ANNUAL REPORT 2016

CATHCA

CATHOLIC HEALTH CARE
ASSOCIATION OF SOUTHERN AFRICA

ANNUAL REPORT 2016

CATHCA is the Catholic Church's associate body for health in Botswana, Swaziland and South Africa. Its 191 members include hospices, orphan projects, home-based care projects, primary health clinics and HIV/AIDS projects, and a scattering of hospitals.

CATHCA's role is to serve as a catalyst and play a facilitating role in promoting, supporting and developing effective Catholic health care.

Our Vision

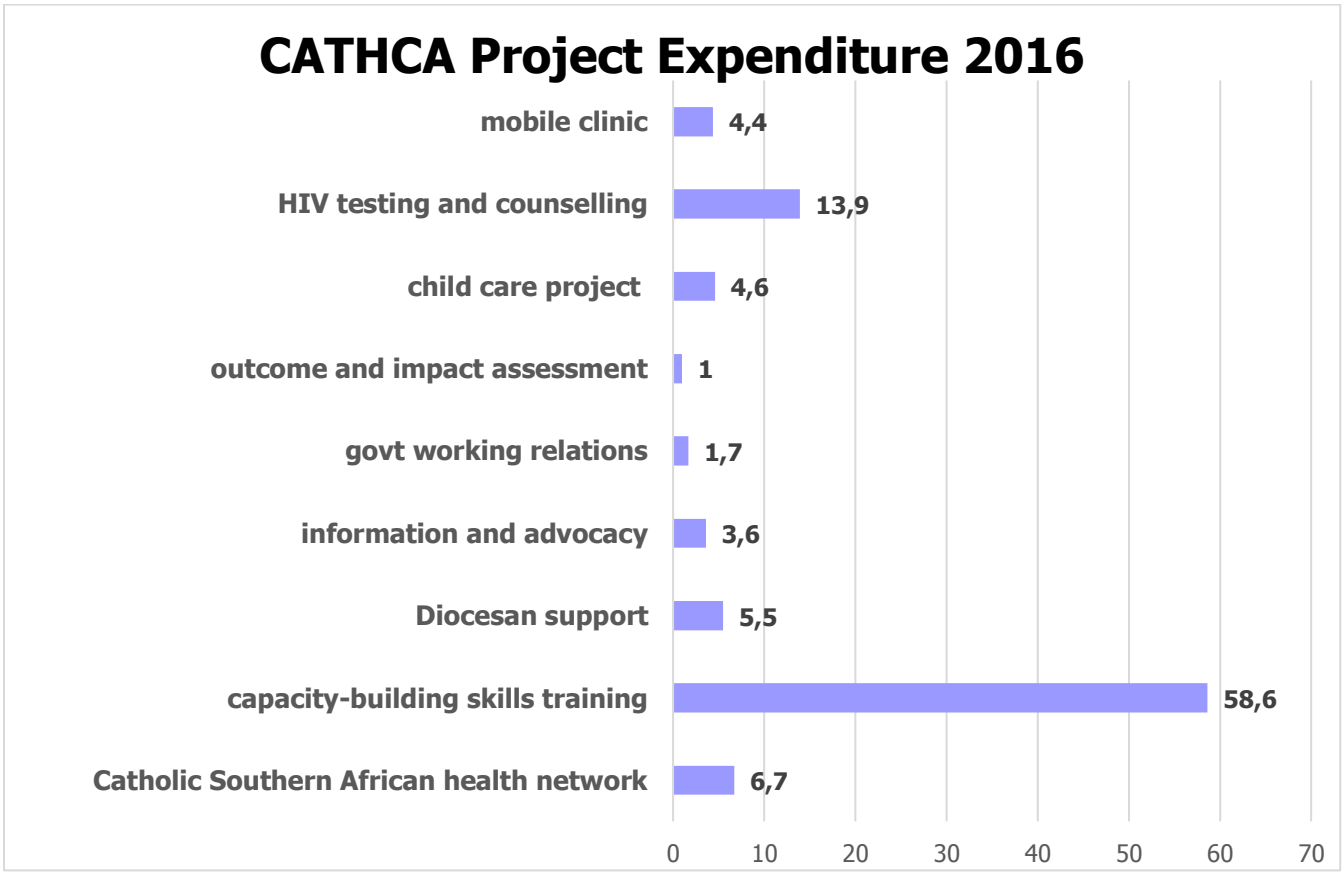
Our vision is to enable the provision of accessible high-quality holistic health care services in Southern Africa, especially rural and marginalised communities, in the spirit and service of Christ.

