

# Jabulani Rural Health Foundation

## Annual Report

### 2019-2020



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## **Introduction to Annual Report**

by Foundation Director Ben Gaunt

The yearly ritual of an Annual Report can sometimes feel like it adds extra work to an already busy team of people, who are somehow already juggling proposals, reporting, and of course doing the work that we exist to do. But every year, once the record of our work is neatly summarised and presented, there's a sense of amazement that replaces that tired feeling existing just moments before.

Once again, as I read through this report, I am amazed by all that happens, so quietly and unobtrusively, under the banner of Jabulani. I'm amazed at how well the team does at living out the "Why statement" they developed a few years ago. I'm amazed that in circumstances that are complex and challenging, the depth of connection, the scale of the support and the extent of the vision remain undiminished and indeed, grow year by year.

Highlights in this year's report are many. The first thing that stood out to me was the longevity of our staff. The degree of commitment each person has to contributing to hope in this community is incredible. Many rural organisations consider a long-term stint as no more than five years, such is the difficulty of retaining staff. That is becoming the norm for us, with many stalwarts already beyond that, even though we've only just reached our teenage years.

Importantly, our relationship as an organisation with the traditional leadership structures is growing and deepening, with a sense that our dream that it will be a true partnership really is possible. Trust takes years to develop, especially given the part of the world we work in and our complex past as a country.

On the project side, Jabulani has continued to seek innovative ways to add value to the HIV and TB programmes run by the hospital. We provide a major link between the therapy team and the disabled clients who sometimes go unnoticed in the community. And our Clinical Team Assistants add tremendous value to the smooth running of a busy hospital. We've managed the admin side of the equipment donation from the Embassy of Japan and much more besides, but the number that stood out to me this year was the R34,000 donated to assist patients access care. Jabulani plays a critical role in ensuring this money is used wisely. It is impossible to overstate how much amounts that are sometimes as small as R30 can change the trajectory of a medical condition simply because it enabled a patient to come to hospital.

There isn't space to highlight the myriad other activities. A new mentorship programme for young women, continued efforts in the field of education that help kids get a good start, practical assistance to maintain buildings or the environment. You'll have to dive in and see for yourself.

As always, I want to close by thanking the people without whom none of this work would be possible. First, to John and his team for the incredible work that is done with diligence and humility day by day and year by year. And second, to all our donors, whether it's large amounts or small. I trust that you, like me, will read this Annual Report and be amazed.

## 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

Jabulani Rural Health Foundation (JRHF) was founded in 2007 by four doctors working at Zithulele Hospital, a government funded hospital serving a population of around 130,000. JRHF is based in Zithulele Village, which lies nestled in the hills of one of the poorest parts of the rural Eastern Cape.

This area is still suffering from the neglect it experienced as one of Apartheid's homelands. Most members of this community live without basic facilities, such as running water. 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. This year saw a big change, with a number of houses receiving an Eskom electricity connection. Recently there has also been a significant increase in the number of houses that have a very basic solar electricity connection, enough for one or two lightbulbs.

The JRHF supports the development of Zithulele Hospital and the community it serves through the development of community-based projects, focusing on healthcare support, education, environmental issues and community development (including poverty relief). 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  
Ms. Neliswa Banjwa JRHF employee from local community – unofficial member

### Salaried/Stipended Staff

Mr Anathi Jindela	Livelihoods Coordinator, from Jun '16 - Jan '20
Ms Andisiwe Mofu	Clinical Team Assistant, since Apr '18
Ms Annis Archer	Project Trust Volunteer, since Aug '19
Ms Asiphe Swana	ARV Prepack Assistant, since Aug '17
Mr Asithandile Ndatsha	Clinical Team Assistant, since Feb '20
Mr Asmen Magila	Clinical Team Assistant (previously called Translator), since Apr '16
Ms Athini Mbono	Ex-ECD Community Worker, now Clinical Team Assistant, since Aug '15
Ms Ayanda Parafini	Ex-Translator, now Zithufunda Promoter, since Feb '16
Ms Azipheli Tiki	Library Assistant, from Oct - Dec '19
Ms Buyiswa Speelman	TB Data Manager, since Sep '10
Ms Buzeka Nkanunu	Community Disability Worker, since May '14
Mrs Catherine Young	Ex-Health Programmes Manager, now Operations Manager, since Apr '15
Ms Chwayita Sogoni	Ex-Facility & Patient Support, now HIV/TB Coordinator, since Jun '14
Ms Jenny Michell	Financial Assistant & Masiphakameni Facilitator, since Jan '19
Mr John Young	General Manager, since Jan '11
Mr Khanya Petse	Gardener / Handyman, since Jun '18
Mr Lethu Nqineka	EX-Translator, now TB Counsellor, from Feb '16 - Jan '20
Ms Lindeka Mbanga	Ex-Translator, now Pre-school Teacher, since Apr '12
Ms Lindeka Phithi	Cleaner and Inventory Manager, since Jul '18
Ms Lungiswa Zunguzane	Clinical Team Assistant (previously called Translator), since Jan '15
Ms Lydia Mgcwaba	Ex-Cleaner, now ECD in the Home Community Worker, since Mar '16
Mr Malibongwe Ntlaninge	Healthy Village Project Assistant, since Mar '16
Mr Masixole Namate	Ex-translator, now Community Disability Worker, since Feb '14

