

Jabulani Rural Health Foundation

Annual Report

2017 – 2018



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Introduction to Annual Report

by Foundation Director Ben Gaunt

It remains a singular honour to write the foreword to the Annual Report of the Jabulani Rural Health Foundation. When we founded Jabulani in 2007 we dreamed of an organisation that would support our work at the Hospital and bravely take on some of the development opportunities in the surrounding community. As we celebrated the end of our first decade, we spent some time reflecting on the road we've travelled. We used to be a small group of people meeting around a dining room table in our spare time. Today, Jabulani is a thriving catalyst for hope and growth, making an impact in all four of its focus areas, namely health, education, poverty relief and the environment. We've tried to capture some of that in this Report.

One of the things that stands out clearly to me is the emphasis on partnerships. Jabulani is no longer the only NGO based and active in Zithulele. We are privileged to work alongside others who complement our efforts. The lack of competition is noticeable. After all, there's more than enough work to do. I think this cooperation is reflected well in these pages, but it's even more impressive watching it in action. Our grateful thanks go to all our local partners as well as those organisations who partner with us from afar, making our specific projects possible.

Another exciting theme is that of continuous development. Not only are we seeking to build on the past successes of each project, but we are increasingly aware that our own development as individuals, teams and as an organisation is key to this growth. The investments we are making in our staff feed directly back into the local community, but also enhance the depth and sustainability of what we do.

That growth is clearly evident in many of our programmes. Our support for early childhood education is growing in substance. The library and associated programmes are thriving. (If you grew up with a school or community library you may have taken this for granted, but at Zithulele it's truly revolutionising access to books and reading!) The Rural Ability Programme continues to expand its reach. And we're pleased to say that our first ever project – a vegetable garden – continues to bear fruit, or at least vegetables!

None of this would be possible without the generosity of the many people and organisations who donate to our work. We appreciate the level of trust it takes to give hard earned money to a group of people you may or may not know, to spend it trying to make the world a better place. As always, we hope that this Report, and the Financial statements that accompany it, will provide a measure of assurance that your money has been well spent. We can't say thank you enough.

We are equally grateful to the many people who give of their time, both as volunteers and employees, to make a difference in the lives of others. John and his team are doing a fantastic job. You might not be making news headlines, but you're literally changing lives.

Happy, Hope-full, reading!

JRHF Why Statement

Why do we do what we do? Because we believe that all people have value and potential within and that humanity is at its best when we are helping one another, working together towards a transformed society.

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. Focusing 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 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

Zithulele Village, lying nestled in the hills of one of the poorest parts of the rural Eastern Cape and still suffering from the neglect it experienced as one of Apartheids homelands, was the birthplace for the Jabulani Rural Health Foundation. Jabulani was founded in 2007 by four doctors working at Zithulele Hospital, a government funded hospital serving a population of around 130,000.

Most members of this community live without basic facilities, such as running water and electricity, although there has recently been a significant increase in the number of houses that have a very basic solar electricity connection, enough for one or two lightbulbs. Many are unemployed and under-educated. More than half the population is under the age of twenty. About 15% of the population are living with HIV/AIDS, and this figure rises to nearly 40% 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 founders of JRHF, Dr Ben Gaunt, Dr Taryn Gaunt, Dr Karl le Roux and Dr Sally le Roux, continue to live and work in Zithulele and with the JRHF in a supervisory capacity. The current General and Operations managers are also 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 difference in difficult circumstances.



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

Mr	Anathi Jindela	Livelihoods Coordinator, since June 2016
Mr	Asipe Dlentele	Healthy Village Assistant, since January 2017
Ms	Asiphe Swana	Pharmacy Assistant, since August 2017
Mrs	Asisipho Mbiza	Cleaner and Inventory Manager, since June 2017
Mr	Asmen Magila	Translator, now Clinical Team Assistant, since April 2016
Ms	Athini Mbono	Ex-ECD Community Worker, now Clinical Team Assistant, since August 2015
Ms	Ayanda Parafini	Ex-Translator, now Zithufunda Promoter, since February 2016
Ms	Bethany Aird	Project Trust from September 2016 - August 2017
Ms	Buyiswa Speelman	TB Data Manager, since September 2010
Ms	Buzeka Nkanunu	Community Disability Worker, since May 2014
Ms	Catherine Young	Ex-Health Programmes Manager, now Operations Manager, since April 2015
Ms	Chwayita Sogoni	Ex-Facility & Patient Support Co-ordinator, now HIV/TB Coordinator, since June 2014
Ms	Erica Burger	Education Co-ordinator, since August 2016
Ms	Gerda Marais	Education Co-ordinator, Financial Administrator, January 2014 - December 2017
Mr	John Young	General Manager, since January 2011
Mr	Lethu Nqineka	Translator, now Clinical Team Assistant, since February 2016
Mr	Liaan Marais	Building Services Manager, August 2013 - December 2017
Ms	Lindeka Mbanga	Ex-Translator, now Teaching Assistant, since April 2012
Mr	Lindikaya Tyontsi	Switchboard Assistant, since January 2017
Mr	Lulamile Danile	Ex-translator, then Pharmacy Helper, July 2013 - July 2017
Ms	Lungiswa Zunguzane	Translator, now Clinical Team Assistant, since January 2015
Ms	Luxolo Matabese	Ex-Translator, now TB Counsellor, since August 2017

