

ANNUAL REPORT

2020

CATHCA

CATHOLIC HEALTH CARE ASSOCIATION OF
SOUTHERN AFRICA



ANNUAL REPORT 2020

The Catholic Health Care Association of Southern Africa (CATHCA) is the Catholic Church's associate body for health in South Africa, Botswana, and Eswatini. The organization is a proud affiliate of the Southern African Catholics Bishops' Conference. CATHCA is a membership-based organization consisting of 185 faith-based, community-linked organisations working at the intersection of primary health care, mental health, HIV/TB, gender-based violence, and child safeguarding in some of the neediest communities.

CATHCA provides capacity development, empowerment, and networking opportunities to its members and their local network of professionals, carers, community advocates, and volunteers to engage effectively and collaboratively in their catchment areas. CATHCA has excellent expertise in organizing community workshops, conferences, stakeholder engagement, working groups, and collaborative projects, and follow these up with on-the-job mentoring and coaching, in a spirit of co-ownership. CATHCA's work entails giving voice to underprivileged and vulnerable groups and partnering with civil society, government, and development agencies in an effort to transform lives, bring about structural change, and contribute to a more equitable society.

CATHCA is inspired by Matthew 25:36: "I was sick and you took care of me."

Our Vision:

CATHCA envisions a world in which even the poorest individual has access to good quality and compassionate health care.

Our Mission:

CATHCA exists to support and strengthen an evolving health care network of members serving the poor and marginalised, in collaboration with others.

Our Values:

| | |
|---|---|
| Integrity <ul style="list-style-type: none">Doing the right thing, honestly, and in harmony with our other values. | Respect <ul style="list-style-type: none">For self, staff, people, communities, cultures and the environment, always upholding the sanctity and dignity of human life. |
| Quality <ul style="list-style-type: none">CATHCA sets and meets high standards and ensures they are aligned with those of the church, government and donors. | Accountability <ul style="list-style-type: none">Transparency with all stakeholders including members, donors and government. |

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“I was sick and you took care of me”

1. Message from the Chairperson and Director

The year 2020 has been a trying year: From loss of life to lockdowns, masks and social distancing, we have all endured a lot. But we have collectively persevered towards mastering the art and science of promoting health in underprivileged communities and growing in solidarity for health justice.

The COVID-19 pandemic and ensuing lockdowns that started on 26th March 2020 have affected the range of project activities planned by CATHCA in 2020. We have managed to adapt to the “new normal”, which entailed less field visits and face-to-face meetings, mentoring, workshops, conferences, but also created the opportunity for more online meetings, e-workshops, webinars, distance mentoring, and distance monitoring, whenever possible. Even so, some events were put on hold, most notably the 2020 CATHCA National Conference and Annual General Meeting, which had to be postponed to 2021.

Throughout the year, CATHCA has continued to forge a relationship of trust with its members based on the accompaniment model, which mandates walking side-by-side rather than undergoing short-lived interactions. Accompaniment is a two-way street rooted in pragmatic solidarity: CATHCA accompanies members in a journey of empowerment that contributes to improved health access and health outcomes for the underprivileged. Members provide CATHCA with evidence of what works well or not so well in their communities, which helps promote best practices and contributes to health system strengthening at various levels.

CATHCA and its members remain committed to serving underprivileged communities and vulnerable groups in a more and more visionary, value-based, partnership-oriented, and results-driven manner. This requires that CATHCA and its members make a conscious effort to work together with government, civil society, and development partners with a view to empower communities, bring about structural change in the health system, and contribute to universal health coverage and health justice.

Standing for universal health coverage and health justice makes us stronger and has an amazing power to provide comfort even in the most trying of times. We at CATHCA are therefore encouraged to roll up our sleeves, keep working, and keep learning to make a difference where it is most needed.

