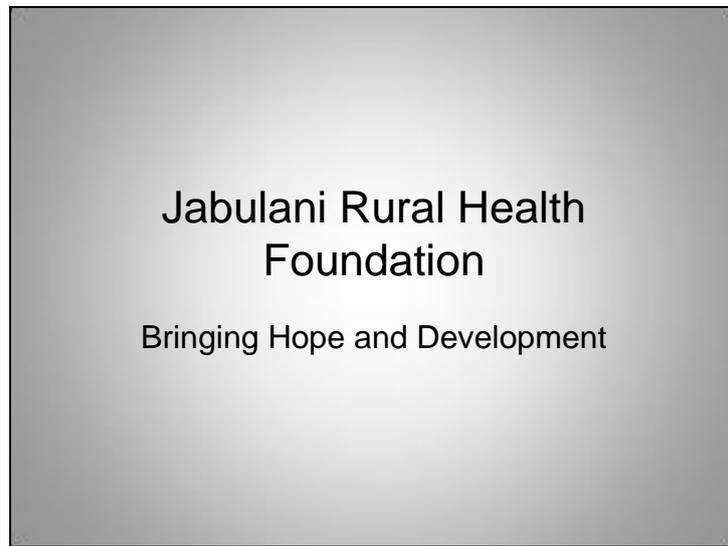


Slide 1



Ladies and Gentlemen

Welcome again to everyone.

We so appreciate you having made the effort to come out tonight to find out a little more about what it is we do at Zithulele.



Zithulele Hospital was founded by missionaries in 1956.

It has grown from a single roomed clinic to a hospital that currently has 120 beds and saw nearly 30000 out patients last year.

We certainly can't take credit for all the good things at Zithulele. A variety of amazing people have staffed it and the mission over the years. However, in the late 1980s and 1990s it did lose momentum.

There is therefore much that has changed in the past 5½ years.

Tonight we want to share with you some of the stories of the people in our community and how Jabulani is helping bring hope.



Our own piece of the story goes back even to school days, where Karl and I started discussing how to save the world on hockey tour in 1991.

In October 2002, at the meal pictured here, our discussions became a bit more concrete and soon afterwards, the Le Rouxs agreed to join Taz and me in our rural dream.

Our day jobs keep us extremely busy at the hospital and that in itself is a huge part of our calling.

But we knew from the start that we'd want to do more. We see so much of life that the hospital cannot impact.

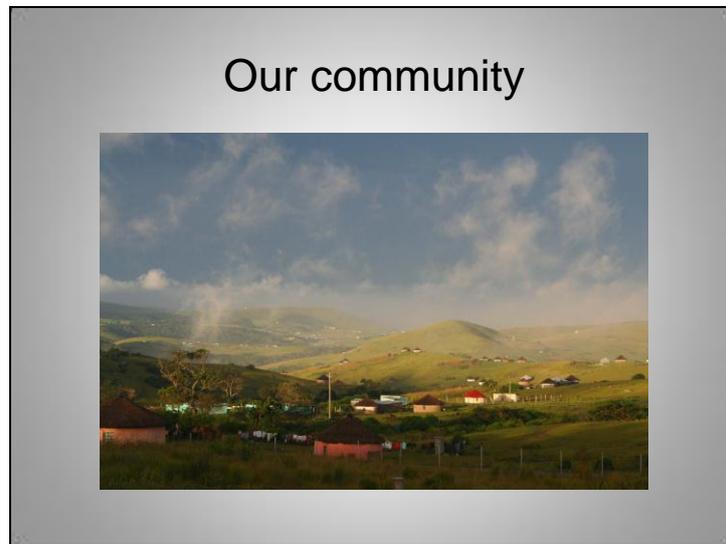
We also have many amazing friends who are unable to be physically present in Zithulele, but wanted to help.

We therefore knew a vehicle was needed to help develop the potential that exists in the community.

.....



Perhaps I should start with a slide pointing out exactly where Zithulele is. No standard maps show our road, although we're excited to say it has just been tarred! We're in the middle of the old "Transkei", near the holiday town of Coffee Bay and the famous Hole in the Wall. It takes about 4 hours to reach Zithulele from East London and 1½ hours from Mthatha, 100km away.



