



Jabulani Rural Health Foundation  
Annual Report  
2014 - 2015

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## **Introduction to Annual Report**

by Foundation Director Ben Gaunt

A few short years ago the Jabulani Rural Health Foundation was just a dream – itself part of a larger dream to provide high quality health care to a deeply rural community and see that spill-over into contributing to wider growth and development.

Reading this Annual Report, it is clear that we are, as we say at Zithulele, “Living the Dream”. In fact, the scope of activities and the number of people regularly involved in them, is nothing short of remarkable.

I strongly encourage you to read through the details contained in this report as they will give you an excellent picture of the goings-on in our community and the way in which “development” is usually a slow process of growth, frequently with input from multiple stakeholders. Given our history and staff, Jabulani is well placed to continue this journey for many years yet!

In addition to the usual range of projects providing comprehensive support to both Zithulele Hospital and the community it serves, you’ll also see news from a number of new projects. I’d like to highlight three. All of them were implemented in partnership with other organisations:

- The Rural Ability Programme is an exciting project giving life to a concept called Community Based Rehabilitation and forming the perfect link between the services provided by the hospital and people in their homes
- Jump Start is a skills development programme designed to broaden the horizons of young people with incredible potential, but whose opportunities have been limited due to circumstance. It was genuinely exciting to see the impact on the first graduating class’s lives.
- Sea View High School support. This was a small project from Jabulani’s point of view as we provided primarily administrative support, but the impact on learners and their teachers was substantial. Being positioned to assist in this way is an important part of the way we have developed and structured Jabulani.

No forward would be complete without a real, heart-felt thank you to our donors. Ranging from big corporates and overseas organisations to our faithful “Friends of Zithulele”, primarily individuals contributing monthly, we are humbled and thrilled that you would partner with us to bring hope and positive change to our community. Thank you! We trust that the accompanying financial report will assure you that your money is being well spent!

And lastly, sincere thanks to John Young, our general manager, and his team of committed, passionate people who make up the work-force of Jabulani! Your high standards and dedication to making a difference in the lives of others are much appreciated!

Happy reading.

## 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 & train local people to work for JRHF, where possible
  - b. Job skill development
  - c. Supporting entrepreneurs

## JHRF Core Values

1. Valuing people's worth  
Treating all people with dignity, respect, compassion and fairness.
2. Making prayerful decisions  
Making decisions that 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 province 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 about 25% 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, focusing on healthcare support, poverty relief, education, environmental issues and community development. 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:** Archbishop 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 the 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 (doctor in Pietermaritzburg; doctor at Zithulele Hospital in 2006)

### Salaried/Stipended Staff:

Ms Asanda Jonga (ex-ARV Counsellor; Administrator since Aug 2009)  
Ms Yandiswa Thutsheni (ex-Translator; ARV counsellor since June 2012)  
Mrs Thandeka Xhakaza (Pre-school Teacher since Apr 2009)  
Ms Thandiwe Mlhaba (TB Counsellor since Aug 2009)  
Mrs Nothandekile Valuvalu (Masikhule Garden Monitor since May 2008)  
Mrs Nonyaniso Mdaniswa (Pre-school Teacher Assistant since April 2009)  
Mrs Buyiswa Speelman (TB Data Manager since Sep 2010)  
Ms Ntombifuthi Mfundisi (ex-Hospital Translator; Pharmacy Helper from Sep 2010 – Jan 2015)  
Ms Unathi Twalikulu (ex-Hospital Translator; Optometry Assistant since Sep 2010)  
Ms Phumla Tsama (ARV Counsellor from Oct 2010 – Sept 2014)  
Mrs Vuyiswa Mncunukelwa (Hospital Translator from June 2011 – Sept 2014)  
Mrs Nonceba Ndesi (Personal Assistant to Clinical Manager from Sep 2010 – Dec 2014)  
Mr Richard Mncunukelwa (Community Liaison since May 2011)  
Mr Mandini Lugalo (ex-Hospital Translator; Optometry Assistant since Sep 2012)  
Mr Xolile Caleni (Hospital Translator from Feb 2013 – Sept 2014)  
Ms Neliswa Banjwa (ex-Translator/Auxiliary Worker; Foundation Administrator since Mar 2011)  
Ms Fundiswa Mbongwana (ex-Therapy Translator; Pharmacy Helper since Sep 2011)  
Ms Lindeka Mbanga (Dietetics Translator since April 2012)  
Ms Nomonde Sicengu (ex-Therapy Translator; Hospital Translator since Feb 2012)  
Mr Sandi Tshemese (ex-Therapy Translator; Carpentry Apprentice from Feb 2013 – Dec 2014)  
Dr Althea le Roux (Ophthalmic Medical Officer from Feb 2013 – Dec 2014)  
Mr Liaan Marais (Building Services Manager since Aug 2013)