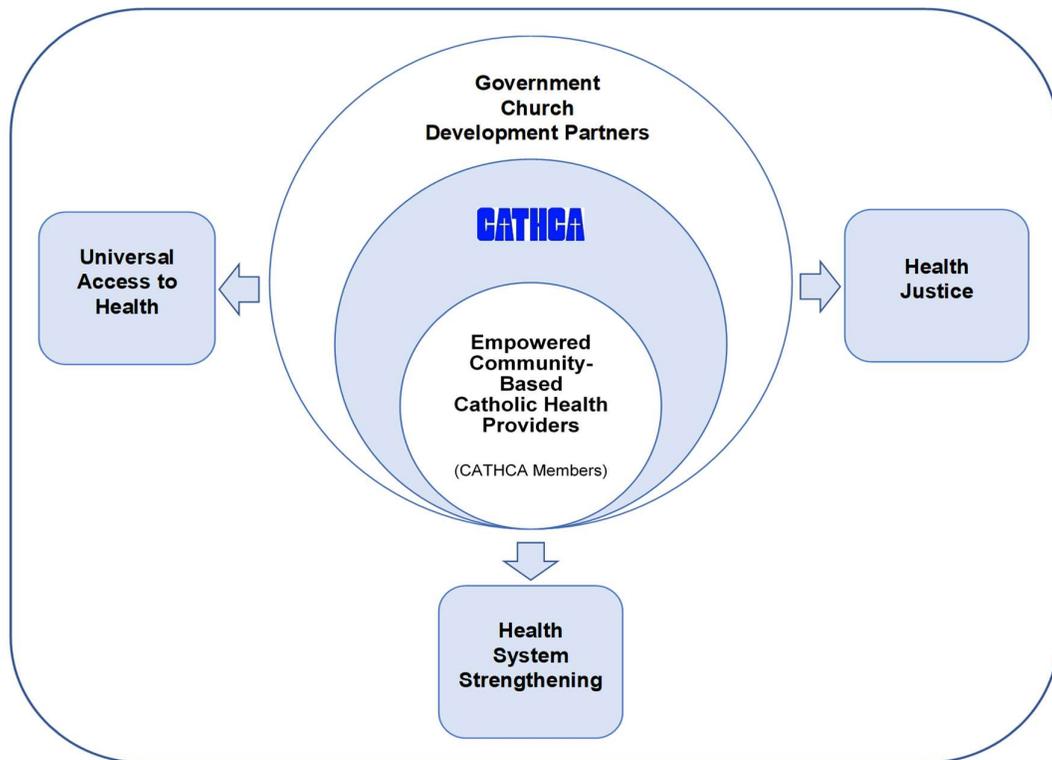


Dr Douglas Ross
CATHCA Chairperson



Dr Andrea Cortemiglia
CATHCA Director

2. CATHCA's Overall Objectives



1) Capacity development of Catholic health providers:

Improving the organizational and professional capacities of Catholic health providers in a variety of technical and management areas such as primary health care, HIV/TB, mental health, gender-based violence, child safeguarding, governance, leadership, project management, fundraising, monitoring, evaluation, learning, and accountability.

2) Enhanced community-based services by Catholic health providers:

Supporting Catholic health providers in designing, delivering, and monitoring a range of community-based health initiatives in areas such as primary health care promotion, disease prevention, rights-based awareness, behaviour-change education, mental health, positive gender relations, child safeguarding, home-based care, palliative care, care for vulnerable groups, in collaboration with government and civil society organizations.