This is a view of the community from the hospital.  
The coastline is stunningly beautiful, but there is little by way of infrastructure.  
Most people collect their water from a river or stream, electricity is supplied by 12V car batteries and the average household income is about R1000 per month!  
What seems like romantic simplicity to a tourist is in reality grinding poverty to most of the people living here.



But being at Zithulele is not about us. And indeed, being here tonight is not about us either. We're at Zithulele as an out-working of our calling to serve others.

And so we want to tell you some of the stories belonging to the people we serve.

You've heard them described as the marginalised, the down-trodden, the vulnerable, the poorest of the poor.

But they're more than the labels we give them.

They're people with stories.

And they're people who hope: Hope for health, for education, for jobs, for development in their communities.

## Athini & Nikita's stories



Athini is something of a poster woman for Jabulani.

She's a vivacious woman who we first met as a mother when her child Nikita was admitted to hospital in January 2006.

She stood out from the crowd because she wrote me a letter explaining how the "famous virus," as she calls, it had ruined her dreams.

Although her dreams of being a social worker aren't yet fulfilled, she certainly helps others. After attempting her matric through a bursary she became one of our ARV counsellors. The majority are hospital employed, but Jabulani saw the need to lift the standard by employing further counsellors selected on merit. Athini has set a new standard. She willingly shares her story with people in both the clinic and community as she encourages others to take life-saving treatment. So Athini is both a beneficiary of Jabulani in that she has found work through us and part of us, in that she helps us help others.

Nikita survived her admission in 2006 despite being gravely ill. She became the first infant in the whole district to take anti-AIDS treatment (which we refer to as anti-retrovirals or ARVs). She is also part of Jabulani and attends our preschool!



(Picture on left is a video of child)

That was a video of Mihle showing Taryn how to take ARVs prior to starting on the medication. Back in the early days of the epidemic the head of USAID famously said that Africans wouldn't be able to take the tablets properly because without education and a sense of time they'd default or breed resistance. How wrong he was! All over South Africa it's been shown that even children can identify their tablets and take them correctly when we take time to educate them as equals and treat them with respect. The patient input from our counsellors makes this possible. This is their victory.

The second picture is of Lindile, the first person at Zithulele to take ARVs. He's now been on them for 5 years. His home circumstances are tough. His mom died of HIV and his father, who is negative, was an alcoholic. Happily, his dad has reformed his ways. He's rebuilt his home, which had burnt down. Jabulani has helped make their lives just a little easier by delivering the ARVs he needs to his closest clinic, saving him a 40km round trip each time.

## An unhappy story



This young mother was so desperate for her HIV positive children to have a chance at life that she used to bring them 20km on foot for medication every month. The older child walked. She carried the younger one. Sadly, she found herself having to choose between menial employment to supplement her R440 per month government child support grants and the arduous journeys to hospital. She defaulted care. If this story had played out after July 2010, she might not have had to make that choice. As part of our commitment to assisting the hospital and community, Jabulani volunteers now pre-pack anti-retroviral medication and deliver it to six clinics. We will service all ten local clinics by February next year.

## Siphenathi's story



Siphenathi is a young man in his teens who suffers from cerebral palsy. He actually lives quite close to the hospital, but struggles to really be part of the community and especially struggles to get to school, as his home is down the hill he's pointing to in this picture. You'll also note that his wheelchair (a donated one) is not a rural-friendly design. If you've ever tried to drive a wheelchair you'll know that even the slightest incline is pretty hard work. Until recently Siphenathi had to literally be carried up the hill by his mother and sometimes his friends! Jabulani decided to advocate on his behalf and when the road construction company agreed to rebuild the community centre we asked them if they'd make a path to his house too. As with many things in our part of the world it's not always that simple. He has a path to his house now, but its incline is still quite steep (so he has to be pushed) and we're worried it may not last very long. So it's a case of three steps forward, half a step back in this case – but we're making a difference and showing people they are worth it!

