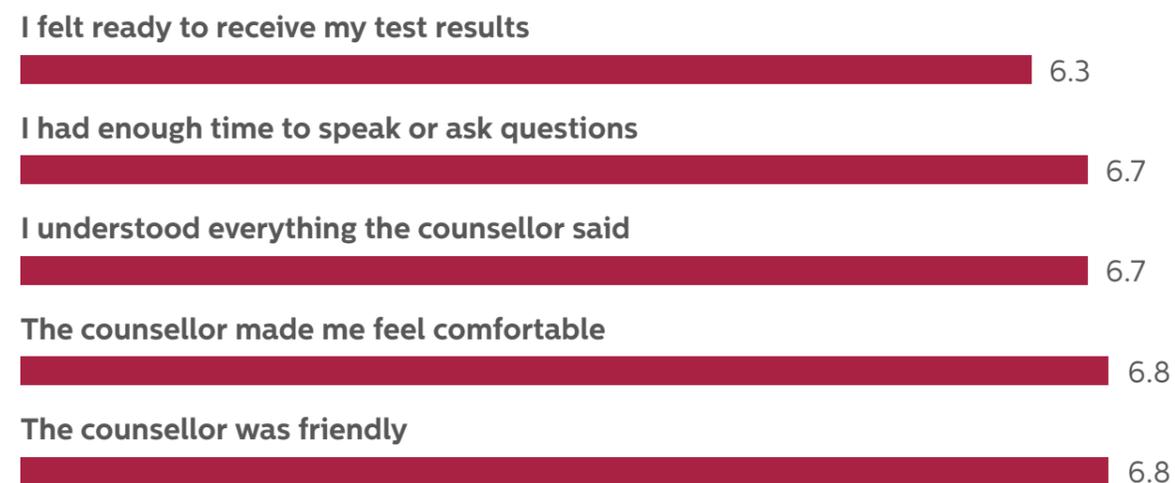
## 1. SCHOOL HIV COUNSELLING AND TESTING

### 1.1 Are youth satisfied with HCT services?

In 2018, Life Choices set out to obtain data on student satisfaction of HCT services. This was collected by administering pre- and post-HCT questionnaires to 160 learners. 55% identified as female and 45% identified as male. Learners from across the Grades were represented but most were in Grade 9 (55%).

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

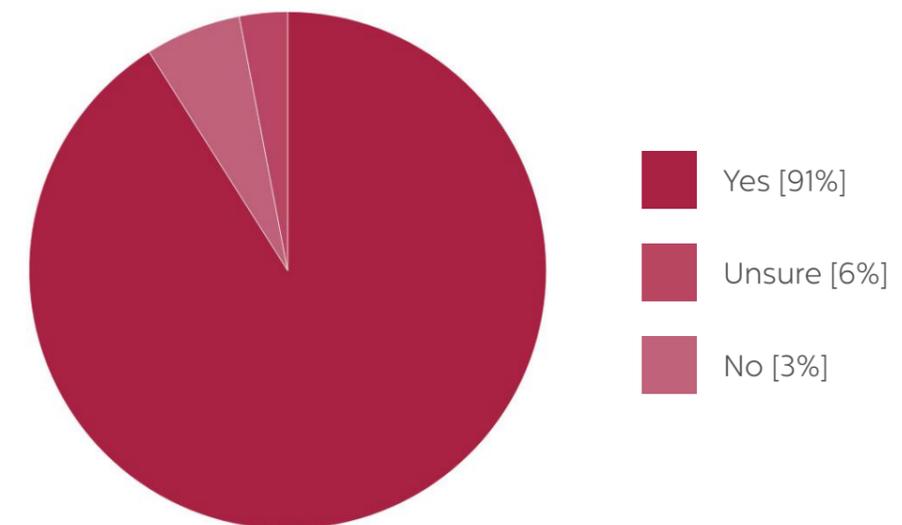
**On average, learners rated the HCT process at least a 6.3 out of 7**



### 1.2 Do youth show increases in secondary abstinence, safer sex practices and/or delayed sexual debut after 1 year?

In 2018 and 2019, youth were asked to indicate whether they had planned with their counsellor to reduce their personal HIV risk (as this is part of the HCT protocol).