Ms	Lydia Mgcwaba	Ex-Cleaner, now ECD in the Home Community Worker, since March 2016
Mr	Malibongwe Ntlaninge	Healthy Village Project Assistant, since March 2016
Mr	Masixole Namate	Ex-translator, now Community Disability Worker, since February 2014
Ms	Matilda Ashford	Project Trust, September 2016 - August 2017
Mr	Mbuso Kabalaza	Gardener / Handyman, since January 2014
Ms	Minikazi Mabola	ECD Community Worker and pre-school teacher, since September 2014
Mr	Nelisa Ntoyaphi	Translator, September - October 2017
Ms	Neliswa Banjwa	Ex-translator/Auxiliary Worker, now Administrator, since March 2011
Ms	Nomonde Sicengu	Ex-Translator, now Assistant Clerk, since February 2012
Ms	Nosakhiwo Blayi	Community Disability Worker, since May 2014
Ms	Nosiphiwe Magadule	Community Disability Worker, since May 2014
Ms	Nothandekile Valuvalu	Garden Monitor, since May 2008
Mrs	Ntombifuthi Dyongosi	Community Disability Worker, March - October 2017
Ms	Ntombifuthi Mfundisi	Ex-Translator, now Pharmacy Assistant, since January 2016
Ms	Phelisa Memeza	Librarian, January - August 2017
Mr	Phumlani Mpanana	Gardener / Handyman, since September 2014
Ms	Putumani Fatsha	Ex-translator, now ARV Prepacking Administrator, since May 2015
Ms	Rachel Keith	Project Trust, from September 2017
Mr	Riaan van Rensburg	Building Services and Healthy Village Project Manager, since December 2017
Mr	Sandi Tshemese	Translator, now Clinical Team Assistant and Jump Start Assistant, since January 2017
Ms	Sandisiwe Mboleni	Translator, then Clinical Team Assistant, April 2017 - March 2018
Ms	Shannon Morgan	Rural Ability Programme Co-ordinator from February 2014
Ms	Sidumise Qwase	Ex-translator, now TB Counsellor, since February 2016 - August 2017
Mr	Simlindile Ngqelakhe	Ex-Translator, ex-TB Counsellor, now RAP Administrator, since January 2017
Mr	Sizabantu Nyangeni	Jump Start Facilitator and Mentor, since April 2015
Ms	Sweetness Mpontshane	Translator, now Clinical Team Assistant, since May 2017
Ms	Tabisa Hlalendlini	Community Disability Worker, since May 2014
Ms	Thandeka Xhakaza	Ex-teacher, now Pre-school Programme's Principal, since April 2009
Ms	Thandiwe Matshaya	Translator, now Clinical Team Assistant, since May 2015
Ms	Thandiwe Mhlaba	Ex-TB Counsellor, now ARV Counsellor, since August 2009
Ms	Usapha Mtambeka	Translator, now Clinical Team Assistant, since November 2014
Ms	Victoria Cook	Project Trust, from September 2017
Ms	Vuyiswa Mgudlwa	Community Disability Worker, since May 2014
Ms	Xolisa Chirwa	Pre-school teacher, since January 2016
Ms	Yandiswa Mahlanyana	Pre-school Teacher, since March 2013
Ms	Zonke Banjwa	Ex-translator, now ARV Counsellor, since September 2013

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

Anja Glatzel (December 2016 – March 2017)

Kim Hofmann (December 2016 – March 2017)

Jenny Michell (February 2017 – ongoing)
Alice Kotze (April - May 2017)
Hannah Walke (August - September 2017)
Amelie Schoener (October-December 2017)

We really appreciate the significant input that each of these volunteers brought to our work, and are grateful for the time they spent with us in Zithulele.

Personnel and Organisational Development

The development of our workforce continues to be a priority. We continually seek ways for our staff to gain new skills, engaging in a variety of paid-for and free training opportunities depending on the area in which people are employed within the organisation or according to the available funding for our specific projects.

In June 2017, we held our first ever full Jabulani team development day. Together with volunteers, and therefore as a group of over 60 people, we got together to explore the relevant topics of professionalism, attitudes, and spheres of influence. It was a huge success and it led to us exploring how we could make staff development more regular and sustainable. We will continue to hold a full day of staff development each year, but from January 2018, we also implemented monthly staff development sessions as well, that are run in-house, covering a broad range of personal and professional development topics. These sessions are just one hour per month, in order to fit into everyone's busy work schedules, but they provide important opportunities to bring together our dispersed workforce on a more regular basis, and to cover topics that are relevant to everyone regardless of people's specific role within the organisation.

To mark the first 10 years of Jabulani's existence, we contracted an external facilitator to assist the Board and senior management team with a strategic review of the organisation. In August 2017, we took two days to review the past 10 years, to examine our vision and what we do, and to think strategically about the next 10 years. These two days led to an 8 month process of reviewing what, how and why we do what we do, through examining our core values and our programmes. This led to the development of our "Why Statement", which you can read on page four. Both the externally facilitated sessions and the subsequent exploration that we undertook as a team, have been immensely valuable processes.

Partnerships

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

We are certainly not the only ones contributing to this hive of activity. There are another five NGOs operational in Zithulele Village, namely: Axiom Education, Grace Vision, Philani Nutrition Centre Trust (who run the Mentor Mother’s programme), Sihamba Sonke, and the Zithulele Independent School. We have good relationships with all of these organisations, and the best thing about all of our existence in Zithulele, is that we share a common vision and therefore work closely together for everyone’s gain as opposed to being in opposition or competition as so often happens in the NGO sector.

Over the past year, we have also worked with a number of other partners (in addition to our funders), without whom our work would not be at the same level as it is. These include: Book Dash, Bulungula Incubator, Create, Days for Girls Perth, Diketo, Helping Hands Cambridge, Jakob-Friedrich-Schöllkopf-Schule, Malamulele Onward, Montessori Centre South Africa, Nali’bali, Rural Health Advocacy Project, RuReSA, SaveAct, Singakweza, South African Montessori Association, Thanda, The Department of Education, The Department of Health, The Department of Social Development, Traveling Circus, and Wordworks. We are grateful to each organisation for how they have contributed to our work and look forward to further opportunities to collaborate.

Community Engagement

Part of our vision is to do what we do in partnership with the local community and although it may sound obvious, this can only be done when there is open dialogue. When this communication breaks down, not due to any ill feelings between the parties but simply due to limited contact, the gap between perception and reality grows, which can lead to some interesting misunderstandings.