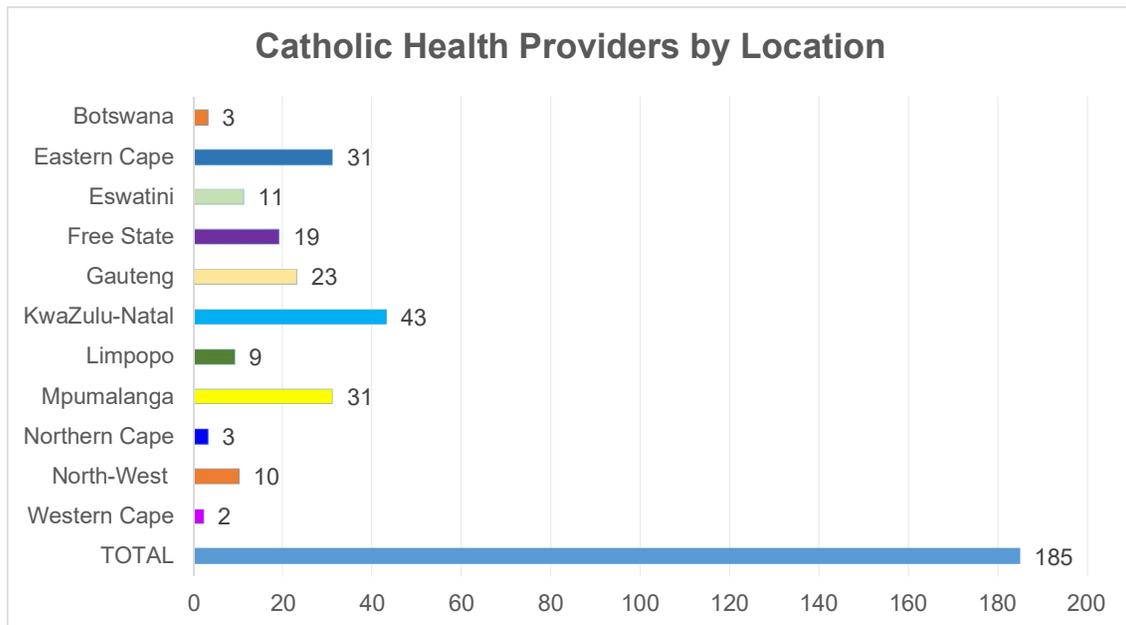
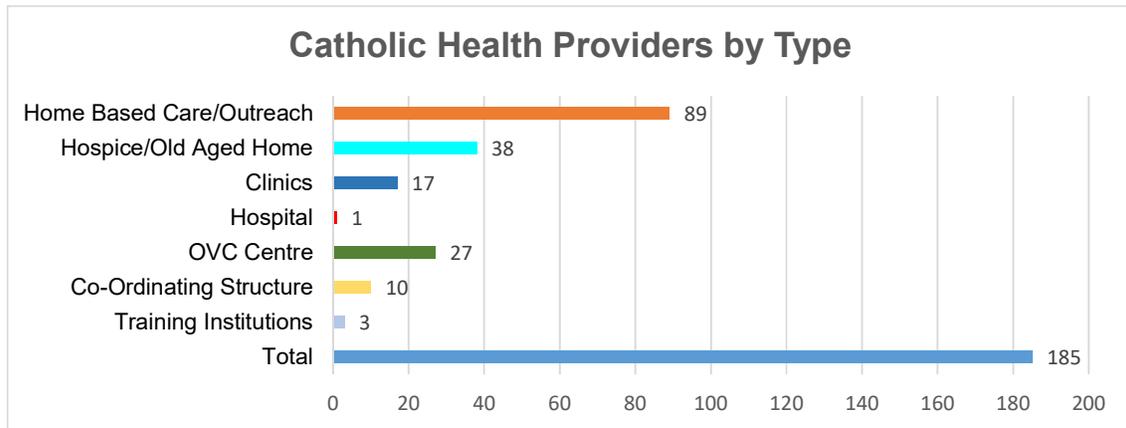
3) Improved advocacy for health system strengthening by the Catholic health network:

Strengthening relations between Catholic health providers and government clinics, ward-based outreach teams, health districts, intersectoral departments, NGOs, faith-based organizations, Church's structures, along with promoting participation of the Catholic health network in clinic committees, health forums, stakeholder engagement processes, and advocacy initiatives that address structural deficiencies of the health system.

3. CATHCA's Members

CATHCA is a membership-based organization consisting of 185 faith-based, community-linked health providers working at the intersection of primary health care, mental health, HIV/TB, gender-based violence, and child safeguarding in some of the neediest communities across South Africa, Botswana, and Eswatini.

Here's a breakdown of the Catholic health providers by type and location.



4. Strengthening the Catholic Health Network



A three-year project co-funded by **Misereor** and anonymous donors for the period 2018-2020 was implemented to **strengthen the Catholic Health Network of 185 community-based organizations** through a series of training workshops, conferences, stakeholder engagements, mentoring sessions, field visits, and monitoring activities. It was essentially a capacity-

development project that improved **professional skills of community health workers and community advocates** in primary health care, mental health, HIV/TB, GBV, and child safeguarding. It also contributed to expand the **organizational capacity of community-based Catholic health providers** in areas such as governance, leadership, project management, fundraising, and MEAL. By strengthening the organizational and professional capacities of Catholic health providers in a variety of technical and management areas, the project made strides towards **enhancing the range and quality of health initiatives provided by the Catholic Health Network** to underprivileged communities, **increasing coordination and cooperation with government and civil society**, and **promoting advocacy initiatives for health system strengthening, especially at local level**.