### Did youth develop risk reduction plans with counsellors?



As illustrated in the diagram above, 91% of respondents across the two years recalled having developed a risk reduction plan with their counsellor during their HCT counselling and testing session.

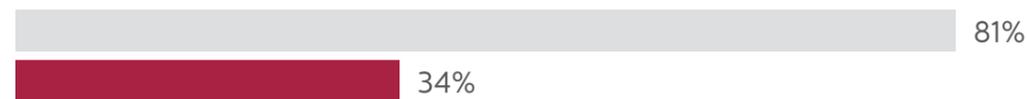
# IMPACT

The post-HCT survey from 2018 asked participants to indicate how much of the risk reduction plan they intended to put in place. Follow-up surveys in 2019 required participants to comment on how much of their plan they ended up putting into action.

## Risk reductions plan implementation

Learners intending to implement plan vs reported implementation of plan.

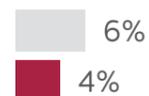
### All of it



### Some of it



### None of it



### Don't remember



### No answer



 Plan Intention  Plan Implementation

A total of 42% of respondents in 2019 reported that they had managed to put some of their risk reduction plans into place, while 34% of respondents reported having put their entire risk reduction plan into place.

Surveys administered post-HCT in 2018 also asked learners to decide which behaviours they intended to take forward into their lives to reduce their risk of HIV infection. Similarly, participants were asked at one-year follow-up, to report which behaviours they had implemented since their HCT session in 2018. A sample of 40 learners answered these questions in 2018 and in 2019.

The following table illustrates the proportion of learners who reported plans to change any of the seven behaviours listed, as well as the proportion of learners who reported with which of these behaviours they were able to follow through.

## Risk Reduction Plan Intention and Implementation

Item	Post-Survey 2018	Follow-Up 2019	Difference	Significant Change
1. Continue to abstain	26/40 (65%)	15/40 (38%)	-27%	*
2. Start to abstain	2/40 (5%)	5/40 (13%)	+8%	
3. Stop drinking alcohol	5/40 (13%)	10/40 (25%)	+12%	
4. Stop using drugs	1/40 (3%)	7/40 (18%)	+15%	*
5. Reduce number of sexual partners	7/40 (18%)	7/40 (18%)	-	
6. Be faithful to one partner	23/40 (58%)	13/40 (33%)	-25%	*

Significant changes in the data were detected for three items. However, only item four (“Stop using drugs”) detected a significant change in a positive direction, with 18% (n = 7) of the sample reporting that they stopped using drugs since post-survey in 2018, instead of only 3% (n = 1) who had reported their plan to stop using drugs).

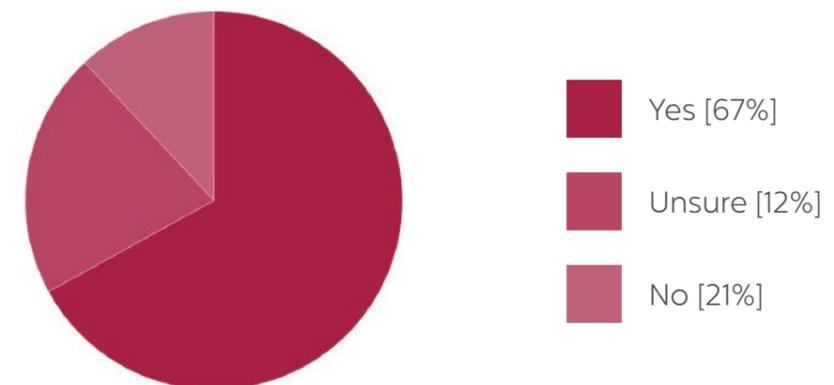
An increase in the proportion of learners reporting behaviour change at follow-up could also be observed for items two (“Start to abstain”) and item 3 (“Stop drinking alcohol”).

No change was observed for item five (“Reduce number of sexual partners”).

A significant change was also detected for item one (“Continue to abstain”) and item six (“Be faithful to one partner”), however, this change points towards a decrease in the proportion of learners reporting behaviour change at follow-up in 2019 compared to their plans at post-survey in 2018.

Respondents were also asked whether they felt that their interaction with Life Choices’ services had changed their attitudes towards sex in any way. A total of 52 participants answered the question, with 67% agreeing that the services had changed their attitudes. This is displayed below:

## Changes in attitude towards sex



# IMPACT

At one-year follow-up, 35 learners also explained **how** Life Choices had influenced or changed their attitudes towards sex. The charts below illustrate the themes mentioned in follow-up surveys<sup>1</sup>.