The truth of this was made clear to us in two particular instances this year. The first related to our plans to remove alien vegetation along the outside of the fence of the hospital by poisoning the roots of the Inkberry (a particularly invasive alien). In previous conversations with local community members we already knew that some indigenous trees that we consider beautiful, are regarded by some in our community as bad luck and therefore are not planted by the local community on their homesteads. So before starting with the poisoning of the Inkberry, Riaan who oversees The Healthy Village Project, engaged with some local community members to ask if there were any local beliefs about Inkberry that we weren't aware of. The general consensus was that people had no great love for Inkberry and were happy for us to remove them. As soon as we started however, we had a few members of the Community Works Programme (CWP), a government initiative, express their anger and dismay that we were taking away their jobs - Inkberry grows quite quickly and occasionally we have CWP employees cut back the inkberry in the village, although they never remove it fully, and by poisoning the roots thereby preventing the regrowth, the perception was that we were taking away some of their job.

The second instance was when the Jabulani office was broken into at the end of February. Not only were laptops stolen but the office was vandalised as well which was obviously quite distressing. For Jabulani staff, our perception was that when crime happened in the community, community justice was swift in dealing with these matters but when it came to crime against the NGO's or those regarded as 'outsiders', nothing seemed to be done. The day after the break-in, approximately 30 Jabulani staff members visited the local tribal authority to meet with the Chief and members of the local community. At this meeting, it became evident just how distressing the local community found this type of crime and expressed their fear that Jabulani would cease their services and leave Zithulele if nothing was done. A constructive meeting was held leading to a greater understanding between Jabulani and the local community and a recommitment to working together.



We are committed to building relationship with this community long term; committed to making every day efforts towards this, from examining our approach, the language that we use when we talk and write about our programmes and services, the relationships that we invest in, to how we hire and develop our staff. We aim to continually improve our links within the community and increase community involvement in our projects in order to achieve a greater level of community ownership and ensure project sustainability. Open continued dialogue is crucial if we are to continue to work towards this.

Project Reports

HEALTH

HIV and AIDS Clinic Support

Jabulani's supporting role in the HIV programme coordinated by Zithulele Hospital has been relatively stable over the past few years. We have continued to work hand-in-hand with the Department of Health (DOH) to ensure the continuation and strengthening of the HIV Programme and maintaining 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 rural setting. After an initially very bumpy adjustment to the implementation of the National Department of Health's (NDOH) prepacking programme for chronic conditions, the past year of working alongside this programme has been easier and we have continued to support this programme and the clinics within it in whatever way is feasible for us.

By the end of February, we were supporting over 6623 ARV patients across the Zithulele and the national prepacking programmes. Only 510 of these patients are being supported at hospital level, meaning that 92% of the patients on ARVs are receiving services at their nearest clinic. The ability for so many patients to access treatment reliably at their local clinic has continued to be made possible by Jabulani's crucial involvement in the programme.



We have continued to support the HIV/TB Mentor Mothers employed by the Philani Mentor Mother's Zithulele programme, to ensure their full integration with the wider HIV/TB programme. We continue to provide regular support including monthly training to these Mentor Mothers as well as to the three HIV and TB Counsellors employed by Jabulani and who are based at Zithulele Hospital.

Providing tailored support to our caregivers, children and adolescents on the programme, due to their particular vulnerability, remains a priority. We have continued our measures to improve adherence to treatment with regards to making it easier to give or take treatment; specifically, we have continued to mark syringes and bottles of syrup medications with level markers so that illiterate caregivers are able to give the correct doses of treatment and we've continued to provide peanut butter to the caregivers whose children spit out their bitter tasting medication (the peanut butter is used to coat their mouths before administering the syrup, so that the medication sticks to the peanut butter and also the taste is masked a bit).

Our continued work on the HIV Programme over the past year would not have been possible without grant funding from the Discovery Fund and the Anglo American Chairman's Fund. We are also extremely grateful to the Donald Woods Foundation who generously donated to us the 4x4 vehicle that they had previously purchased when involved in Zithulele's HIV/TB work.

TB Project

The TB Point Programme at Zithulele Hospital was initially set up in October 2008. Since June 2009, Jabulani has supported the programme through the employment of additional staff, in order to improve the quality of the service and monitoring. These Jabulani employees provide the vital but otherwise unfunded services of data management and quality counselling, enabling the measurement of accurate and up-to-date data, the follow up of defaulters, and the initiation of HIV patients onto Highly Active Antiretroviral Therapy (HAART). Jabulani's involvement in the TB Programme has decreased the TB treatment defaulter rate; increased the rate of patients with TB tested for HIV; and increased the rate of HIV positive patients who access HAART. Jabulani staff are also instrumental in the support and monitoring of patients with Drug Resistant TB, all of whom start ART as in-patients during their initial admission to hospital.

During the year, 556 patients were supported to start drug sensitive TB treatment (291 males and 265 females). Of the 556 patients who started TB treatment during the year, 303 were HIV+; 205 of the HIV+ patients were already on ARVs when they started their TB treatment and another 57 started ARVs while on TB treatment. Unfortunately 41 patients who tested HIV+ did not start ARVs during their TB treatment. This disappointingly high number is due to a political decision within the hospital TB Point team, to work less closely with the Jabulani employed TB/HIV Counsellor, and thus opportunities to get TB patients onto ARV treatment have been less successful than in previous years. This is being addressed with hospital management so that we can work towards improving this aspect of care and restore it to previous higher levels.

For those patients who are part of ARV programme that we support (see above section of this report) and who have started their TB treatment at Zithulele Hospital, we have continued to prepack their TB treatment along with their ARVs for delivery to the clinics, so that patients can collect TB treatment and ARVs at the same visit. This allows us to continue to monitor their adherence to TB treatment despite them actually collecting treatment from a clinic rather than the hospital.



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 Sonnevand Foundation, remains a significant contributor to the fight against TB. Analysis of our TB data shows a declining incidence of new drug sensitive TB disease over the past 8 years. Clearly, we are making progress at decreasing the impact this disease has on our community. This impact goes hand in hand with the growing ARV programme, reported on above. Although the ARV programme has its own staff and technically runs parallel to the TB programme, they are closely integrated. Together, we are making advancements towards a healthier community.