The series of capacity-development workshops and mentoring sessions conducted in 2020 resulted in **improved organizational and professional capacities for 43 Catholic health providers and 683 community health workers and community advocates**. These training activities have been carried out virtually and physically, in compliance with COVID-19 protocols and lockdown measures.

Moreover, **three diocesan-level conferences** were hosted by CATHCA during the course of 2020, which were **attended by 140 participants representing 45 Catholic health providers** from the provinces of KwaZulu-Natal, Eastern Cape, and Mpumalanga, along with government and civil society representatives at district and provincial levels. These conferences promoted the sharing of knowledge, experience, and best practice with a focus on working in coordination and collaboration with government clinics, ward-based outreach teams, and other government structures, and engaging in advocacy work in partnership with concerned stakeholders at the appropriate level.

5. FOCUS-SA (HIV-TB)



A two-year project funded by the **Centers for Disease Control and Prevention (CDC)** focused on HIV-TB screening, testing, ART treatment adherence, and referrals was rolled out in 10 catchment areas across two provinces: Gauteng (7 sites) and Mpumalanga (3 sites). More specifically, the project was implemented in 5 health districts: Johannesburg,

Ekurhuleni, Tshwane, Gert Sibande, and Nkangala.

It was an **interfaith initiative** with the participation of Catholics, Lutherans, Methodists, and Muslims, led by the **Catholic Relief Services (CRS)**. Notwithstanding the challenges posed by the COVID-19 pandemic, the project was kept on track thanks to the extra efforts of CATHCA staff, member organizations, community health workers, community advocates, and project partners involved in project implementation. They courageously continued working during the COVID-19 lockdowns, with special permits, against the backdrop of a disrupted health care system, reductions in programme personnel due to COVID-19 infections, and patient reluctance to seek health treatment and testing services due to fears and lockdown measures.

The 10 Catholic health providers involved in the implementation of the project worked in underserved and vulnerable communities in partnership with the local Church parishes to mobilize religious, traditional, and community leaders in an effort to **reduce stigma and discrimination** associated with HIV-TB, as well as to increase demand of **HIV-TB testing, treatment, and adherence**.

Project highlights:

- People tested for HIV = 10 624
- HIV+ people retained on ART through support groups = 5 013
- HIV+ people linked to ART (new clients) = 580
- Defaulters traced and re-linked to ART = 1 974

The project teams also engaged in COVID-19 awareness campaigns, screening, and referrals in coordination with the Department of Health, targeting hotspots such as taxi ranks, road blocks, informal settlements and mining areas, along with local schools and vulnerable households.

6. Tackling HIV/AIDS-GBV



A one-year pilot project to promote innovative ways to **tackle the dual epidemics of HIV/AIDS and gender-based violence** in poverty-stricken **Winterveld**, Tshwane District, Gauteng was approved for funding by the Irish NGO Misesan Cara and the Anglo American Foundation Trust. The implementation of the project shall start from January 2021.

The project is designed to roll out behaviour-change dialogues

in school, community, and health care settings with a view to improve people's awareness, knowledge, attitudes, and behaviour in respect of HIV/AIDS and gender-based violence. Central to the project are the U=U (**Undetectable = Untransmittable**) message for the HIV component, and the **structural drivers of violence**, including the patriarchal belief system that underpins unequal gender relations, along with the **interlink with mental health** for the gender-based violence component.

The project is centred on a peer education model through a two-phase process. The first phase is referred to as "train-the-trainer". This phase will improve the competence of a group of **15 community advocates** on the drivers of HIV/GBV and effective ways to prevent and respond to these scourges. Phase one is also meant to teach community advocates the skills they need for the second phase of the project when they will pass what they have learnt to roughly **1,200 fellow community members** living in the target areas, in close collaboration with concerned civil society organizations and duty bearers such as the Dept. of Health, Dept. of Social Development, South African Police Service, Dept. of Justice, Wits Reproductive Health Institute, Treatment Action Campaign, People Against Abuse, People Opposing Women Abuse, the Disabled People South Africa.

