Shifting from charity, to solidarity.

ANNUAL REPORT 2018
Hello, friends and supporters.

It’s a sad fact of life that HIV continues to be a major global public health issue. At the time of writing, there are approximately 37.9 million people living with HIV worldwide, and 1.7 million of those are children. Without treatment, 50% of children with HIV will die by their second birthday.

At Keep a Child Alive (KCA), we know that increasing access to effective HIV prevention, diagnosis, treatment and care can enable people living with HIV to lead long and healthy lives, but there is much more work for us to do.

We continue our mission to raise awareness and create solutions to make the world HIV/AIDS free. By providing medical treatment to those who are poor, uneducated, sick, or of different sexual orientations, we are knocking down barriers, creating a better future for survivors, encouraging the next generation to be virus-free, and tackling the biggest epidemic of our time.

This year, we served over 150,000 people despite almost constant challenges. I remain optimistic, especially when I hear about people who’ve benefitted from one of our partner programs, like Vivian (see page 12), who’s life has been transformed thanks to Alive Medical Services (AMS).

We can’t give up our fight, especially when there are so many people who need us. Reported cases of child sexual abuse has risen by 400% in the past nine years and an estimated 51% of adults aged 16 to 45 are HIV positive in Kwa-Zulu Natal. This is the same age group for perpetrators of sexual abuse, putting child victims at risk of contracting HIV. Thanks to you, Operation Bobbi Bear (see page 10) can provide these children with the care and dignity they deserve.

This is just one small part of the work carried out by our partners, none of which could happen without your continued support. Thank you so much for making AIDS eradication a reality. In these uncertain times, let’s love more and fight harder to end discrimination and stigma.

With love and gratitude,

Antonio Ruiz-Giménez, Jr Executive Chairman & CEO
Together, we are changing people’s lives each year

Co-founded in 2003 by Alicia Keys, Keep a Child Alive (KCA) is committed to empowering children and young people with the necessary resources, confidence and opportunities to reach their full potential and live healthier, happier lives. We provide financial and programmatic support to 9 community organizations in Kenya, Rwanda, South Africa, Uganda and India, serving over 150,000 people each year.

Our mission is to improve the health and well-being of vulnerable children, young people, adults and families around the world, with a focus on combating the physical, social and economic impacts of HIV/AIDS.

150,000 people, 9 partners and 5 countries
Our Programs

INDIA

Helping People Help Themselves
Since 2013, the Bhavishya (Sanskrit for “looking toward the future”) Project has worked with communities in Pune blighted by HIV, combining the efforts of three organizations: the Prayas Foundation, the Sahara Aalhad Care Home and Saahasee. These local partners use their expertise to improve the physical, social and economic well-being of those affected by HIV, tuberculosis and poverty.

Prayas Foundation
Prayas Health Group is changing the lives of children and adolescents living with HIV in Maharashtra state providing clinical and psychosocial support including HIV awareness, training and counseling as well as research and advocacy.

Supported by KCA since 2013, Prayas also helps children and young adults living in child care institutions, who are often neglected and extremely vulnerable. Prayas provides education and support to care home staff, holds workshops and mentoring programs to address the specific needs and concerns of young people, and brings groups together to advocate for children with HIV.

No two patients are the same and the project offers different solutions and locations to provide long-term care for the whole family. Patients who are critically ill receive urgent inpatient care, while mobile and outreach clinics operate in areas that wouldn’t normally receive treatment. Prayas also has a strong presence at government clinics, campaigning for the rights of people living with HIV. In 2018:

- 9 children’s homes and new organizations
- 129 children and young people benefitted from services
- 6 training sessions and workshops

Bhavishya, looking toward the future.
Our Programs

INDIA

Saahasee
Rohan is 16 years old and lives in Laxminagar, Yerwada Pune, a congested and volatile area, which lacks basic services. His family struggles to make ends meet and his father isn’t around so his mother, a nurse, is the only earning member in the family.

Rohan wants to study electrical engineering, and thanks to Saahasee, he has completed a computer course. Before this, he had no basic computer skills, but now he knows how to use Microsoft Office, which gives him better opportunities for employment and has won him respect among his friends and family members. Rohan really enjoyed his time at Saahasee, especially the patience of his teachers, and he now feels more confident and optimistic about his future.

