



Jabulani Rural Health Foundation  
Annual Report  
2009-10

# CONTENTS

<b>Introduction by Dr Ben Gaunt</b>	<b>3</b>
<b>Vision, Mission and Core Values</b>	<b>5</b>
<b>Background</b>	<b>6</b>
<b>Personnel</b>	<b>7</b>
<b>Projects</b>	<b>8</b>
<u>Health</u>	
HIV and AIDS Clinic Support	8
TB Project	8
Waiting Mothers' Accommodation	8
General Hospital Support	9
Discovery Award	9
Nutrition	9
<u>Education</u>	
Pre-school	10
Computer Courses	10
Further Education Projects	11
<u>Community</u>	
Sewing Project	11
<u>Environment</u>	11
<u>Accommodation</u>	12
<u>Vehicle</u>	13
<b>Future Plans</b>	<b>13</b>
<b>Thank you</b>	<b>14</b>

## **Introduction to Annual Report**

by Foundation Director Ben Gaunt

The Jabulani Rural Health Foundation was founded in 2007. Our vision is to bring hope and positive change to the community around Zithulele Hospital by supporting the hospital and partnering with the community in its development and growth. We are thrilled that in January 2010 Archbishop Emeritus Desmond Tutu and his wife, Leah, agreed to lend their support to this vision and become our patrons.

We are located in a particularly rural and remote part of the Eastern Cape in South Africa and are surrounded by a community which faces challenges in every sphere ranging from access to health and education to common problems associated with poverty such as lack of water and sanitation.

It is easy to be overwhelmed by the needs that one sees in this kind of setting. However our belief is that there is an incredible potential waiting to be unlocked in this community and our passion is to provide the opportunity for people who might not otherwise have had access to the things that many people take for granted to indeed get that access and reach their full potential.

Having been founded by two doctor couples the emphasis of the foundation has been largely on health related projects, initially comprising of support for existing programmes at the hospital. This support continues to play an important role in making certain things happen at the hospital that otherwise might not, and improving the quality of care that the clinical staff are able to provide. This year, however, we were able to move beyond simply supporting projects and expanded our role to a few more independent projects that were able to further expand the care offered to the community in terms of health. We were also able to start branching out our involvement in the community and in particular this year become more involved in education which is another key area, we believe, in terms of developing this community.

One of Jabulani's key principles is that rural development has place for everybody and as such we intend to be open to people coming with their own skills and passion to develop the community. In line with this we have partnered together with a number of projects pioneered by Roger Galloway and thus have involvement in the environmental and tourism segment as well. The final area of our focus is on poverty relief and community development and we made some initial steps in the segment as well during this year.

One aspect that doesn't fall neatly in to any of our key categories of focus is that of accommodation. There is little by way of suitable rentable accommodation for people who come from outside of this community. As such, Jabulani has identified this need as a key area for us to give attention to so that we can better support development with skills that are not yet available in this community. This report will offer further detail on those five above mentioned categories and expand on some of the individual projects within each of them.

It is also important to recognise the fantastic contribution made to everything Jabulani has done by the volunteers who work for us. Peter Grant, who was the General Manager from February 2009 until December 2009, played a major role in helping Jabulani's initial transition from a small grass roots organisation to a somewhat more organised and efficient organisation. His skills and diligence were greatly valued and the

foundation which he laid will be built on in years to come. Another person we could not have managed without is member Dr Leesa Bishop who volunteers her time as the Financial Administrator. As the work of the Foundation has expanded, her commitment has demanded more and more time. We are immensely grateful for the time she sacrifices to keep us above board financially.

From January 2010 we were blessed to have an expanded team working for the Foundation, now numbering five full time volunteers in addition to the employees who are employed under each of the different projects and will be mentioned specifically under each one. Of special note is the partnership with Project Trust, a charity based in the United Kingdom, who identify and train gap students who would like to volunteer in the developing world. We were visited and approved by the International Director to be a Project Trust site and our first volunteers arrived in January 2010.

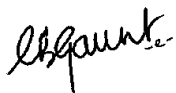
I would like to draw your attention to the financial statements and auditor's report that are attached as a second part of this annual report. It can again be seen that we have enjoyed fantastic support from various quarters and have spent the money that has been entrusted to us carefully.

