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Introduction to Annual Report

by Foundation Director Ben Gaunt

The yearly ritual of an Annual Report has, over time, provided a remarkable record of the work of a Foundation that started small – as a dream! - but now plays a significant role in the lives of countless individuals and the community at large.

Once again, as I read through this report, I am amazed by all that happens, so quietly and unobtrusively, under the banner of Jabulani. The “Why statement”, developed in-house by our wonderful team of employees, remains central to how we go about our work, and lives here in Zithulele. I’m remain both humbled and impressed 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.

2020-2021 was a year like no other. The world was stood upon its head. The history books came back to life as we experienced our own pandemic. And, sadly, the Eastern Cape was again at the forefront of the suffering. Many people lost their lives. We are glad to say no employees themselves – but everyone knows someone who died. We were all affected. Jabulani, like many NGOs, sought to lever our community connections, the trust people have in us, and the programmes and staff we have in place, to a Covid response. We were grateful for donors who came on board – helping us relieve critical PPE shortages at the hospital, sew masks for the community in the early days, and then providing critical support to the vaccination programme as it got going. Watching the coming together of people, even in a time of fear and uncertainty, was hopeful.

I won’t repeat the report here, even in summary. Somehow, most of the rest of what we do managed to also keep going. From community-based disability support programmes, to early childhood education, to exciting progress in the Healthy Village project... Our goal isn’t to change the world, let alone “save” it. But I think as you read this report, you’ll see the difference that happens in myriad small ways – and the big impact it has on the lives we touch. I encourage you to dive in and read 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.

Over the past 12 years, the area around Zithulele has undergone some significant surface level changes. There has been a proliferation in housing, both government built and private homes, mostly being built by families with household members working away on the mines or in fairly well paid jobs in the cities. There has been a significant increase in the number of homesteads that have an Eskom electrical connection, although these tend to be those closer to the tar roads, as well as a large increase in the number of homes with a solar connection, although this is very basic and usually only enough for one or two lightbulbs. The vast majority of homesteads still live without basic facilities such as running water; they rely on wood and paraffin for cooking; and external latrine toilets are the norm.

Despite the apparent increase in affluence that the increase in quantity and size of housing may falsely lead you to believe in, the systemic poverty of the area remains largely unchanged. Unemployment stands at about 92%. Low levels of education and systemic issues within education perpetuate the poverty cycle. Although enrolment in Grade R has improved recently in the Eastern Cape, the percentage of Eastern Cape children aged 0–4 who are enrolled in early childhood development (ECD) centres is substantially below the national average. 2011 census data for our sub district indicates that only 9% of students graduate from high school and 1% go on to get an undergraduate degree; of children aged 5-17, 9% don't attend school at all.

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. Although gravel roads are sometimes graded and the few tar roads mended of their many potholes, roads are largely of poor quality and public transport is inadequate, insufficient and expensive. In some of the areas we serve, there are no roads that people can use to access their homes – travel by foot is the only option; a challenge when you're healthy, hard when you're sick, very difficult and sometimes impossible when you are disabled.

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 poverty relief through community upliftment. The founders, 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.



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

Ms	Amanda Mzamo	Rural Ability Programme Co-ordinator, since March '20
Ms	Andisiwe Mkeke	Masiphakameni Work Placement, from Mar - Oct '20
Ms	Andisiwe Mofu	Clinical Team Assistant, since Apr '18
Ms	Annis Archer	Project Trust Volunteer, from Aug '19 - Mar '20
Ms	Asiphe Swana	ARV Prepack Assistant, since Aug '17
Mr	Asithandile Ndatsha	Clinical Team Assistant, from Feb - Dec '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	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
Ms	Karen Mostert	Education Co-ordinator, since Mar '20
Mr	Khanya Petse	Gardener / Handyman, since Jun '18
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	Luyanda Mahlanyana	Masiphakameni Work Placement, from March - October '20
Ms	Lydia Mgcwaba	Ex-Cleaner, now ECD in the Home Community Worker, since Mar '16
Mr	Malibongwe Marathula	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	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	Nosiphiwe Mkashe	Masiphakameni Work Placement, from Mar - Oct '20
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
Ms	Pelokazi Mavusweni	Masiphakameni Work Placement, from Mar - Oct '20
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
Mr	Simlindile Ngqelakhe	Ex-Translator, ex-TB Counsellor, now RAP Administrator, since Jan '17
Ms	Sinesipho Nini	Masiphakameni Work Placement, from Mar - Oct '20
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, from Apr '09 - Dec '20
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, from Aug '19 - Mar '20
Ms	Zonke Banjwa	Ex-translator, now ARV Counsellor, since Sep '13

The Foundation remains committed to providing employment for local people wherever possible and only draws in individuals from outside when specific skills cannot be sourced locally. Similarly, we are committed to developing our workforce from within, identifying staff who hold the potential to be developed further in order for them to progress further within the organisation.