Mrs Gerda Marais (Education Co-ordinator since Jan 2014)  
Ms Kirsty Paxton (ECD Consultant since Sep 2013)  
Mr Lulamile Danile (ex-Hospital Translator; Pharmacy Helper since July 2013)  
Ms Zonke Banjwa (ex-Hospital Translator; ARV Counsellor since Oct 2013)  
Mr Masixole Namate (ex-Hospital Translator; Community Disability Worker since Feb 2014)  
Mr John Young (General Manager since Dec 2010)  
Ms Ziqelekazi Gcininkosi (Therapy Translator from Jan 2014 – Jan 2015)  
Ms Laviswa Dwayi (Therapy Translator from Jan – Jul 2014)  
Ms Sinethemba Beja (ex-Therapy Translator/Auxiliary; Switchboard Assistant since Jan 2014)  
Ms Zodwa Banjwa (Cleaner since Feb 2014)  
Ms Pumza Matebese (ex-Hospital Translator; Librarian from Aug 2013 – May 2014)  
Mr Siphiwo Malawana (Carpentry Apprentice from Jan - Dec 2014)  
Ms Yandiswa Mahlanyana (Pre-school Teacher since Mar 2013)  
Mr Mbuso Kabalaza (Gardener/Handyman since Jan 2014)  
Ms Shannon Morgan (Rural Ability Programme Co-ordinator since Feb 2014)  
Ms Nomabali Mtshange (Community Disability Worker since May 2014)  
Ms Buzeka Nkanunu (Community Disability Worker since May 2014)  
Ms Vuyiswa Mgudlwa (Community Disability Worker since May 2014)  
Ms Nosiphiwe Magadule (Community Disability Worker since May 2014)  
Ms Tabisa Hlalendlini (Community Disability Worker since May 2014)  
Ms Andiswa Luhadi (Madwaleni Translator and Rehab Assistant April – July 2014)  
Ms Alicia Mhlabeni (Madwaleni Translator and Rehab Assistant April – July 2014)  
Ms Amanda Mtshitshi (Madwaleni Translator and Rehab Assistant April – July 2014)  
Mr Aron Matshangana (Madwaleni TB Assistant April – July 2014)  
Ms Chwayita Sogoni (ex-ECD advocate; ARV support coordinator since June 2014)  
Ms Thunyiwe Zinyo (Pre-school Teacher since Mar 2014)  
Ms Siziwe Hlahla (Hospital Translator from Oct – Nov 2014)  
Mr Ayanda Dyantyi (Hospital Translator since Oct 2014)  
Ms Phumeza Ndlebe (Hospital Translator since Oct 2014)  
Mr Loyiso Mvana (Hospital Translator since Oct 2014)  
Mr Sinethemba Magadule (ex-Hospital Translator; HR Assistant since Nov 2014)  
Ms Sidumise Qwase (Hospital Translator since Jan 2015)  
Ms Mapaseka Malangeni (Hospital Translator since Jan 2015)  
Ms Usapha Mtanbeka (Therapy Translator since Nov 2014)  
Ms Noluntu Mgejane (Therapy Translator since Jan 2015)  
Ms Lungiswa Zunguzane (Therapy Translator since Jan 2015)  
Mr Nyaniso Nzimane (Therapy Translator since Jan 2015)  
Mr Songezo Siloqo (Therapy Translator since Jan 2015)  
Mr Samkelo Nkomiyahlaba (Therapy Translator since Jan 2015)  
Ms Phelisa Memeza (Librarian since Sept 2014)  
Ms Minikazi Mabolá (ECD in the Home Advocate since Sept 2014)  
Mr Mzukisi Mahlangu (Driver since Mar 2014)  
Mr Kgerele Lekola (Optometrist May 2014 – Jan 2015)

Ms Kayakazi Msebenzi (Nurse since Nov 2014)  
Ms Michele van Rooyen (Administrator since Jan 2015)  
Mr Roger Galloway (Healthy Village Project Co-ordinator since Mar 2014)  
Ms Philiswa Nkqwili (Pre-school Assistant since Sept 2014)  
Mr Phumlani Mpanana (Gardener/Handyman since Sept 2014)  
Ms Anna Ashford (Project Trust: from Aug 2013 – August 2014)  
Ms Daisy Morgan (Project Trust: from Aug 2013 – August 2014)  
Ms Penny Ellis (Project Trust: since August 2014)  
Ms Kyung-ha Park (Project Trust: since August 2014)

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

**Volunteer Staff:**

Ms Rachel Reiss (August 2014)  
Ms Teija Braysy (October 2014)  
Ms Holly Tucker (April – Nov 2014)  
Mr Alen Yen (July – September 2014)  
Ms Nadine McGregor (March – July 2014)  
Ms Catherine Lockey (4 – 29 August 2014)  
Ms Kayla Gallinger (March - April 2014)  
Ms Richelle Giesbrecht (Jan - April 2014)  
Mr Charles Fox (since Sept 2014)  
Ms Kayla Towey (Jan – April 2014)  
Mr Lucas Nosal (July – August 2014)  
Mr Mitch Kernick (July – August 2014)  
Ms Ree Greenfield (July 2014)  
Ms Morgan Greenfield (July 2014)

A special mention must be made of all those who have given up their time to volunteer their services with us this year. Thank you.

## Project Reports

### HEALTH

#### HIV and AIDS Clinic Support

During the year, Jabulani continued to work hand-in-hand with the Department of Health (DOH) and after the Donald Woods Foundation's agreement with the DOH came to an end at the end of March 2014, Jabulani took over the helm once again to ensure that HIV services were provided to all patients, at their health facility of choice within the HIV Programme's catchment area. We have tried wherever possible to maintain the standards set in previous years, wherein the clinical and HIV programme staff have worked exceedingly hard to not only ensure access to care, but to ensure access to *high quality* care despite the resource-limited setting. Our previously implemented innovative methods of service provision and addressing challenges are constantly reviewed, assessed and where required, changed, in order to keep abreast of changes in protocols, practices and resources. One major change after the Donald Woods Foundation withdrew was that the Peer Educators, employed to work at the clinics and in the community, were taken over by Philani's Mentor Mothers Zithulele programme but with a continued remit to work on the HIV/TB programme. These HIV/TB Mentor Mothers are however still supported and managed by Jabulani to ensure their full integration with the wider ARV and HIV/TB Programme and as part of this received regular support including attending monthly training/meeting at Zithulele, facilitated by Jabulani's Facility and Patient Support Coordinator.

Jabulani's involvement in the Zithulele Hospital's ARV programme since 2009 has meant that a programme that was hospital-based up until then, has now been fully decentralised without the loss of support from a central, well-resourced base. By the end of February 2015, all 11 clinics directly supported by Zithulele Hospital as well as Zithulele Hospital itself were receiving ARV programme support from Jabulani. 4875 patients were on ARVs across the programme and 4475 (92%) of these were collecting their treatment on a named, pre-packed basis at their local clinic. The ability for so many patients to reliably access treatment at their local clinic has continued to be made possible by Jabulani's crucial involvement in the prepacking component of the programme: Jabulani staff and volunteers manage the substantial administrative component of the programme as well as undertaking all the prepacking of this life-saving medication. Furthermore, Jabulani have continued to employ two ARV Counsellors who give outstanding support to the ARV team at Zithulele Hospital, working closely with the clinical and nursing teams to ensure that all patients receive the support required to start or adhere to ARV treatment.