The negative balance for the year is not a cause for concern; rather it reflects the fact that we do not believe in stockpiling resources but in spending them on the projects for which they have been allocated in an efficient manner so as to realise them as quickly as possible. Donations from the previous financial year were therefore spent in full during this one. This was made possible by an increased capacity and underlines our ability to spend the money with which we've been entrusted. It is also important to note that the item reflected as repairs and maintenance in our financial report has almost entirely been spend on renovating buildings for use as accommodation. We are unable to capitalise these costs as we do not own the land, but we do have agreements with the land owners which ensure their use for the benefit of the hospital and community. We are grateful to everyone who has donated to make this possible - particularly to the Friends of Zithulele who have committed to regular donations, but also to the corporates and other funding partners who have put their faith in us.

Lastly, another important event during this year was the formalisation and articulation of both our vision and mission but also of our core values. These can be found separately in this report.

As in previous years there is a sense that we are really just getting started. We are excited about what has happened in the past year; there is so much more that we hope to achieve in time to come.

May God bless you



Dr Benjamin Gaunt

## JRHF Vision

We aim to bring hope and positive change to the community around Zithulele Hospital by supporting the hospital and partnering with the community in its development and growth.

## JRHF Mission

To reach our vision we will focus on the following areas:

1. Health care
  - a. Supporting the development of Zithulele Hospital and its surrounding clinics
  - b. Helping improve access to quality health care
  - c. Specific health care projects, including care for those affected by HIV/AIDS
  - d. Improving nutrition through education and support
2. Education
  - a. Supporting early childhood development
  - b. Promoting literacy
  - c. Supporting schools
3. The Environment
  - a. Focussing on conserving and improving the environment
4. Poverty relief through community upliftment
  - a. Employ and train local people to work for JRHF, where possible
  - b. Job skill development
  - c. Supporting entrepreneurs

## JRHF Core Values

1. Valuing people's worth

Treating all people with dignity, respect, compassion and fairness.

2. Making prayerful decisions

Making decisions which are consistent with our beliefs and taken in a process that includes prayer and reflection.

3. Serving others with humility

Being motivated by a desire to listen and serve rather than personal gain or glory.

4. Working in partnership

Working together with the community, hospital, individuals and other organisations in a way that promotes empowerment rather than dependence.

5. Honesty

Living with integrity and speaking the truth in a constructive manner.

## Background

Jabulani Rural Health Foundation (JRHF) was founded in 2007 by four doctors working at Zithulele Hospital in one of the poorest areas of the rural Eastern Cape of South Africa. The government funded hospital serves a population of around 139,000. Most community members live without basic facilities, such as running water and electricity. Many are unemployed and under-educated and about 12% are living with HIV/AIDS. This figure rises to nearly 30% for the highest risk group – pregnant women.



The JRHF supports the development of Zithulele Hospital and the community it serves through the development of community-based projects, focussing on healthcare support, care for those affected by HIV/AIDS, poverty relief, education and nutrition. The founding doctors are committed to staying in Zithulele long term to ensure that the Foundation makes a sustainable contribution to the community. With the help of donors, volunteers and community members they aim to make a tremendous difference in difficult circumstances.

The founders of JRHF, Dr Ben Gaunt, Dr Taryn Gaunt, Dr Karl le Roux and Dr Sally le Roux, continue to work at the hospital and with the JRHF in a supervisory capacity.

## Personnel

**Patrons:** Archibishop Emeritus Desmond Tutu  
Leah Tutu

**Directors:** Dr Benjamin Gaunt  
- Doctor at Zithulele Hospital since 2005  
- founding Director since 30 March 2007  
Dr Karl le Roux  
- Doctor at Zithulele Hospital since 2006  
- founding Director since 30 March 2007  
Rev Joseph Ntlatywa  
- Pastor of Uniting Reformed Church at Zithulele since 1990  
- Director since 6 May 2008

**Members:** Dr Taryn Gaunt (Doctor at Zithulele Hospital since 2005)  
Dr Sally le Roux (Doctor at Zithulele Hospital since 2006)  
Dr David Bishop (Consultant Anaesthetist; Doctor at Zithulele Hospital in 2006)  
Dr Leesa Bishop (JRHF Financial Administrator; Doctor at Zithulele Hospital in 2006)  
Mr Rory Coltman resigned from membership during the year