Volunteer Staff

Annis Archer and Zoe Webster were our Project Trust volunteers who started with us in August 2019 and although they would have been with us for most of the 2020-2021 financial year, due to COvid-19, they had to return to the United Kingdom in March 2020.

Due to the pandemic, we did not have any volunteers for the remainder of the year.

Although they were with us for a much shorter period than we had all anticipated, we appreciated the significant input that Annis and Zoe gave to the HIV/TB programme on which they worked and are grateful for the time they spent with us.

Community Service Student

For the first time, we had a grade 12 student undertake his community service hours with us. Joshua Gaunt performed a total of 22-hours service, between the period 21 May to 31 July 2020. His invaluable assistance to us included:

1. Migrating our IT systems to a new storage platform
2. Repairing and redesigning our data management system to ensure continuous dispensing of ARVs to over 3500 people
3. Resetting and repairing of 7 laptop computers

We were impressed with his work ethic and knowledge, the way he took time to understand our requirements and the diligence with which he implemented the solutions, and we benefited significantly from what we achieved during his community service hours for us. If there are similarly capable students keen to do community service with us in future, this is definitely something that we would consider doing again.

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 turnover of staff remains low. We make use of every good opportunity for free, low cost or funded training, as well as using the internal skills and experience of our teams and partners to provide in-house development.

Unfortunately, due to Covid-19, we were not able to undertake our usual monthly or yearly staff development sessions this year, nor were the Core Team (Jabulani's senior leadership team) able to undertake their monthly Feeding sessions (the sessions where we have breakfast together to feed our bodies and then spend time on topics that expand our knowledge or skills). However, training in the different programme teams continued as far as possible and included some of the following:

Masiphakameni Gap Year Programme

Training attended by the Programme Co-Facilitator

- Work for a Living Train the Trainer external training course delivered by Siyasebenza
- Psychological First Aid training course delivered by DG Murray Trust
- Programme Facilitator attended the Bright Star Personal and Leadership Development external training course delivered by Mampho Gwani
- Pointman Leadership training delivered by Jabulani Africa Ministries
- Basic first aid with Vital Life Training

Rural Ability Programme

Training attended by the Programme Manager

- Burn out and compassion fatigue delivered by NPOwer
- Revision of white paper on families in SA delivered by CSDA and DSD
- Psychological First Aid delivered by DG Murray Trust
- Training attended by the Community Disability Workers
- COVID-19 Training: giving them information about Covid-19(Myths and facts) and ways to protect themselves as frontline workers delivered by Dr Bikisha from Zithulele Hospital and a later update from Dr. Scotcher

- Wheelchair training) how to measure a client for wheelchair, how to fix wheelchair and a proper way to use it including transferring clients to and from a wheelchair – Zithulele Hospital Occupational Therapist Anien van Staden
- (Audio training) update CDWs on their updated systems of referrals and explaining who gets a DG and who doesn't. – Zithulele Hospital Audiologist Bongile Langa
- Training on human rights – RAP Manager Amanda Mzamo
- dementia training with therapy and planning for the awareness – Zithulele Hospital Occupational Therapist Adele Snyman
- Causes, treatment, triggers, post and pre seizure(aura) and postictal phase – Zithulele Hospital Occupational Therapist Helena Fine and Dr. Gaunt
- Training about Savings/ Livelihood – SaveAct trainer, Anathi Jindela
- Gardening: Farming God's way – Jabulani Manager Riaan van Rensburg

HIV/TB Team

- Ncediswa Bhokileni from the ARV prepack team attended the Pointman Leadership training delivered by Jabulani Africa Ministries
- Peer Educators received internal training on Adherence education training using Soul city's virtual material

Education Team

- Goal setting "Big Rocks" training delivered by Craig Paxton from Axiom Education
- Covid – training received for all the teachers by Zithulele Hospital's Dr. Bikisha about Covid-19 and how to conduct home visits
- Montessori training covered topics such as material making, record keeping, observations, environmental awareness, sensorial extensions for children delivered by the EC Montessori Hub
- A Chance to Play, 6-month online course done by Lydia Mgcwaba and Ayanda Parafini, delivered by the NGO 'A Chance to Play' about how to incorporate more play into everyday learning.
- Montessori philosophy, pre-literacy activities and ideas, material making, storing materials, record keeping, social issues, how to catch up with the Covid-lag, conflict in the classroom, and parent engagement, attended by and delivered by different members of the Education team

Healthy Village Project

- Farming God's Way training, attended by Project Manager Riaan van Rensburg and delivered by Siyasebenza

Partnerships

One of the best things about being an NGO working in Zithulele, is knowing that you are not alone. There are five other NGOs operational in the 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 overarching all of our work, is a shared vision for what we hope to see happening here. The specific details of what we are all working towards might be different, given the different natures of our organisations, but we are all in alignment - there is none of the opposition or competition between NGOs as so often happens in the NGO sector elsewhere. We assist each other where we can, sharing resources, experience and knowledge.