Saahasee, which means “being courageous”, is a well-established local NGO operating in the poor urban areas of Mumbai and Pune. It promotes empowerment, dignity, justice and equality, while strengthening the economic potential of the whole community, but especially women and children. Partnerships with community-based organizations help bring positive impact on community economics, health, education, housing, and infrastructure, resulting in improved quality of life.

Children in slums receive a quality education, learn how to support themselves, build life skills, and are trained in entrepreneurship. They are also encouraged to start saving money in banks for future use. Women receive training through small neighborhood development groups and take part in activities that develop their relationships with others, improve their knowledge and skills, and help them live sustainably.

Saahasee offers programs focused on micro-enterprise, water and sanitation, skill development, social enterprise, TB and HIV intervention, and disability inclusion. There is also a skills centre, which includes courses for computer training, fashion design, Mehndi, and English.

In 2018:

- Women, men and children received training: 494
- Courses delivered. Business management skills and counseling, hair and beauty, and tailoring are the most popular courses: 129
Sahara Aalhad Care Home

Savita is only 25, but her life so far has been difficult. Her husband was killed in a road accident leaving her with two children, and in September 2005, she became ill at a festival and was paralyzed in all four limbs. Her brother and sister took care of her, but when they found out she was infected with HIV, they didn’t want her to stay, worrying that they would also become infected.

After receiving medication and physical therapy from Sahara, Savita recovered the use of her right side and she can now walk and perform many tasks independently. But she misses her daughter and son, now ten and three, and her family, although they visit, are still reluctant to care for her. Savita’s dream is to get better so that she can live with her children.

In recent years, the number of patients newly diagnosed with HIV in Pune has dropped, but there are still many living with the disease. At Sahara Aalhad Centre for Residential Care and Rehabilitation, vulnerable and marginalized communities who are affected by HIV/AIDS, TB, and substance abuse receive access to medical treatment and support.

Sahara began as a transitional therapeutic community in 1978 in New Delhi, and since then has been involved in rebuilding the lives of people. The organization provides outreach and advocacy activities and is committed to serving the poorest of the poor, in the belief that every person has the right to treatment, care, support, and a life of dignity and security.

Sahara also provides access to services such as nutrition, counseling, educational support, psychosocial support, mentoring, and advocacy – and staff work with families to maintain relationships. Through its supportive environment, individuals can recover and become empowered and productive members of society.

In 2018:

- People received health education at university or school.
- People received HIV/AIDS awareness and education in the workplace.
- People received job placements and skills development.
The Family Care Clinic (FCC)

When she was just 14 years old, Hamida tested positive for HIV, which she had contracted from her mother. She visited the FCC where she received counseling, education about her illness and started treatment. For the first few years Hamida was a model patient, but then she began missing appointments and ran away to Tanzania, but after many months had passed, she came back to the clinic. FCC offered her intensive counseling and Hamida restarted medical treatment. Now, aged 22, she is a mentor for other young people with the disease.

In Kenya, 1.6 million people are living with HIV, and many do not receive the treatment they need. That’s where The Family Care Clinic (FCC) comes in. This life-changing programme has provided clinical and support services to children and young people in Mombasa since it began in 2001 as a pilot program at Coast General Hospital. At the time, most experts thought HIV treatment would not work for children in Africa, but the success of the “Mombasa Model” at FCC has shown that providing complex, multidisciplinary services to children with HIV is not only possible in a government hospital but also sustainable and affordable, while also delivering a consistently high quality of care.

FCC soon became the inspiration for Keep a Child Alive and today stands as a proud model program and leader in pediatric HIV care in Kenya and beyond.

In 2018:

- 2,268 Children and young people received HIV care, including testing and counseling.
- 15,150 Children and young people received support as part of the Youth Zone Routine Program.

Together, we help children and young people thrive for a lifetime.
Delphina is 21 years old and lives in Kigali in Rwanda. She lived in an orphanage, until she was forced to leave after she became pregnant with her son who was then born with HIV. She asked her family if she could live with them, but when they found out that she and her baby had AIDS, they sent her away, believing that her child would infect the whole family.

Thankfully, Delphina became involved with Youth Ending Stigma (YES), a group whose members are all HIV positive and regularly meet at the WE-ACTx for Hope clinic. Here, she has received support and is now part of a movement turning the tide against AIDS discrimination in Rwanda.

