



ANNUAL REPORT



CONTENTS

01

02	OUR SLOGAN
03	OUR VISION
05	OUR PRINCIPAL
06	OUR CORE VALUES
07	MESSAGE FROM THE MANAGING DIRECTOR
08	PAST
16	PRESENT
20	FUTURE
24	SUMMARISED CONSOLIDATED FINANCIAL STATEMENTS
26	RESOURCE MOBILISATION



OUR SLOGAN

“IT’S YOUR JOURNEY”

02

—
03

“TO START A MOVEMENT OF YOUNG PEOPLE WHO FOOLISHLY PURSUE THEIR PURPOSE AND ARE SURROUNDED BY SUPPORTIVE ENVIRONMENTS.”



I AM YOUNG
I AM FREE
I HAVE DA BEST ME



“IN ORDER FOR YOUTH TO BECOME SOCIETY’S SOLID FOUNDATION SO THAT THEY CAN CONTRIBUTE TO COMMUNITIES WHERE ALL PEOPLE CAN FULFILL THEIR DREAMS AND DEVELOP THEIR POTENTIAL, YOUNG PEOPLE NEED:

- INFORMATION
- EDUCATION
- SKILLS
- YOUTH-FRIENDLY SERVICES
- EMPLOYMENT
- SAFE ENVIRONMENTS”

RESPECT

06

Respect for human rights in general and for human dignity in particular. This value finds expression in all of the organisation's documents, policies and work.

RELEVANCE & RESPONSIVENESS

These principles mean that when Life Choices selects its activities it looks at the most pertinent needs of its constituents and the community served by these constituents. Hence, Life Choices focuses on development and public health issues, prioritising the different areas in accordance with the needs of the targeted group.

PARTNERSHIP & SUSTAINABILITY

Life Choices strives to achieve its vision in all its activities. However, Life Choices acknowledges its strengths and limitations and believes that reaching this vision will not be possible without partnering with multiple structures. Therefore, Life Choices spends time creating relationships with various stakeholders as well as sharing experiences and best practices.

EXCELLENCE

Life Choices strives for excellence in all its activities. Excellence underpins its selection and training of staff, its work ethics, its programme execution, programme contents, and effectiveness in reaching its objectives. Excellence is also translated in Life Choices' efforts in Monitoring and Evaluating all its activities and acting in accordance with the findings.

MESSAGE FROM THE MANAGING DIRECTOR

—
07

It is with great pleasure that I welcome you to the Life Choices 5th Annual Report.

To those who do not remember our history, Life Choices started in 2005 as a 5-year Salesians of Don Bosco youth project with the help of a PEPFAR grant. The first 5 years came to an end in September 2010 and it is with delight that I announce that Life Choices has survived its initial destiny.

Due to our excellent track record, our consistency in building strong relationships with schools, communities, government and partners, Life Choices has been able to cement its presence in the youth development sector. Furthermore, there is still a great need in the communities we serve. For these reasons Life Choices is planning to continue its work for many years to come.

At the end of 2010, the Salesian Trustees decided that it was time for Life Choices to gain some autonomy and become a self-governing Non-Profit-Organisation (NPO). Thus it is my pleasure to announce that in January 2011 Life Choices ended its childhood phase and has entered into a more independent adolescent phase by being granted its legal status as a Non Profit Organisation (024-485 NPO) and as a Public Benefit Organisation (PBO n. 930000453). The time has now arrived for Salesian Life Choices to establish an independent Board and consolidate its past 5 years work. All this will happen, off course, under the Salesian society gentle supervision.

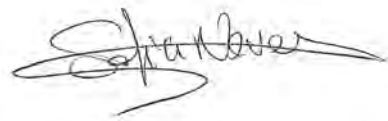
For this reason I decided that this year's annual report should be divided into three main sections: Past, Present and Future. It is time to celebrate the past, strengthen the present and be excited about the future.

I wish to thank everyone who has been involved in Life Choices over the past 5 years.