## Nana's story



Nana could be simply running on the hills, waiting to go to Grade R next year and sit in a single classroom with over 150 other children. Instead she is getting something few children of her generation have had access to until now – early childhood development input. With desperately low literacy rates and little by way of a history of education, few parents know many of the things you and I from middle class backgrounds take completely for granted. The average reply to a child asking “why?” is “keep quiet” or “go away” and in-depth explanations that help them explore their world and make sense of it are few and far between. So children tend to learn things by rote – horrible enough, but even worse when they’re about to enter a school system which lacks basic materials, including textbooks. Our preschool is by no means perfect, but we’re working on it and learning as we go (and praying for someone with an education background to come and coordinate an expansion to 10 schools!) and we know that slowly but surely we’ll start changing the way a community sees the importance of developing little minds. For Nana we’re hoping her experience will help develop a passion for learning that stays with her throughout her education.



Because it's stunningly beautiful, it is easy to romanticise living on the Wild Coast. It's true that our community lives in beautiful surroundings, breathes fresh air from the sea and has a simple lifestyle. It's true there's lots of land, lots of sheep and goats and lots of gutsy people who remain hopeful despite recent history. But despite the human potential, there's little hope of development without outside assistance. The community centre, originally a creche, was abandoned 18 years ago when outside money dried up. It began to disintegrate over the years. We've had our eye on it from the beginning as it occupies probably the prime piece of land in the village. Trustingly the community leaders agreed we could have it, although we were careful to avoid making empty promises as these litter the Transkei by the thousand.

A number of meetings later and after a lot of negotiating with the company who've built our road we are thrilled that the centre is nearing completion. There is also a library and offices for Jabulani. A community committee oversee development and employ security guards from the surrounding houses. We have plans to make it sustainable by building accommodation on a vacant section of land so that the rent can pay for the guards and upkeep.

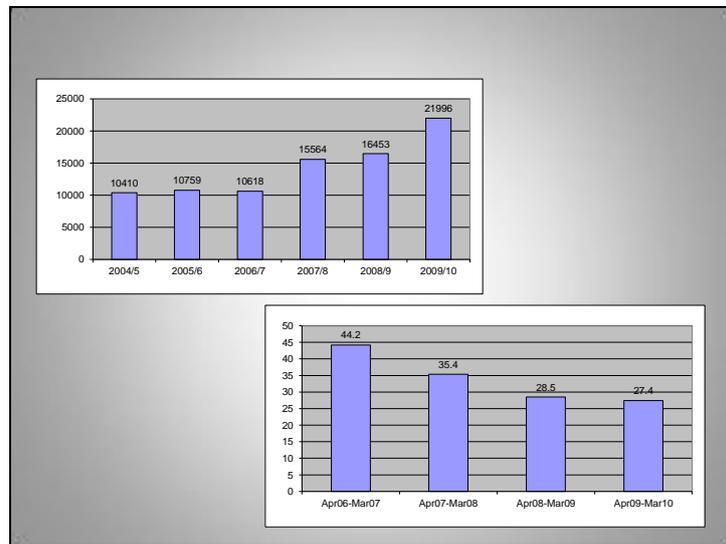


It's difficult to tell you the story of Zithulele Hospital in a couple of minutes, nor even how much has changed in five and a half short years. We thought this slide would help put things in context. We're a small hospital by city standards, yet we're by far the biggest institution in the area. There are a few overpopulated understaffed schools, some local shops, a hotel of sorts at Hole in the Wall, but nothing else. No post office, no bank, no petrol station and certainly no Woolies. Context changes everything. It changes how the community survives and works and it changes how we can attract people to change it. (I'll come back to accommodation later.) Of course, on the positive side, it's stunningly beautiful, hardly overcrowded and much safer than in a city.