Over the year, we also worked hard to improve and tailor our support to caregivers, children and adolescents on the programme due to the particular vulnerability of these patients. Caregivers are struggling to disclose to and support their children; infants are still becoming HIV+ despite PMTCT intervention; children and adolescents battle to accept their status; and often adherence declines during the rocky transition from childhood to adolescence. We developed a tailor-made pack of resources from non-copyrighted materials, intended to improve the clinical and psychosocial care delivered by the multidisciplinary team. We started marking syringes and corresponding drugs for caregivers who struggle to remember how much of each drug to give the child. We facilitated peer groups on ARV clinic days at Zithulele Hospital aimed at fostering better health behaviours as well as general personal development of the patients. And out of the ordinary, we held our first non-hospital adolescent event using the gift provided by Discovery Fund during their site visit last year

(T-shirts and fabric paints) which some of our teens painted with the slogan “Discovering my potential to...”. This is the name we’ve given to all the work we are doing with these vulnerable groups as we support them to discover their potential to do just about anything, whether to disclose to their child effectively and appropriately, whether to adhere to medication, finish their schooling, or be a positive role model amongst their peers!

Our continued work on the ARV Programme would not be possible without grant funding from the Discovery Fund, contributions from the Donald Woods Foundation, and individual donations and we are grateful for the support they give us which allows us to continue to make an impact in this area.

### **TB Project**

The TB data manager and counsellor, employed by Jabulani, work together with the team at the hospital’s TB Point, to monitor patient adherence, counsel patients requiring treatment, and follow-up of defaulters. 730 patients were supported to start TB treatment during the year. As there is a high rate of co-infection with TB and HIV, improvements made to the system in previous years ensure that there is less room for TB patients to miss the opportunity to test for HIV or start on ARVs if required. Of the 730 patients who started TB treatment during the year, 319 were HIV+ (100% of those who did not already know their HIV status received an HIV test). 174 of the HIV+ patients were already on ARVs when they started their TB treatment and another 145 started ARVs while on TB treatment (either they did not know their status prior to starting TB treatment or they had not yet been eligible to start ARVs due to their CD4 count but were now because of also having TB). Only 9 patients tested HIV+ but did not start ARVs during their TB treatment.

Information from each monthly cohort of starts continues to be reviewed regularly using information and statistics compiled by the Jabulani TB data manager, allowing the TB team to keep close tabs on what is happening with each patient. One of the biggest challenges on the TB programme is that many people seek medical attention from the hospital when they are very ill, get started on TB treatment but then go home to areas far from the hospital, making continued care at the hospital hard to access. Often these patients get transferred out to a facility closer to their home, a scenario that makes it impossible for us to monitor their continued care and adherence to treatment. For those whom we can, we prepack their TB treatment along with their ARVs for delivery to one of the clinics supported by Jabulani’s ARV programme and at least with these patients we are able to monitor their care. Some however, disappear from care and despite efforts to contact them telephonically or by home visit, we can make no assumptions as to whether they access TB treatment from elsewhere or default.

As TB continues to be a major cause of morbidity and mortality in and around Zithulele, the supporting role played by Jabulani enabled by the continued financial support of the Sonnevank Foundation, remains a significant contributor to the fight against TB.

### **General Hospital Support**

As in previous years, Jabulani continues to ensure where possible, that we don’t stray into providing services or resources that should fall within the remit of the Department of Health, but knowing there is an organisation that can help make a plan when faced with a seemingly intransigent problem is remarkably helpful in preserving a positive attitude amongst hospital staff. As such, there are many ways in which Jabulani continues

to support the Hospital. Although seemingly small, many of these interventions make a big difference to the quality of care the Hospital can provide, and the sanity of the staff providing it.

Some of the ways that we have supported the hospital over the past year include:

- Funding and employing translators for the doctors working in the out-patients' department. (This improves the quality of the consultation and simultaneously releases the nurses to do nursing jobs.)
- Funding and employing a personal assistant for the Clinical Manager, to allow him to do less minor admin and be more strategic in his use of time
- Funding and sourcing items for Care Packs for rape victims (including a safe place to keep these)
- Providing paper for clinical stationery
- Managing the sourcing and procurement of equipment funded specifically for the hospital via Jabulani channels. Over the past year this included: a double-door fridge for the pharmacy, two new incubators for maternity, two large volume infusion pumps, and a new I-SAT machine with consumables
- Providing material from which to make Kangaroo Mother Care pouches for patients
- Purchasing nine large noticeboards for strategic places around the hospital
- Painting the TB Ward and the office to be used for Home Affairs visits
- Funding, with money specifically raised for this purpose, a two day experiential leadership training course for the hospital's senior managers, utilising external, experienced facilitators; and contributing to the associated costs of the Continuous Professional Development of 11 members of the clinical team
- Supplying emergency diesel for the hospital generator to keep maternity and theatre in operation during a power failure
- Purchasing milk and formula for the Paediatric ward for when breastfeeding is not an option, as well as a new urn and making repairs to the jungle gym at the Paediatric ward

### **Mercy Vision Zithulele**

Mercy Vision Zithulele (MVZ), a collaboration between Jabulani, Mercy Ships SA and the Eastern Cape Department of Health, started in September 2012 and continues to go from strength to strength. With an aim to reduce the prevalence of blindness and poor vision arising from uncorrected refractive error, cataracts, glaucoma and other eye diseases, the MVZ team works in the villages and clinics around Zithulele, reaching people who have never before received any form of eye care. During this year, 4117 patients underwent consultations, 500 pairs of glasses were issued, 163 prescription glasses were ordered and purchased, 183 cataract surgeries were performed, 218 glaucoma patients were attended to, and 86 people were referred on to Nelson Mandela Hospital for more specialist care.

A highlight of the year for the team was receiving a mobile clinic that has not only lessened the time required to load and unload equipment, but has also provided better protection for equipment and provided a space to do consultations at community locations and clinics where space is a challenge. The recruitment and appointment of an administrator for the team, someone with experience in both nursing and project coordination, has also been a tremendous addition in terms of organisation and coordination of the programme.