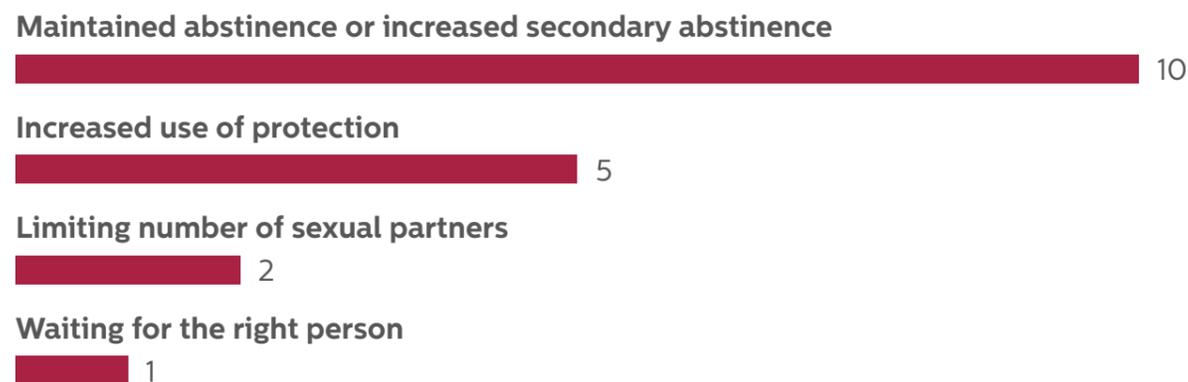
## Reported examples of changes in attitude

Themes on increased awareness



## Reported examples of changes in behaviour

Themes on improved actions



Out of the eight dominant themes that emerged for changes in attitudes, five themes focused on **raised awareness** and three themes focused on **improved action**.

<sup>1</sup>Some students gave more than 1 reason for changed attitudes towards sex. All emerging themes have been included in this report.

## Summary Results:

Do youth show increases in secondary abstinence, safer sex practices and/or delayed sexual debut after 1 year?

- In 2018 and 2019, a total of 91% of respondents recalled developing a risk reduction plan with counsellors.
- In 2019, at the one-year follow-up, a total of 34% of 2018 respondents reported that they had managed to put some of their risk reduction plans into place.
- A significant change in reported behaviour between post-test in 2018 and follow-up in 2019 was noted for the item "I stopped using drugs". At the follow-up, 67% agreed that Life Choices had changed their attitudes towards sex.
- The top three examples provided for changed attitude included increased information about HIV, consequences, and the importance of knowing one's partner's status.
- Examples of changes in behaviour included less promiscuity, increased use of protection, and limiting one's number of partners.