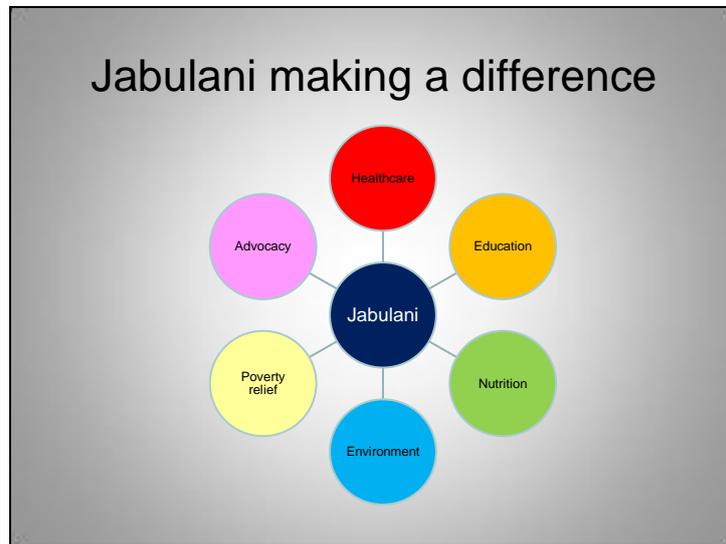


One of the things that excites us the most about the hospital is the sense of teamwork. You can see from these pictures the way the team has grown from just a few of us – to a large multi-disciplinary team. The sense of team work with the nursing staff – it's the midwives in the right hand corner – also sets the hospital apart. And this strength is really important when it comes to Jabulani as not only are we supporting an institution with a good foundation, but the hospital's critical mass allows us as an NGO to add our own staff into the effort of making things better for the community.

Slide 15



We're not here to bombard you with facts and figures, but felt that it's also necessary to share these two graphs as examples of what we've managed to achieve at Zithulele. The graph on the left shows our OPD head count over time. The increase of over 120% doesn't include the extra patients who're also visiting our ARV clinic – making a total of probably 30000 visits to our hospital last year. The second slides shows the decrease in perinatal mortality – the number of babies who're stillborn or don't live a week – over the past four years.

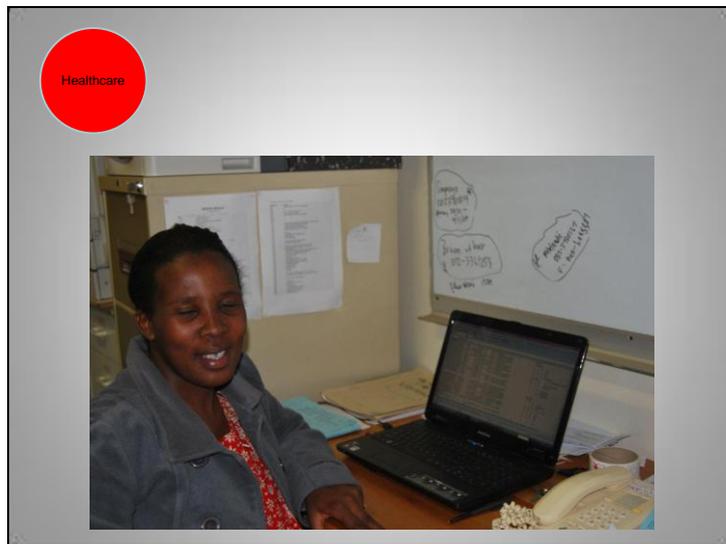


You've heard some stories of people and institutions. They're really at the heart of what we do. But what exactly is it that we're doing? The next couple of slides will look at some of the detail of our efforts to make things better. By supporting us, in whatever way, these are the things you'll be helping us do.

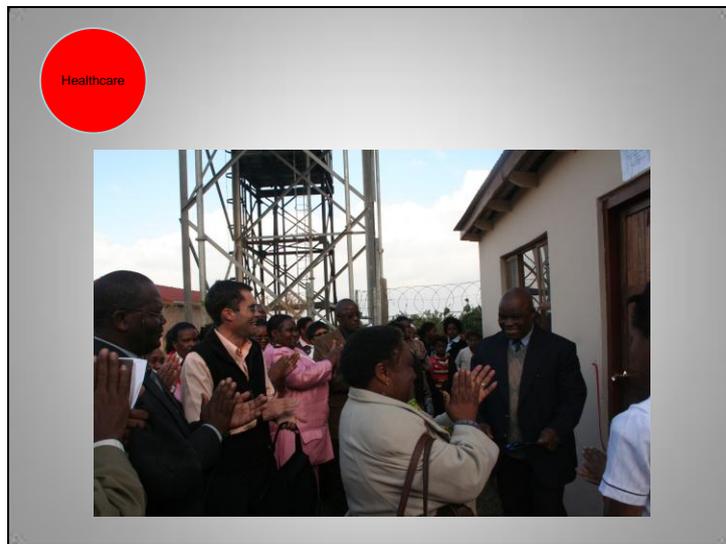
I hope you can see these from the back; the spokes in the wheel are healthcare, education, nutrition, environment, poverty relief and advocacy.



