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**AN INFECTIOUS ATTITUDE**

It was so enjoyable to sit down and chat with Sidumise who joined the Jabulani team as a translator in January 2015. Her enthusiasm for her job, her delight in being able to help people comes through in everything she says and does; it is almost impossible to do it justice in an article, but hopefully this will give you a little taste of Sidumise.

**JRHF:** Please tell me a bit about your background?

**Sidumise:** This is a hard one. My background is mixed. I didn't know my mom. I thought my grandmother was my mother but then I started wondering why my father also called her mom! I then discovered that she was my grandmother. My father raised us. He was simply the best. I went to St. John's Woods School, a private school in Port St. John's but when my grandmother passed away we came back to the rural schools around Mqanduli. Although we spoke Xhosa at home, I had to start learning Xhosa in Std 7 as I had only been taught in English and Afrikaans up until then. I went home once a month from school. Since I finished Matric in 2007, I've done a bit of this and that. I worked at a cellphone counter, getting paid R200 a week but I had to pay R180 transport a week so I was working for R20 a week. After I stopped that work, I visited friends in Jo'burg and KZN, but that didn't work out. I did some work for a church in KZN, cleaning, helping with children. People started recognising me and they started offering me odd jobs. I came home at Christmas last year and a friend who works for Jabulani told me about the translator job.

**JRHF:** What have been the best and worst parts of your job?

**Sidumise:** Working with children is my best part. Different doctors, different patients, learning about different diseases; you learn something new every day and that's a good thing. The worst part is having to tell people that they are going to die. This only happens once or twice a month. Mostly the old patients, those who have cancer.

**JRHF:** How do you cope with that?

**Sidumise:** You just have to cope, because the next patient will make you smile. That's how it works! I'm from around here and I know most of the people and some of them pass away or get really, really sick until there is no longer hope, but then some of them make it. It is always interesting! Sometimes the doctors get stressed when the patient dies. For them, when a patient dies, it hurts. Sometimes people don't think that they will feel something when a patient dies, but they do. It hurts. They cry. [At this point, we diverged for a while before coming back to the interview]



Sidumise

**JRHF:** What do you think is the role of Jabulani in this community?

**Sidumise:** I realise that we are all grateful to Jabs for giving us an opportunity to get out of situations that were very difficult. Some would still be in abusive relationships and some would not be able to look after their children. Jabs has changed this community for the better. Some don't even think that they will leave Jabs but there are others who still wish to study further.

**JRHF:** What would you ideally like to do for work if you could choose anything?

**Sidumise:** I love translating, I love it. I always wanted to be a social worker but now that's changing. I love my job, I love it. If translating paid enough, I'd want to do it for my whole life. It's just in me, I don't know why I like it so much. It feels good to be able to give the grannies the message exactly as it was told. They want to do what the doctors say, they want to do it right, but they wouldn't be able to without the translators. It makes me feel good to be helping in the community. I never thought I would enjoy it as much. I knew I was going to translate, but I was scared of the blood, seeing sick people every day. I got used to it. I've grown to love OPD (Out Patient's Department), I don't want to move from OPD. It's not that I don't want to do new things, but it wouldn't be the same. When the diagnosis comes together, it's like "WOW"! We see new things every day. Sometimes I see the patient before the doctor sees the patient and I "diagnose" the patient and then the doctor says the same thing and it's like "Whoa! Yesss!" Sometimes I know the questions to ask before the doctor even asks them. It's always interesting.

Well, what else can we say to top that? Not much, other than that it is a delight to work with Sidumise.

## LOOKING BACK, MOVING FORWARD

Zithulele is isiXhosa for “The Quiet One” and while this remains true in that Zithulele retains its quiet, unassuming place in rural life, it has become a misnomer in the sense that it is in fact, a hive of activity. This hive of activity has emerged from a collective hope that things can get better for the people of this community and the variety of programmes on the go, led by a variety of different organisations and groups, are testament to the combined efforts to turn this hope into reality. But how did this all come about?

In July this year, we celebrated 10 years since the arrival in Zithulele of Drs Ben and Taryn Gaunt, who along with Drs Karl and Sally Le Roux, founded Jabulani in 2007. It felt like a significant milestone. Celebrating with them was not because this milestone was an achievement as such, but because it was an acknowledgment of how their pioneering spirit paved the way for many others to join the work being done in Zithulele. It was good for many of us to realise that their arrival in Zithulele was not an accident or coincidence, but a step along the path that they had actively pursued after dreaming together in medical school of taking the “rural route”. Their vision of building or rebuilding a rural hospital where they could use their skills and fulfil their calling as doctors, was first put on paper in 2000, before they had any idea that Zithulele was where they would end up in 2005. Despite paving the way for others, they would be the first to point out that they are not the ‘chosen few’. There are many local people from Zithulele and the surrounding communities who have much to offer and there are many who have arrived in Zithulele since 2007 with something to contribute. However, the arrival of the Gaunts and Le Rouxs and their founding of Jabulani, was a catalyst for change in a number of areas.

All the work we undertake through Jabulani is aimed towards partnering with the Zithulele community in its development and growth. As a result, we are engaged in

numerous initiatives across health, education, the environment, and poverty relief through community upliftment. In the past, we have been criticised by big funders for undertaking such a variety of programmes, with them being of the opinion that this dilutes our ability to make an impact, but the very reason for our existence is to partner with this community, facilitating and supporting them in their many areas of need. We continue to feel led to do this whether this makes us attractive to some funders or not.