**Volunteer Staff:** Mr Peter Grant (General Manager 15 February to 31 December 2009)  
Ms Sarah al Azzeh (General Manager since 9 February 2010)  
Mr Thomas Withington (since January 2010)  
Mrs Anita Raubenheimer (since January 2010)

**Salaried/Stipended Staff:**  
Mrs Athini Mbono (ARV counsellor since September 2008)  
Ms Asanda Jonga (ARV counsellor since August 2009)  
Mrs Thandeka Xhakaza (Preschool teacher since April 2009)  
Mrs Siphokazi Ndzingane (TB data manager since August 2009)  
Ms Thandiwe Sidina (TB counsellor since August 2009)  
Ms Lulama Sqamo-Esihle (TB counsellor since August 2009)  
Mrs Nothandekile Valuvalu (Masikhule garden demonstrator since May 2008)  
Mrs Nonyaniso Mdaniswa (Preschool teacher assistant since April 2009)  
Ms Kayleigh McMillan (Project Trust – January to August 2010)  
Ms Samantha Greener (Project Trust – January to August 2010)

The Foundation is committed to providing employment to local people wherever possible and only draws in individuals from outside where the skills cannot be sourced locally.

## **Project Reports**

### **HEALTH**

#### **HIV and AIDS Clinic support**

In this financial year Jabulani continued to give support to the HIV/AIDS clinic at Zithulele Hospital. In the previous year we had employed two ARV counsellors to augment those already employed through the hospital. There is common feedback from the doctors that the counsellors employed by Jabulani are amongst the best and the value added by their presence is difficult to measure such is their level of professionalism and diligence. During this year one of the counsellors resigned and was replaced by Asanda Jonga who joins Athini Mbono in doing a fantastic job preparing patients to take life-saving medication. Again, as in previous years, Jabulani also co-ordinated the sale of alarm clocks at below cost price to patients initiating medication. These clocks allow them to take their medication at the correct time which is an extremely important aspect of ARV treatment.

Perhaps our key intervention in this area was to provide volunteers to pre-pack the antiretroviral medication so that it can be delivered to the clinics. Whereas in the past the hospital has sent a whole team including doctors, pharmacists and nurses to two of our clinics this was proving to be unsustainable and limiting the growth of the programme. Jabulani has stepped in to assist with pre-packing medication so that more clinics can be serviced, meaning that more patients are able to access care closer to their homes; this improves uptake and reduces defaulting.

#### **TB Project**

During this year Jabulani initiated a project to support the TB point at Zithulele Hospital. It had been clearly identified that TB is the major cause of morbidity and mortality at Zithulele; it is the single biggest cause of death at the hospital. To this end a proposal was submitted to a Dutch organisation called the Sonnevank Foundation. The proposal was for the employment of a data manager as well as two TB counsellors so that some of the successes of the HIV programme could be replicated in the field of TB.

The data manager collects a variety of data relating to TB and in particular to the integration of HIV and TB care. Her presence and skills have allowed us, for the first time, to give the hospital an accurate picture of the TB programme and where the challenges lie. Major challenges were identified: in the initiation of TB patients onto HIV treatment as nearly two thirds of them are co-infected; and in reducing the defaulter rate which was running at about 25 to 30% before the programme was initiated. The programme has already enjoyed success with the defaulting rate being reduced to about 10% and more than 60% of TB patients who are HIV positive starting on antiretroviral medication. This is a programme which will require ongoing input and potentially further funding but we hope that it will also help create increased capacity and service as a launch pad for an improved setup within the hospital and clinic structure in time.

#### **Waiting Mothers' Accommodation**

One of our exciting projects during this year was building a waiting mother's centre for pregnant women nearing the end of their pregnancy, who live far from the hospital. A common cause of perinatal mortality in our area is that women struggle to access the hospital in time during their labour and hence suffer



complications that include the deaths of their babies. Waiting mother centres are well tried and tested internationally and nationally and we felt it appropriate to support the development of one. The funding was received during the 2008/9 financial year. Building commenced during that same financial year and was completed during the current year. The centre was opened in June 2009 and the opening was covered by the *Daily Dispatch*, the daily newspaper in East London.