The project field activities will be coordinated by the local community-based organization, **Kopano Lerato**, run by the **Sisters of Mercy**, which has a long-term commitment to the people of Winterveld, under the supervision of CATHCA and in partnership with the **Missionary Sisters of the Assumption**.

7. COVID-19 Response



With the COVID-19 pandemic taking centre stage throughout the year, the Catholic health network has been actively involved in the **COVID-19 national prevention-and-response system**, in coordination with the health authorities and concerned stakeholders. This has been widely appreciated by the local communities and led to further opportunities for collaboration,

coordination, and participation in the wider national health system.

COVID-19 prevention-and-response campaigns involving **education, screening, testing, and referrals** have been carried out by 19 Catholic health providers, predominantly in marginalized hotspot areas of Gauteng, Mpumalanga, KwaZulu-Natal, Eastern Cape, and Eswatini, including **informal settlements, taxi ranks, mining areas**. These campaigns were designed to target **vulnerable groups such as elderly-headed households and differently-abled people**, often as part of wider HIV/TB and NCD outreach programmes, with support from CATHCA's donor-funded projects.

Many more Catholic health providers conducted a variety of COVID-19 prevention-and-relief initiatives through door-to-door visits and community outreach programmes, in collaboration with local parishes and health authorities, **with support from their network of benefactors**.

CATHCA has also secured funding from **BEGECA/Misereor** for the procurement and distribution of personal protective equipment to Catholic clinics and long-stay care facilities in South Africa, Botswana and Eswatini, as they keep on fighting against COVID-19. Personal protective equipment comprises tents for triage, nitrile gloves, heavy-duty gloves, hand sanitizers, surgical face masks, reusable gowns, rubber boots, infrared thermometers, and pulse oximeters suitable for use in health care settings. The implementation of the project for the procurement and distribution of personal protective equipment shall start from January 2021.

8. Knowledge Management

Learning approach: CATHCA adopts a “learning by doing” aka “action-reflection” approach as a means to enhance our ability to learn, innovate, and contribute to the common good.

MEAL system: CATHCA’s monitoring, evaluation, accountability and learning (MEAL) system is geared towards participatory assessment, learning, and development.

Training manuals: CATHCA has training manuals for community health workers and community advocates on Mental Health and Psychosocial Support, HIV/AIDS, and Gender-Based Violence, which are designed in a train-the-trainer format.

Catholic Social Doctrine: CATHCA shares knowledge with its members on the Social Doctrine of the Catholic Church, with emphasis on the Catholic Social Teaching and how these should be integrated in the work of members at community level.

Member database: CATHCA’s Member database comprises information on our members, their locations, contact details, and scope of work.

Protection of Personal Information Act (POPI Act): CATHCA is compliant with the POPI Act and share information with its members on the main duties of health care organizations under the POPI Act.

Radio Veritas: CATHCA is on Radio Veritas to share the good work that the Catholic health network is doing and convey positive messages to a wider audience, especially in relation to gender-based violence, HIV/TB, COVID-19, and mental health, in collaboration with the South African Leadership Conference of Consecrated Life (LCCL-SA)

Social media: CATHCA social media platforms are used to engage members and the public at large on health matters.