Ms	Minikazi Mabola	ECD community worker and Pre-school Teacher, since Sep '14
Ms	Nathalie Koenig	Education Co-ordinator, from Mar '19 - Jan '20
Ms	Ncediswa Bhokileni	Ex-Clinical Team Assistant, now ARV Prepack Assistant, since Jul '18
Ms	Neliswa Banjwa	Ex-translator/Auxiliary Worker, now Administrator, since Mar '11
Ms	Nomonde Sicengu	Ex-Translator, now Assistant Clerk, since Feb '12
Ms	Nonceba Ludwesa	Clinical Team Assistant, since Feb '20
Ms	Nosakhiwo Blayi	Community Disability Worker, since May '14
Ms	Nosiphiwe Magadule	Community Disability Worker, since May '14
Ms	Nothandekile Valuvalu	Garden Monitor, since May '08
Ms	Ntombifuthi Mfundisi	Ex-Translator, now Pharmacy Assistant, since Jan '16
Ms	Ntombizanele Matshuza	Community Disability Worker, since Mar '19
Mr	Ongeziwe Mhlanganiso	Healthy Village Project Assistant, since Sep '18
Mr	Pumlani Hlontlweni	Gardener / Handyman, since Jun '18
Ms	Putumani Fatsha	Ex-translator/ARV Prepack Assistant, now TB Counsellor, since May '15
Mr	Riaan van Rensburg	Building Services and Healthy Village Project Manager, since Dec '17
Ms	Shannon Morgan	Rural Ability Programme Co-ordinator, from Feb '14 to Aug '19
Mr	Simlindile Ngqelakhe	Ex-Translator, ex-TB Counsellor, now RAP Administrator, since Jan '17
Ms	Sweetness Mpontshane	Clinical Team Assistant (previously called Translator), since May '17
Ms	Tabisa Hlalendlini	Community Disability Worker, since May '14
Ms	Thandeka Xhakaza	Pre-school Teacher, since Apr '09
Ms	Thandiwe Matshaya	Clinical Team Assistant (previously called Translator), since May '15
Ms	Thandiwe Mhlaba	Ex-TB Counsellor, now ARV Counsellor, since Aug '09
Ms	Usapha Mtambeka	Clinical Team Assistant (previously called Translator), since Nov '14
Ms	Vuyiswa Mgudlwa	Community Disability Worker, since May '14
Ms	Vuyolwethu Ndakisa	Masiphakameni Co-facilitator, since Feb '20
Ms	Xolisa Chirwa	Pre-school Teacher, since Jan '16
Ms	Yandiswa Mahlanyana	Pre-school Teacher, since Mar '13
Ms	Zoe Webster	Project Trust Volunteer, since Aug '19
Ms	Zonke Banjwa	Ex-translator, now ARV Counsellor, since Sep '13

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

### **Volunteer Staff**

Viky Boeckle (January 2019 – March 2019)

Victoria Cook (June to September 2019)

We really appreciate the significant input of these volunteers and are grateful for the time they spent with us.

### **Personnel and Organisational Development**

We consider the professional and personal development of our workforce as an unofficial JRHF programme. The people who work for us are by far our best asset and we are very grateful that turnout of staff has been very low over the last few years. We take hold of every good opportunity for free or funded training, as well as using the internal skills and experience of our teams to provide in-house development.

Our full staff development day this year, where teams from across all Jabulani's programmes got together, took a page out of the acclaimed movie "Black Panther" which tells the story of an African country that is home to an incredible mineral that no one else in the world has access to. Its properties allow for the creation of things that others can only dream of. Our day focussed on dreaming about the potential of our community and examining the assets that this community has, that can be mined for future growth and sustainable development. It was very inspiring to hear from many in the team, and it was good to take the time out of our daily work to think creatively.