I would like to give a special thanks to donors who trust in our capability and who assist us in establishing a solid, innovative youth development organisation.

I would also like to give a special thanks to the Salesian Trustees, SPDO Management Committee and the Life Choices Youth Advisory Committee. These groups ensured that Salesian Life Choices was accountable, transparent and relevant in all its activities.

I could not end this message without acknowledging the exceptional young people who we have been serving and partnering with over the last few years. They gave us the inspiration and motivation to carry on. It is also through them that we have grown as an organisation and as individuals.



Sofia Neves
Life Choices Managing Director

PAST

South Africa is a country with limitless potential and opportunity among its youth. However, there is an urgent need to empower young people especially in communities where the family unit is being broken down, households are struggling with high unemployment rates, and the education system is in crisis. Children and youth are deprived of the guidance and protection that a functional environment usually offers and are therefore more exposed to violence, exploitation and health risks.

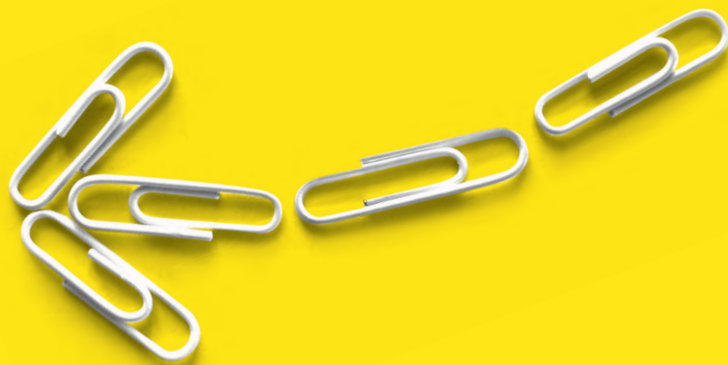
These are a few of the many challenges facing South African youth today, leaving a large majority of youth feeling despondent and hopeless.

The picture we see before us is one of a generation of young people at risk, who may not reach their full potential.

In 2004, Salesians of Don Bosco were granted 5-year support from PEPFAR to start a Youth Development Project in Kenya, South Africa and Tanzania (July 2005 to July 2010). Together with the help of the Western Cape Departments of Health and Education, Life Choices was established in South Africa to contribute in the fight against social ills among young people (HIV, teenage-pregnancy, substance abuse, violence, etc) in 20 schools in three communities (Athlone, Delft and Manenberg).

Life Choices based its work on the belief that sustained and positive behaviour change requires significant investment of time, one-on-one support and resources. The project worked mainly in schools because they present the perfect opportunity for accessing young people from all walks of life. These young people in turn have access to their parents, peers from other schools and peers who, for whatever reason, are not within the school system. The project also believed that early interventions prevent irreversible disabilities and allows for the development of full adult capacity. Working with children (beginning with Grade 4 and continuing to Grade 12) allowed the project to work at modifying already problematic behaviours and preventing others from initiating.

Life Choices brought a comprehensive approach to each school which targeted every single child with different interventions but also targeted parents and educators. Through the years, this approach evolved because our understanding of the problem developed, the targeted group's needs change, and our collaboration with youth and community members strengthened.



APPROACH EVOLUTION

09

2005

Life Skills Programme

As mentioned earlier, Life Choices based its work on the belief that sustained and positive behaviour change requires a significant investment of time. With the Life Skills programme, Life Choices aimed at making young people aware of HIV risks and presented them with strategies on how to avoid infection (skills). This component also emphasised other developmental issues that, in the long run, may have helped young people make positive life choices (self-value, vision, respect, responsibility, gender issues, and human rights, etc.). With this programme we aimed to reach each individual in a school with 7 curriculum-based sessions given in an interactive way during school hours by a pair of young adults. Each year, Life Choices brought a new set of 7 curriculum-based sessions. The sets were as follows:

1st Year

- Self-Esteem
- Vision
- HIV/AIDS
- Abstinence
- Risk Behaviour
- Gender & Violence
- Diversity