General Hospital and Pharmacy Support

The biggest aspect of our on-going support of Zithulele Hospital is the employment of supplementary staff, who assist where existing staff are stretched and taking strain, or who take up roles that allow clinicians to focus on being clinical. In addition to the HIV and TB staff mentioned in previous sections, additional support staff we employ include 10 Clinical Team Assistants (previously called translators; name changed to reflect the diversity of their role), one Pharmacy Helper, one Switchboard Assistant and one OPD Clerk Assistant. Our Clinical Team Assistants facilitate good communication between clinicians and patients, thus contributing to

improved health service provision and also provide assistance to ensure the smooth running of consultations in the hospital's Out Patient Department and Casualty; our Pharmacy Helper provides stability in a department that has experienced significant staffing level changes over the years; and our employment of a Switchboard Assistant and OPD Clerk Assistant has allowed continuity of Personal Assistant support to the Clinical Manager, which has become a vital component to the on-going progress and development of the clinical team at Zithulele.

In terms of providing consumables support to the hospital, we continue to try and get the balance right between supporting but not alleviating the Department of Health from their responsibility to provide resources and services. However, when procuring things through official channels proves impossible or poses a risk to getting the "job done" or the sanity of the clinical team, small interventions from our side can make a significant difference. Some of the ways that we have supported the Hospital over the past year include:

- Sanitary pads for adolescents
- Shutter boards purchased for Hospital renovations
- Therapy Department Support: food and venue hire for a fundraiser, transport and entry fees for 8 participants at the Outeniqua Wheelchair Race, contact glue for the making of assistive devices
- Refreshments for a meeting with nurses from the hospital's catchment clinics
- Plates purchased for patient meals and emergency food supplies provided for the hospital kitchen
- Fencing materials purchased to put up a fence for a new hospital vegetable garden
- A new chest freezer purchased for the pharmacy

Nutrition

Through witnessing the degree of malnutrition evident in patients accessing care at the hospital, the decision to start a community garden was made. The community garden was Jabulani's first ever project, and it is still going well. After the significant change in 2015 when the location of the garden had to be moved, the way this garden was managed also changed and this new system is still effective.

Nothandekile's teaching and support means that there is continual investment in the knowledge of the community participants maintaining the garden. The families involved continue to grow their own vegetables in a sustainable way, both for feeding their families and to sell excess produce for additional income.

Nothandekile continues to visit Zithulele Hospital's paediatric ward on a weekly basis to educate the women of the admitted children about how to garden in a nutritious way. She also maintains the vegetable gardens at Zithulele and Khanyisa Pre-schools, where gardening is incorporated into the curriculum, with children not only learning about how to grow vegetables and the importance of a balanced diet, but where they also eat the produce from the gardens as part of their school lunch.



Our enormous thanks goes 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)

Our Rural Ability Programme (RAP), a Community Based Inclusive Development programme made possible through a partnership with and funding from the Christian Blind Mission and working closely with the Therapy Department at Zithulele Hospital, continues to be far-reaching in its impact. With a scope that is broader than health or rehabilitation alone, it has at its core a desire to improve the quality of life for people with disabilities (PWDs) through promoting and facilitating the inclusion of PWDs in mainstream society. The challenges faced by PWDs all over the world 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. 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.

By year end, the RAP database had 928 people with disabilities identified and 440 people who are on active follow up. The Community Disability Workers (CDWs) are now well equipped and skilled to refer and support PWD with any health concerns they may be experiencing, and they receive regular training from the Zithulele Hospital Rehabilitation Departments.

While maintaining all health aspects of the RAP, this year we focussed in on inclusive development. During the year, the CDWs completed the screening of all the children in grade one at the schools where the RAP is involved. A two day training course on inclusive education was also delivered in Zithulele by an organisation called Diketo. Eight Foundation phase teachers from the six primary schools the RAP is working with were invited to attend this training, along with our own seven CDWs, one of Axiom Education's community readers and one of their teachers, three teachers from the Jabulani's ECD centres, two Department of Education officials, two people with disabilities and one Occupational Therapist from the hospital. These participants are all partners who work with the RAP to facilitate the inclusion of children with disabilities in school. On the back of this training, the Occupational Therapy department trained our CDWs to run groups for children who are experiencing barriers to learning. These groups will include parents and will be run at the six schools we have been working with. The groups are practical and interactive and the parents will be equipped with skills to support their child's learning and development. These groups started in January 2018.

The Eastern Cape Premiers Office invited the RAP to attend two days of disability awareness and to present more about the work of the RAP. The first event was held in the Nyandeni sub-district and on the second day the RAP attended an awareness event in nearby Mqanduli, based on increasing awareness about access to public transport for people with disabilities. The RAP's Project Coordinator also attended the South African Human Rights Commission Hearing on mental health services in South Africa, where she presented on the challenges that mental health care users have in accessing mental healthcare services in a rural area. The commissioners gave positive feedback regarding the rural focus of the presentation and thanked her for our input into the hearing.



Work on the livelihoods component of the RAP continued during the year. Two people with disabilities were identified as potential apprentices for businesses with whom we have been building relationships. They were assessed by an Occupational Therapist who conducted on-site assessments at each of the businesses and both apprentices have been placed at a backpackers in Coffee Bay. Further relationships with two other businesses are being developed and these will continue into the next year. The two credit and savings groups that started in 2016 had their first share-out in November 2017, after saving together for a year. Both groups' baseline assessments were reviewed at these share out meetings and most of the group members indicated that they had achieved the goal they wanted to achieve by joining this saving group. Mobilisation for new groups that will be started in the next year has already begun. A poultry workshop was conducted and nine relatives of people with disabilities attended, after one Jabulani employee and two RAP clients attended training at the KwaZulu-Natal Poultry Institute and the RAP will be supporting and mentoring a group of mothers to start a poultry project in one of the programme areas. The RAP is also supporting a local crafter, who weaves his own carpets, to start his own business. To expand and strengthen the livelihoods part of our work, we partnered with the Traveling Circus, who specialise in developing and mentoring small enterprises in key tourist areas. They conducted an initial scoping exercise in the areas in which we work, with a view to us working together to source funding to expand small enterprise development around Zithulele.