This initiative, where often an immediate improvement in someone's quality of life can be witnessed as they arrive unable to see clearly and leave with renewed sight, continues to be a motivating force for all of our work where the benefits are often only seen further down the line.

### **Pharmacy Support**

As part of our support to Zithulele Hospital, Jabulani supplies supplementary staff where existing staff are stretched and taking strain. In May 2012 the decision was made to hire a pharmacy helper, and she continues to make a noteworthy and stable contribution to a team that has experienced many of the usual ups and downs experienced in Department of Health staffing.

### **Nutrition**

The garden project underwent a significant change over this year, after the land on which the Masikhule Garden was on, was requested back by the owner. Jabulani's Notandekile went on the search for a new site and was offered a piece of land by another member of the Mthaleni community. Jabulani worked with community members to identify ways in which members would maintain not only the produce of the garden, but ownership of it too. A model was agreed upon whereby each family pays a membership fee of R50 per year and initial commitment to the project was assessed by the payment of this fee and helping to dig the holes for the fence poles. It was also agreed that if a family does not maintain their plot, a different family is given the opportunity to join the project. The group had to find a secure storage area for the communal tools, each family had to prepare and terrace their own plot and provide the manure for compost, while Jabulani provided the materials to fence the garden, tools and the initial seeds. Notandekile assists and advises them on a weekly basis. Close to a natural spring and with each family responsible for 30-40 square meters, the garden is making a significant difference to the lives of 14 families. The purpose of the project is to support and teach families in the local community how to grow their own vegetables in a sustainable way, both for feeding the family and to sell excess produce for additional income.

In addition to the community garden, the project also includes vegetable gardens at the Zithulele and Khanyisa Pre-schools. The gardens are incorporated into the curriculum with children not only learning about the importance of a balanced diet and learning how to grow vegetables, but also benefitting from eating the vegetables produced in the garden. Any excess produce is sent home with the children for their families to enjoy. Nothandekile has also continued to come weekly to the Hospital's paediatric ward to educate the women of the admitted children about how to garden in a nutritious way.

Our enormous thanks to the individual donor (supporting us via the work of Stichting Zithulele) who continues to make this project possible.

### **Rural Ability (and Therapy Department Support)**

Over the past few years, Jabulani's support of the Therapy Department at Zithulele Hospital has enabled the building of a Rehab model hut using CSI funding from Rumdel Cape; allowed for the purchase of supplies and other rehabilitative equipment like custom designed rural wheelchairs funded through the IDC; and has included employing translators to assist in consultations and a therapy auxiliary worker to assist the therapists. This kind of support was continued this year (with translators working alongside the Occupational Therapists, Physiotherapists, Dieticians, and Audiologist/Speech Therapists) , along with the building of a secure storage

facility for the hospital's wheelchairs, built using money specifically raised for this purpose during the previous year.

However, our most far-reaching involvement in this area has been the implementation of the Rural Ability Programme (RAP), made possible through a partnership with the Christian Blind Mission, that during this year has expanded on the foundations set last year. With a scope that is broader than health or rehabilitation alone, it is a Community Based Rehabilitation (CBR) Programme that has at its core a desire to improve the quality of life for people with disabilities through promoting and facilitating the inclusion of people with disabilities in mainstream society.

People with disabilities face many obstacles in accessing healthcare services, educational and employment opportunities in this area. Transport to the hospital for a patient in a wheelchair can cost the family up to R600 per trip. There are only three schools for children with disabilities and they are all in Mthatha, about 90km away. Employment opportunities and skills development programmes are almost non-existent. Disabled people in urban areas face challenges that able-bodied people don't ever have to consider. These challenges are exacerbated by our deeply rural setting, to the point where we know of disabled adults in our community who have never left their homes. Through our interactions and learning from the community, the RAP seeks to establish a best practice CBR model that can be replicated in other rural communities in South Africa.

The RAP has been implemented in five target areas around the Zithulele community, where the rehabilitation department is currently active. Each target area has a Community Disability Worker (CDW) who is from the immediate community of the target area, and their role is to work with people with disabilities and their families, in their homes. The programme aims to improve interaction and continuity of rehabilitation services to improve their level of participation in the family and community. This is made possible through the training of the CDWs and equipping them with rehabilitation and community development skills. Rehabilitation will remain the core element of the community disability workers role as they expand their support into other spheres such as advocacy and schooling for children with disabilities. They partner with the Zithulele Rehabilitation department's therapists to bring services closer to the community and prevent secondary complications through early identification, referral, education and support.

CDWs and people with disabilities will also work together to identify opportunities available to them in their communities as well as finding solutions to overcoming barriers to accessing services. Through this joint effort they will create opportunities for inclusion in main stream society and create awareness about disability in their communities.

During the year, 447 persons with disabilities (314 adults and 133 children) have received information about disability and health services in the area. Of these, 258 (148 adults and 110 children) are receiving regular follow up support (fortnightly/monthly/every 2 months/3months/6months depending on the persons rehabilitation needs). The community has been very open to the programme and have shown support for the vision.

### **Waiting Mothers' Accommodation**

The waiting mothers' accommodation was built during 2009 to provide a place for women near the end of their pregnancies to wait so they can be close to medical care when they go into labour. The hospital continues to manage this accommodation which continues to be used to full capacity.

### **Madwaleni Hospital Support**

We provided short-term support to our neighbouring hospital, Madwaleni, while an NGO based there was still completing their registration and implementation. This support took the form of employing four assistant staff who assisted with translating, rehabilitation, and in their TB work. This was a short-term arrangement from April to July 2014.

## **EDUCATION**

While a few new initiatives and ideas were implemented, the year was mainly spent consolidating and improving our existing four main areas of work within education, namely pre-school support, the Library, ECD in the Home, and Zithudlala. None of our education programmes would be possible without the support of Stichting Zithulele, a Dutch foundation with links back to one of the first doctors to work in Zithulele. Their commitment to provide long term funding allows us to develop initiatives that have solid foundations and are therefore more likely to be sustainable.

### **Pre-school Support**

Zithulele Pre-school continues to provide a valuable service to local children as well as the children of professionals working in and around Zithulele, and we are grateful for the ongoing enthusiasm and commitment of Teacher Thandeka (as she is lovingly referred to by teachers and adults alike!).