2nd Year

- Values
- Respect
- Acceptance
- Love
- Care
- Responsibility
- Perseverance

3rd Year

- Future
- Mind Set
- Anger Management
- Relationships
- Entertainment
- Health
- Seeking Help

4th Year

- Honesty
- Image Gap
- Decision Making
- Discrimination
- Rejection
- Messaging & Media
- Future & Consequences

5th Year

- Self-Talk
- Visualization
- Dealing with Fear
- What is in it for me
- Conditioning
- No put down zone
- There is no me without you

Overall, this programme was based on the Health Belief Model. Young people need to be able to perceived susceptibility to and the severity of the disease. Furthermore, they need to perceive the benefits of performing a certain behaviour, identify the barriers to performing this said behaviour and how to effectively overcome these barriers.



Peer-Education Programme

Adolescents report a variety of sources that influence what they know about sexuality and reproductive health. In many settings a large proportion of young people seem to mostly rely on the least reliable source – other young people. Peer-education has in recent years become one of the most common approaches used to address adolescents’ problematic sexual and reproductive behaviour. Life Choices believes that Peer-Education can support young people in developing new skills and positive group norms which will help them to make healthy decisions once behaviour is socially influenced. Life Choices implemented the Western Cape Peer-Education model in all targeted high schools. This programme was based mainly in one theory - behaviour is learned through direct

experience or observing and then modelling others (Social Cognitive Learning Theory). Young people need to have people modelling healthy behaviour around them. Also they need knowledge that could highlight their vulnerability and susceptibility to infection, increase their self-efficacy skills, and give them clear expectations about the eventual outcome of behaviours. For this reason, Life Choices trained groups of Grade 10, 11 and 12 learners after school and during camps (20 hours). Through the training these learners became peer-educators and they were able to not only model healthy behaviours but also plan and implement activities with their peers (eg. peer lead lessons, debate groups, face-to-face, community projects among other things).

Welfare Programme

Life Choices targets youth from disadvantaged communities. On a daily basis the project finds children that need help in order to overcome the difficult social situations they find themselves in. The Life Choices Social Worker visits targeted schools twice a month and additional emergency situations. Educators, peer-educators and facilitators refer people to this service. Counselling takes place on a one-on-one basis and thereafter parents are informed and counselled if necessary. Referrals to other specialised organisations and government services are made and followed-up on when the situation requires it. This programme uses a client-centered approach with individuals but at the same time works on making environments (schools & communities) safer. The basis of the programme is a humanistic approach.

Educators Programme

A complete primary and high school education can halve the risk of HIV infection for young people, and in fact, basic education has such powerful preventative effects, especially for young women, that it has been described as the 'social vaccine' (Boler & Jellema, 2005). Furthermore, communities within society are increasingly becoming parentless and family structures are very different from the traditional family we used to know. Thus, there is an urgent need for young people to identify positive adult role-models from outside the family and to have supportive extra familial structures available.

Life Choices ran an educators programme, with the following objectives: 1) motivate educators, 2) create team spirit among school staff, 3) increase knowledge among educators, and 4) increase the functionality of schools. Life Choices offered educators workshops (2 hours each) on topics like HIV/AIDS, conflict resolution; and child abuse among others. Life Choices also offered schools team-building days.

In 2008, Life Choices became a service provider for the Department of Education to run 'Behavioural Management' workshops with school staff. These workshops were given in sets of 6 sessions (2 hours each). Two theories formed the basis of this programme – the Circle of Courage theory and Restorative Justice. These approaches were used in order to help the school become a supportive environment for learners with different experiences and needs.



2007

Parental Skills Programme

This programme supported parents in their role as the key players in their children's lives. Research has shown that the quality of the relationship between parent and child is a key determinant of a child's behaviour. This programme aims at improving the relationship and communication during parent-child interaction. It also encourages parent's reinforcement of positive child behaviour. Life Choices offers Parental Skills workshops to groups of parents in communities. These workshop are comprised of 5 sessions (3 hours each), given during the week or weekends according with the parents need.