The use of the centre has initially been less than we hoped but we believe that with further advertising it will play a significant role in improving mobility and mortality around delivery. The centre has helped the hospital in other ways too, including during the measles epidemic of January and February 2010 when it was converted into a ward for slightly more stable patients who still needed to be admitted and observed. It has also on occasion served to accommodate staff involved with training or service outreach, including staff from the Bureau for the Prevention of Blindness who ran a cataract camp in late 2009.

### **General Hospital Support**

There are a variety of other ways in which Jabulani supports Zithulele Hospital. Some of them seem small but they contribute significantly to the quality of care or the sanity of clinical staff - both of which are extremely important. One example of this was an equipment campaign sponsored by the Jabulani Rural Health Foundation based in the UK. Much of the clinical equipment at the hospital was donated or procured during 2006/7, but for a variety of reasons has not been fully maintained over the years. After the money was raised in the UK, Jabulani South Africa co-ordinated the quotes and repair of the equipment and this has had a significant impact in making sure that life-saving equipment was available and in working order in the hospital.

Less dramatic was our continued purchase of paper and toner to ensure that the clinical staff had the required stationery with which to record their notes or write prescriptions. While this should be the responsibility of the hospital, the current reality is that it often doesn't happen with sufficient reliability and rather than let patients suffer and staff become frustrated Jabulani has felt this is a worthwhile area to support. We have also provided ongoing support, as in previous years, to the paediatric ward and therapy department where we are a channel for funding to allow projects which might not otherwise be possible, to proceed.

### **Discovery Award**

In January 2010 Zithulele Hospital was honoured with an award by the Discovery Foundation, which is linked to the medical aid Discovery Health, who as part of their mandate for community involvement and upliftment has looked for ways to support rural institutions. Zithulele applied for the award for the refurbishment or creation of a clinical resource centre, to expand the student accommodation and to allow clinical staff to pursue ongoing professional development by attending a conference or course. Jabulani's involvement has been as the funding channel; Discovery requires an NGO to be involved in the disbursement of funds. Jabulani is excited to be involved in this way and during the next financial year we will be co-ordinating these projects on behalf of the hospital.

## **Nutrition**

The Masikhule Project, a community nutrition garden funded by Stichting Zithulele (an organisation based in the Netherlands that was founded by the second doctor to work at Zithulele), has continued this year. Nothandekile Valuvalu has shown her green fingers again. One heart-warming story was of how a woman who was in the paediatric ward obtained advice from her and later came up to her at a funeral in the community, expressing her gratitude for the way she had helped her. This woman is now growing her own vegetables and feeding her family in exactly the way the project intended. Nothandekile's role is in educating the community members about gardening at the demonstration garden and also in educating women whose children have been admitted to the paediatric ward about how to garden in a nutritious way. We are hoping that in the coming year we will be able to expand this project and refocus it a little bit to improve its impact further.

## **EDUCATION**

### **Pre-school**

It is typically the experience of the NGOs in this part of the world, who focus on health, to quickly find a need to focus on education as well. Conversely, those who start with a focus on education find themselves needing to address health issues too. For Jabulani, education had always been something that we wanted to become more involved with. It was a common request from the community that we help to re-open the preschool that was closed in 2003 due to various reasons. This year we saw the opportunity arise for us to renovate a rondavel belonging to the Dutch Reformed Church and employ a teacher, Thandeka Xhakaza, who helped us reopen the preschool on 15 April 2009.

Early childhood development is something that is rather overlooked in our community and we hope that by providing this opportunity to young children and involving their families wherever possible, we can start to change the way families see the education of young minds. We also hope that it will impact the quality of education they receive later in the school system and even on the way families are able to interact with that.

We have limited the enrolment at the preschool to children between the ages of 4 and 5. We have also limited numbers to 25 children and with the support of the parents instituted a school fee that we believe underlines the value of education. It is a small amount by national standards, but more than most schools here: each child pays R25 a month. This money is used to buy a nutritious meal, although somewhat unexciting, in the form of e-pap. This meal is prepared by an assistant, Nonyaniso, who also assists Thandeka with other classroom duties. The first preschool class graduated with much fanfare in December 2009.