During the year, the Zithulele Pre-school expanded to incorporate two age-groups, 3-4 year olds and 4-5 year olds, with each group meeting in adjacent but separate classrooms. As such, an additional teacher was employed. An assistant teacher was also appointed at Khanyisa pre-school and so in total we now support 4 teachers. Over the two pre-schools, 51 children were enrolled for the year.

Once again, we capitalised on our proximity to the library and hospital. The children either had a weekly story time in the library or the librarian went to the school, read to the children and educated them on the importance and fun of books. It was also a busy year with visits from health professionals, as the children were seen by a doctor, the dentist, optometrist, audiologist and therapists. All the children were evaluated at the beginning of the year, mid-year, and then again at the end of the year, with regards to their development of fine motor control, gross motor control, and communication skills. Input was received from the therapists from Zithulele hospital and they also started training the teachers in order that they can do these evaluations in the future. These evaluation reports were sent out to the parents and explained to them. This is an area that we hope to expand in the coming year, as it is a good opportunity for teachers and parents to work together for early childhood development intervention.

During the year, the hospital therapists together with the Rural Ability team, included our pre-schools in training about children with disabilities. The children played games where they experienced how difficult it would be to be without hands, or how it feels to ride in a wheelchair. Along with similar inclusion and awareness training being done with teachers, this is in preparation for starting to make the pre-schools more suitable for including children with disabilities.

The pre-school continued to receive porridge sponsored by JAM, and children ate this on a daily basis supplemented once a week with vegetables from the pre-school's own vegetable garden. As part of the curriculum, the children were taught how to plant and maintain a vegetable garden and the value of eating a healthy, balanced diet. A lot of work also went in to developing the garden at Khanyisa Pre-school, and both the school and the garden were fenced to prevent livestock from destroying the produce.

Approximately 20 teachers/ECD playgroup facilitators attended weekly training led by Thandeka. These training sessions focus on the themes covered each week in the curriculum, and while Thandeka guides the others with regards to the kinds of activities, discussions, exercises, games and songs that could be used to illustrate and teach each theme, it is also an opportunity for them all to share ideas and plan together. Some art and craft materials were usually supplied to each teacher to start them on the process of gathering materials to use during each theme.

Regular meetings were held with parents and the parent's committee to ensure that they remain involved in the running of the pre-school and up-to-date with what was happening and how their children and doing. They remain a valuable source of input for decision-making and planning.

We were grateful to receive a donation of TOM shoes from JAM at the beginning of the 2015 school year, ensuring that each child attending school had a good quality pair of shoes to wear to school. Khanyisa Pre-school also received a donation of educational toys and art materials arranged by Richelle, one of our volunteers.

## **Library**

The library continues to be a well-utilised venue for fun and educational activities run by both Jabulani and Axiom Education. It is an important source of reference material for school learners, a venue for a variety of after-school activities and an environment where we can continue to foster a love of reading.

We continue to use the library to create awareness of reading and the value that it can add to one's life and education, by hosting activities relating to reading and general education. In addition to hosting weekly Zithudlala activities (see below for more on this), the year saw three competitions being hosted in the library. The first was a competition in March 2014 called "Reading is Cool", during which five schools from our area competed against each other in the fields of drama, poetry, reading and spelling. The event was well attended and we were able to use the opportunity to advertise the library and build better relationships with the schools. The other two competitions both centred on the use of Nal'ibali's. Nal'ibali (isiXhosa for "here's the story") is a reading-for-enjoyment campaign aimed at stimulating children's potential through storytelling and reading. It operates across the country and every week Jabulani is supplied with 150 isiXhosa / English books. Grades 3 and 4 children, and later grades 5 and 6, had to come to the library to cut out and assemble their

books, take it home to read, and then come back to the library to tell the librarian about the story. The competition was comprised of 15 different books and the children who read the most were given a certificate and present. The enthusiasm of those involved was so great, that they were finished with all 15 books in a month!

Other activities or achievements during the year include welcoming a new librarian to the team in September 2014; transforming a section of the library into a reading corner for older children that we were able to do using a donation of blankets and chairs (such a lovely space that the younger children try sneak in there too!); and furnishing the homework room with benches and tables so that children without a space to study in the afternoons can come and do their homework there, with the added bonus of support from the librarian and information in reference books. A special thanks to one of our volunteers Charles, who personally fundraised for much of the refurbishment and did most of the work himself; it has made a huge difference.

### **ECD in the Home**

The long term goal of changing the mind-set and opinions of parents towards the value and role of early childhood development (ECD) and their role as the child's first teacher, remains the focus of the ECD in the Home programme as we still battle to overcome the context in which many caregivers are still unaware of the importance of ECD. Some feel that their child's education is the responsibility of teachers and schools, while others believe they are not equipped with the experience or resources to support their child in this way. With this long term view, it is sometimes difficult to quantify the success or impact of the ECD in the Home programme but here is an overview of what the year held.

The ECD in the Home programme received new vigour when we managed to replace our ECD Advocate (who had resigned during the previous year). Enthusiastic about supporting parents to take ownership of teaching their young ones, our ECD Advocate visited 140 homes between September and the end of the year. During the period when we did not have an ECD Advocate full time or only had a part time fill-in Advocate, we had decided to limit our ECD in the Home visits to the parents of Zithulele and Khanyisa Pre-schools as well as to the parents of Ngocoko Pre-school pupils as we had begun to build a relationship with this teacher. This plan worked well both for the sake of continuity but also because it improved the relationship between parents, teachers and children, to the point where we have decided to continue with this approach, providing an opportunity for us to teach the parents as well as the children, thus reinforcing the learning gained at pre-school. Whether we start to visit non-preschool parent homes in the future will depend on capacity.

During the year, we also held our first ECD teacher / parent workshop for parents who had up until now been visited on an individual basis in their homes. 32 parents attended and spent an afternoon learning play skills with Lego, receiving puzzles and being shown how easy it is to make them out of household material, and generally being fired up about ECD. The attendance and success of the afternoon was a real indication of the value that the parents place in this programme, re-motivating us to ensure that this programme continues long term. Teacher / parent workshops will be held regularly during the next year.