Youth Friendly HIV Counselling & Testing (HCT)

Life Choices started to provide HCT campaigns on a quarterly bases in schools in order to destigmatise the disease. Risk Reduction Counselling was used with this programme. This is a client-centred approach where clients develop a risk reduction plan based on client readiness and his/her ability to adopt safer behaviours.

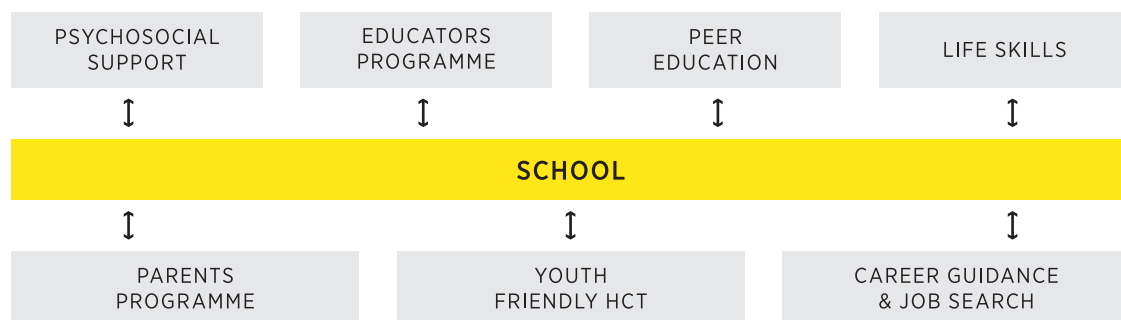
2008

Career Guidance Programme

Young people who are motivated and excited about their future are more likely to protect their lives by changing their lifestyle. The theory used is existential in nature. It is an optimistic approach because it embraces human potential, but is also realistic in that it recognises human limitations (self-empowering process). With this programme Life Choices provides one-on-one career guidance counseling to learners in schools in order to assist them in developing concrete plans for their future.

2010

School Programme Diagram



RESULTS

14

DEFINITION

N. of youth reached with HIV prevention messages (ABY)

5 YEAR TARGET

56,000

5 YEAR RESULTS

Youth reached with 7 Life Skills sessions	62,403 youth
Youth trained as Peer-Educators (35 hours)	3,735 youth
Youth reached by peer lead activities	56,147 youth
Youth supported by a Social Worker	5,803 youth
Youth reached with career guidance counselling sessions	2,811 youth
Total Youth reached (one-on-one or small group intervention)	130,899 youth
.....	
Youth reached with BCC (behaviour change communication) activities (e.g. assemblies, debates, youth newsletter, etc)	256,556 youth
Educators reached with workshops or team-building activities	2,051 educators
Parents reached with parental skills workshops (4 sessions)	769 parents

DIFFERENCE

+ 74,899 youth (one-on-one or small group interventions)

+ 256,556 youth (BCC interventions)

+ 2,051 Educators

+ 769 Parents

Life Choices was able to develop a methodology that was much more comprehensive than initially designed and was able to reach many more youth & stakeholders than planned.



HIGHLIGHTS

- Life Choices' staff and programmes became an integral part of the schools' structure and lives.
- Throughout each year, every single learner in a targeted school was exposed to Life Choices messages' on several occasions by using different programmes which aimed to suit the diverse needs of youth.
- Life Choices developed an integrated approach that did not only focus on HIV. This helped to avoid message saturation and the target group's interest in the Life Choices sessions/activities was maintained over the 5 year period.
- 60% of youth in targeted schools know their HIV status compared to the schools that were not targeted by the programme, in which only 28% of learners know their HIV status.
- Throughout the years, learners left school with clear plans for their future.
- Many beneficiaries applied to work at Life Choices. So far, eleven young people were selected, after finishing school, to join the Life Choices team and the motivation of each of them was similar: "I was helped by the programme and I would like to do the same for other young people".