Our monthly staff development sessions also continued during the year, and although the time is short (just one hour each session), it is valuable to spend the time together. Over the course of the year, each Jabulani team had a chance to speak about their work, with a focus on engaging activities or practical tasks that the larger team could be involved in. It was really useful to do this as our team is spread out widely between projects and are not always privy to information on what is going on in other teams. Our core team also continued to meet monthly for what we call the Feeding – we have breakfast together to feed our bodies and then we spend time on topics that expand our knowledge or understanding. One of the notable things that we did during the past year, was work our way through Steven Covey's Seven Habits of Highly Effective People, which was facilitated for us by NGO Sihamba Sonke.

## Partnerships

Zithulele is isiXhosa for “The Quiet One”, but in fact the village is 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. With six NGOs (including us) now based in the village along with the hospital, there are all sorts of things going on each day.

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 and the research centre), 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 and work in Zithulele, is that we share a common vision. As a result, there is none of the opposition or competition between NGOs as so often happens in the NGO sector elsewhere. A good example of the NGO partnership working, is the fact that Jabulani operates as a channel for bursaries for the Zithulele Independent School – as they have not received their Public Benefit Organisation registration yet (a process that can take quite some time), people who would like to make tax deductible donations to learner bursaries can do so through Jabulani. Another example is that Sihamba Sonke have their office in a Jabulani building.

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: Biblionef, Book Dash, Bulungula Incubator, Create, First Children, Fundza Literacy Trust, Helping Hands Cambridge, Jakob-Friedrich-Schöllkopf-Schule, League of the Friends of the Blind, Malamulele Onward, Montessori Centre South Africa, Nali’bali, Ngcwanguba Store, 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, U-Bank, 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. Doing this is a lot harder than it sounds though. It may sound obvious, but good relationships can only be built when there is open dialogue and common understanding – something that is hard to achieve in a multi-cultural, -socioeconomic, -language context.

Over the years, the strength of our relationship with the various Tribal Authorities of the area and the different municipal leaders, has varied, often due to individual rather than collective attitudes and opinions. These kinds of relationships take time to develop and deepen, and our situation is made more difficult by the fact that we cross two tribal and municipal boundaries, so there is double the number of leaders to engage! March 2018 was a turning point, at least with one of the Tribal Authorities. From a negative incident (the Jabulani office was burgled and ransacked and a significant amount of equipment was stolen), much positive growth has resulted. Immediately after that incident, the entire Jabulani staff team visited the Great Place (home of the local Chief), to speak with the elders and the community about the incident, but also about the work we do. We walked from Zithulele to the homestead, all wearing our red Jabulani shirts, and it was quite a sight to see. Since this time, relationships have continued to strengthen.

One significant event that happened this past year, was a meeting of the NGOs, to which both Tribal Authorities (TA) were invited. Each NGO prepared a presentation, informing the TAs about their work. After the presentations, there was time for questions and discussions. It was a good way of highlighting both the ways in which the NGOs work together, as well as the ways in which their work differs, which helped to clear up some of the confusion that has come in recent years due to the expansion of NGOs and projects on the go.

We remain committed to building relationships 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 development 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.

## Project Reports

### HEALTH

#### HIV and AIDS Clinic Support

The support that JRHF provides to the HIV programme coordinated by Zithulele Hospital continues to respond to the needs of the hospital and clinics, as well as the political landscape of HIV care in South Africa. Over the year, we worked with a further two clinics on them becoming independent from our programme with regards to the treatment provision to, care and of, patients with HIV. We are also no longer involved in supporting the patients who were moved over onto the National Department of Health's prepacking programme for chronic conditions. As a result, our numbers are again lower, and by the end of February, we were supporting 3839 patients with prepacked treatment, clinical monitoring or treatment adherence support. 526 of these patients are seen at Zithulele Hospital, as opposed to the clinics, due to the level of care they require. We continue to employ three HIV and TB Counsellors who are based at Zithulele Hospital, and who provide a valuable service to patients and doctors alike.

The vulnerability of children, adolescents and caregivers makes them a priority in care, and we have continued our measures to improve adherence to treatment. Specifically, we continue 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).

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. 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.

#### TB Project

Since June 2009, JRHF has supported Zithulele Hospital with their ongoing battle against TB. JRHF employs two support staff to help the hospital improve the quality of the service, providing the vital but otherwise unfunded services of data management and quality patient support, thus 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) for those who need it. JRHF's ongoing involvement has contributed to the ongoing decrease in the treatment defaulter rate; an increased rate of patients with TB testing for HIV; and an increase in the rate of HIV positive patients who access HAART. JRHF staff are also instrumental in the support and monitoring of patients with Drug Resistant TB.