Our Mission

Our mission is to affirm, develop, support and strengthen both individual health care workers and an evolving Catholic health care network, in conjunction with all other health care role-players.

Table of Contents

Page 4	Chairperson's report
Page 5	Director's report
Page 6	CATHCA's 2016 objectives
Page 6	CATHCA-funded projects
Page 7	Services offered by Catholic health care providers
Page 8	External evaluation
Page 9	Pastoral care
Page 11	Child care
Page 12	Regional secretariat
Page 13	Euthanasia and physician assisted suicide
Page 15	Misean Cara leadership
Page 16	Training
Page 17	Stats 2016
Page 17	Organogram
Page 18	Board and staff contact details
Page 19	Financials
Page 20	Thank you to our funders
Page 20	Contact us



Chairperson's Report

We have come through a busy and lively year. 2016 was the year that South Africa again hosted the International AIDS Conference and it was a time to celebrate our successes while re-affirming the need to keep on committing ourselves and our resources to the fight.

The Catholic AIDS pre-conference that preceded the International AIDS Conference in Durban this past year was also a very special event, highlighting what great work is being done in the name of the Church by small rural-based Catholic healthcare organisations.

Faith-based organisations look to government as their natural partner in such work. With a slowing economy and sustained pressure on provincial health budgets, government needs all the help it can get, particularly in its efforts to get the National Health Insurance off the ground and provide quality care to all. It does not have to look far to find willing partners in our Catholic health care organisations.

CATHCA was formally and informally evaluated by two of its major and long-term funders in 2016. It is good to note the positive affirmation of CATHCA's work in fulfilling its mission of developing, supporting and strengthening the Catholic healthcare network in South Africa, Botswana and Swaziland. This network is made up of committed health workers, both voluntary and professional, who work in very under-resourced areas under strenuous conditions.

2017 will be no easier for the National Treasury and the National Department of Health. But we are in this for the duration, not the short-term.

My thanks go to the CATHCA Board members and their dedicated contribution. On behalf of the CATHCA Board, I would like to thank the CATHCA director and staff for all that they have achieved in 2016.

Dr Khaya Nzimande
Chairperson

What we did in 2016

- ❑ Trained 580 district health officials and Catholic healthcare providers in leadership and public participation skills in nine districts
- ❑ Trained 141 community health workers in maternal and child health
- ❑ Worked with four dioceses (Mariannhill, Pretoria, Tzaneen and Witbank) to build parish-level healthcare services and organisations
- ❑ Visited nine district health offices to introduce CATHCA and its members
- ❑ Worked with 14 OVC projects on child care, good parenting and health and safety
- ❑ Participated in the design of a home-based care formal qualification
- ❑ Ran workshops on fundraising, pastoral care for the sick, basic counselling skills, proposal writing, parish health ministry
- ❑ Produced four quarterly newsletters
- ❑ Tested over 12 000 people in the City of Johannesburg for HIV and screened them for TB

Director's Report

Yvonne Morgan – CATHCA Director

CATHCA has had a busy 2016, working with childcare workers, project managers and local government health staff, and parish organisations during the year, in addition to a successful and well-attended National Conference in April.

One of the areas of focus for CATHCA during 2016 has been the health and welfare work being done in the various Catholic dioceses.

We have been working within four dioceses during 2016 to support the work done at parish level in health and welfare. It is wonderful to see what small groups of people are doing in their parishes to care for the sick in their communities; some run health wellness days, providing information on various diseases and how to avoid them, and emphasising the importance of a healthy lifestyle, while others visit homes of people with chronic diseases in their community, or support orphans and vulnerable children (OVCs) in their parish.

CATHCA is privileged to support them in this work, truly the Church in action, a living out of one's faith. We hope to continue to grow this part of our work, extending the parish health model into other dioceses and parishes, and introducing a parish-based screening project for non-communicable diseases, in conjunction with the local health districts.

In 2016 we also focused on working with childcare workers in the many OVC projects run by Catholic organisations, providing training in childcare legislation and child protection, and facilitating community dialogues between childcare workers and parents on good parenting.

In partnership with the Rural Development Support Programme (RDSP), CATHCA trained 329 health workers from Catholic healthcare organisations and local health districts in leadership, public participation and maternal and child health, in the second year of a three-year project funded by Misean Cara. We hope that this leads to more effective partnerships with government and Catholic healthcare providers, to the benefit of both.

My grateful thanks to the CATHCA Board, our generous funders and the CATHCA staff, whose teamwork is amazing and inspiring. We will continue to serve the Catholic healthcare network to the best of our ability in 2017.