Many will remember the darkest time in Rwanda’s recent history: the 1994 genocide when an estimated 250,000 women experienced rape and torture – and many of them contracted HIV as a result.

WE-ACTx (Women’s Equity in Access to Care and Treatment) was formed in 2003 to help women living with HIV exercise their right to access HIV care and treatment. It is now a locally registered NGO in Kigali with two locally-staffed clinical sites which offer highly-integrated medical and psycho-social services, free of charge, for patients living with HIV. A dedicated team of Rwandan health care providers operate with the support of WE-ACTx, grassroots community partners, and Rwandan government health agencies.

As Rwanda’s leading HIV treatment center, programs have expanded to include confidential testing, nutritional support, and the prevention of mother to child transmission, as well as several ongoing research studies. In addition to providing individual counseling and cognitive-behavioral therapy, the organization provides specialized support groups for teens, young mothers, survivors of sexual and domestic violence, and men living with HIV.

In 2018:

- 2,268 Children, young people and adults received ongoing HIV care and treatment services.
- 8,771 People received counseling and testing services.
- 572 Home visits to clients with HIV who missed their appointments.
Zoëlife

Transforming People’s Lives

Chichi is a young woman who was born HIV positive. Here, she tells us about her experience with Zoëlife.

“If I could describe Blue Roof in one word it would be ‘amazing’; it’s indescribable... We’re like one big family; we support each other... Taking my medicine was the easy part; it was the psycho-social support that I needed... I got more confident and I’ve learned to accept it and live with it... I can speak up about my status and give hope to other people, other children, who are battling to live with it... Knowing that I have others looking after me is what pushes me every day.”

Blue Roof provides a beacon of hope for communities in KwaZulu-Natal, where 28% of the population live with HIV. The wellness centre was built by KCA co-founder Alicia Keys and is run by KCA partner Zoëlife.

Zoëlife was founded in 2004 to ensure that people living with HIV had access to dignified care and treatment. The organization’s name comes from the Greek word “Zoë”, which means abundance, because the team wanted to bridge the gaps in the existing systems to ensure effective diagnosis, access to treatment and tackle the stigma around the virus.

Blue Roof has helped thousands of people, like Chichi, with its goal to transform options available to children, vulnerable families and communities that have been affected by disease, poverty and injustice. Blue Roof provides high-quality HIV care and treatment to children and families, HIV testing and counseling at the clinic and within the community, tuberculosis and cervical cancer screening, psychosocial and adherence support, and nutritious meals for each client.

Our Programs

SOUTHERN AFRICA

Zoëlife

In 2018:

- People received HIV education, awareness-raising and prevention initiatives.
- People received HIV testing services (HTS).
- Patients received antiretroviral therapy (ART).

**SOUTH AFRICA**

People received HIV education, awareness-raising and prevention initiatives.

People received HIV testing services (HTS).

Patients received antiretroviral therapy (ART).
Anele* was six years old when she was snatched off the street by an older man who pulled her into the bushes and raped her. Thankfully, her neighbors were able to catch him, and hold him until the police arrived.

At the hospital, Anele was given a bear, markers, and bandages to help explain what had happened to her. The bear was then taken and bagged for evidence. In the following months, Anele received counseling from staff at Operation Bobbi Bear, some of whom would later support her during her perpetrator’s trial. Her abuser was found guilty and sentenced to life in prison. Anele continues to receive counseling at Operation Bobbi Bear while she works through the healing process.

*Name changed to protect her identity

Child abuse is unimaginable and many children find it impossible to talk about what has happened to them. Operation Bobbi Bear is a human rights organisation which works on behalf of children who have been sexually abused in Amanzimtoti, Kwa Zulu Natal, South Africa. A “Bobbi Bear” is a stuffed bear which has helped thousands of children tell their stories and has been approved by courts across South Africa.

Operation Bobbi Bear is led by Jackie and Eureka, deeply determined women outraged by the alarmingly high rates of sexual violence and abuse targeted at children in their community. Driven by the passion and fearlessness of its staff, many of whom are survivors of abuse themselves, Bobbi Bear provides safe homes for abused children, works with the criminal justice system to prosecute perpetrators and educates children about HIV/AIDS at an early age to prevent the risk of infection. Operation Bobbi Bear also uses this programme to educate teachers and school staff about sexual abuse and HIV/AIDS and to identify sexually abused children in their communities.