During the year, 465 patients were supported to start drug sensitive TB treatment (228 males and 237 females). Of the 465 patients who started TB treatment during the year, 242 were HIV+; 185 of the HIV+ patients were already on ARVs when they started their TB treatment and another 39 started ARVs while on TB treatment. Unfortunately, 18 patients who tested HIV+ did not start ARVs during their TB treatment, but this is another decrease in non-starters from the year before.

Many hours were also spent working with clinicians from Zithulele Hospital as well as South African and foreign experts for the development of a comprehensive Search, Treat, and Prevent approach with an emphasis on

health system strengthening with regards to TB care. This is an exciting programme that we hope to launch in the next year.

As TB continues to be a major cause of morbidity and mortality in and around Zithulele, the supporting role played by JRHF enabled by the continued financial support of the Sonnevank Foundation, Discovery Fund and Anglo American Chairman's Fund, remains a significant contributor to the fight against TB.

### **General Hospital and Pharmacy Support**

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, remains the biggest way in which we are able to support the work of Zithulele Hospital. In addition to the HIV and TB staff mentioned in previous sections, we employ include 9 Clinical Team Assistants, one Pharmacy Helper, and one Clerk Assistant. These positions change and evolve year to year, meeting the needs of the hospital. 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, Casualty and the Therapy Department; our Pharmacy Helper provides stability in a department that has experienced significant staffing level changes over the years; and our employment of a Clerk Assistant has provided administrative assistance to the hospital, thus allowing for continuity in the role of Personal Assistant support to the Clinical Manager. For the first time, this year also saw us providing a small stipend to four hospital appointed interns. It is by no means a living wage, but as they would otherwise be doing an unpaid internship in order to gain experience, we are happy to be able to support them in this way.

Our assistance with consumables or equipment varies from year to year, depending on needs and available funding. Through funding from the Japanese Embassy, the Christian Blind Mission and private donors, we were able to assist with the following during the course of the year:

- Taxi fares and lunch for wheelchair basketball events, training, and an end of year tournament
- Equipment funded by the Japanese Embassy, including Suction machines and a MiraCradle.
- Catering for an auspicious event where the R1 million worth of equipment bought with funding from the Japanese Embassy was handed over
- Catering for the annual Christmas party for children with Cerebral Palsy
- Materials and labour to make a cement pathway to make the hospital's ARV unit wheelchair accessible
- Materials for assistive devices for the Therapy Department including resistance bands, tubing and aquaplast

During the year, we were awarded funding by the Discovery Foundation, for leadership development amongst hospital staff. We received money from them a couple of years ago for the same, which led to the start of intentional and relevant leadership development that has been fostered through external and internal means, and we look forward to having the resources to continue this in the next year.

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

Since 2014, our Community Based Inclusive Development programme called the Rural Ability Programme (RAP), that was born out of a close and successful working relationship with Zithulele Hospital's Therapy Department, has been made possible through a partnership with and funding from the Christian Blind Mission. At its core, is a desire to improve the quality of life for people with disabilities (PWDs) through promoting and facilitating the inclusion of PWDs in mainstream society. People with disabilities face many obstacles in accessing healthcare services, educational and employment opportunities all over the world, and these are further exacerbated by our deeply rural setting. On one occasion during this past year, when we had external

training provided by an organisation visiting from Cape Town, it poured with rain for a straight two days, meaning that the roads were incredibly muddy, rivers were hard to cross and the electricity was out. The trainers found these conditions difficult to cope with, but despite it being unpleasant, they certainly learnt a lot about the challenges that rural people face, that are even more exacerbated for people with disabilities.

We have continued to strengthen the health component of the programme through ongoing training for the Community Disability Workers (CDWs), who support clients in their homes after being seen by clinicians at a clinic or hospital. Both external and internal (often led by Zithulele Hospital therapists) training this year included: Spina Bifida (with the view to better supporting children to access schooling and not be excluded only because they use nappies), hydrocephalus, sexuality in the lives of people with spinal cord injuries, sensory integration and working with children with autism, positioning for wheelchairs and pressure care, as well as wound dressing. We also undertook in-house computer skills training with the CDWs, that was later followed up with accredited IT training through Sihamba Sonke, another NGO in Zithulele. Very excitingly, we partnered with the League of the Friends of the Blind in Cape Town, who have developed an NQF level 5 accredited National Diploma in Orientation and Mobility Practices, and they are covering a significant portion of the costs for our 7 CDWs to undertake this programme. It is the first course like this in South Africa and we feel privileged to have been chosen to do undertake it. The year also saw us identifying a new parent facilitator to work with children with cerebral palsy, and training her through partner organisation Malamulele Onwards in Johannesburg, as our previous facilitator was no longer keen to continue in this role for family reasons. By the end of this year, there were 288 adults and 170 children currently receiving active health support through the RAP.