Yvonne Morgan
CATHCA Director

CATHCA's 2016 Objectives

1. Supporting dioceses in their community health and welfare ministries/services
2. Enabling collaboration between Catholic health providers and government
3. Growing the unique spiritual dimension of Catholic health care
4. Facilitating interaction between all key stakeholders in Catholic health provision at all levels

Utilising all media platforms such as:
Print - regular articles in Southern Cross and AD News.
Radio - weekly interviews on Radio Veritas
Digital - quarterly newsletters
Social - Facebook page and twitter
Web - website
CATHCA is able to reach a vast number of its members as well as new people.

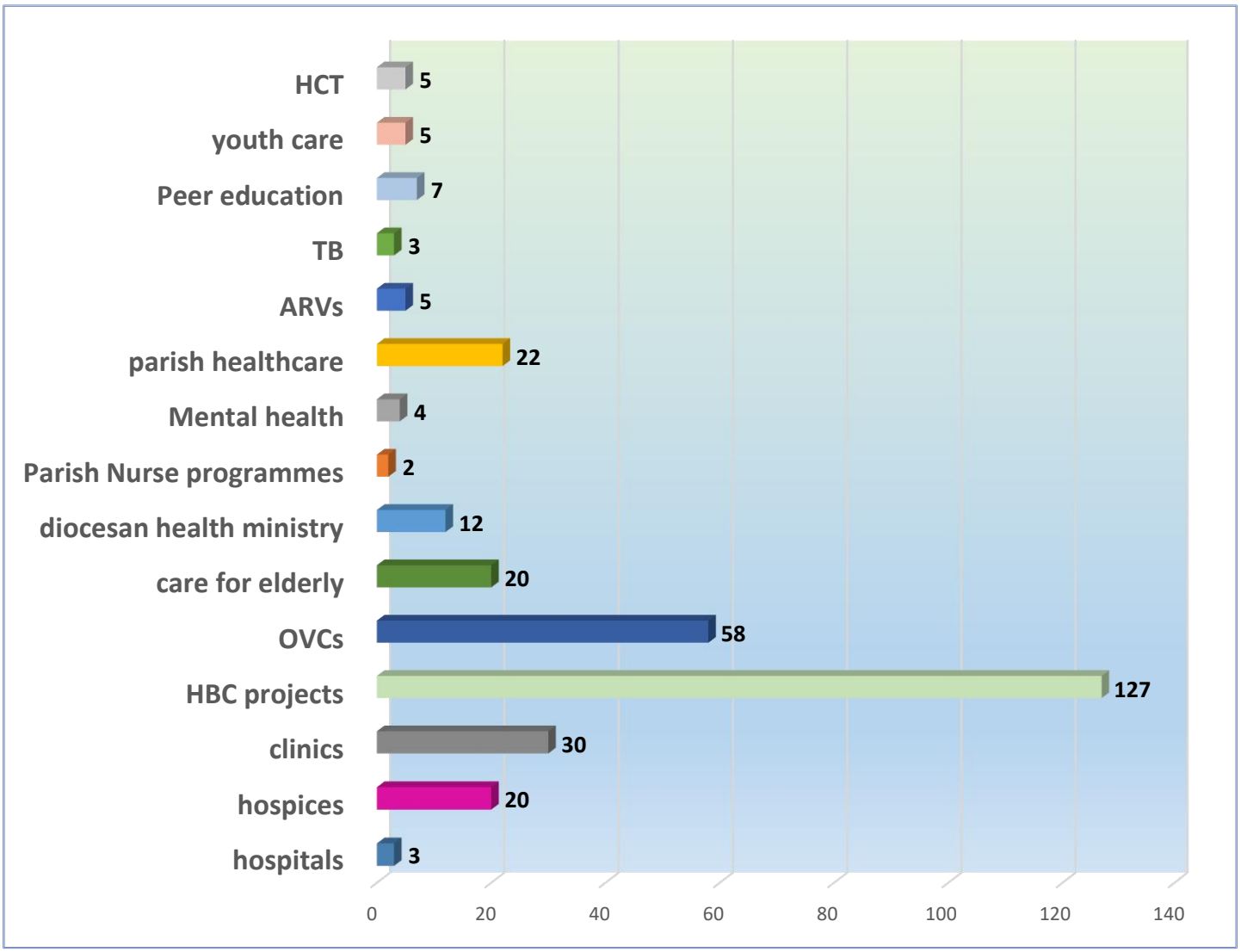
CATHCA Funded Projects

Funder	Projects	Timeframe	Status	Amount
Anglo American Chairman's Fund	HIV/AIDS and TB training and clinical assessments	April 2014 – July 2016	Completed	19,687
Anglo American Chairman's Fund	Community childcare training	April 2015 - March 2016	Completed	179,215
Anglo American Chairman's Fund	Training and support for carers of orphans and vulnerable children	June 2016 - April 2017	In progress	400,000
Anonymous donor	Support for a Southern African Catholic Regional health secretariat and network	April 2015 – April 2016	Completed	311,676
Anonymous donor, Misereor	CATHCA advocacy, networking, information-sharing	January 2016 - December 2016	In progress	893,979
Misean Cara	Leadership, public participation and gender-based violence training	April 2015 - March 2018	In progress	
Misean Cara	Maternal and child health training	April 2015 - March 2018	In progress	5,736,784
SACBC Lenten Appeal, Misereor	Diocesan support project	May 2016 – April 2017	In progress	100,000
Gauteng Dept. of of Health	Funding five Catholic projects in Greater Johannesburg to provide HIV testing and counselling and TB screening and referral services	April 2016 – March 2017	In progress	927,348
Embassy of Japan	Procurement and equipping of a mobile health clinic	April 2015 – March 2016	Completed	18,692

Maclear General Hospital in the Eastern Cape received three monitors and stands which will be used in the Maternity unit. CATHCA co-funded the monitors; representing CATHCA and handing them over is CATHCA Board Member, Thembekile Kanise.

These were received by the Hospital CEO, Dr N.L. Mashiyi. Also present were Sr May and Sr Notabo who are in charge of the labour and neonatal wards. Dr Mashiyi was so pleased to receive the monitors as they urgently needed them.

Services offered by Catholic Healthcare Providers



Key:

HCT – HIV counselling and testing | TB – tuberculosis | ARVs -anti-retroviral medication | OVCs – orphans and vulnerable children | HBC – home-based care

External Evaluation of CATHCA's work

What external evaluators wrote about CATHCA in 2016

During 2016 CATHCA had both an informal and a formal evaluation of its work done by external evaluators. Here are some of their findings.

What is working well:

- Measured against international DAC criteria, CATHCA's work is relevant, effective, sustainable and efficient. It is transparent, has a good work ethic, staff expertise, a strong board and effective leadership

"Its activities enable CATHCA members to provide improved health services, identify the health needs of communities, provide relevant services and request funds to implement services."

- It has achieved a highly-regarded position that allows it to advocate for Catholic health care and services on all levels
- Catholic health care and services are very relevant in South Africa due to the challenges of the health system, particularly at community level
- CATHCA's wide scope of work and strength in implementing training programmes was notable

"CATHCA's financial controls and system of accountability for the project were clearly demonstrated, with a robust accounting system, policies and manuals".

What to consider:

- CATHCA should explore the potential of forming a wider coalition of health NGOs
- It should use the strengths of some member organisations to support other less experienced or well-positioned members
- Its monitoring, evaluation and learning system should be given more focus
- CATHCA can play a bigger role in sharing knowledge and information among its members
- Members would appreciate more specialized training coupled with mentoring

Pastoral Care

In 2016 we tried to draw together organisations and parishes involved in health and welfare activities in four Catholic dioceses in South Africa, namely, the Archdiocese of Pretoria and the dioceses of Mariannhill, Tzaneen and Witbank. This has enhanced mutual cooperation, development and capacity-building at diocesan level.

We started the diocesan support project with the following objectives:

The aims

- To Support four Catholic dioceses in their community health and welfare ministries/services
- To enable collaboration between Catholic health providers and government within these dioceses
- To promote the spiritual dimension of Catholic health care within these dioceses and
- To facilitate interaction between all key stakeholders in Catholic health provision at all levels

At the initial stage we planned to work with the existing health and welfare structures and organisations within each diocese but in one of them we managed to put in a structure of health and welfare as it did not exist. In addition, a database of parish health and welfare activities has been created for each diocese. Through our trainings and workshops we provided information on how to establish a parish health ministry and provided capacity-building workshops on fundraising and proposal writing.

Pretoria archdiocese

In May CATHCA met with sixteen Catholic health care providers in Pretoria, where we spoke about who CATHCA is and the basket of resources it was planning to offer to the archdiocese and explained the parish health model. Sr. Christine Jacob, a Sister of Mercy, was then elected as the coordinator for health and welfare activities in the archdiocese of Pretoria.