During the year, an external evaluation of the programme was conducted by CREATE, a Community Based Rehabilitation (CBR) programme based in Pietermaritzburg. The evaluation results show the positive impact of the RAP and provided recommendations for programme improvements and development that we will build into programme planning for next year. The evaluation also assisted the RAP in developing a tool that can be used with clients to measure their participation in their family and community life according to the World Health Organisation's CBR indicators. In this way the RAP will be able to monitor how PWD enrolled in the programme have improved participation in the areas of health, education and livelihoods but also how their quality of life has improved as a result of the RAP support and intervention. We have also learnt that it is important to document the important role that the CDWs play in providing psychosocial support for their clients. In this time, when mental health is of particular focus in the country, it is even more important to showcase how mid-level rehabilitation workers can support the mental health of communities.



The RAPs part time Office Administrator has moved over to a fulltime position as Jabulani's Office Administrator. This RAP vacancy was filled by someone who has moved through the Jabulani ranks from translator to HIV Counsellor, and is now the RAP Administrator. As usual, it is exciting to create opportunities for people to develop their skills and career path.

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 manages this accommodation that continues to be used to full capacity. Our ECD in the Home Community Worker also visits regularly, to teach mothers about how to talk to and stimulate their children prior to birth as literature indicates that childhood stimulation already starts while in the mother's womb (read more about our ECD

programmes below). Our ARV counsellors also visit regularly to ensure waiting women have had an HIV test, and have received education on healthy feeding practices if they are known to be HIV+ (read more about our ARV programme above).

EDUCATION

Over the past year, we have made significant progress in terms of partnerships with other organisations, such as the Wordworks Literacy Project and the Montessori Centre South Africa. Skills development was a priority in order to take our education programmes to new heights. Once again, a big thank you to ApexHI, the National Lotteries Commission, Stichting Zithulele and the Solon Foundation for without their support, none of our education programmes would be possible. Long term funding allows us to develop initiatives that have solid foundations and are therefore more likely to be sustainable.

Early Childhood Development Centre Support

We have been involved in Early Childhood Development Centres (ECDC - previously known as pre-schools) for the past nine years, since members from the local community approached us to assist them in resurrecting their village pre-school after it had been discontinued when previous NGO involvement dried up. The objective of our ECDC support is to provide a safe and stimulating environment where young children can grow and learn through exploration, and develop an everlasting love for learning. We aim to send these children on to Grade R with the foundations of spiritual, intellectual, physical and emotional development in place. Over the years, our support has increased beyond Zithulele ECDC and now includes Khanyisa ECDC.

The ECDCs filled up quickly again during registration time at the beginning of 2018, thanks to our ECD in the Home programme (more on this below) advocating for school attendance from an early age. During the past financial year, we have continued to introduce the Montessori educational method by enrolling our teachers onto a Montessori Early Childhood certificate course, in collaboration with the Montessori Centre South Africa, which will be completed in the next financial year. The teachers are learning how to use the Montessori materials and also how to guide a child to reaching their full potential. Zithulele ECDC once again qualified as a sponsorship member school with the South African Montessori Association and this membership provided lots of support and information from a wide educational network around the world. It has been a bureaucratic journey, but Khanyisa ECDC received their registration certificate as a partial care facility from the Elliotdale Department of Social Development.



We had a fun-filled training session with Singakweza, who taught the ECD team how to use recycled materials as toys. It was so interesting that we just had to share it with the community via parent workshops and home visits. We also hosted parent workshops to inform parents on how to use practical, everyday items around the home as learning opportunities for the young child. Furthermore, the teachers received continuous training on inclusive education from Jabulani's Rural Ability Programme team, and the ECD team attended a session with Diketo, a company that specialises in inclusive education training. We now have five learners with special needs attending our ECDCs. Although this poses some challenges for the teachers, the satisfaction of

witnessing the progress of these special needs learners working with the Montessori materials, after investing so much, makes the effort more than worthwhile. We continued to provide weekly training sessions to all ECD practitioners, caregivers and Community Workers from the surrounding areas and neighbouring NGO's. These workshops are presented in isiXhosa by Thandeka, our ECDC Principal. 26 participants regularly attended, reaching 25 schools in and around the greater Zithulele area. Thank you to Wordworks, who once again supplied workbooks and teaching aids; every participant has his/her own set of isiXhosa materials with lessons and pictures to share with their learners. These workshops also provide an opportunity for the educators to share ideas and plan lessons together.



As always, we capitalised on our proximity to the library and Zithulele Hospital. The children continued to benefit from a weekly story time, either in the library or via a visit from the librarian. They also received many storybooks to keep and read at home, thanks to Solon Foundation and Book Dash. The Speech and Audiology department from Zithulele Hospital also visited the ECDCs for speech and hearing screening. They also organised training with Nali'wali that inspired us all to tell stories to children in a fun and interactive way.

We were lucky to receive various donated clothes, toys and household items during the year. We held two large jumble sales to generate some extra income for the ECDCs. It turned out to be a real shopping experience with women trying on clothes and the parents and teachers filling the roles of excellent sales assistants.

Both Khanyisa and Zithulele ECDCs hosted a festive graduation ceremony to acknowledge the work of the learners and thank the teachers for their hard work at the end of the 2017 school year. We also acknowledged the parents for investing in their child's education from an early age. 70 learners received certificates and gift bags from various generous sponsors.