Our primary function in terms of health care is “supporting the work of Zithulele Hospital”. We do this in a number of ways and you’ve heard about some of them in the stories we’ve told. This is a picture of the park-home that was donated to us. We placed it at our local health centre primarily for use in seeing patients needing anti-retroviral medication. Given the clinic’s lack of space, this has made a major difference; no longer do patients have to wait in the boiling sun or pouring rain – although as you can see, the demand for space still outstrips supply at times! As you’ve heard, our assistance with HIV care at the clinics has expanded in other ways too. We currently have two volunteers from Project Trust working almost full time in the pharmacy to pre-pack ARVs so that they can be delivered to seven clinics. In this way patients can collect treatment near to where they live, reducing their costs and their chance of defaulting. We hope to have expanded to all ten of our nearby clinics by early next year. Other support which Jabulani has offered to those with HIV includes renovating the ARV clinic at the hospital itself, buying gazebos for outreaches to promote HIV testing and selling alarm clocks at below cost price to help those without cell phones remember to take their medication on time.



Another health related project has been the improvement of our TB service, funded through Jabulani by a Dutch organisation. This kind of project is an excellent example of how Jabulani helps the hospital fulfil its mandate by adding value to existing services. Through the grant we have employed a TB data manager, allowing us for the first time ever get an accurate picture of our programme as the officially reported stats collected by busy nurses are extremely inaccurate. This has allowed us to make improvements to the way we do things, give feedback to nursing and medical staff and also follow up defaulters. One of our biggest achievements has been getting TB patients to test for HIV and making sure they get onto anti-retrovirals. Another part of the strategy has therefore been the employment of two TB counsellors to try and replicate some of the successes of partnering with patients in the context of TB.



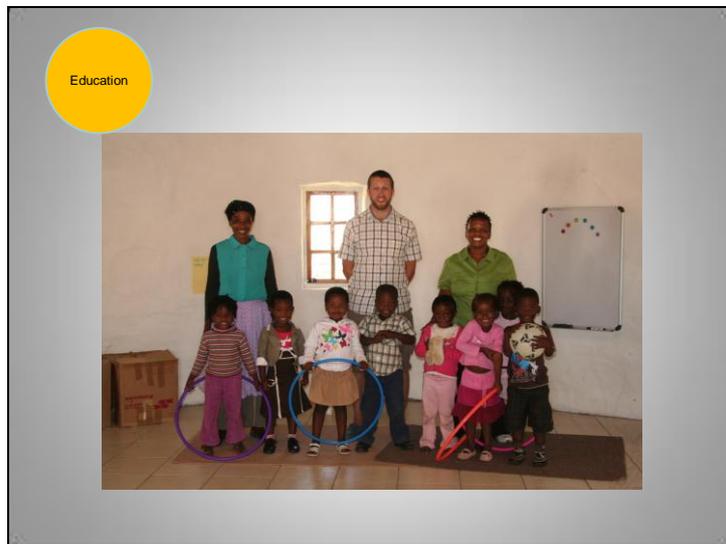
One of our earliest building projects was a Waiting Mothers Centre. This was a response to the fact that many of our perinatal deaths were at least partly due to the fact that the woman couldn't access the hospital in time during her labour. Although well tested internationally and nationally, it has been quite slow to take off at Zithulele. This may be partly due to the fact that it has also rescued the hospital in other ways: during the measles outbreak in January, the centre was converted into the measles ward for stable patients! Other building projects have included renovating the ARV clinic and the recently completed resource centre for clinical professionals.