These effective partnerships really came to the fore this year due to the Covid-19. When there was a shortage of necessary PPE, organisations shared what they had to try and ensure that needs were met. Jabulani received a large donation of 5000 cloth masks from Tshikululu Social Investments and were able to provide hundreds of Axiom Education students with masks when schools reopened. Likewise, Axiom Education received a donation of other PPE items and shared these amongst the other NGOs and the hospital. Different NGOs produced written, audio and video materials that were contextually relevant for sharing amongst the community, and we made decisions together at various times during the pandemic so that there was consistency in how the different organisations were handling some of the less well defined areas requiring action.

Our work also involves many partnerships with organisations outside of Zithulele, and we remain immensely grateful to the added value that they bring to the quality of the work that we are able to do. Whether it is a service that we pay for or work that they too are funded to deliver, we appreciate the partnerships we have with the following organisations: Khethimpilo, Thuthuzela Care Centre, Capitec Bank, Coram Deo Children's Home, Siyasebenza, Department of Social Development, Department of Education, League of the Friends of the Blind, SaveAct, Malamulele Onward, Hole in the Wall Hotel, Book Dash, WordWorks, Montessori Centre South Africa, Helping Hands Cambridge, First Children, Rural Doctors Association of South Africa, Operation Smile, South African Montessori Association, Thanda, The Department of Health, Coffee Shack, and Ngcwanguba Store. Our apologies to anyone who we may have left out, and our grateful thanks to each organisation for how they have contributed to our work. We look forward to further opportunities to collaborate.

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. Since three clinics became independent from the programme over the past two years, and since the National Department of Health's (NDoH) prepacking programme came into effect, our programme numbers have continued to drop, as expected. As a result, by the end of February 2021, we were supporting 2771 patients with prepacked treatment, clinical monitoring or treatment adherence support. A further 495 patients are being supported at Zithulele Hospital, due to the level of care they require. We continue to employ two HIV Counsellors who are based at Zithulele Hospital, and who provide a valuable service to patients and doctors alike, as well as three prepack assistants (one of whom is studying the Basic Pharmacy Assistant qualification, thanks to a bursary from Axiom Education) and an HIV/TB Coordinator. During this year, the Jabulani team has helped facilitate and support 28 909 HIV patient treatment visits.

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).

As the NDoH's programme grows in size, we are beginning to review the ongoing need for our ARV programme and are starting to considering a move away from prepacking and towards a more general clinic support programme. This is being explored in conjunction with the Zithulele Hospital Clinical team. 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, through the employment of 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. This has assisted with the collection and 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. Over the years, we have seen this support contribute to a decreased defaulter rate, an increased rate of patients with TB getting tested for HIV, and an increase of co-infected TB and HIV patients starting HAART. In the more recent years, the JRHF support staff have also played a significant role in supporting and monitoring patients with Drug Resistant TB (DR-TB).

During this past year, a large national NGO expanded its presence and work in the area and a Data Capturer and TB nurse from Acquity Innovations were placed fulltime at Zithulele Hospital. In keeping with our intent not to duplicate services, and our ability to respond quickly and flexibly on the ground, our long term TB Data Capturer moved into a position that had become vacant due to the retraction of overseas gap year students due to the Covid-19 pandemic.

During the year, 414 patients were supported to start drug sensitive TB treatment (202 males and 212 females). Of the 414 patients who started TB treatment during the year, 198 were HIV+; 141 of the HIV+ patients were already on ARVs when they started their TB treatment and another 40 started ARVs while on TB treatment. It is unclear to us whether the remaining 17 patients started HAART or not, as they moved outside of our catchment area after becoming stable on their TB treatment.

We have continued the work with partners from Harvard Medical School, Zithulele's Research and Training Unit and Advance Access & Delivery South Africa, for the development of a rurally and policy-appropriate comprehensive Search, Treat, and Prevent approach with an emphasis on health system strengthening with regards to TB care.