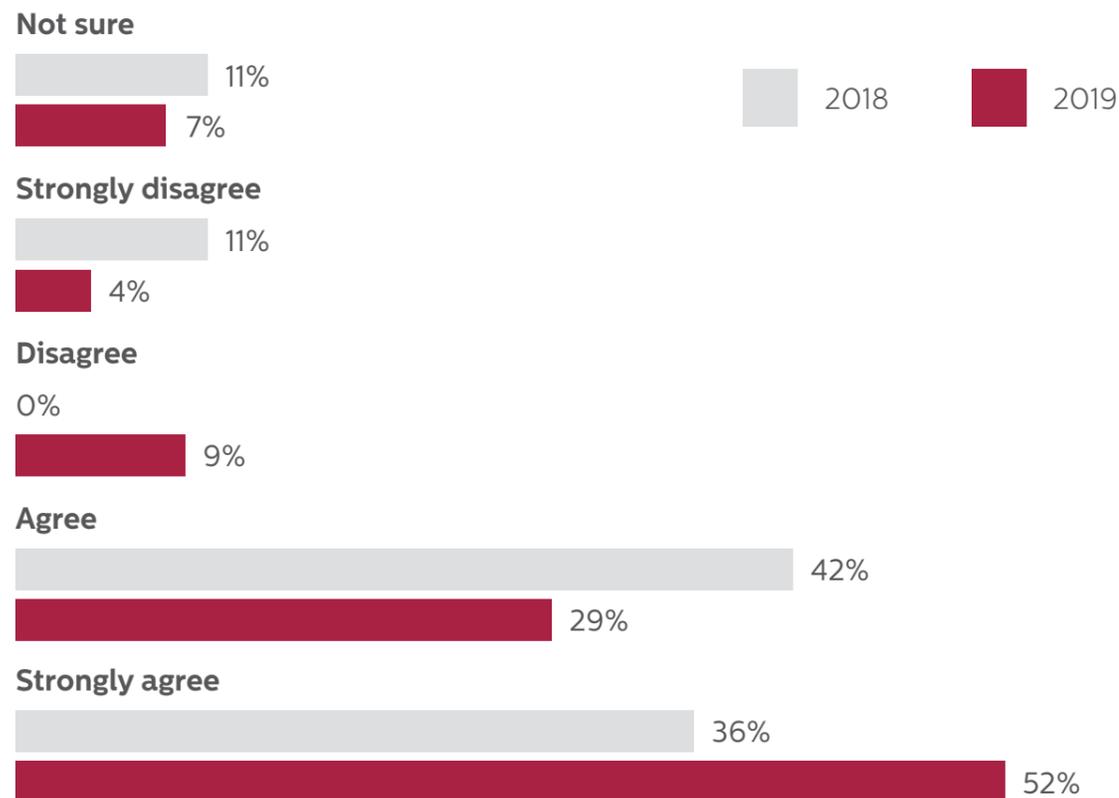


## 2. PSYCHOSOCIAL SUPPORT

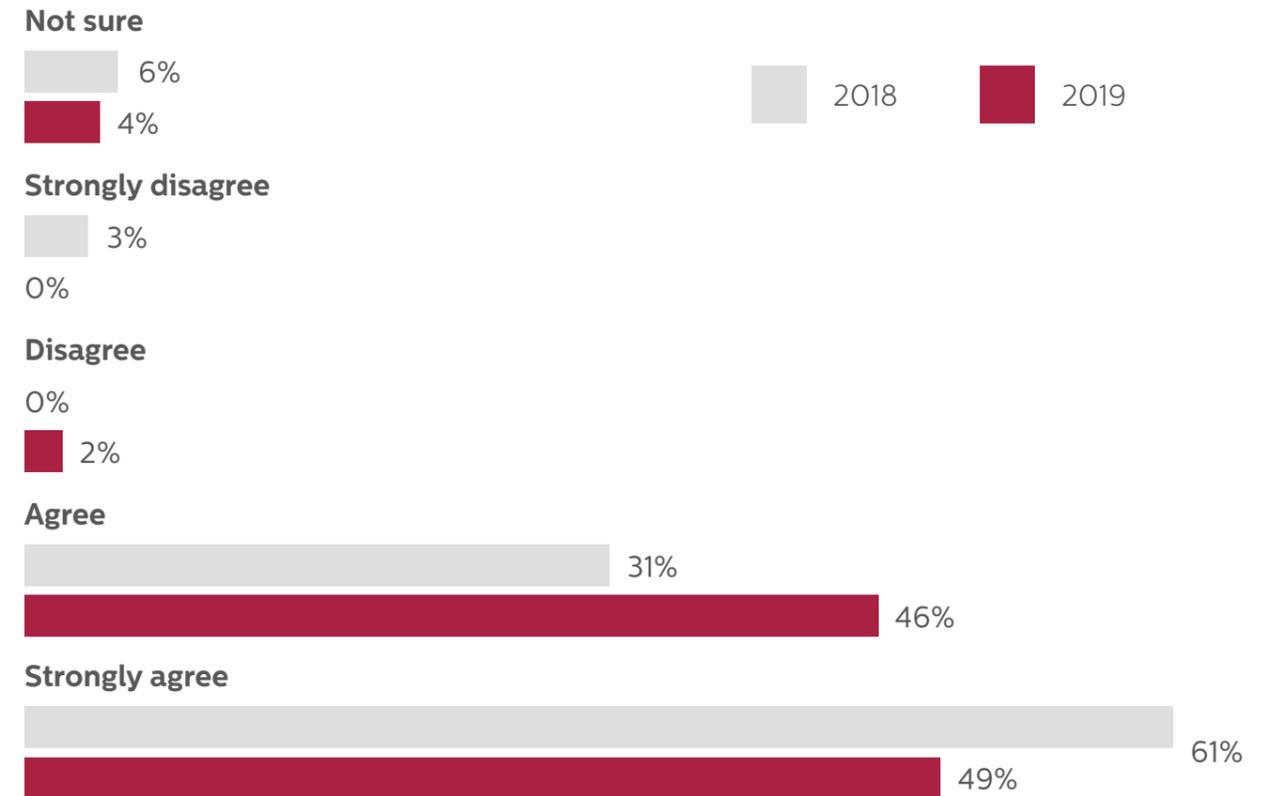
### 2.1 Do learners have improved self-efficacy to deal with their challenges?