Our support for health care has included more imaginative forays too. In May this year we sponsored a soccer tournament for eight local teams. The draw-card for the crowd and players was that anyone who tested for HIV had their name put into a hat and five people won double tickets to a World Cup game in Port Elizabeth. Over 120 people tested, including many young men – the hardest group to reach.



Other ways in which Jabulani has assisted the hospital include buying stationery for clinical use (the hospital often runs out), assisting the therapy department with a sewing machine, employing translators to lighten the load on the nurses and improve the efficiency of the clinical staff, employing counsellors in the ARV clinic and paying for the website domain that gets nearly 60 hits a day now, from all over the world.



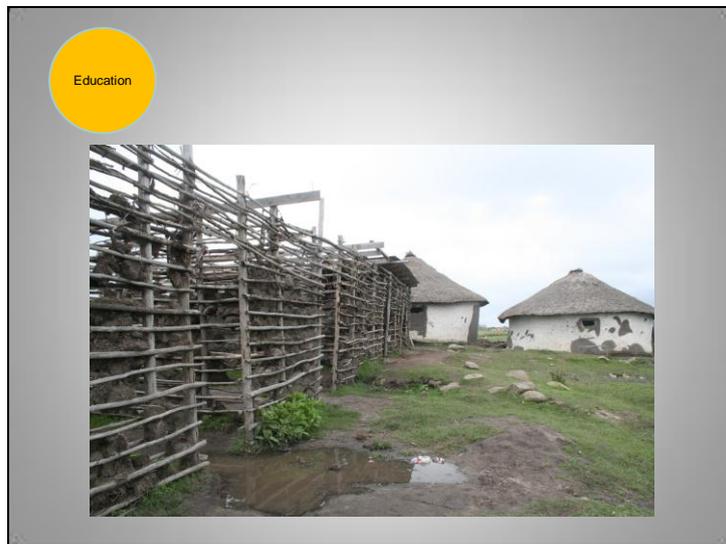
Although there is a strong health care focus, our mandate extends beyond the hospital. A project that is particularly close to our heart and a big priority for people in the community is our Preschool.

It is amazing to see how other NGOs up and down the coast have similarly come to the conclusion that a focus on just health care or education (depending on their background) is insufficient. There used to be a preschool in Zithulele, but it closed for a variety of reasons in 2003.

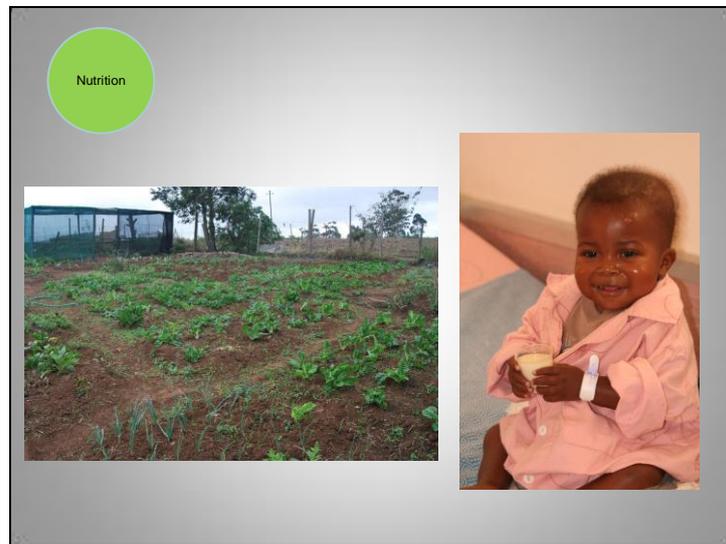
It was reopened last year and accommodates 25 children. The slide shows opening day. Early childhood development is such a huge need – it is quite frightening to realise the gap between for example our kids and those in the community that exists even by the age of 4 years! The average preschool, here they even exist, is little more than a glorified baby-sitting service.

As a second step towards improving things we motivated to a SETA, who are contracted by government to do skill development. A total of 20 teachers are currently in the programme, run from Zithulele. In 2011 these twenty will receive further training and another group will start.

We are currently working with a Dutch Foundation founded by the second doctor to work at Zithulele, on a proposal to expand this preschool network initially to ten schools in the area and hopefully many more thereafter.