In June we organized a well-attended workshop on fundraising and proposal writing where 34 coordinators came together from different projects within the archdiocese.

Coordinators of health and welfare projects at Santa Sophia in the Archdiocese of Pretoria

Tzaneen Diocese

In August we had a workshop with seventeen coordinators of health and welfare, from different projects who work under the umbrella of Kurisanani, the diocesan development organisation. The workshop was based on pastoral care of the sick and followed-up on the previous workshop on fundraising and writing funding proposals.

Participants shared enthusiastically about their works. Many of them are involved in OVCs, HBC, and people infected/affected with HIV/AIDS etc. Their sharing showed that their work have positive impact on the communities and church members despite

some challenges. They mentioned that the impact was shown through the improvement of school achievements of the children they have been assisting, some mentioned that through their work some who were not Catholics started to come to the Catholic Church. They said communities appreciate their work.

The previous workshop of CATHCA on fundraising and writing proposal was of great assistance to the participants. After that workshop some initiated income generating projects on their own while others managed to sit and discuss with social development and local health departments about their work.

From the discussions held during the workshop it appeared that parish health ministry structures do not exist in some of the parishes and the coordinators are working independently though they belong to their parishes. They were encouraged to initiate these, as they help the needy and the vulnerable in the communities. The parish health ministry and what it entails was explained to them as well. Participants were urged to invite catholic nurses and medical doctors who reside in the parish to assist them in their work.

Witbank Diocese

In the diocese of Witbank, responding to the request of the bishop, we are supporting the three deaneries.

Lowveld deanery: In July we conducted a workshop on fundraising and writing proposals where 33 coordinators attended. Participants expressed their appreciation for the workshop as they had never had a workshop of that kind before and have learnt a great deal. In November we met with Catholic health professionals of that deanery in order to discuss the health matters.

Highveld deanery: In July we held a pastoral care of the sick workshop with the health care providers of the Highveld deanery in Middelburg for 22 coordinators and introduced the parish health model. On the same day coordinators elected a coordinator for health and welfare ministry for the deanery, Mrs. Shongwe Herrensfrieda. In November a fundraising workshop was held for the deanery health care workers.

Sekhukhune deanery: In July we met with six health care providers of Sekhukhune deanery and the participants elected Mrs Makola Thalita as coordinator for health and welfare activities in that deanery. In October CATHCA conducted a Workshop on fundraising and writing funding proposals at Schoonoord parish for 26 healthcare providers.

Mariannhill Diocese

In May and November workshops on fundraising and writing proposal were organised for 47 health care providers of Mariannhill. This was followed in August by a session on pastoral care of the sick with the health care providers, and again in November by a meeting with diocesan health professionals to discuss the parish health ministry and health issues in general.

Child Care Projects

Supporting child care projects in the Catholic health care network

Goals and objectives of this project are:

1. To increase the number of skilled child care workers (CCWs) working with orphans and vulnerable children (OVC) in rural projects
2. To increase health and safety standards at the ten OVC partial care centres
3. To improve organisational management of the ten partial care centres
4. To open up new career paths for rural young women as trained child carers
5. To allow families and guardians of OVC's to demonstrate greater understanding of the needs of OVC and how to meet these needs

Ten organisations working with orphans and vulnerable children (OVCs) were involved, in the Eastern Cape, KwaZulu-Natal and North-West provinces.

Progress to date:

- Four community dialogues involving child care workers, community leaders, guardians and parents were conducted in all three provinces, attended by 78 people.
- Monitoring was done prior, during and after these dialogues using one on one baseline interviews, activity evaluation forms and pre and post intervention tests. The feedback received was used to form the content included in the training material.
- Training material and manuals have been developed for the three-day psychosocial support training for child care workers in early 2017.

69 Carers were trained in maternal and child health and 43 carers submitted statistics on the application of their new skills during 2016

20 Home-based carers from Kopano Lerato in the Winterveldt outside Pretoria were trained on psychosocial support and counselling

Regional Secretariat

The work of the regional secretariat for the Catholic Regional Health Care Network that encompasses eight Southern African countries (Zimbabwe, Zambia, Malawi, Lesotho, South Africa, Swaziland, Botswana and Namibia) ended in March 2016. New funding in 2017 is necessary in order to continue this work.