To measure improvements in self-efficacy, participants completing the post psychosocial survey were given two statements to rate on a five-point scale (1 = strongly disagree; 5 = strongly agree). The average ratings per statement are presented below.

I feel like I can cope better than I did before counselling



Counselling helped me deal with my personal challenges



Most respondents 'Agreed' or 'Strongly agreed' (78% in 2018 and 81% in 2019) that they felt they could cope better than before the counselling session. Similarly, almost all respondents (92% in 2018 and 95% in 2019) reported that counselling helped them deal with personal challenges.

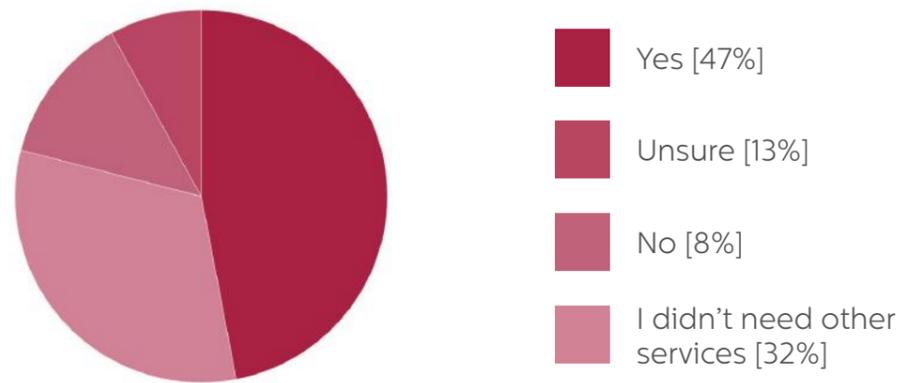


# IMPACT

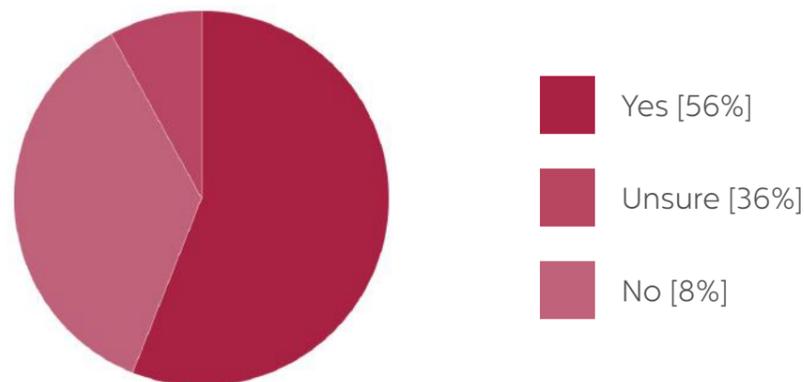
## 2.2 Do learners have improved knowledge of other specialised health services?

Counselling can improve learners' knowledge of health services through referrals to other services in their communities. Participants' answers in response to 2019 surveys, relating to their knowledge of other health services and their intended use of other services are presented below.