Inclusive education has continued to be more challenging area of this project. Teachers are in such need of assistance with individual learners, but unfortunately this is outside of the remit or capacity of our programme. However, along with the Speech and Audio Department at Zithulele Hospital, we have continued to work with the teachers themselves, assisting them to learn more about certain disabilities and how they can best support their learners. We had a very successful workshop with 23 teachers from surrounding schools, and we hope that this enthusiasm will help us maintain momentum into next year.

The RAP continues to learn how best to implement the apprentice programme. It isn't a very large programme as there are not only not many employment opportunities out here, but it is quite difficult to match up a person with a disability with a suitable, meaningful opportunity, but it does a lot of good in terms of exposing community members and business people to the possibility of disability inclusion in mainstream settings. This in turn addresses stigma related to the abilities of people with disabilities. Community based savings and credit groups continued this year, and by the end of the year, there were 19 groups with a combined membership of 294 members. Our relationship with U-Bank continued, and they come out to our rural locations to assist people to open bank accounts, rather than people having to travel long distances to town. The need for bank accounts really hit home this year, when one group who had refused to open bank accounts in favour of holding the money themselves, lost over R50,000 of the group's savings through theft!

Our clients continued to excel in wheelchair sport, with 6th, 14th, and 19th place at the Outeniqua Wheelchair Challenge being taken by members of our team, as well as the first 3 places in the 5km wheelchair race at Rolling Hills in Madwaleni being taken by our team as well!

Having a full time programme assistant has continued to have a positive impact on the daily functioning of the programme and the communication between all the partners involved. We were able to replace the CDW from the Mapuzi area during this year, and it was quite helpful (but also scary) to find out how many clients had

fallen through the gaps since the last CDW resigned in the Mapuzi area in 2017. On the positive side, it proved once again, how important the CDWs are to continuity of care between Zithulele Hospital and the community. Unfortunately, the RAP Manager who had been with Jabulani since the inception of the programme, resigned to pursue further studies abroad. Finding a suitable replacement has proven difficult but thankfully after a vacant position for 6 months, a new manager will be starting in the new financial year.

### **Nutrition**

As Jabulani's first ever initiative, it is always satisfying to know that our community garden is still going strong. Nothandekile continues to pass on her knowledge and the families involved continue to grow their own vegetables in a sustainable, contributing to their family's livelihoods. She also still visits the Zithulele Hospital Paediatric ward on a weekly basis to educate the women of the admitted children about how to garden in a nutritious way. She maintains the vegetable gardens at Zithulele and Khanyisa Pre-schools (although we have had numerous issues with goats getting into the garden and eating the vegetables!), where the garden is used not only to produce vegetables for the children's daily meal, but to teach them about how to grow vegetables and the importance of a balanced diet. Thank you to the individual donor (supporting us via the work of Stichting Zithulele) who continues to make this project possible.

## **EDUCATION**

We are appreciative of the funding from the ApexHi Charitable Trust, the National Lotteries Commission, Stichting Zithulele, the Solon Foundation as well as new partner, the Kamvalethu Foundation whose funding, support and expert advice allow us to continue to work in the early education arena.

### **Early Childhood Development Centre Support**

Since 2009, the objective of our ECDC support has been 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 past year, we have continued the development of the Zithulele ECDC as a Montessori Centre, and this transition will continue for the foreseeable future. We grabbed each opportunity to develop our team further, and this included some teachers attending training and receiving follow up mentoring from Thanda (learning how to tell stories and facilitate creative activities in an engaging way); two of the team were able to attend the 2019 South African Montessori Association Conference, where exposure to broader ECD conversations, organisations and practitioners was very beneficial; and the Zithulele ECDC teachers attended 2 workshops with First Children, covering general language teaching strategies and training for the implementation of a shared assessment the schools will be using for monitoring and training purposes. These workshops, along with mentoring visits from members of the First Children team are the beginnings of the development of a Montessori ECDC hub in the area, spearheaded by First Children and supported by the Kamvalethu Foundation.

During the year, a new partner, Kamvalethu Foundation came on board, and we received R35 000 for new Montessori materials. We were able to purchase a wonderful selection of sensorial, literacy and numeracy materials which has significantly increasing the number of activities available to learners, and opportunities for them to progress in the various skills they are designed to develop. We also received a donation of 3500 books from Book Dash, funded by the Solon Foundation, that we are slowly being distributed to the learners at both preschools.