There's a lot more in education that needs addressing than just preschooling! This picture shows one of our local junior secondary schools where the community were trying to build an extra classroom after years of neglect by government. Things are better now in that a whole new school was built here, but the quality of resources and teaching at most local schools still needs lots of support. Friends Craig and Michelle Paxton are currently applying for funding to enable a move to Zithulele under the banner of their NGO Axiom Education. Jabulani will continue to collaborate with them and others to seek to improve education for the children of our community.



One of Jabulani's earliest projects was an attempt to improve nutrition and awareness in the community. Funded by Stichting Zithulele, the Dutch group I've just mentioned, this project employs a garden monitor to run a community garden where she teaches women about gardening techniques. We're learning as we go in terms of how to make an impact on child growth; one of our strategies in the new year will be to link further gardens to the revamped preschools. Nothandekile also counsels the moms of children admitted with malnutrition at the hospital. One positive story that came of this was a woman who started her own garden and was growing gigantic veg coming up to Nothandekile and a funeral and thanking her for making such a difference to her family.

A different project under the nutrition banner is Jabulani acting as a backup milk supply for when the paediatric ward runs out of milk. I had some pretty hectic pictures to show about how severely malnourished children can turn around, but decided against offending sensitive viewers and showed this smiling kid drinking donated milk instead! As we say time and time again, it's often small things that make a big difference.



You may wonder how a group of doctors have ended up with slides of unsightly litter and soil erosion at an illegal sand mine in a presentation like this.

The great thing about rural development is that there is room for everyone.

One of our core values is that we want to work together with other people and organisations in a way that promotes empowerment rather than dependence. So we're broad in our vision and happy for other people who subscribe to our values to come on board with their passion and vision.

The environmental arm of Jabulani is an excellent example of this.

Roger, the husband of our Chief Physio, is a passionate "greenie" who has hatched a variety of plans to rehabilitate and preserve the environment and educate and empower the community in a variety of ways whilst doing so.



Some of his projects, which happen under the broader Jabulani banner, include a tree nursery and tree planting in the community, seen here on the left.

At the top on the right is work in progress on building an ablution block for a home-stay experience with a local family in the community. If you're interested in experiencing genuine Xhosa hospitality and spending a night or more in a traditional rondavel, complete with a dung floor we can highly recommend this. The venture is co-owned by the local family and is already branching out to include other families wherever possible. A percentage of profits go into projects which benefit the wider community.

The picture on the right at the bottom is from Roger's eco-club, a group he runs for local school children to teach them about the environment and experience it in an adventurous way.



Poverty relief is an area we are still expanding into. In many ways of course, helping people obtain optimum health keeps breadwinners or at least primary care-givers looking after their families. Likewise, our efforts in education will help with poverty in the long term. More immediately, our policy of employing people from the local community wherever possible has meant we now have 15 employees, not including the 20 teachers getting stipends during their training. We've also had forays into micro-finance with a sewing project from which we learnt a lot, although the project itself didn't achieve its goals. We're hoping in the coming years to offer skills development in various areas and revisit micro-finance again.



Building accommodation has become a recent area of focus that doesn't obviously fit under any of the previous headings, yet is completely vital. As you saw from the aerial slide, there is absolutely no suitable accommodation for people coming from outside the community. Despite our policy of local employment, there are many skills not yet available in our community. Attracting people from elsewhere requires being able to offer accommodation that includes running water, electricity or sanitation. Existing accommodation, even for hospital staff, is already full! If we can't attract more staff we can't expand our projects further – either at the hospital or in the community. Jabulani has therefore been involved with renovating various structures on church land –the yellow one is the Old Clinic you saw in black and white in the first slide. The other is a volunteer, Taryn's cousin, hard at work renovating what we call the volunteer accommodation. We have recently opened a fund with just over R100000 seed money from our patron Desmond Tutu and wedding gifts from our previous General Manager Pete and Kim Grant.

## How can you help?

- Pray
- Tell people about us
- Encourage businesses needing BEE points to donate
- Send appropriate people our way
  - Educationalist
  - Volunteers
  - Health workers

So, how can you help?