### Did the counsellor tell you about other services?



### Do you think you will use these services?



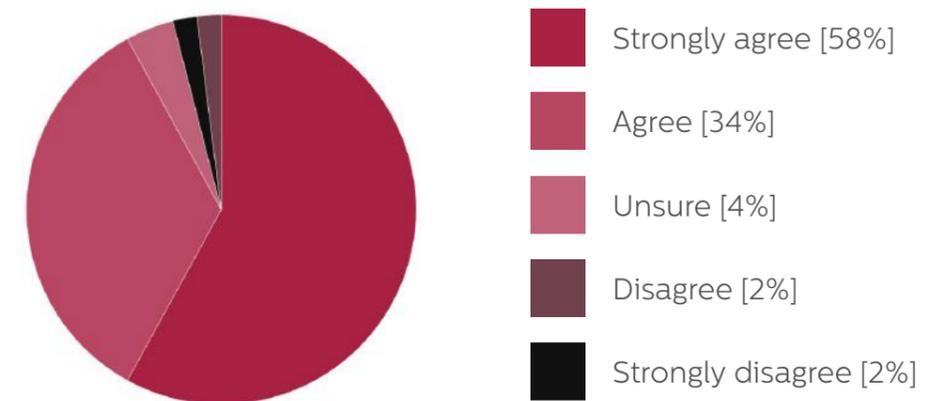
Just under half of respondents (47%) reported that they had received information on additional referral services, and just over half of respondents (56%) reported that they intended to make use of these additional specialised health services.

## 2.3 Do learners feel supported by counsellors to implement the plans developed?

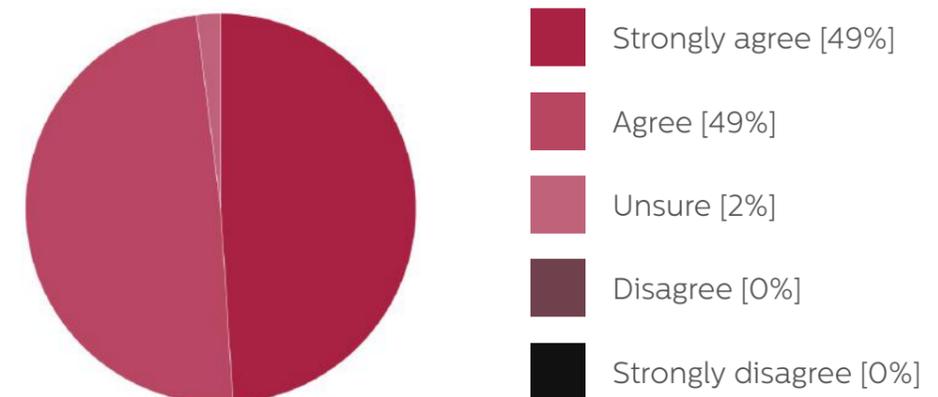
Participants completing the post-psycho-social surveys in 2019 were also asked whether they had felt supported by counsellors in implementing their plans. The chart below illustrates that 98% of respondents 'Agreed' or 'Strongly agreed' that they felt supported by counsellors in implementing a plan to address their challenges. Most respondents (92%) also 'Agreed' or 'Strongly agreed' that they felt their challenges would not have been resolved without the support of their counsellor.

### Counsellor support in implementing plan

*Without the counsellor's support I feel my personal challenge would not have been resolved.*



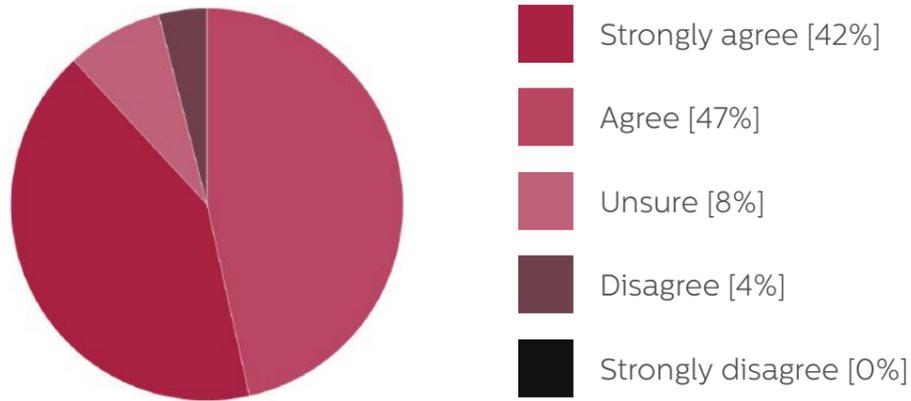
*I felt supported by the counsellor in implementing my plan to deal with my challenge.*



# IMPACT

In addition, most respondents in 2019 (88%) 'Agreed' or 'Strongly agreed' that they had implemented the plan that counsellors had helped them develop to address their personal challenges.