Zithudlala + the Library = Zithufunda

A librarian vacancy presented the opportunity to revise and renew the way we have been operating the library and the aftercare learning through play programme, known as Zithudlala, that runs out of the library. In order to capitalise on the obvious links between the two, we introduced the Zithufunda ('Zithulele' we are reading/learning) Promoter position, to replace that of librarian. This role is one that oversees the library, promotes literacy and facilitates Zithudlala. Ayanda Parafini, previously a Clinical Team Assistant from our Hospital Support team, filled this role in September 2017 and took this new initiative to heights we never dreamed of. Her passion and enthusiasm drew large groups of children from the community to come to read and play. The average attendance grew from 12 to 50, with attendance on one day reaching 94 learners!



The library is a source of information for learners from surrounding schools, who often need to do research for school projects, and have very few options for gathering information. We did a survey with the teachers in the local schools about which textbooks they would like to have in the library. This helped us to order textbooks that will be useful to many. We also set to work and did a thorough stock take of all the current books. The

library's catalogue system was upgraded to the Dewey system in order to categorise the books properly and we categorised over 2000 books. In celebration of this and to create a larger reading culture, a Library festival was held. Thirty Grade Five students from the surrounding primary schools were invited to take part in a story writing competition. The storybooks they made were displayed and are part of the fiction area in the library where anyone can take them out like a real library book. This created a sense of ownership of the library among students. We now aim to host an annual creative story writing festival. In order to include all learners, a puppet show was also held on the day for the young therapy patients from Zithulele Hospital. Thanks to Book Dash, books were donated to each child who took part in this festival.

The aim of the Zithudlala aftercare programme and holiday clubs, is to fill the basic need for children to have a space where they can feel secure. When children feel safe, they can thrive. 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. This programme continued during the reporting year, partnering with THANDA aftercare programme and concentrating on the use of play as a means to stimulate children's educational growth and development. The Zithudlala facilitators and Axiom Education's community readers had their enthusiasm and creativity sparked again when THANDA came to present a refresher course on how to plan and present exciting aftercare and holiday programmes based on story books. The THANDA curriculum also includes how to help children deal with their emotions. As part of the training, facilitators organised a play with the children about one of the children's books selected and donated by THANDA. The children enjoyed performing "Where is my hat", complete with costumes and props, to the pre-school children and community. We have combined this curriculum with outside games, as well as a weekly reading club hosted by Axiom Education's community readers, to reach over 350 learners over the year.



Library members continue to take out books to read, though there isn't a significant reading culture amongst adults in Zithulele, meaning that our member numbers and those taking out books are still not as high as we would like. We trust that through focussing on the youth, they will continue with the reading culture as future adults.

We continued to make effective use of the space during school hours when children aren't accessing the library; the venue is also used by staff from the local NGOs as it provides extra space to teams who don't always have venues for training and meetings. Ayanda also collaborated with Zithulele Hospital's Therapy department, to host their end of year party for paediatric patients with Cerebral Palsy, and 36 children were hosted and entertained at this event. Furthermore, weekly visits for Story Time and educational activities have been conducted at the hospital's Paediatric ward.

ECD in the Home

Many caregivers don't understand the importance of early childhood development (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. The long term goal of changing the mind-set and

opinions of parents towards the value and role of ECD and their role as the child's first teacher, remains the focus of our ECD in the Home programme.

669 children were reached during the last year. In addition to strengthening relationships with existing parents of the programme, 480 new children were reached. 205 caregivers were reached during clinic visits through an ECD Community Worker visiting the Zithulele paediatric ARV clinic, in order to capitalise on the time caregivers spend waiting for consultations. Literature indicates that childhood stimulation already starts while in the mother's womb and therefore the ECD Community Workers make regular visits to the Zithulele Hospital Waiting Mother's Accommodation and teach mothers-to-be how to talk to and stimulate their children prior to birth.

We continued with our ECD Parent workshops in the communities in which we run this programme. A workshop was held every term, with attendance ranging between 15 – 20 parents each time. The topics interlinked with the Wordworks themes; how to talk and play with your child, and how to incorporate math and language learning into everyday experiences at home. Many parents have not had the opportunity to experience learning through play. Cutting and pasting, being creative with play dough and role play activities were enjoyed by the parents. These workshops are a safe environment to reconnect with their inner child, and learn things that they can do with their own children.

The number of parents and children engaged, or workshops conducted, are easy to count but trying to quantify the success or real impact of a programme like this is difficult. However, the longer we keep running this programme, the more obvious the impact is becoming and we are continuing to see the ripple effect spread. Caregivers and parents are engaging with our Community Workers in the field, asking when will we be coming to their area and when will they get visited. ECD in the Home has proved to be an effective link between ECD Centres and the community at large. When visiting homes, the ECD Community Workers can inquire as to why parents/caregivers are not sending their children to ECD centres, while also taking the time to make sure the truth about ECD is heard and counter any myths or misunderstandings about early education.

During this year, we continued with building longer-term relationships with parents in order to truly partner with them in their child's education. This plan worked well, both for the sake of continuity, but also because it improved the relationship between parents, teachers and children. We continued our partnership with Wordworks, sharing the importance of early childhood education with the use of practical contextual ideas and resources to enable parents to implement what was learnt. In each household that we are partnering with, the parents/caregivers have a box where resources and notes are kept. The presence and actual use of this box is becoming more evident. Two of our ECD in the Home Community Workers attended the Wordworks refresher workshop in East London and came back with new ideas and resources to share. We also had the privilege of a visit from the Solon Foundation who contribute towards the cost of this programme, and they could witness first-hand the effectiveness of relationship building through home visits.



COMMUNITY UPLIFTMENT AND DEVELOPMENT

Jump Start

Growing up in the rural Eastern Cape has numerous limitations, one of which is access to skills training. Jump Start is a gap-year programme with a broad skills development focus designed to provide exposure to, and development of, a wide range of skills. It is targeted at school leavers who have not yet been able to secure post-school opportunities to work or study further. It has run every year since 2014 and participants are largely identified through our partnership with Axiom Education while some come through an open application process, and they are taken through a structured programme designed to increase their 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.