We hosted two graduation ceremonies in December 2019, where 46 children graduated from our ECD Centres, and 17 of the younger children received certificates of attendance. While the parents always love the pomp and ceremony surrounding the preschool graduations, they are notoriously difficult to engage when it comes to the actual importance of early learning. Although there is a growing understanding of the importance of early education, parents still seem to find it hard to find the time to prioritise learning about how their children are growing and developing. We continued to try and engage parents and caregivers as much as possible throughout the year, trying different approaches and strategies in order to see what might work best. Workshops during the year covered topics such as Montessori methods and philosophy; the importance of early education; the role of parents as home-based teachers; activities to teach counting at home, the importance of story-telling and book sharing and the importance of building a relationship with your child. After much discussion and exploration with our education team, funders and other partners, we hope to trial some new efforts to better engage parents over the next year.

### **Zithudlala and iKhaya Lencwadi (Community Library)**

Our Zithufunda role is one that oversees the library, promotes literacy and facilitates Zithudlala. The library is a source of information for learners from surrounding schools, and we have worked hard over the years to stock it with relevant reading materials in both isiXhosa and English. There is a twofold impetus behind our Zithudlala aftercare programme: children need safe spaces in which to thrive; and ECD research tells us that children learn best by having fun – therefore our Zithudlala programme provides a safe space for children to learn through fun activities.

We started the year with a big library sort, going through the existing inventory and removing books that were no longer needed or relevant, and starting a ‘wishlist’ of excellent English and isiXhosa literature to add to the collection. A volunteer kindly spent two weeks in July, updating our book inventory. We rearranged the library shelves and furniture, opening up the space, improving book displays and setting up a Writing Corner. We received a donation of 110 isiXhosa children’s books from Biblionef in July, and were re-added as a beneficiary of books from Fundza Literacy Trust, who are currently our only source of books for young adult readers. We received two book donations from them in 2019, including titles from their various series, and their new ‘Funzines’ – stories, blogs and poems published in magazine style.

This past year was busy with a variety of special events, in addition to our usual after programme and library services. A competitive but high-spirited inter-school Spelling Bee was attended by learners from Seaview Junior Secondary School, Mhlahlane Junior Secondary School and the Zithulele Independent School. During election time, Zithudlala participants learnt a little about politics, forming their own parties and developing manifestos. They ‘canvassed’ surrounding classrooms and NGO’s, explaining the benefits of voting for their party, and inviting people to vote at the Zithudlala elections. Voting took place at the library, and a winning party was elected.

In September, a group of 9 learners was selected to become the pilot group of ‘Librarian Stars.’ They were selected for being committed and enthusiastic members of Zithudlala, with an interest in reading for enjoyment. The group made their own personal libraries, and were given Book Dash book titles to add to them. They were permitted to take their books home for set periods, to return them for inspection, and their comprehension of the stories was also tested. They were also encouraged to read the stories to members of their households, and other children amongst their neighbours, which they reported on. The Stars kept receiving more books for their collections based on their diligence in completing their ‘librarian duties.’ This initiative has proved to be such fun and well received that we are looking forward to growing it next year. In

collaboration with Axiom Education, the Black Art Society was formed in August. It is currently a small group of 6 high school learners who have weekly sessions, covering content such as creative writing, poetry, music, painting, drawing and public speaking. The aim of this group is to offer an opportunity for high school students to learn in a fun and engaging way, and benefit from accessing the library space.

All in all, the existing reading culture in Zithulele remains sadly insignificant. However, we plan to leverage connections between existing readers in the community to develop a strategy to begin to change this. Our hope is to begin building a base of 'early adopters' who regularly access the library in order to raise the profile of reading, writing and learning for enjoyment; and to be included in the dreaming up of a new, collaboratively envisioned space. We have a long-term plan to develop an excellent library for the community to access, but the first part of our work is to develop a base of users who will access it, and contribute to its concept development.

### **ECD in the Home**

In our context, there isn't a prevalent demand for the service we are offering, due to a lack of understanding of its importance. This means that we need to 'sell' the concept to caregivers in order to keep their interest and improve their engagement; and we need to keep things fresh in order to make the time we spend with families something they look forward to. 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.

We continued to use the 'Every Word Counts' programme from Wordworks as the main content for this programme, with some additions related to the needs of specific beneficiaries, and the specialised knowledge both Community Workers have acquired through their Montessori training. One of our Community Workers has successfully continued her studies towards the NQF Level 4 Montessori Higher Certificate through First Children this year and the course will be completed during 2020.