PRESENT

In 2006, Life Choices was the first organisation in South Africa that provided HIV Counselling & Testing (HCT) services in high schools as part of a comprehensive approach.

In the beginning, Life Choices partnered with a well-recognised HCT service provider but soon Life Choices realised, through the feedback of young people, that the type of counseling offered did not suit youth needs. Through discussions with different HCT providers and government, Life Choices realised that no one had developed a HCT model that was youth focused.

For this reason, in 2007, Life Choices requested support from PEPFAR to develop and implement a 'Youth Friendly Mobile HIV Counseling and Testing' programme. Life Choices was given a 5-year grant (October 2007 to September 2012) to develop and implement a HCT youth friendly methodology with the following objectives:

1. Increase young people's (14-30 years) access to youth friendly HCT services in high schools, colleges and universities;
2. Increase hard to reach populations' (e.g. youth, men, etc) access to mobile HCT friendly services by providing the service at unusual sites and unusual times on an ongoing basis and;
3. Build a local, sustainable response to the national HIV epidemic in South Africa through the rapid expansion of innovative, culturally appropriate, high-quality, youth friendly HCT services.

By partnering with the Western Cape Department of Health (donated HIV testing kits), Life Choices was able to start implementation in April 2008.

Through the years, Life Choices has been able to continue developing the HCT methodology based on ongoing feedback from clients. These services have been provided all around Cape Town and Stellenbosch.



HCT METHODOLOGY

—
17

Clients Intake

Clients initiate the process by registering for the service at reception and then receive a youth friendly pamphlet, which has been developed by Life Choices. This pamphlet talks about HIV basics, HIV risk factors, TB and STI's. While they wait to be seen by a counselor, clients are requested to read the pamphlet as an introduction to pre-counselling.

Pre-Counselling Sessions

As part of the Life Choices methodology all clients are offered a pre-counselling session. During the pre-counselling sessions clients discuss HIV/AIDS basic facts, risk factors in their lives, their fears, and supportive structures. They use the basic information discussed with the counsellor in order to analyse their lifestyle and to think of ways in which they can minimize their risk or of ways in which they can maintain healthy behaviours. These sessions are conducted on a one-on-one basis using interactive and creative methods in order to make people feel comfortable in sharing their experiences (client centered approach). The HCT programme still uses the 'Health Belief Model' as the foundation theory directing the sessions.

The pre-counselling session normally lasts between 25-30 minutes and counsellors make use of a picture kit in order to simplify HIV basic information. Life Choices believes that with the help of visuals clients will remember the messages discussed with the counsellors for longer periods of time.

HIV Testing

After the pre-counselling session the client is invited to be tested by the nurse. Life Choices assures testing quality by having good written procedures at all levels as well as having well trained staff. In order to ensure quality control, Life Choices is partnering with NICD (National Institute for Communicable Diseases). NICD provides external control samples (reactive and non-reactive samples) that are used to validate the reliability of the testing kits every morning and with each new test lot. NICD also conducts quarterly external proficiency tests in both sites. Since the beginning Life Choices' Lab sites have always scored 12 out of 12, which means that so far, NICD predicts that Life Choices' lab results are 100% accurate.

Post-counselling Testing

After testing, the client is invited to a post-counselling session (10 to 15 minutes). During these sessions, the client received his/her test results and reflects about what was discussed in the pre-counselling session. The post-counselling session methodology is based on the Stages of Change Model (Transtheoretical Theory) and aimed at helping each client to develop realistic action plans on how to maintain their negative status or how to manage their positive diagnosis.

All clients suspected of TB or STI infection as well as all clients diagnosed HIV positive are referred and follow-up telephonically, until the counselor feels that the individual can cope on their own.

All clients diagnosed HIV positive are offered 5 sessions with a professional psychologist.