Project goals and objectives:

1. To consider ways to strengthen health partnerships and tackle common health issues across the region
2. To share information on each country's network, activities and objectives on a regular basis
3. To jointly apply for funding to pursue these objectives
4. To provide information on the work of the Catholic church in health in the Southern African region and to external and interested parties
5. To record the work of the Catholic health care networks in each country in the region and as a region and to maintain a database
6. To keep regional and local episcopal conferences and parishes informed on the needs of health care workers in their local Catholic institutions, and to assist them and the institutions in the provision of pastoral care for them and their patients and in maintain a Catholic health care ethos

What the secretariat achieved in 2016:

- A March 2016 newsletter on Tuberculosis management went out to all country delegates, their episcopal conferences and international Catholic organisations through the website.
- A functional database to record Catholic health care in each country was being developed and constantly updated.
- A successful accredited Pastoral care for the Sick train-the-trainer training was conducted by Hospi-Vision at Steve Biko hospital in Pretoria, South Africa, in April 2016 with representatives from fourteen dioceses in South Africa, Namibia and Botswana.

Feedback on the psycho-social support training conducted for Mercy clinic:

- "I now understand a little about psycho-social support, I understand the rights of children and how the law (works, and) the procedure to make referrals to the right people".
- "The theory was interesting. I learnt about OVC's, Acts and legal rights for children".
- "It was relevant to the work we do and precise, it had information that will make work easier for us the carers".

Feedback on the maternal and child care training in the Eastern Cape:

- "I learnt about nutrition, pregnant women and childhood illnesses".
- "I learnt on the importance of eating healthy food and to take care of yourself".
- "The importance of fighting myths in the correct manner".
- "Information was precise and accurate"

Euthanasia and Physician Assisted Suicide

Compiled and written by Melese Shula with input from Dr Khaya Nzimande.

URGENT QUESTIONS

What is Euthanasia?
Euthanasia is the deliberate killing of someone by action or omission, with or without that person's consent, for compassionate reasons. The person who commits euthanasia must, therefore, intend to kill the person and must cause the death. A lethal injection would be an example of an action. Withholding medically indicated treatment would be an example of an omission.

Euthanasia does not include: Respecting a person's refusal of treatment or request to discontinue treatment; letting someone die naturally by withholding or withdrawing medical treatment when its burdens outweigh its benefits; giving drugs to relieve pain and suffering even if a foreseen but unintended effect is to shorten life.

What is assisted suicide?
In assisted suicide a third person provides the means for the person to kill himself or herself (e.g. by providing pills).

What is the Catholic Church's position on euthanasia and assisted suicide?
According to Catholic teaching, euthanasia is unacceptable both at the level of principle and because of the consequences of any relaxation in the law. The principles are the intrinsic value and sanctity of human life and the relational or interdependent quality of human life which imposes a sense of mutual responsibility. Although a legal distinction is made between euthanasia and assisted suicide, there is no ethical difference.

What would be some of the consequences of allowing euthanasia or assisted suicide?
- The frail, poor, elderly and others who are vulnerable would be at the mercy of third parties who could pressurise them to seek death earlier.
- The role of the physician and the patient's trust in the physician would be undermined. Palliative care would be marginalized.
- If assisted suicide or euthanasia were permitted for the terminally ill on the basis of their suffering, their autonomy and their individual self-determination over life itself, how could it be denied to the depressed, infirm, frail or suffering?
- Legitimating euthanasia or assisted suicide would diminish respect for human life and erode the basic trust that human life will be protected.

Aren't assisted suicide and euthanasia victimless crimes? Where is the harm to society?
Legalizing euthanasia and assisted suicide is not a private matter because changing the law is a very public process. The act of euthanasia or assisted suicide also involves third parties such as physicians, pharmacists, family and friends. In other words, it requires the law to sanction it and third parties to carry it out.

Providing quality palliative care
The alternative is to provide people of all ages, particularly those who are seriously ill or disabled, including those in a terminal phase, with the utmost personal attention. This may include the best home care or palliative care, along with the best pain control and alleviation of suffering.

Such an approach involves the greatest respect for all the needs of the person who is suffering or dying — emotional, physical, social and spiritual — until his or her natural death. Although palliative care cannot eliminate all suffering in all cases, it is an excellent way of affirming the life of the person who is dying.

References:

Congregation for the Doctrine of the Faith. Declaration on Euthanasia. May 5, 1980. Available at: http://www.vatican.va/roman_curia/congregations/

Pope John Paul II. *Evangelium Vitae*. Montréal: Médiaspaul, 1995.

"Say No to Euthanasia and Assisted Suicide - Action Life".www.action**life**.org

The Hospice Palliative Care Association of South Africa website gives valuable information on euthanasia and assisted suicide. www.hpca.co.za

Appendix:

The Catechism of the Catholic Church teaches the following about euthanasia and assisted suicide.