As another year draws to a close, it is good to reflect on how much has been done and take stock of where things are at, but also to realise that in many ways, in order for lasting transformation to take place, this is just the beginning. As we move into 2016 and closer to Jabulani being in operation for a decade, we will be looking at our original mission and vision, and strategizing about our approach to the next 10 years. Thank you to all of you who make a difference by enabling us to do what we do here in Zithulele.



Most of the current JRHF team

## LUSANDA RECLAIMS HER LIFE

When Nosakhiwo, one of Jabulani’s Community Disability Workers (CDW), met Lusanda she had bruises on her body and was unable to do much for herself. Even looking after her small baby was difficult. Nosakhiwo remembers how she had panicked when she saw Lusanda and knew that she had to find help for her soon.

Lusanda is a 21 year old woman from Lutubeni who started having epileptic seizures when she was six years old and for the past 15 years she has been having an average of three seizures a day. She stopped schooling because of the seizures and even started isolating herself in her home for her own protection. She recalls a day when she was crossing the main road with her child and had a seizure in the road. “A car could have driven over me and my child; at least there were people to help us”, she says.

According to Epilepsy South Africa, epilepsy is the most common neurological condition and estimates that 1 in every 100 people has epilepsy. In a burden of disease study done in the Eastern Cape in 2000, it was found that 5% of boys and 6% of girls under the age of 15 years would die from epilepsy if left untreated.

Through contact with clients such as Lusanda, their families and teachers, the Rural Ability Programme (RAP)

decided to put epilepsy on the agenda this year. To date the RAP has conducted awareness campaigns in 3 communities, reaching approximately 150 people. The CDWs have also visited 19 schools and trained 112 teachers on how to help and support children with epilepsy. “Before the training we were afraid of people with Epilepsy”, said one teacher, and we are encouraged by the change in



Nosakhiwo and Lusanda

## LUSANDA RECLAIMS HER LIFE CONTINUED...

mindset others have experienced, saying “We are going to encourage parents to bring their children who are epileptic to school”. Having more people with knowledge of epilepsy in the communities will increase access to information and hopefully children and adults with epilepsy will be referred to services earlier so that they may be healthy and have the same opportunities as their peers.

“There's a big change in my life” says Lusanda. “I am not sick any more like that time before the pills. Before I would wake up on the bed without knowing how I got there. I can clean the dishes now and look after my children”. Lusanda is now having less than three seizures a month. She smiles broadly as she recounts how Nosakhiwo has helped her reclaim her life, asking Nosakhiwo when her next visit is so they can talk about how she can work again and support her family and her children.

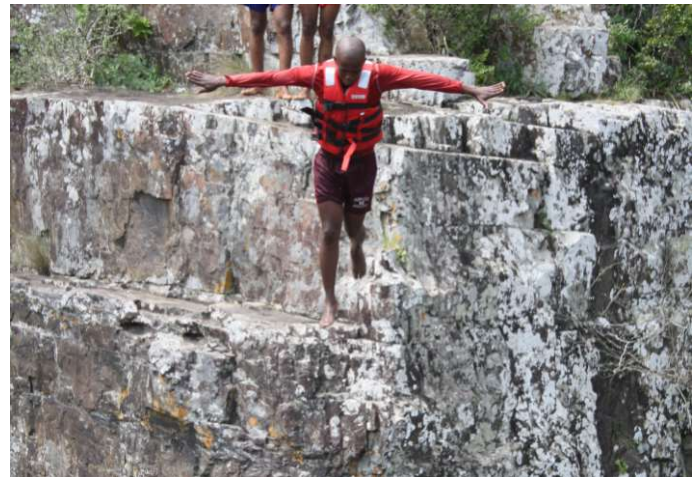
## AT A GLANCE

### CHILDREN LEADING THE WAY

This Saturday past saw 22 children and 5 caregivers attend our second, non-clinic event for children and caregivers on our ARV programme. Unfortunately rain and end of year financial pressures prevented many from attending but the participation of all who did come was fantastic. The group discussed self-awareness, acceptance and disclosure and it became apparent that many of the children appear to be more accepting of their HIV status than their parents, but the more we meet together and discuss issues, the more it helps them realise that in many respects they are just living a normal life. We look forward to growing these relationships and investing in their support during next year.

### EPIC TEST OF SKILLS

You hopefully read in our last newsletter about this year's Jump Start programme and participants. One of the highlights of the Jump Start programme is the Epic Trek, an expedition that participants embarked on in October. The Epic Trek is the culmination of the programme, where participants put into practice many of the practical, interpersonal and personal development skills they have learned over the year. Over eight days, they covered 150km, starting at the Kei River Mouth and ending back at Zithulele, using their first aid skills, practicing navigation, cliff jumping, tubing, river crossing, snorkelling, camp craft and enduring lots of hiking. They also did a motivational talk to high school students along the way and had a rest day at Dwesa where they were joined by others from Zithulele. For more information on Jump Start and to watch a short video clip, visit the 'Jump Start Wild Coast' Facebook page.



### LIKE US?

If you haven't already “Liked” the Jabulani Rural Health Foundation Facebook page, do so now to receive regular updates on the work and daily goings-on of what we do in Zithulele. You can also specifically follow the Jump Start programme by liking the 'Jump Start, Wild Coast' page too.