Facebook: @CatholicHealthCareAssociation

Twitter: @CathHealthSA

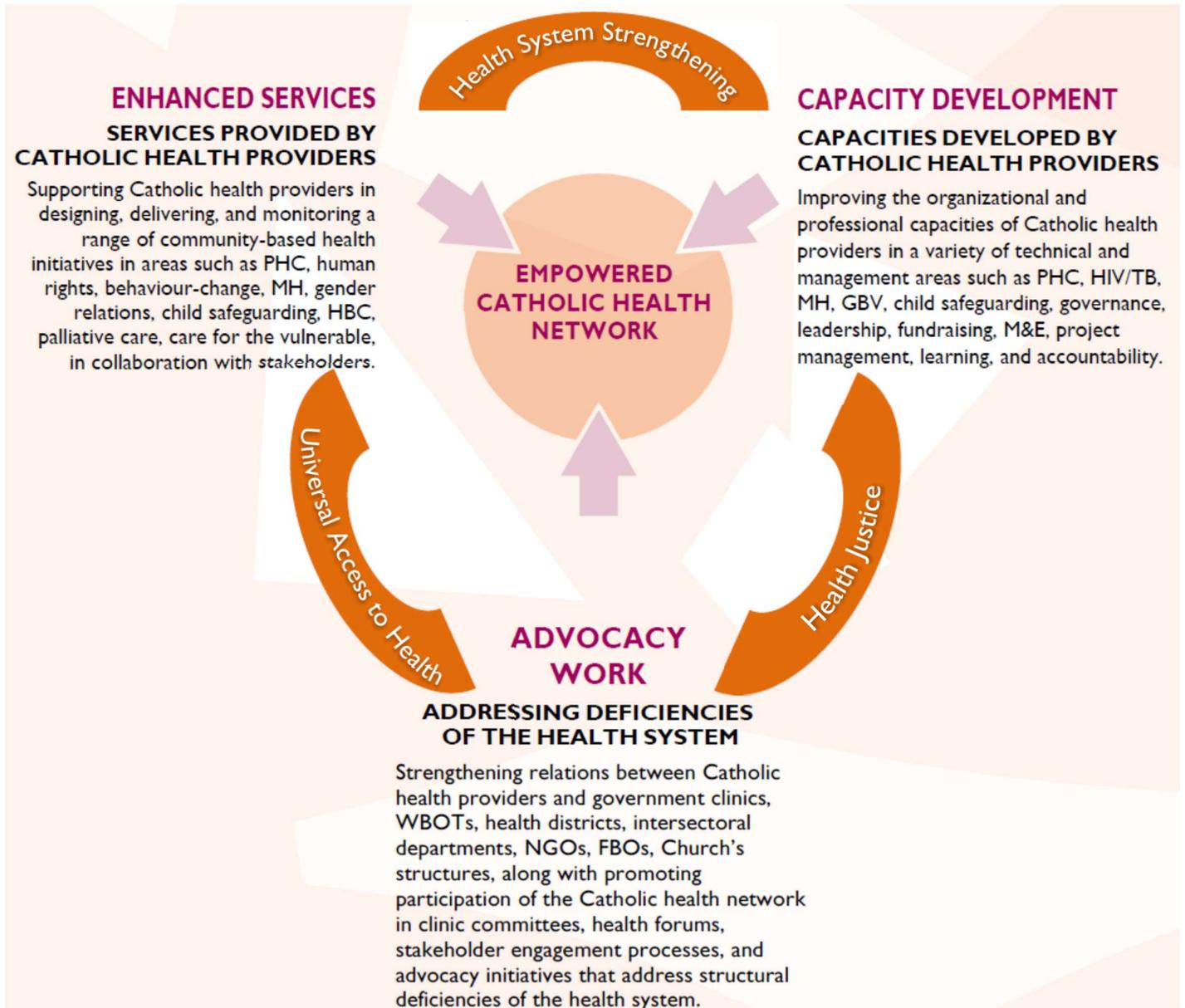
Instagram: @Cathhealth

Whatsapp group: CATHCA members are enrolled into a member-only Whatsapp group which is used to share information with members and by members.

Website: CATHCA’s website (www.cathca.org) is kept updated with content about project activities, events, documents, and news.

Newsletter: CATHCA newsletters are distributed to our mailing list on a quarterly basis and are available on our website.