The ECD in the Home programme is also a good link between the pre-schools and the community at large, as our Advocate visits homes in the community and can hear from parents why they are not sending their children

to pre-schools. They also have time to make sure the truth about ECD is heard and are able to counter any myths or misunderstandings about early education.

### **Zithudlala**

Research into Early Childhood Development (ECD) has shown that young children learn best by having fun. For ECD in Zithulele, that meant identifying what fun learning activities could be implemented given our resources and opportunities. With the Xhosa word for play being “dlala”, the Zithudlala “Let’s Play” programme was started towards the end of 2013 after a successful pilot.

This programme continued during the reporting year, centring on the use of play as a means to stimulate children's educational growth and development, as well as promoting play as an end in itself for children whose difficult living conditions and limited access to resources may mean that they rarely get to enjoy this basic human right. The Zithudlala sessions are facilitated in partnership with Jabulani’s librarian, and three sessions were run each week: LEGO; crafts; and board games. Approximately 130 sessions were run over the year, reaching about 100 children (although attendance does vary at each session).

When resources and capacity allow, we hope to add a fourth session in the form of puppet shows. Our long-term goal remains to have a play centre that provides a safe space for young children to play on weekday afternoons by facilitating access to play equipment and supervised activities but for now we continue to make use of the library and existing resources. A toy library was also piloted with a group of 10 parents based in Zithulele, using DUPLO donated by the LEGO Foundation, and this may be something that is expanded on in the next year.

### **Local High School Support**

In keeping with our intention to partner with others who are already attempting to do something in this community, rather than Jabulani coming with a prescriptive idea of what should be done, we partnered with a local school, Sea View Senior Secondary School to improve their teaching space. Teaching space at this school had always been an issue, and their recent expansion to including grades 8 and 9 (as well as the previous grades 10-12), meant that space was even more desperately needed and a move was made to renovate two classrooms that were unfit to teach in. One of the teachers at the school put together a plan with the principal and his colleagues to get the community involved, using a selection of students to conceptualise what they wanted these classrooms to look like and then to do the physical renovations under the supervision of a few skilled labourers. He then approached Jabulani, requesting that we provide an avenue for money to be donated and used effectively.

When the renovations took longer than the anticipated three days, the students put in more than was expected of them, even insisting on working through their weekends to get the job done. Where there were once two lifeless brick structures, there are now two bright inviting classrooms, with windows, doors, repaired roofs, floors and ceilings, fresh paint, shelves and a veranda. They have lights and electricity which city schools may take for granted but which is not always readily found in rural schools. The other aim behind the project was to encourage teachers to take ownership for their classrooms. Where the norm in rural schools is for students to remain in one classroom while teachers move from class to class, slowly the change is taking shape as teachers start to move into classrooms and take ownership of them, which is a massive systems change.

## **COMMUNITY UPLIFTMENT AND DEVELOPMENT**

### **Jump Start**

During 2014, we piloted the Jump Start skills development programme. This programme was setup to be able to provide exposure to a wide range of skills for post-matrices who showed a lot of potential (participants were identified through our partnership with Axium Education) but had not been able to secure post-school opportunities to work or study further. It is a structured gap year programme designed to increase participant's skills base as well as to develop character, self-worth and confidence. The programme is broken up into four areas, namely: Business/Academic; Social; Skills/DIY; and Physical.

We had five inspiring young men from the surrounding villages and the pilot programme was a great success. We truly believe in the positive impact of this programme because the transformation of the participants was clearly evident and all five participants secured places to study at tertiary education facilities the following year, namely Rhodes University, Tshiba Education and University of the Free State. It has been encouraging for us and others to hear success stories coming out of the rural Eastern Cape. We plan to run the programme again during the next year.

### **Carpentry Skills Development Programme**

The carpentry skills development programme has continued to operate as a small business, run by a local entrepreneur, motivated by the need for job creation for local men and a skills development/apprenticeship programme for those with no prior carpentry or artisan skills, with stipends being provided by Jabulani.

Over the year, 64 different projects were completed including a large-scale treehouse. The programme is slowly making in-roads into the local market with a number of sales to nursing staff from the hospital. The success of the project has been clearly evident not only in the strong demand for the high-quality and environmentally-friendly furniture, but also in all of the apprentice carpenters being offered jobs with other businesses and NGO's following their apprenticeships. During the year, another two apprentices graduated from the programme and both are now undertaking further studies. At the start of 2015, a further two apprentices were taken on.

Although we received another generous donation of tools from Festool in Germany, which allowed us to continue making good quality items, any further expansion of the programme itself will not be possible until we are able to secure appropriate premises and funding to build a bigger workshop space.

### **Community Centre**

The community centre continues to be well used with events often needing to be planned according to availability. It is currently used on a daily basis for community gatherings, meetings, weddings, training, conferences, as a classroom for Axium's Khan Academy, and even as overnight accommodation for the Mercy Vision surgery patients.

The community centre committee, formed by Jabulani and consisting of representatives of political and traditional leadership as well as the different sectors of society (including women, the youth, disabled and churches), continues to meet on a monthly basis to manage the day-to-day running of the centre.

### **Community Playground**

Offering the children of Zithulele a safe environment to play in, as opposed to in the road, has made a huge difference to the community. The playground, which was built in 2011, comes complete with a jungle gym, swings, a slide and a climbing wall and is well-utilised and enjoyed by many children every day. Repairs were done to the jungle gym, fixing items that had broken or been damaged through use and general 'wear and tear'.

### **Relief of Social Distress Fund**

Over this past year, we have continued with the Relief of Social Distress Fund (RSDF) because it continues to be of enormous benefit to the recipients and indispensable when there are no other options. As one of our core values has always been to promote empowerment rather than create dependence, we have always tried to avoid any form of 'hand-outs'. However, sometimes there are certain circumstances where emergency relief is required in order to save people's lives or at least provide a bridge to a more stable place where they can manage again under their own steam.