Other highlights of the preschool year included a visit by Stichting Zithulele who are investigating supporting an expansion of this project to another ten preschools. Another important development was continued negotiations with the Sector Education Training Authority (SETA) for the training of 20 preschool teachers scheduled to commence during the next financial year.

### **Computer Courses**

Jabulani has been involved, through its volunteers, in assisting with computer classes that commenced in February 2010. These courses aimed to give local people some computer skills in exchange, not for payment, but for community oriented service such as planting trees or picking up litter.

### **Further Education Projects**

Jabulani recognises that preschool education alone will not address all of the education needs within this community. As such we are excited that during this year we have explored a relationship with Axiom Education who have a dream to develop talent particularly in the areas of maths and science education which they will link with further education in English. To this end they have already run a number of holiday schools and we will be partnering with them still further in the coming years.

## **COMMUNITY**

Involvement of Jabulani in the community is a key part of what we do. We hope that in time this will open doors for us to be involved with poverty relief, and job skills development in particular, but we currently lack the capacity for this on a large scale. However, this has not stopped our attendance at community meetings; this was a particular passion of the General Manager, Pete Grant. It also gave us an opportunity to advertise Jabulani and some of what we are able to offer currently and hope to offer in the future. One significant development was a promise by Rumdell Cape, the contractors responsible for tarring the road to Zithulele Hospital, that they would help us to renovate the community centre and library in the heart of the village. This promise is still in the negotiation phase at the end of the financial year but we continue to hope for its fulfilment.

### **Sewing project**

Our first foray into poverty relief, in the form of micro finance, was the sewing project that was initiated and reported on in our last report. The project enjoyed a visit from Marlene Moelich, who helped repair the machines and did basic education, with regard to business practice, with some of the sewing ladies. Unfortunately however, there has been little measurable improvement in the way the project is run and we doubt that it will be a self-sustaining, viable venture. Nonetheless, we have learned some valuable lessons from the way it was implemented and we hope that further projects will be more successful.

## **ENVIRONMENT**

As noted in the introduction, Jabulani has been excited to partner with Roger Galloway and a variety of environmentally related projects which form his passion. The mainstay of these has been the development of a homestay with a local family at Lubanzi, which is the community right next to the beach just 3km from Zithulele village. The homestay experience offers tourists, or indeed professionals from the hospital, the opportunity to live in a traditional rondavel, complete with cow dung floor, and interact with the family including the opportunity to eat with them if they desire.

The homestay's development has been done in conjunction with the family and profits are shared with the family. A portion goes into an account that is for the upliftment of the community at large. Jabulani's role has been to support and help advertise this project but the finances are still run independently from our books and therefore are not reflected in our financial report at all.

Other environmental related projects are the proposed creation of an Eco-club which will expose high school children to education about the environment but also an experience thereof in the form of canoeing, abseiling and other adventure activities. Less exciting but perhaps just as necessary have been Roger's plans to address litter and waste management and the beginnings of a nursery that will result in many indigenous trees being replanted in this community. The aim of these projects is to encourage the community to see their assets for what they are. It is easy to look at what the community does not have and forget the resources that they do have in terms of their land, the environment and their community. The judicious development of these assets could be another key to developing the community as a whole.

## **ACCOMMODATION**

Accommodation is something that doesn't neatly fit into any of the above mentioned categories. However the severe shortage of accommodation in the community has become apparent as the team at Zithulele has expanded over the years. As such, Jabulani has felt it appropriate to become involved in the renovation of a variety of different structures that help accommodate both the hospital staff and Jabulani volunteers. There is no other suitable accommodation in the community, by which we mean accommodation with water, sanitation and electricity – aspects that skilled people from outside regard as prerequisites.

The first structure that was renovated during the year was a building that we call the Volunteer Accommodation. This was renovated by a volunteer Brian Wall, a builder from the UK who came and lived in the community for six months with his family (he was also involved with the renovation of the preschool).

The second major building project of the year was supported by an organisation called "Igiveada.mn". The building we renovated was in fact the original clinic that was built in 1956 by the missionaries when they began the medical work here at Zithulele. It is exciting to be able to preserve this building and put it to use by professional staff. The Old Clinic, as it is known, is now two accommodation units finished to a very high standard and currently accommodating hospital staff.