*I implemented the plan developed for my challenge*



## Summary Results: Psychosocial counselling

- The majority of respondents (95%) for 2018 and 2019 reported that they felt the sessions were useful, that they felt comfortable, and that they felt supported by the counsellors.
- In 2019, 78% of respondents 'Agreed' or 'Strongly agreed' that they felt they could cope better after counselling.
- In 2018, 92% of respondents 'Agreed' or 'Strongly agreed' that counselling had helped them deal with personal challenges.
- In 2019, 95% of respondents 'Agreed' or 'Strongly agreed' that counselling had helped them deal with personal challenges.
- In 2019, 47% of respondents recalled counsellors telling them of other health services. Of these, 56% felt that they will make use of the additional services.
- In 2019, 98% of respondents 'Agreed' or 'Strongly agreed' that counsellors had assisted them in developing plans to address challenges.
- In 2019, 88% of respondents 'Agreed' or 'Strongly agreed' that they had implemented the plan that counsellors had helped them develop in 2018.

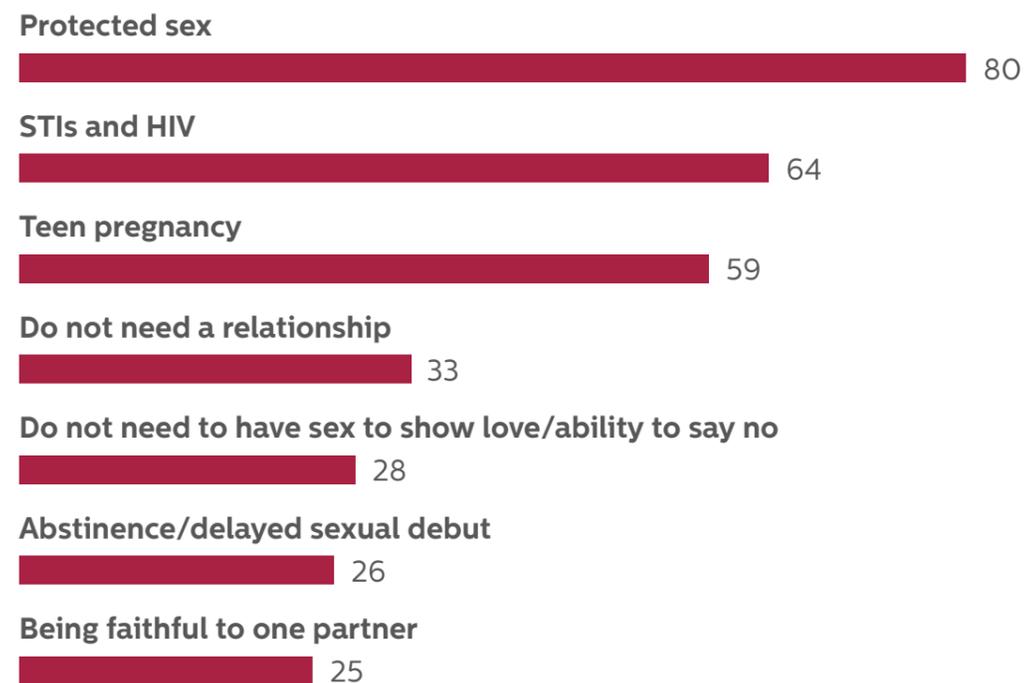


# IMPACT

## 3. STRAIGHT TALKS

Learners were also asked an open-ended question “In your own words, describe how you have changed your opinions or behaviours after the Straight Talks? If you have not changed, state why you think this is”. A thematic analysis was carried out on their responses. The most frequent reported changes in knowledge and attitudes are presented below.