RESULTS

18

NUMBER OF INDIVIDUALS HIV COUNSELLED AND TESTED

Year Target	12,000	Target 5 Years	30,000
Year Results Achieved	14,304	Cumulative Results 4 Years	29,800
Difference	+ 2,304	Difference	- 200

NUMBER OF INDIVIDUALS TB SCREENED

Year Target	12,000	Target 5 Years	30,000
Year Results Achieved	14,584	Cumulative Results 4 Years	30,602
Difference	+ 2,584	Difference	+ 602

NUMBER OF INDIVIDUALS STI'S SCREENED

Year Target	0	Target 5 Years	0
Year Results Achieved	12,130	Cumulative Results 4 Years	23,397
Difference	+ 12,130	Difference	+ 23,397

NUMBER OF YOUTH REACHED WITH INDIVIDUAL AND/OR SMALL GROUP LEVEL HIV PREVENTION INTERVENTION

Year Target	15,000	Target 5 Years	20,000
Year Results Achieved	18,490	Cumulative Results 4 Years	25,382
Difference	+3,490	Difference	+ 5,382

In the fourth year Life Choices was able to reach its five year target.



HIGHLIGHTS

- 33% of clients are people who are doing an HIV test for the first time in their lives.
- 48% of clients are males and 52% are females.
- 55% of our clients are younger than 25 years of age.
- In 2010 Life Choices was visited by a panel of different experts who were asked by the National Department of Health and Education to investigate the viability of HCT in schools. The panel was impressed with the Life Choices Model and recommended HCT in schools to be part of the HIV/AIDS National Strategy.
- Over the years, Life Choices capacity has been built and developed in such way that we are now able to provide mobile HCT quality services to an average of 14,000 people per year.

FUTURE

During the past 5 years, Life Choices has partner closely with the Western Cape Department of Health & Education and became one of their Peer-Educator service providers but using its own fundraised resources.

At the end of 2010, Life Choices tendered to be part of the Western Cape Global Fund Grant HIV/AIDS programme. The Western Cape has for the past ten years been implementing a Comprehensive Provincial HIV/AIDS Prevention, Treatment, Care & Support Programme. The programme was drafted, implemented, regularly reviewed and updated under the supervision of the Western Cape Provincial AIDS Council (a multisectoral body which is comprised of representatives from government, civil society, the private sector and academic and research institutions).

One of the four intervention strategies funded by the Global Fund Programme was to develop an extensive HIV prevention and risk reduction programme within the school sector (Peer-Education).

The HIV prevalence amongst 15-19 year old females in the Western Cape province (as documented in the Annual Provincial Ante-Natal HIV Prevalence Surveys) has progressively declined from 8.6% in 2003 to 5.4% in 2008. This decline corresponds with the implementation of the expanded Western Cape Peer-Education Programme in secondary schools in 2004. Furthermore, the Provincial Health Department analysed the sub-district data from the Annual Provincial Ante-Natal HIV Prevalence Surveys. The analysis found that, whereas HIV prevalence amongst 15 – 19 year olds has since 2003 declined in those areas of the province where the Peer-Education programme has been implemented, HIV prevalence levels have increased in the areas where the programme was not implemented. It therefore appears probable that the observed decline of HIV infection rates amongst 15-19 years old in the province can be attributed to the contribution made by the Peer-Education programme which focused on risk reduction and developing the life skills of young people.

Based on the successful performance of the Western Cape Global Fund Grant Programme the Provincial AIDS Council was invited by Global Fund in July 2009 to apply for Rolling Continuation Channel (RCC) funding for the extension of the Global Fund Grant Programme for a further six years from January 2011 to December 2016.

At the end of 2010, the Western Cape Department of Health granted Life Choices the opportunity to become the official service provider responsible for high schools in the Klipfontein sub-district. This meant that in January 2011, Life Choices expanded its reach and started working with 32 high schools in 9 communities (Athlone, Lansdowne, Bonteheuwel, Gugulethu, Manenberg, Hanover Park, Heideveld, Nyanga and Philippi).