Linked to the former building project was an exercise to remove a large number of trees that were threatening the long term safety of the Volunteer Accommodation as well as the Student Rondavel, used by elective students visiting the hospital. These blue gums, some of which were over 40m high, were planted right next to the buildings and had begun to drop branches onto them making the renovations essentially useless and threatening the safety of the occupants. The removal of the trees has ensured the long term survival of the buildings and made the renovations worthwhile.

Both of these buildings are owned by the Dutch Reformed Church which started the mission here and Jabulani has an agreement with the church to manage the rental thereof. The church receives the rental

income and is responsible for maintenance and upkeep. This arrangement is a win-win situation in that the church derives some income from its buildings but Jabulani and the hospital benefit because there is suitable accommodation made available for professional staff coming from outside.

## **VEHICLE**

During the course of this year Jabulani acquired its first vehicle, a Citi Golf, the purpose of which is to provide mobility to staff as they serve the community. For example, it is used to take antiretroviral medication to the clinics when the hospital does not have transport. The vehicle is insured and fitted with a tracking device in case it gets stolen which has fortunately not happened. Money is also set aside every month to build up a reserve fund to cover the excess in case of an accident.

## **Future Plans**

With more volunteers and stipended staff than ever before we are looking forward to further consolidating our projects in the community. Specifically, we are hoping to:

- Further improve Zithulele pre-school into a centre of excellence;
- Train further pre-school teachers through support from SETA;
- Assist the hospital to continue expanding access to the ARV programme by down-referring to more clinics;
- Renovate or rebuild a community hall for the community;
- Set up an office for Jabulani volunteers and staff as the team is growing;
- Open a library;
- Expand volunteer accommodation options.

We look forward to improving our links within the community and involving them increasingly in our projects, to achieve a greater level of community ownership and ensure project sustainability.

We will continue to produce a quarterly newsletter and regularly update the website: [www.jabulanifoundation.org](http://www.jabulanifoundation.org).

## Thank you!

The life-blood of our work is our 'Friends of the Foundation', who donate monthly. In addition, a number of individuals and companies have donated to us this year – more people than ever before. We trust that you will be as proud as we are to see what a difference your generosity has made in our community.

Active Escapes	First Option Limited	FP Reeves
Anonymous (many)	Timothy Freeth & Lindiwe Mavuso*	Elizabeth Rollinson
Atkins Public Law	E Gale	Rondebosch United
Basil Brown Family Trust	Duncan and Kirsti Gutsche	Roodt
Bideford Bridge Rotary Club	Irish Medical Students	RSSAF UK
David and Leesa Bishop*	Michiel and Cecile le Roux	Salad Seminars
MG Bishop	Sara Lundin	Karlien Scholtz
Gerard and Sally Boule*	Teak Ly	Marcel Schutgens*
Tamsin Butters	Nick Marshall	SHAWCO
Hazel Campbell	Jill Masterson	Kate Sherry
Jono & Ruth Centurier-Harris*	Mitrekraft	Sonnevanck Foundation
Circle of Friends	McGowan	Switalskis
Cirtech Electrical	Sam and Ann Moore*	Sophie Tate
Felix Clemens	D Naidoo	Warren van der Westhuizen
John and Alex Davidge	NAP Trust	Grant Wyatt
Andy and Cath Duncan	Park Medical Centre	

\* denotes Friend

### **JABULANI RURAL HEALTH FOUNDATION**

(Association incorporated under Section 21)

Registration no. 2006/009074/08 PBO No. 930 027 691 NPO reg. No. awaited

Account details: ABSA, Frere Square, Br code 632005 Acc no. 4069520005 Swift code: ABSAZAJJ

Address: Zithulele Village, Mqanduli, E Cape, 5080. Postal address: PO Box 682, Mqanduli, 5080

Telephone: +27 72 7067480 Fax to email: +27 86 6165457

Web: [www.jabulanifoundation.org](http://www.jabulanifoundation.org) Email: [info@jabulanifoundation.org](mailto:info@jabulanifoundation.org)

Directors: Dr CB Gaunt (RSA), Dr KWDP le Roux (RSA) Rev JK Ntlatywa (RSA)

Patrons : Archbishop Emeritus Desmond & Leah Tutu