1. Euthanasia

2276 Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

2277 Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

2278 Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

2279 Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.

2. Suicide

2280 Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honour and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

2281 Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbour because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

2282 If suicide is committed with the intention of setting an example, especially to the young, it also takes on the gravity of scandal. Voluntary co-operation in suicide is contrary to the moral law. Grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing.

2283 We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.

Misean Cara Leadership

In 2015 CATHCA received support from Misean Cara to facilitate a project on Strengthening Community and Public Health Partnership. The overall aims are as follows

- Strengthening Community and Public Health partnership
- Improving access to quality health care through NGO's and Government
- Equipping community health care projects with skills
- Reducing maternal and child mortality and achieving positive outcomes
- Increasing identification and referral to care for Gender Based Violence
- Addressing lack of skills in handling community leadership and maternal and child health.

Four Misean Cara Member Organisations

- The Good Shepherd Sisters
- The Daughters of our Lady of the Sacred Heart
- The Mill Hill Fathers
- The Sisters of the Holy Cross

In Year Two the Rural Development Support Programme (RDSP) conducted two Leadership Trainings in the Free State Province in two Districts, Mangaung and Fezile Dhabi. The Mangaung Training was attended by Catholic Health Projects under the Diocese of Bloemfontein and also the Mangaung District Department of Health Officials. There were 16 managers from the Department of Health and 10 members from the Catholic Health Projects in the Bloemfontein Diocese. This Training took place from 18th to 21st July 2016 in Bloemfontein.

The Second Leadership Training was conducted in the Fezile Dabi District also in the Free State from 14th to 17th November 2016. On this training we saw a huge number of Government officials participating comparing to Catholic Health providers who are under the Diocese of Kroonstad. Only 5 from Local projects attended and 15 from the Fezile Dhabi District Department of Health.

"We thank CATHCA and Eugene from RSDP who conducted the training for us on Leadership and we have already started our Project on food gardening, the Department of Health is on board and the Local ward Councillor is assisting us to get a bigger space for our food gardening project"

"We are now able to deal with our own finances both in the projects and also in our households because of this training"

-Madibeng District Department of Health Official.

Training

Maternal and Child Health Training.

Objectives:

CATHCA's training unit in partnership with Misean Cara set out to train 400 community care givers on maternal and child health in June 2015 in poor rural communities, to improve health care delivery and to promote maternal and child care in line with South Africa's National Primary Health Care re-engineering strategies.

Target:

80% of learners demonstrate increased knowledge of gender-based violence (GBV) and maternal and child health, and

70% of learners trained in these skills apply them in the course of their work

Activities

In 2016, the second year of engagement, the CATHCA training Unit conducted two training sessions on maternal health and child care, in April and May in the Vhembe district of Limpopo province and the Joe Gqabi district of the Eastern Cape. Participants came from both non-profit organisations (NGOs) and the local Government health sector.

Joe Gqabi district

35 People from the Department of Health and CATHCA projects attended a ten-day workshop on maternal and child health in April.

The participants then did their practical skills assessments in their local clinics over the following 21 days.

Vhembe District

In May 2016, 34 participants from the local Health Department and the Kurisanani Project, the health and welfare arm of the Diocese of Tzaneen, were trained in maternal and child health in Vhembe district.

They also followed up their theoretical training with 21 days of practical training in local clinics.

In total CATHCA has trained 210 community health workers in maternal and child care during 2015 and 2016, and monitored 50% of these over a six-month period in the application of their skills.

All those trained except for 21 (who have still to complete their practicals) have completed their practical workplace skills element and undergone formal assessment.

Working with the Gauteng Department of Health

For the third year running, CATHCA contracted with the Gauteng Department of Health and five Catholic healthcare organisations to provide HIV testing and counselling and tuberculosis screening for over 1 000 people per month and to refer those needing further tests to the local clinics.