OBJECTIVES OF THE INTERVENTION

—
21

Life Choices recognises that prevention education is not a mass media event nor ad hoc sessions when the teacher is absent from school, but requires a structured and sequenced approach. Peer-educators are selected and trained to facilitate 5 pre-designed sessions with learners in their class, under the direct supervision of a qualified facilitator and/or educator. Prevention education requires structure, sequence and face-to-face opportunity to discuss issues that are often sensitive and complex. Prevention interventions also need supportive environments that are conducive to healthy behaviours and penalise unhealthy ones.

The main objectives of the Global Fund intervention are:

- To delay sexual debut
- To increase abstinence
- To increase faithfulness to one sexual partner (with a known HIV status) and the use of condoms

The intervention is also concerned with reducing the impact of other risk behaviours among youth. The secondary objectives of the intervention are:

- To decrease violence in schools
- To decrease teen-pregnancy
- To decrease substance abuse
- To decrease school drop-out rates
- To increase study and job opportunities for learners after Matric
- To increase youth friendly services in targeted communities
- To create a supportive and nurturing environment in schools so that learning can take place effectively.

Beneficiaries

Life Choices aims to increase knowledge and skills, to motivate learners in the school to become aware of the risk, and to unsettle their way of thinking. This will enable them to make informed choices that will lead to the realisation of their full potential. Number of people reached with the programme will be 13,321 learners in the first year. This number is divided into:

- 1,288 Peer-Educators (Grade 10 – 580 & Grade 11 – 708)
- 4,867 Grade 8's learners
- 7,166 Grade 9's learners

The number of beneficiaries over the 3 years will be 39,963 youth.

RESULTS

22

NUMBER OF MASTER TRAINERS TRAINED

1 Year Target	7
Results achieved from January 2011 – March 2011	40
Difference	+ 33

NUMBER OF HIGH SCHOOLS ENROLLED IN THE PROGRAMME

1 Year Target	31
Results achieved from January 2011 – March 2011	32
Difference	+ 1

NUMBER OF LEARNERS RECRUITED TO BECOME PEER-EDUCATORS

1 Year Target	1,288
Results achieved from January 2011 – March 2011	1,350
Difference	+ 62

NUMBER OF LEARNERS TRAINED AS PEER-EDUCATORS

1 Year Target	1,288
Results achieved from January 2011 – March 2011	1,273
Difference	- 51

NUMBER OF LEARNERS REACHED WITH 5 PEER LEAD SESSIONS

1 Year Target	12,033
Results achieved from January 2011 – March 2011	0
Difference	- 12,033

NUMBER OF LEARNERS REACHED THROUGH FACE TO FACE DISCUSSIONS WITH PEER-EDUCATORS

1 Year Target	6,446
Results achieved from January 2011 – March 2011	1,400
Difference	- 5,046

NUMBER OF LEARNERS REFERRED BY PEER-EDUCATORS

1 Year Target	3,223
Results achieved from January 2011 – March 2011	0
Difference	- 3,223

The yearly results are far from being achieved because the Global Fund year only started in January 2011. These are the results of 3 months of implementation.

HIGHLIGHTS

- 30 schools welcomed the Peer-Education programme and Life Choices. The two schools that had some reservations came on board shortly after.
- New Life Choices staff were inducted and properly trained in the month of January and everyone was able to enter schools by February.
- Learners at school were very excited to enroll in the programme.
- Learners enjoyed the initial two days of training and they went back to school ready to start implementing their peer to peer sessions.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 28 FEBRUARY 2011