9. CATHCA's Theory of Change



10. Annual Financial Statements

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 2020

Statement of Financial Position as at 31 December 2020

| Figures in Rand | Note(s) | 2020 | 2019 |
|---|---------|-------------------|------------------|
| Assets | | | |
| Current Assets | | | |
| Trade and other receivables | 3 | 59,663 | 31,200 |
| Investments | 2 | 4,894,497 | 2,849,474 |
| Cash and cash equivalents | 4 | 6,916,800 | 6,292,300 |
| | | 11,870,960 | 9,172,974 |
| Total Assets | | 11,870,960 | 9,172,974 |
| Equity and Liabilities | | | |
| Equity | | | |
| Sustainability Reserves | | 4,894,497 | 2,849,434 |
| Accumulated funds | 8 | 3,691,928 | 5,615,462 |
| | | 8,586,425 | 8,464,896 |
| Liabilities | | | |
| Current Liabilities | | | |
| Project Funds received , unspent at 31 December | 9 | 3,284,535 | 708,078 |
| Total Equity and Liabilities | | 11,870,960 | 9,172,974 |

Detailed Income Statement

| Figures in Rand | Note(s) | 2020 | 2019 |
|--|---------|---------------------|---------------------|
| Revenue | | | |
| Administration fees received | | - | 38,568 |
| Project funds and grants received | 7 | 10,984,746 | 12,928,697 |
| Income and fair value movement on investments | | 45,023 | 203,812 |
| Interest received - Bank accounts | | 251,218 | 347,567 |
| Local contributions and funds from third parties | | 40,500 | 103,562 |
| Special Projects | | 701,557 | - |
| | | 12,023,044 | 13,622,206 |
| Operating expenses | | | |
| Auditors fees | | (224,550) | (54,120) |
| Bank charges | | (11,245) | (11,327) |
| Cathca network conferences | | (44,175) | (199,245) |
| Communications | | (122,079) | (147,965) |
| Computer expenses | | (41,020) | (10,040) |
| Diocesan Support-Covid19 | | (367,257) | - |
| Governance | | (7,866) | (75,406) |
| Impact assessment and knowledge management | 10 | (197,616) | - |
| Legal expenses | | (9,000) | (21,739) |
| Office equipment | | (51,975) | (33,239) |
| Project funds paid out | | (7,744,822) | (7,875,066) |
| Rent, security and cleaning | | (171,175) | (205,411) |
| Salaries and wages | | (2,896,824) | (3,190,329) |
| Staff development and welfare | | (7,871) | (9,185) |
| Travel and accommodation | | (4,040) | (12,113) |
| | | (11,901,515) | (11,845,185) |
| Surplus (Deficit) for the year | | 121,529 | 1,777,021 |

11. Independent Auditor's Report



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Independent Auditor's Report

To the member of CATHOLIC HEALTH CARE ASSOCIATION

Report on the Audit of the Annual Financial Statements

Opinion

I have audited the Annual Financial Statements of CATHOLIC HEALTH CARE ASSOCIATION set out on pages 8 to 15, which comprise the Statement of Financial Position as at 31 December 2020, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and notes to the Annual Financial Statements, including a summary of significant accounting policies.

In my opinion, the Annual Financial Statements present fairly, in all material respects, the financial position of CATHOLIC HEALTH CARE ASSOCIATION as at 31 December 2020, and its financial performance and cash flows for the year then ended in accordance with basis of accounting as described in note 1 to the annual financial statements.

Basis for opinion

I conducted my audit in accordance with International Standards on Auditing. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Annual Financial Statements section of my report. I am independent of the company in accordance with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B) (IESBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. I have fulfilled my other ethical responsibilities in accordance with the IESBA Code and in accordance with other ethical requirements applicable. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other information

The directors are responsible for the other information. The other information comprises the Directors' Report, which we obtained prior to the date of this report. Other information does not include the Annual Financial Statements and my auditor's report thereon.

My opinion on the Annual Financial Statements does not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

In connection with my audit of the Annual Financial Statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the Annual Financial Statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work I have performed,



IRBA Practice no.:
912476
SAICA Practice no.:
30701993

Offices in the following Provinces: Gauteng, Western Cape, KwaZulu-Natal, Mpumalanga
Offices in Gauteng: Midrand, Centurion, Pretoria East, Pretoria North, Vereeniging, West Rand, East Rand

Directors:
Our list of directors is available on request from
mbasecretarial@mbainc.co.za

12. Thank you to Our Funders

CATHCA would like to thank the organisations that funded and endorsed its work in 2020. We are most grateful for your invaluable support and frank advice.



And our generous and long-standing anonymous donors



CATHOLIC HEALTH CARE ASSOCIATION OF
SOUTHERN AFRICA

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