We continued using KoboCollect to collect data related to engagement with beneficiaries, sorting and analysing it using KoboToolbox. The paperless tool has been useful for keeping information in an organised system, and we have made minor changes to the forms in order to keep gathering the information that is most useful to us. Although they don't tell the whole story, here are some figures from the year: 424 home visits were conducted in the three villages surrounding Zithulele (Ginyintsimbi, Botho and Xwangu); 127 caregivers were engaged through these home visits; 191 children of preschool age were engaged during home visits; weekly visits were conducted to the Zithulele Hospital ARV clinic and Waiting Mothers Accommodation, where a further 133 caregivers were engaged.

Alongside this data, the deep contextual and experiential knowledge of the team has helped us make small shifts towards improving the responsiveness of the programme content and implementation to the real needs of families being engaged. We have reached a point where in order for the ideas we are sharing to gain more traction and begin shifting general attitudes towards early learning in our focus area; we need more caregivers to come alongside us in sharing the message. This means we need to focus on working deeply with the families that have shown interest in the programme, before we can begin working widely again. In the next year, we plan to work closely with early adopters who believe in the importance of early learning, and work together with them to spread the message. We hope that by doing this, in time, we will move from being viewed as service providers, to being viewed as partners in early childhood development.

## **COMMUNITY UPLIFTMENT AND DEVELOPMENT**

### **Masiphakameni (Let's Rise)**

Since 2014, we ran the Jump Start gap year programme for young men but did not have the capacity to run a similar programme for young women. With the advent of a new NGO in Zithulele, called Sihamba Sonke, who have discipleship and mentoring of young men as one of their main focus areas, we felt it was time to hand over the men's programme to them and start a programme for young women. March 2019 saw the beginning of the Masiphakameni programme for young women. The programme was designed along the same lines as Jump Start, but with some alterations to make it more suited to young women. The programme engages vulnerable young women with potential but a lack of opportunities, in order to immerse them in an environment that enables them to realise their worth, develop their character, and equip them with a broad range of basic skills to enable them to face the challenges of life both within or beyond our rural village, thus instilling in them hope for a better future. Eight young women between the ages of 18 and 25 were selected and the group was intentionally small in order to focus on in-depth development.

The programme covered a broad range of training and life skills, as well as new experiences and opportunities, intended to develop the confidence of participants, challenge the way they see the world and themselves, and expose them to different career options. Modules in five areas were covered, examples of which include:

- Personal Development: Self-worth, Relationships, Gender roles, Character Building, Volunteering
- Lifeskills: Communication, Anger management, Decision making, Creative thinking, Professionalism
- Physical Health: Physical exercise, HIV/Aids, TB, Women's Health, First Aid, Nutrition, Abuse
- General Knowledge: Christian worldview, Citizenship Behaviour, Environmental education, Research
- Employability: Business skills, accredited IT course, Interviews, Career guidance, Work placement

Underpinning all of the above is a focus on worldview, where the participants are taken through the Alpha course and completed the Bright Star Lifestyle course developed by Unashamedly Ethical. Participants also received mentoring from older isiXhosa women of the community who have a passion for supporting the youth and a wealth of work and life experience to draw from. During the programme, participants were exposed to others from different cultures and work backgrounds, and benefitted from peer mentorship as the programme is structured around working together as a team.

We are grateful to the E3 Initiative who continued to fund this programme despite the change in focus from young men to young women, as well as to the many individuals who believe in the value of this programme and who faithfully donate money or time to ensure that it can continue.

### **Community Centre**

The community centre continues to be well used, with regular Axiom Education classes, Masiphakameni and Saka Ikamva sessions, Scouts meetings, church groups, and as overnight accommodation and waiting space for when Grace Vision are doing their block surgeries. This multi-purpose space also provides a place for a multitude of events in Zithulele to be accommodated, such as community savings group meetings, community meetings with various government departments, Christmas plays and school events.

### **Community Playground**

The community playground, built in 2011, comes complete with a jungle gym, swings, a slide and a climbing wall and it continues to be well used and enjoyed by many children every day. During this past year, with funding made possible by the National Lotteries Commission, we were able to make some small repairs and improvements to the structure.

### **Patient Transport Assistance Fund**

Distance to clinics, bad roads, inadequate transport, high transport costs and low incomes mean that access healthcare can be a big challenge. Add to that, the fact that there are certain health conditions that require regular monthly, or even weekly, follow ups – children requiring treatment to prevent club foot disability and many of our paediatric ARV patients would not be able to access the care that they do, without assistance with transport costs. Although it can be hard to prevent a hand-out mentality from developing, we do have measures in place to minimise being taken advantage of and therefore recipients are “assessed” by a JRHF employee after being referred (according to set criteria) by a member of Zithulele Hospital’s clinical team. 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 – because of you, we were able to assist patients to the tune of R34 000 over the past year.