	2011	2010
	R	R
Income	6 484 501	4 981 860
Grant - USAID	996 513	1 875 466
WC Education Department	9 995	9 950
Youth Unlimited	153 801	163 750
Foschini	0	1 800
Austrian Fund	42 714	0
National Lotteries Distribution Trust Fund	731 500	0
Grant - CDC	4 055 537	2 903 776
Department of Health - Global Fund	473 378	0
Other Donations	11 164	495
Interest Earned	9 899	26 623
Gross Income	6 484 501	4 981 860
Expenditure	5 831 291	5 710 044
Advertising	0	7 734
Audit fees	23 192	20 417
Bank charges	24 667	21 029
Camps	0	3 357
Consulting fees	33 741	35 388
Courier and postage	267	2 871
Depreciation	409 246	343 585
Insurance	112 685	108 868
Maintenance	34 232	58 758
Monitoring and Evaluation	148 320	246 451
Office electronic equipment	8 448	14 263
Printing and Stationery	67 658	58 123

	2011	2010
	R	R
Rent	15 000	30 000
Salaries and wages	3 028 040	2 850 929
Staff expenses	388	8 452
Subscriptions	0	100
Teas and Cleaning	1 924	7 861
Telephone and fax	87 415	67 118
Trainer training	101 403	399 357
Training texts	0	2 200
Travel and accommodation	192 971	203 690
Interest paid	86 576	0
Emergency Fund	0	1 500
Legal Fees	2 500	0
Staff Welfare	4 937	11 641
Training text	0	4 923
Training food	3 766	0
Administrative costs	186 867	142 567
Consultants	280 376	229 470
Operating costs	259 622	136 058
Office Supplies	29 824	19 356
Training fees	680 893	673 978
Training Material	2 903	0
Cleaning	260	0
Office Supplies	3 170	0
Net Surplus/ (deficit) for the year	653 210	-728 184
Accumulated Surplus at beginning of year	1 294 240	2 022 424
Accumulated surplus at end of year	R 1 947 450	R 1 294 240



RESOURCE MOBILISATION

27

Ongoing partnership with a range of different donors is critical in ensuring that Salesian Life Choices is able to deliver on its organizational mandate. Each contribution received ensures that Life Choices is able to continue its work in the future. Every donation made, regardless of size, is appreciated by the organisation.

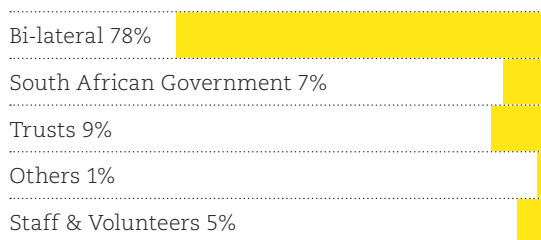
Support During the 2010/2011 Financial Year

During the year under review, Life Choices raised:

- 78 % from bi-lateral agencies including CDC, USAID, BMZ and EC
- 7 % from South African Government including Western Cape Department of Health and Education
- 9 % from Trusts including the National Lottery Distribution Trust Fund (NLDTF)
- 1 % from others
- 5% from Life Choices staff and volunteers (free time donated to the Organisation)

Breakdown of Percentage

Support during 2010/11 Financial Year



Life Choices would like to give a special thanks to the Salesians' fundraising offices spread throughout the world who helped us to raise some of these funds: Salesian Mission, South Africa Planning and Development Office, Don Bosco Jugend Dritte Welt and Jugend Eine Welt.

Life Choices would also like to commend staff and volunteers diligent effort that make-up to 5% of the total organisation's income. This is calculated based on hours and skills donated to the organisation.

If you would like to contribute to our work, please contact us at:

salesians.lifechoices@gmail.com

Or make a deposit on the following account:

Standard Bank
Swift Code: SBZAJJ
Salesian Life Choices General
Account N.: 070860823
Branch: 020909
Account Type: Current

SALESIAN LIFE CHOICES

PHYSICAL ADDRESS 316 Lansdowne Road, Lansdowne, 7780, Cape Town, South Africa

POSTAL ADDRESS PO Box 14290, Kenwyn, 7790, Cape Town, Western Cape

TELEPHONE + 27 21 696 4157 / 67

FAX +27 21 696 4187

EMAIL salesians.lifechoices@gmail.com

WEBSITE www.salesians.org.za/lifechoices.html

—
28