The guiding principle of the fund is "a hand-up and not a hand-out" with small, low profile, short term funds or food parcels offering emergency relief to families while we help them 'get back on their feet'. Jabulani manages this fund very carefully with specific criteria, amounts, and duration periods in place to ensure that this fund is not misused and that only families in extreme need benefit from it. Although "transport" is not an 'exciting' expense to cover it has been vital to not only help lift families out of poverty by supporting them to get documented, but also has been instrumental for clients accessing timely health care and in some instances this has literally been lifesaving!

Mentor Mothers Zithulele and the doctors at Zithulele Hospital are the main referral sources for this fund, because as frontline workers they are best placed to identify families who could benefit the most from the fund. In this financial year, the fund has helped over 280 families/individuals (there were 329 occasions on which families/individuals were assisted with transport to access, including but not limited to: healthcare (whether within our catchment area or to another facility for specialist care), Home Affairs, SASSA or the Department of Home Affairs; 29 food parcels were distributed over the year; and 31 individuals were supported with miscellaneous items such as formula for when breastfeeding is not an option, money to pay for photos for identity documents, soap or hospital registration fees.

### **Microfinance**

After investing significantly in the development of James Jabula and his business making leather products, Jabulani continued to have bi-monthly meetings aimed at improving his basic management skills until August 2013, when James decided that he was ready to handle his business on his own. However, although his artisan skills are excellent, he found that he struggled on the business-side and approached us to resume the mentoring. In June 2014, we provided a small business loan to get him going again and meet with him regularly for mentoring and business support.

## **ENVIRONMENT**

### **Healthy Village Project**

One of the foundational reasons for the creation of Jabulani was to address the causes of many of the problems faced by the community in Zithulele and not just treat the symptoms when they present at the hospital. As the interconnectedness of health, education and the environment and their impact on poverty become clearer over the years, we trialled a variety of projects and interventions until we were in a position to launch the fully fledged Health Village Project in the year 2013-2014.

This project continued during the past year, expanding where possible, largely made possible through a second generous donation from the Freddie Marincowitz Welfare Trust. We continue to provide part time work for two youth from the surrounding villages. Our efforts to remove alien vegetation have continued and since the inception of the programme, we have planted and fenced 392 indigenous trees or non-invasive fruit trees. Over the year, an additional four sets of double swing bins were erected and 2200 bags of refuse were removed from Zithulele Main Road.

We have persevered in our attempts to get systems in place for dealing with solid waste as Zithulele currently does not receive any municipal services. Ideally we would like Mqanduli Municipality to commit to collecting general waste on a weekly basis, freeing up our time and resources to manage recycling. The community in Zithulele are actively encouraged to recycle and regular trips were made over the year to Mthatha to deliver recycling to the centres there. We are still trying to secure a premises to start a recycling centre of our own and hope that this will come to fruition during the next year.

## **BUILDING SERVICES**

Since 2010, there has been a regular need for Jabulani to be involved in construction and maintenance in order to provide housing for hospital and NGO staff coming to live and work in Zithulele. The early days saw renovations being done to the "Old Clinic", the "Volunteer Accommodation", "Zuba House", "Mama Ncedi's" and the "Student House". As part of the '1000 from a 1000 Challenge' that was launched in November 2011, we undertook a "Garage Conversion" project, built "Axiom House" and in our most ambitious building project to date, constructed a housing complex comprised of six housing units, a storage unit, a laundry and parking facilities, on hospital land that later became known as "New Lundi" (meaning New Horizons). These more recent accommodation units were made possible through incredibly generous donations from many individuals and organisations (each giving their R1000 as part of the '1000 from a 1000' campaign), but also through grants awarded from the Anglo American Chairman's Fund and the Discovery Foundation's Rural Fellowship Award.

Some major renovations and repairs were done during the past year: "Zuba House" underwent some significant renovations as it was desperately in need of some attention - the roof was replaced, internal plastering redone, a new ceiling put in, some cupboards fitted and a new electrical connection to it and the next door "Mama Ncedi's" was installed. Much of this work was made possible by the Christian Blind Mission who fund the Rural Ability programme, as "Zuba House" is the home of the project coordinator who has committed to being in Zithulele for the medium to long term; a water tank was installed for the volunteer

house; a pressure pump was put in on the Mission land; “Mama Ncedi’s” received a new bath and a water pump; the Mercy Vision park homes received a new geyser and was re-plumbed; the septic tanks at both the Mercy Vision site and on the community centre land had to be pumped clear; a room extension was done on the “Old Clinic” to accommodate the family of a couple working for Jabulani long term; and two unused lounge areas in the hospital’s residential unit were renovated into four new bedrooms for use by community service healthcare workers or nurses. We also constructed the Therapy Storeroom mentioned previously in this report.

Wherever possible, when embarking on construction of accommodation, we develop multi-bedroom homes that provide attractive and sustainable housing for professionals with families, thus enabling the Hospital and NGO's to retain staff long term, something we have discovered to be a key driver of significant community transformation.

Jabulani continues to manage the leases on these buildings, many of which are situated on land belonging to the local Uniting Reformed Church that started the mission back in 1956. The church receives the rental income and is financially 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. Rent paid by professionals in accommodation built on hospital land goes straight back into Jabulani’s budget for maintenance.

In order to maintain all these buildings and the areas surrounding them, it became essential to employ additional people to assist with this. One full time and one part time gardener/handyman have been employed with responsibility for general upkeep of accommodation, cleaning of roofs and gutters, cutting grass, removing weeds and alien vegetation, nurturing trees and other plants. In addition to this ongoing work, two major maintenance projects were undertaken during the year, namely the rebuilding of the French drainage system at New Lundi; and complete landscaping of the area behind where the Mercy Vision homes and offices area. This included re-doing all the waste pipe plumbing, making a French drain, channelling the storm water drainage and planting grass and trees after fencing off the area.