Since 2015, we have had an experienced youth mentor facilitating this programme and mentoring the participants through their gap year journey, and this past year we hired an ex-Jump Starter to assist on the programme, now that he has returned to Zithulele after completing his college course in Practical Business Administration. We started this year's programme with 8 participants but one left to return to full time schooling at a nearby high school. Modules from the four focus areas were delivered by a significant number of members of the Zithulele community or by visiting facilitators, to make use of a variety of skills and expertise.



Some highlights from this year's programme include:

- Community work initiatives and outreach trips encouraged the participants to have a different attitude towards community. One initiative saw them starting a gardening project that benefited a neighbouring school (doing this not only provided our participants with the knowledge and practical skills needed to start and tend a garden, but it provided nutritional supplementation to the meals at the school). They then put their newfound gardening skills into practice, starting a garden of their own. We used this opportunity to teach them small business skills, as they worked towards selling their own produce in order to generate an income to contribute towards their tertiary education registration fees.
- The group was involved in litter collecting campaigns and grass cutting around the village, both of which included teaching the participants about environmental health and protection of marine life.
- Through crafts and carpentry classes, the group made remarkable progress with making wooden toys that were then donated to neighbouring crèches and pre-schools.
- On an outreach visit to a town further north along the Wild Coast, Lusikisiki, they taught chess to young people and shared lifeskills lessons. This presented the participants with the opportunity to give back through what they have learnt and a chance to inspire other youth.
- The group went on a field trip to Mthatha to visit the Further Education and Training centre, to investigate options for further studies.
- Through the Epic Trek hiking expedition the participants learnt to overcome fears as they had to swim in big rivers and had to jump off cliffs to reach their destinations. They were also really physically challenged as this is a +120km route that they hike. While on the Epic Trek, the group stopped at Qolora Educational Centre where they taught learners chess and facilitated motivational lifeskills sessions.

- Work placements enabled the participants to earn a stipend while also learning about the value of work and gaining on-the-job skills. The work placements also served to inspire some of the participants in their choice of further career paths.

We are immensely grateful for the hard work of Axiom Education’s careers advisor Thuliswa Nodada for her input and commitment to supporting the participants in their applications to tertiary education facilities. We are also grateful to the others who have enabled us to provide this programme, namely the E3 Initiative and the many individuals who believe in the value of this programme and who faithfully donate money to ensure that it can continue, as well as all the people who are involved in facilitating modules.

Community Centre

The community centre is now so well used, that there is usually significant competition between the groups who would like to use it. Regular users still include Axiom Education for their afternoon Masakhane classes, our Jump Start programme, Grace Vision when they need overnight accommodation and waiting space for surgery patients, and a local church group who use it each weekend. In between, it is used for community gatherings, meetings, training, conferences, as a social grant point and all other kinds of group events.



Community Playground

Offering the children of Zithulele a safe environment to play in, instead of 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. The jungle gym has been scheduled for some maintenance and upgrading in the next financial year.

Patient Transport Assistance Fund (previously known as the Relief of Social Distress Fund)

Distance to clinics, bad roads, inadequate transport, high transport costs and low incomes mean that people are constrained from accessing the healthcare that they need. In order to assist patients to overcome this barrier to care, we assist by giving transport money to those who need it most. Recipients are “assessed” by a Jabulani employee after being referred (according to set criteria) by a member of Zithulele Hospital’s clinical team, to attempt to eliminate those who may try to take advantage of this service.

Over the past year, we assisted with travel money on 310 occasions. For many, this is a once-off payment to enable them to access quality care at hospital level. Some patients who need to attend hospital care regularly however, would not be able to do so without this assistance, such as children requiring treatment to prevent club foot disability and many of our paediatric ARV patients. We are reliant on personal donations to this fund, so our sincere thanks to the many individuals who make it possible for us to assist patients in this way.

Microfinance

During this year we continued in our support of local small businesses. We issued micro-finance loans to two sewing ladies who form part of the sewing group at a local church, with whom we have had a partnership for many years. They have been faithful in repaying these loans and both their businesses seem to be doing well.

We also issued a micro-finance loan to a local restaurant owner who had lost all of her perishable stock due a power-failure that lasted for 36 hours. Without the loan, her business would have failed as she had no funds to replace the stock. She has started with her repayments.

MadZit Trail Run

In 2015, the inaugural MadZit trail run was held, as a relationship building event between Madwaleni and Zithulele Hospitals, but also to serve as a relationship building mechanism and unity promoting event between local community members. The 2015 event birthed the start of some serious running for some Jabulani staff members who have gone on to run many marathons together, including the Two Oceans Marathon and the Comrades Ultra-marathon for the last two consecutive years. In 2016, we made the MadZit an official Jabulani event in order to gain sponsorship for the event and thereby increasing opportunities for community involvement. However shortly after this, we became aware that holding an official run of this distance required registration with and adherence to Athletics South Africa regulations, and this is beyond our scope and capacity. Therefore the 2017 MadZit event was a low key fun run, with people taking part in relays in order to break up the distance. We will be re-thinking this event for future years.

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 poverty, health, education and the environment became clearer over the years, we trialled a variety of projects and interventions until we were in a position to launch the fully fledged Healthy Village Project in the year 2013-2014.

We have two full time employees on this programme and they are assisted and supported by a manager. We have continued with the management of our refuse and recycling centre that was built on hospital land in 2016-2017 in return for us also arranging collection of their refuse, and we have maintained our contract with the Mqanduli Municipality to undertake weekly refuse collections. We have continued to do monthly (and sometimes fortnightly) deliveries of recycling to Mthatha, 95km away (approximately one tonne or more of recycling a month). We continue to do bi-weekly litter collections around Zithulele, but the community is definitely in need of education about waste management and how it affects the environment, and we need to explore how we can build the capacity to do more in this area.



Part of the Healthy Village Project is to remove alien vegetation, particularly around water sources, and to propagate and plant indigenous vegetation. To this end we have a small tree nursery with a varied selection of

indigenous shrubbery and trees that we plant at strategic positions through Zithulele Village, while also ensuring their protection from livestock.

Thank you to all the private donors who make this unglamorous yet vital work possible.