### Changes in learner attitudes and knowledge (N quotes per theme)



The chart above shows that the most common reported change in attitudes or knowledge related to having protected sex (n = 80), followed by STIs and HIV, and teenage pregnancy. The following sample quotes demonstrate change in attitudes and knowledge:

*“I’ve learnt that being faithful to one partner is very important because it comes with big trouble and you will have to lie then cover up one lie with another. It’s very exhausting and not worth it. I have learnt that no person in this world is responsible for your own happiness but you, so you should do what makes you happy and not rely on others.”*

*“After having the Straight Talks I have changed my opinions about teenage pregnancy because I thought that if you fell pregnant at an early age you can still go on with your life without any distractions. But now I have realised that there are consequences and some teenagers end up dropping out of school because they have to take care of their babies.”*

*“Before Straight Talks, I had this idea that in order for you to prove that you love your partner you must have sex with them, but after Straight Talks, I know that you don’t have to have sex with them to prove your love for them. I now know that true love is about being there for each other whenever you are needed but also knowing that if you are not ready to do something don’t do it to please someone.”*

*“I have changed my thoughts of thinking that having one partner could not lead to HIV or an STI, because it’s not always you but sometimes your partner [gives] you these infections. I have changed my thoughts because at first, I thought that using a condom is 100% safe...but my facilitator educated me by telling me that the expiry date might be over, or it might break...”*

# IMPACT

Some learners specified changes in prevention behaviours of abstaining, being faithful and using protection.

## Changes in learner prevention behaviours (N quotes per theme)

### Abstinence/delayed sexual debut



### Protected sex



### Remaining faithful



The above figure shows that most commonly reported behaviour was choosing to abstain from sex or delay sexual debut (n = 38), followed by having protected sex (n = 19) and being faithful to one partner (n = 10). The following quotes demonstrate these themes:

*“Before Straight Talks my friends tried to persuade me and I decided to have sex and I [set] a date and time but before that time came, Straight Talks told us about bad consequences that a child usually gets when she/he is having sex, I decided to abstain because I’m scared of having STIs, being pregnant this stage. I chose to abstain.”*

*“The Straight Talks helped me a lot, [be]cause I had more than 5 girlfriends and I did not use any condoms, but now I have one girlfriend and I also use condoms and I also know the consequences of not using condoms e.g. get HIV & AIDS, get STIs, and you can also make someone pregnant.”*

*“I’ve changed my mind about having sex at a young age because then you going to have a responsibility and I am not even responsible for myself. I depend on my parents to feed and clothe me. So, I will not face the consequences of having sex at a young age which will lead to my girlfriend being pregnant.”*

*“I’ve changed my [behaviour by being] honest with one partner and... use condoms so that you could not get diseases, this helps me very much... I was busy changing girls as socks then I recognise that it is wrong I should be faithful to one partner.”*

## Summary Results:

### Does learner knowledge, attitude and behaviour change because of Straight Talks?

#### Prevention outcomes:

- Learners were likely to agree with the statement that they had decided to abstain from sex as a result of Straight Talks (4.9 out of 6.0), although females were more likely to agree (5.4) than males (4.3). There was also some variation across schools. Abstinence or delayed sexual debut were the most commonly reported behaviour changes in the comments section (n = 38).
- Learners strongly agree that it is important to be faithful to one partner (5.6 out of 6.0), although this was the least commonly cited attitude and behaviour change in the comments section, possibly because learners already had this view before Straight Talks.
- Learners strongly agree that they would use a condom when they have sex (5.7 out of 6). In the comments, protected sex was the most frequently cited theme when it came to change in attitudes (n = 80) and the second most frequent theme when it came to change in behaviours (n = 19).



# FINANCE

## FINANCIAL SNAPSHOT

Life Choices carefully stewards the donations we receive from supporters like you. **We are committed to spending your contributions efficiently to improve young people’s health.**

### BREAKDOWN OF INCOME

Donor	Amount
Anonymous (deferred)	R198,461
CTAOP	R1,182,344
Don Bosco Jugendhilfe Weltweit	R827,436
Van Kesteren Foundation	R502,808
Misereor	R74,035
Lipoid Stiftung	R257,207
CSI Link Trust	R9,000
Flat Art Studio	R10,000
Life Choices Reserves	R451,121
<b>TOTAL:</b>	<b>R3,512,412</b>

### BREAKDOWN OF EXPENSES

Donor	Amount
Overheads	R948,600
Programme Costs	R1,912,142
M&E Costs	R301,052
Admin	R350,618
<b>TOTAL:</b>	<b>R3,512,412</b>

# PARTNERS

## VISIONARY PARTNERS

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



THANK YOU

“It is **health that is real wealth** and  
not pieces of gold or silver.”

- Mahatma Gandhi



[www.lifechoices.co.za](http://www.lifechoices.co.za)