In 2018:

3,500 Children were reached each month.
Carol Dyanti was working as a home-based care provider in Soweto and came into regular contact with children who were shunned because of their status or left to fend for themselves. She knew that something had to be done so she founded Ikageng in 2002. She says:

“We all have to work towards the end of AIDS in our lifetime. All of us have to be responsible that we have zero tolerance of HIV.”

“I know, and I’m certain, that HIV and AIDS will be beaten, that people will march to a different drumbeat. We just cannot afford it, as a country, to lose another generation of young people.”

Carol Dyanti, better known as “Mum Carol”, helps children who have been orphaned by or affected by AIDS, including young people living with HIV. Ikageng Itireleng means “help them help themselves” and the organisation provides vital services for children, protecting and empowering them to regain control over their lives.

Many of the children supported by Ikageng have parents who are seriously ill and so they take on the role of parents by looking after younger siblings. They are exposed to cramped living conditions, poor sanitary conditions, inadequate food and sometimes drug and alcohol abuse.

Ikageng’s holistic approach connects children to food, clothing, school fees, healthcare, life-skills, training, transportation, and psychosocial support services to help them thrive. Instead of breaking families up, Ikageng provides the resources and services needed to keep them together in their own homes. Based on the South African government’s social policy of cluster homes, Ikageng Itireleng’s community-based model of care builds a strong family unit and ultimately ensures that the children have a stable support system to help sustain them through difficult times.

**In 2018:**
- Orphaned and vulnerable children and youth were supported: 1,215
- Family members received monthly food parcels: 2,647
- Home visits to children and their families: 14,503
- Children and youths living with HIV were provided with psychosocial and adherence support: 273

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**Our Programs**

**SOUTH AFRICA**

**Ikaneng**

Orphaned and vulnerable children and youth were supported.

Family members received monthly food parcels.

Home visits to children and their families.

Children and youths living with HIV were provided with psychosocial and adherence support.
Vivian, who’s now 24, was a model student and on a clear path to becoming successful in life when she found out that she had contracted HIV from a former boyfriend. Her friends excluded her and she soon turned to drinking and dropped out of school.

Vivian later met a new partner who agreed to get tested for HIV. At AMS, she met young people who shared her struggles and started antiretroviral treatment. Since then, Vivian has completed her degree and has had a daughter who is HIV negative due to the elimination of mother-to-child transmission (EMTCT) and early infant diagnosis (EID) programmes at AMS. On November 23 2018, she was crowned Miss Y+ in the UNYPA Y+ Pageant. Vivian says she has developed a whole new meaning to life thanks to AMS.

AMS understands that the integration of sexual and reproductive health and rights (SRHR) and HIV services are instrumental in reducing the burden of HIV/AIDS, particularly among young people (ages 10-24) who currently make up 52% of the Ugandan population. As this group comes of sexual and reproductive age, they have a high risk of contracting sexually transmitted illnesses, having unwanted pregnancies, abortions and experiencing gender-based violence (GBV).

In 2018:

- 20,437 Ready-to-Use Therapeutic Foods (RUTF) packages were distributed.
- 8,217 People received antiretroviral treatment.
- 849 New clients received comprehensive HIV treatment.
- 9,221 New clients benefitted from HIV counseling and testing.
- 1,054 Children and young people used care services.

"Taking back control"
**Our Financials**

**2018 KCA FINANCIAL REPORT**

**Support & Revenue**
- Grant & contributions: $3,984,063
- Combined Goods & Services: $95,199
- Other Revenue: -

Total Support and revenue: $4,079,262

**Expenses**
- Program and Services: $2,040,644
- General & administrative: $778,501
- Fundraising: $47,373

Total Expenses: $2,866,518

Net assets beginning of the year: $1,608,569
Net assets end of the year: $1,756,605
Increase (decrease) in net assets: $148,036

**EXPENSES**

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<th>Category</th>
<th>Percentage</th>
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<td>Program and Services</td>
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<tr>
<td>General and administration</td>
<td>27%</td>
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<tr>
<td>Fundraising</td>
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</tbody>
</table>

**STATEMENT OF FUNCTIONAL EXPENSES**

- **Program and Services**: 89%
- **Management and General**: 6.6%
- **Fundraising Costs**: 4.6%
Thank you.

ANNUAL REPORT 2018