Pray – we believe in the power of prayer. If you do too, please include us in yours.

Tell people about us

Lots of companies can earn BEE points by donating to organisations whose beneficiaries are primarily black. We qualify! If your company is in this category, or you know one which is keen to donate, please tell them about us.

You may also be able to send people our way. I've mentioned that we're looking for a person with the passion and skills to oversee the expansion of our preschool project. We hope to have the funding to actually employ such a person, but we're also interested in volunteers, especially people able to come for a longer period of time and those who have skills.

You will see on the "How you can help" hand-out a number of other current needs you may be able to assist with.

These include donating books for the library or consumables for the preschool

## How can you help?

- Donate financially
  - Once off donations
  - Become a Friend of Zithulele
    - Small regular donations help us plan & budget
    - Just a few friends can pay for a counsellor, keep our vehicle on the road, or pay for emergency milk supply
    - More importantly friends help us pay for things big donors think aren't "sexy" enough
- Remember: all donations to us are tax deductible!

Obviously, there is also financial assistance.

We are so grateful for those of you who have already donated financially to Jabulani.

A number of significant once-off donations that have helped us do what we've done. These are always welcome.

It's easy to think, though, that it's only people who donated thousands or tens of thousands that really make a difference. That's not the case. Every bit counts. So you'll see on the hand-out that we're also hoping that some of you will be happy to become Friends of Zithulele and donate regularly in small (or large!) amounts.

Regular donations not only help us plan a bit more accurately, but it's amazing how many of the corporate donors shy away from the unsexy things like paying people's salaries, or insuring a vehicle. Our friends make these kind of things possible.

And remember that we are registered with the SARS in terms of Section 18A of the income tax act, which means that all donations to Jabulani are tax deductible, up to R50000. We will send you a tax certificate at the end of our financial year which is 28 February, or sooner if you require. Basically, by giving to Jabulani you are helping the tax man contribute something too!

## Everybody needs a friend



We are grateful to each one of you for coming this evening. Thank you for your interest in us, our community and our work!

Many of you are already supporters in one of the ways I've mentioned.

We so appreciate the prayer and support you have offered to date.

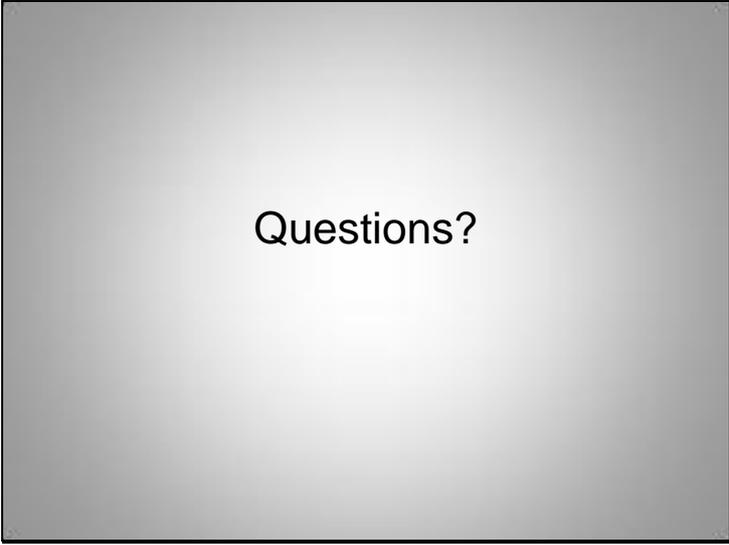
This evening isn't meant to guilt you into giving us something. As with our staff, we believe that God sends us the right people and things at the right time.

But perhaps you have been wondering how you can support us.

If so, we'd be thrilled if you would consider being a Friend of Zithulele.



You should have received a form with some of our needs listed as you arrived.  
There is also a section which you can complete and leave in the box for us, if you'd like to be a Friend.  
Thank you so much!



Questions?

Thank you for making tonight possible

- David & Margaret Taylor
- Pincus Matz Attorneys
- Anonymous
- Peninsula Beverages (soft drinks)
- Mr & Mrs Withington (wine)
- Les & Jenny Masterson
- Tom Withington
- Kirsti Gutsche