## **ENVIRONMENT**

### **Healthy Village Project**

We continue to try and keep Zithulele Village clean, although at times it feels like despite all our hard work, dealing with litter is an insurmountable task. With a history of no refuse collection services, there have never been options for managing waste other than burning or dumping and getting people to break these habits is not a quick or easy task. Our Healthy Village team continues to do weekly litter collections around the village and from the different refuse holding sites, and then once a month they do an in-depth clean up that includes an extensive clean up around all the NGO offices and school rooms, and down the main road. This year, we were able to install additional bins along the main road which has gone some way to improving things, at least along the street.

This year was fraught with vehicle issues for the Mqanduli Municipality and for a number of months they were unable to do the weekly collection and we had to take refuse to Mqanduli, 55km away. 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).

On a monthly basis, the team does a clean up of the green spaces along the main road where they rake the grass and verges, sweep the streets, and clean out the storm water drains and gutters. When the season is right, we prune and compost all the trees along the main road through the village. We also remove alien vegetation, as this is damaging to the ground and water quality of the area. In its place, we plant indigenous vegetation that we propagate and grow in our own nursery, and which is fed by compost that we produce ourselves. Any trees that we plant in the village have small fences erected around them, in order to ensure their protection from livestock.

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

## **BUILDING SERVICES**

We have been blessed with a number of buildings from which the various NGOs can operate and provide services and in people from NGOs and the hospital can live. It is therefore our responsibility to ensure that we preserve what we have been given, so that it can continue to be of service to the community. Therefore since

2010, there has been a regular need for JRHF 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 Lundi” (meaning New Horizons). Most recently, we built the Garden House, a three-bedroomed house for the combined use of JRHF’s Rural Ability Programme and JRHF in general. It never seems to be enough though, and we have been awarded funding to build a further 3, one person/studio units for Zithulele Hospital clinical team members in the next financial year.

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. JRHF 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 JRHF 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.

Over the course of the year, the Building Services team undertake a number of major and minor renovations as well as 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 are in demand and the list of things we need them for is never-ending.

## **VEHICLES**

JRHF owns different vehicles that are designated to the projects via which they have been funded. We have a 4x4 Mahindra Scorpio for the HIV/TB Programme, donated by the Donald Woods Foundation after their involvement in the HIV/TB programme came to an end. Our Nissan double cab with locking differential for when it needs to go on dirt roads, is used for the Healthy Village Project, our Education programme when needed, and other Foundation use. With funding specific to the Rural Ability programme (RAP), a Colt 4x4 was purchased in 2014, and after numerous issues with the Mahindra Scorpio 4x4 that we had originally purchased second hand for the Livelihoods work of the RAP, we were able to sell it and with additional funding, purchase a new Ford double cab at the beginning of 2019. We also have an open trailer that primarily gets used for recycling and refuse removal but also for transporting building materials.

## **ADMINISTRATION**

We have now fully transitioned over to online, internally managed systems for payroll and finances. After the double work of the year before, when we maintained our old system while also trialling the new systems, it has

been a relief to complete the transition. Although there have been teething problems and some expected stress, we are glad to have made the decision to change.

## Future Plans

Our plans for next year are actually no different to those we set last year. This shows that our programmes are functioning well and although there is always room for small scale reviewing and revising, our programmes are largely stable. Plans for next year include:

- HIV and TB: continue transitioning the HIV programme, so that clinics start to take more and more responsibility for the patients receiving care at their facility; and start implementing the Zero TB Programme, aimed at virtual eradication of TB in this area. Both of these action areas are with a view to transitioning JRHF support for HIV and TB, towards general systems strengthening support at clinic level.
- Rural Ability programme: explore avenues for increasing work in the livelihoods sphere and within inclusive education;
- Early childhood education: due to another local NGO expanding their work into early literacy and numeracy, there is a need for us to review the work we have conducted in early education and determine our strategy for the future, with particular emphasis on how our library programme can or should be expanded and whether our ECD in the Home programme should continue;
- 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;
- Improve relationship building and engagement with the Tribal Authorities, community leaders and community at large; and
- 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](http://www.jabulanifoundation.org)

## Thank You!

The life-blood of our work are our 'Friends of 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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Els Brouwer	MySchool MyVillage MyPlanet	Warren van der Westhuizen*
Gabi Smith*	Nabeelah Abdullah	Zithulele Foundation

\*denotes friend

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(Association incorporated under Section 21)

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