## **VEHICLE**

The Jabulani vehicle (a Citi Golf) continues to help us “make things happen.” It has helped ensure a reliable supply of antiretroviral medication to the clinics when the hospital does not have transport, it is used weekly by Mercy Vision to ferry patients around on surgery days, it is used to ensure that the ECD in the Home programme is able to reach those homesteads beyond walking distance from Zithulele, as well as in numerous other instances when staff have needed mobility in order to better serve the community. With funding specific to the Rural Ability programme, a Colt 4x4 was purchased for the provision of services to people with disabilities (had to have off-road capability to reach homes of people with disabilities). Jabulani also took over maintenance responsibility for the Donald Woods Foundation vehicle that has been left for use on the HIV/TB Programme. We also have an open trailer that primarily gets used for recycling and refuse removal but that has also been used for transporting building materials. With the increase in maintenance work and the expansion of the Healthy Village Project that requires regular trips to Mthatha with heavy loads, a need for a more

suitable car (other than the Citi Golf) has arisen and we are hoping to secure funds to purchase one in the near future.

## **ADMINISTRATION**

Administration is the backbone of any organisation and having a dedicated, permanent office space (shared with Axiom Education) has certainly helped in this area. Administration became a significant challenge for us however, when our Administrator and then her volunteer replacement left and we were not in a position to make a replacement for almost two years. In October 2014, we promoted someone who has worked their way up through Jabulani as she has gained skills and experience. Neliswa started with the organisation as a translator in March 2011. She was promoted to Therapy Auxiliary in February 2013 and is now our much-appreciated and capable Administrator. Neliswa's progress through the organisation is an excellent example of how someone with potential can develop skills through being given opportunities to practice and improve and her promotion to Foundation Administrator sits well with our desire to develop people from "inside" wherever possible.

## **FUTURE PLANS**

We are excited about ventures that are in the pipeline for next year, specifically:

- Continued assistance to the ARV programme to ensure that the fight against HIV/AIDS doesn't lose momentum, with specific attention given to the support given to particularly vulnerable groups (children, adolescents, caregivers)
- Expanding the Mercy Vision Zithulele eye care programme to include a schools outreach team
- Expanding the rural ability programme to include a skills development centre where people with disabilities can be given apprenticeships or taught a livelihoods skill, and to work with the teachers in the area to do training on disabilities and inclusion
- Further improvements at Zithulele Pre-school; and the support of our neighbouring Khanyisa Pre-school as well as grow our relationship with nearby Ngocoko Pre-school
- Improve our partnership with Axiom Education with regards to ensuring that the library is used as effectively and as fully as it could be
- Expanding the ECD in the Home programme in order to provide a service to parents of children not attending one of the pre-schools we support
- Expanding the Healthy Village Project and building a recycling centre in Zithulele
- Expanding accommodation options for hospital staff and NGO workers and volunteers

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 also continue to produce a quarterly newsletter and regularly update our Facebook account and the website: [www.jabulanifoundation.org](http://www.jabulanifoundation.org).

## THANK YOU!

The life-blood of our work are our 'Friends of the Zithulele', who donate monthly. In addition, a number of individuals and companies have donated to us this year, as well as anonymous donors to whom this is the only opportunity we have to say "thank you". We trust that you will be as proud as we are to see what a difference your generosity has made in our community.

A. Mellon	J and A Williams	Peter Grant
AC Mobbs	J Doonan	Petra Boynton
Adele Middlecote	Jakob-Friedrich-Schöllkopf-Schule*	Pierre-Andre and Berdine Mans
Ainslie and Jennie Chinembiri*	James and Ros Irlam*	Pincus Matz Attorney
Amy Gleason (Ubuntu Global Connection)	Jana Marincowitz	Press Up Industries
Amy Linde	Jen Minnaar	Rachel Bateman
Ana Houston*	Jill Masterson*	Ramona Albrecht
Andre Schoeman	JJ Child	Richard and Robin Sherry*
Angus Turner	Joe Coulson	Richard Bolland*
Anne Gentry	Johann and Helen Maree*	Rob Wise*
Ann-kristin Sjöén-Stendahl	Jono and Ruth Centurier-Harris*	Romi Reinecke
Belinde Brown	Kandi	Ronnie Gundelfinger
Ben and Taryn Gaunt*	Karen Galloway	Ruan and Suretha Cilliers
Bideford Rotary Club	Karl and Sally le Roux	Sally and Gerrard Boule*
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C Adams	Kayleigh McMillan	Sarah Combley
C Valkenberg	Kirsten Rowe*	SE Mobbs
Catherine Young*	Kirsty Jackson	Shambrooke Church Council/Roger Gaunt
Charles Prince	Land Resources International	Simon and Althea le Roux
Chris and Lynne Wise*	Lauren Kinderknecht	Simon Wallis
Chris and Selina Salisbury*	Laurie and Rita Chiappini	Sion and Helen Glaze
Christian Blind Mission*	Liaan and Gerda Marais*	Sonnevanck
Claire Lowdon	Liz Gatley*	Springs Rotary
Cross Country Mission	Lizzie Bridges	Stamper/Bouchier
David and Leesa Bishop*	Louise Ferreira	Stephanie Kok
Discovery Trust	M. Bosilon	Stichting Zithulele
Donald Woods Foundation	Manca	Stonehage Charity
E3 Initiative	Mandy Wessels*	Susan Wishart
Ella Roselt	Marina Badenhorst	The Gospel Church
Elodie Janovski	Mary Barry	Tim Hutchinson
Emily Davis	Mathias Wessels*	Tom and Becky Kemp*
Evan and Kerryr Torrance*	Matteo	Tom and Jo Withington*
Freddie Marincowitz Trust	McDonald	Tracy Jackson
Gareth and Nadishani Meyer	ME Bateman Family Trust	Trevor and Eleanor Gaunt*
Gerald Summers	Mercy Ships South Africa*	Tricia
Gillian Black	Michael Bennett	Van Dyk
Godfirst	Michiel and Cecile le Roux (Fynbos Trust)	Warren van der Westhuizen*
Grant Wyatt	Natalie Mason	Wouter van Egmond
Hans Raubenheimer	Nerine Cook	The many people through the MySchool
Hetty Baiz	Nicola Blucher	MyVillage MyPlanet programme

\*denotes friend

### JABULANI RURAL HEALTH FOUNDATION

(Association incorporated under Section 21)

Registration No. 2006/009074/08 PBO No. 930 027 691 NPO Reg. No. 086-315-NPO

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