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 two-phase housing complex comprised of twelve housing units, two storage/laundry units and parking facilities, on hospital land that later became known as “New Lundu” (meaning New Horizons). Most recently, we built the Garden House, a three-bedroomed house for the combined use of Jabulani’s Rural Ability Programme and Jabulani in general.

Wherever possible, we have developed 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, all of which are situated on land belonging to the local Uniting Reformed Church that started the mission hospital back in 1956, or on land belonging to Zithulele Hospital. The church receives the rental income for houses on mission land and is financially responsible for maintenance and upkeep. This arrangement is mutually beneficial 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. The levy paid by professionals in accommodation built on hospital land goes straight back into the maintenance of these structures.

Some major and minor renovations and repairs were done during the past year by the Building Services team. These include: building storage shelves in the Jabulani office; repairing and painting the office floor; making a cover for the office water pump; installing a loft light and outside spotlight with a day/night sensor at the office; re-fitting the Trellidoor security gate at the office to allow for wheelchair access; painting Jabulani logos on the office, Zithulele Early Childhood Development Centre (ECDC) and the Refuse and Recycling Centre; installing monkey bars on the jungle gym at the Khanyisa ECDC; building shelving in the Khanyisa ECDC storeroom; building ramps and walkways for wheelchair access at both the Zithulele and Khanyisa ECDCs; installing a concrete skirting around the side of one of the Zithulele ECDC classrooms to protect the wall from damp and levelling the grass accordingly; installed a distribution board for the Zithulele ECDC and replaced the feeder cable between the classrooms; replaced the water supply pipe to the Student House and installed two additional outside taps; changed the water supply for Zuba House so that it is now on a rain water system; installed outside lights at Zuba House, Mama Ncedi’s and the Volunteer House; modified the kitchen



cupboards, installed a gas oven/stove and installed a washing line for the Student house; replaced the electricity supply cable to the Old Clinic; created additional mulch pits at New Lundi to deal with grey water; replaced three oven/hob units at New Lundi; installed new washing lines outside the laundry unit at New Lundi; and installed a new fence around the Refuse and Recycling Centre.

Our two full time gardeners/handyman and our Building Services Manager are responsible for all the above mentioned maintenance. In addition, they are responsible for the general upkeep of accommodation and overseeing any new building projects; maintaining water tanks, water supply, septic tanks and French drains; cleaning roofs and gutters; cutting grass, removing weeds and alien vegetation, nurturing trees, other plants and mulch pits. They only contract in additional services on rare occasions when specialist skills are required.

VEHICLES

With the increase in maintenance work and the expansion of the Healthy Village Project that requires regular trips to Mthatha with heavy loads and the expansion of our community based ECD in the Home programme, the need for a car more suitable than our Citi Golf arose, and in January 2017 we purchased a Nissan double cab with locking differential for when it needs to go on dirt roads. We sold our trusty Citi Golf during this year, and with its sale, we truly said goodbye to the relative simplicity of our early years.

With funding specific to the Rural Ability programme, a Colt 4x4 was purchased during 2014 for the provision of services to people with disabilities (it had to have off-road capability to reach homes of people with disabilities) and at the end of 2015, a further vehicle (a Mahindra Scorpio 4x4) was purchased specifically for the livelihoods component of the Rural Ability programme. In 2014, Jabulani also took over maintenance responsibility for the Donald Woods Foundation's 4x4 Mahindra Scorpio that has been left for use on the HIV/TB Programme and in the past year, ownership of this vehicle was officially handed over to Jabulani. We also have an open trailer that primarily gets used for recycling and refuse removal but that also gets used for transporting building materials.

ADMINISTRATION

Administration is the backbone of any organisation and having a dedicated, permanent office space has certainly helped in this area. Since October 2014 we have had Neliswa in the position of Foundation Administrator, after working her way up through Jabulani since she started as a translator in 2011. Her progress through the organisation continues to be an example of how someone with potential can develop skills through being given opportunities to practice and improve and her promotion sits well with our desire to develop people from "inside" wherever possible. From January 2018, she moved into fulltime administration for the foundation and during the next year, we will be looking at ways to increase her financial administration skills, as she takes on more responsibility for this area of work.

As the organisation has grown both in number of programmes and employees, the administrative component of the work has increased too. As a result, we have introduced new systems and methods of managing foundation administration. A new HR system, Simple Pay was introduced during the year, as well as the Xero Accounting Programme. We have also introduced an internal policy of how to manage indirect core costs as we

are simply no longer in a position to be able to finance core costs without attributing them to individual projects. As of September 2017, the decision to cost a portion of core costs across each of our projects was introduced. The last two financial years (March 2015 – February 2017) were evaluated according to the specific percentage of each project's use of Jabulani resources, to determine how to attribute core costs to projects in the future. Three particular areas were considered namely HR/number of employees per project (30% weighting), project budget percentage (30% weighting), and the number of financial transactions per project (40% weighting), and this spread is how costing is now allocated.

Future Plans

We continue to strive to respond to needs in the community without becoming needs driven; trying wherever possible to join with existing ventures or partner with community members so that we can make the most impact together. Potential plans for next year include:

- ARV programme: make some operational changes to the way the programme operates, as a result of how national policy and practice, as well as resources at Zithulele Hospital, have impacted the service we provide;
- TB Programme: explore options for supporting an ambitious attempt to eradicate drug sensitive TB in the area;
- Rural Ability programme: continue to expand the Livelihoods component by partnering with local businesses and NGOs for the placement of apprentices, and through continuing to work with the Traveling Circus for small business enterprise development;
- Healthy Village Project: explore ways to better educate the community about the environment and how waste impacts quality of life for both people and animals;
- Organisation development: continue to explore how staff can be developed within a resource-constrained environment.

We will also continue to produce a quarterly newsletter and regularly update our Facebook account and the website: www.jabulanifoundation.org

Thank You!

The life-blood of our work are our 'Friends of the Jabulani', 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.

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JABULANI RURAL HEALTH FOUNDATION

(Association incorporated under Section 21)

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