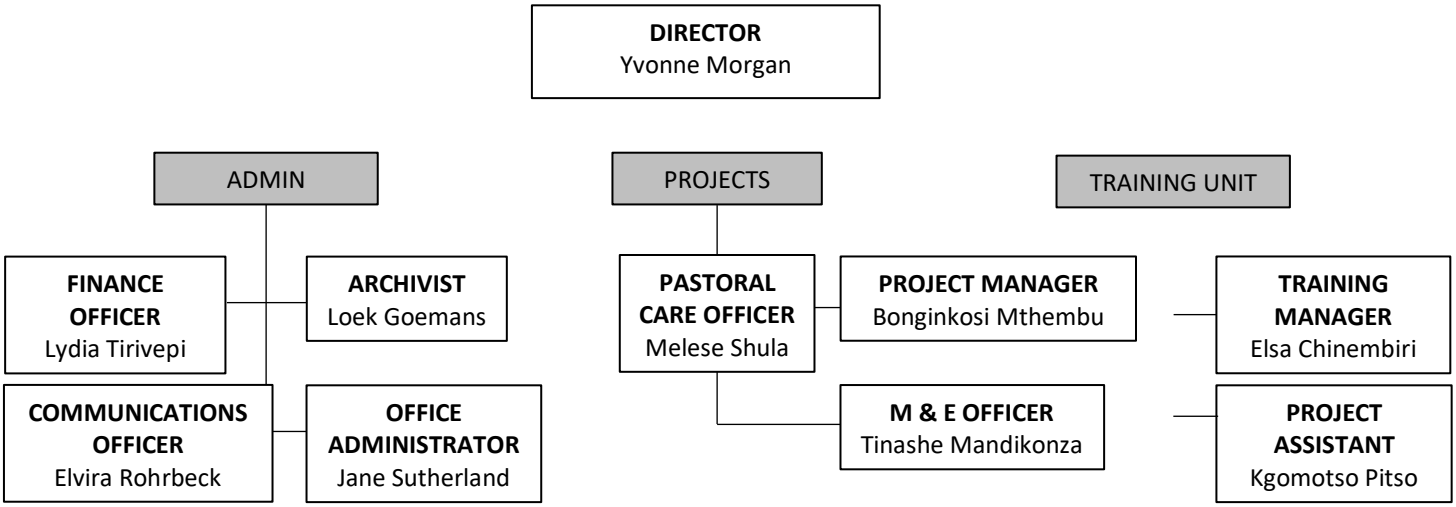
This project runs in informal settlements in four sub-regions of the City of Johannesburg, and has tested over 36 000 people to date. The average of HIV-positive cases was 6.28%. People were also referred for voluntary male medical circumcision and TB tests, and screened for hypertension. CATHCA also distributed pamphlets on HIV and TB as part of the project.

CATHCA projects used mobile test sites to screen and test at several community events and at churches, school and shopping malls.

CATHCA Stats 2016

No. of Catholic health care organizations currently on CATHCA database	198
% Of CATHCA members providing orphan and vulnerable children care (OVC)	30%
No. of community health workers and government health staff trained in leadership in 2016	215
No. of health districts in South Africa with whom CATHCA has been actively working in 2016	9
No. of people who attended the CATHCA National Conference in 2016	102

CATHCA Staff



CATHCA Board & Staff Contact Details

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2016 Financials

CATHOLIC HEALTH CARE ASSOCIATION

(Registration number NPO No.006-174 and PBO No.18/11/13/3636)
Annual Financial Statements for the year ended 31 December 2016

Detailed Income Statement

Figures in Rand	Note(s)	2016	2015
Revenue			
Administration fees received		356,144	410,798
Grants received	3	1,945,365	1,592,832
Income and fair value movement on investments		306,736	231,606
Interest received - Bank accounts		120,505	202,039
Local contributions and funds from third parties		544,607	106,514
Project Funds received		5,207,555	4,654,101
		8,480,912	**7,197,890**
Other income			
Cathca Training unit		146,709	-
Operating expenses			
Auditors fees		(42,686)	(42,290)
CATHCA training unit		(16,437)	(10,582)
Cathca network conferences		(256,258)	(226,292)
Communications		(126,529)	(137,816)
Computer equipment		(364)	(37,624)
Computer expenses		(16,792)	(42,102)
Disallowed VAT		(201,299)	-
Governance		(43,385)	(46,853)
National Lottery Distribution Trust Fund no.64124		-	(575,518)
Office equipment		(19,737)	(22,281)
Project funds paid out		(5,207,555)	(4,654,101)
Rent, security and cleaning		(122,685)	(108,458)
Salaries and wages		(1,457,000)	(1,498,820)
Staff development and welfare		(60,227)	(75,204)
Training		(62,716)	-
Travel and accommodation		(91,169)	(50,671)
		(7,724,839)	**(7,528,612)**
Surplus (Deficit) for the year		**902,782**	**(330,722)**

The supplementary information presented does not form part of the annual financial statements and is unaudited

Thank you to Our Funders

CATHCA thanks the organisations that funded its work in 2016 - we are most grateful for your valued support.

The Embassy of Japan

And our generous and long-standing Anonymous donor.

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OF SOUTHERN AFRICA