Despite the ongoing and continual efforts to curb the spread of TB, it remains a major public health concern and the role that JRHF plays remains appreciated by the team at Zithulele Hospital. In turn, we appreciate the continued financial support of the Sonnevand Foundation, Discovery Fund and Anglo American Chairman's Fund, that allows us to play our part in the fight against TB.

General Hospital and Pharmacy Support

Supporting the work of Zithulele Hospital remains one of our primary reasons for existence and it is always a privilege to work with this passionate team of healthcare professionals who are striving to provide excellent care to patients, despite their resource-constrained environment. If we are able to alleviate this strain in any way, while remaining cognisant of the lines of government responsibility and creating precedents that we cannot meet in the future, we work towards being able to do so.

Employing lay support staff remains one crucial way for us to relieve strain and allow clinicians to focus on clinical care. 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 sometimes change over the years, in order to meet the needs of the hospital, although these three roles have become fairly standard. 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 Therapy Department; our Pharmacy Helper (who has just completed her Basic Pharmacy Assistant qualification thanks to a bursary from Axiom Education, and will be moving on to study the next level) 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. Last year we started providing a small stipend to four hospital appointed interns (it is by no means a living wage), who would otherwise be doing an unpaid internship in order to gain work experience, and we have been able to continue with this during the past year as well.

Our assistance with consumables or equipment varies from year to year, depending on needs and available funding. During the course of the year, our spending focussed on these items, as much of the year was focussed on responding to the Covid-19 crisis:

- 20 tyres and tubes for wheelchair basketball chairs
- Metal suction cups for maternity ward
- Printer toner
- Emergency food supplies for the kitchen when there was a fairly major tender crisis

Covid-19 Crisis Response

As you can probably imagine, the year 2020-2021 was overshadowed by what most are commonly referring to as Covid-19. Nowhere was this more obvious than in the health sector and therefore in the work that Jabulani does with Zithulele Hospital. When the first needs arose for items that the hospital needed but didn't have (specifically personal protective equipment - PPE), as the need in the country was so large and we weren't the only ones without, a call went out to the hospital's large support base and by donations to Jabulani, we were able to purchase thousands of the needed latex gloves.

We were grateful after that, to secure some specific Covid-19 response funding from the Open Society Foundation (OSF) via a 5x rural hospital funding application coordinated by the Rural Doctors Association of South Africa (RuDaSa). This gave us scope to respond in more varied ways:

- Community screeners were trained and undertook house by house screening, educating people about Covid-19 and handing out hygiene packs that included soap, masks and seeds for their gardens, as well as education packs for their pre-primary school age children
- Purchasing PPE and Sanitiser for the community outreach team and for the hospital
- Setting up and equipping a mask making project including materials, which then produced 3-layer masks for the community at large to purchase, but which were also handed out during home visits

As 2021 progresses, no doubt our response to Covid-19 will evolve as well.

Supporting the work of Zithulele Hospital was one of the primary reasons for the founding of Jabulani and it remains a privilege to partner with them.

Rural Ability (and Therapy Department Support)

The start of this financial year saw the oversight of the Rural Ability Programme (RAP) being taken over by a new manager, after the previous manager left to pursue post graduate studies abroad the previous August. While a new employee for Jabulani, Amanda was not new to the area or even to the programme, as she is a qualified Social Worker and a few years ago she had volunteered at Zithulele Hospital for two years. Her familiarity with the hospital, the clinics, the area, Jabulani, the Rural Ability Programme and its staff were an incredible bonus for us.

Unfortunately, Covid-19 was very disruptive to the RAP. The Community Disability Workers (CDWs), who had just undertaken the first eight weeks of their NQF level 5 accredited National Diploma in Orientation and Mobility Practices with the League of the Friends of the Blind in Cape Town in January/February 2020, had this put on hold for the rest of the year after the course developer passed away from Covid-19.

After receiving training and education from Zithulele Hospital doctors, the CDWs took up a dual role of conducting modified home visits (i.e. not going into anyone's home, but checking in and supporting where possible from an acceptable distance) and doing Covid-19 screening and education. They also handed out Covid-19 hygiene, education and support packs.

Towards the end of 2020, one the worst of the pandemic had past for that moment, the team kicked into high gear to finish some of the tasks they had set for the year but which hadn't been able to be achieved up until then. A very successful training session was conducted with teachers from 8 schools, focussing on the importance of early identification of disabilities in children. The team also held their first Stakeholder Indaba

that was attended by 48 parties, some of whom we had engaged with before and some of whom were new to the programme and keen to find out more.

The Livelihoods Community Facilitator (LCF) left at the end of February 2020 and so we started the new financial year with a new plan in place for RAP livelihoods. Fortunately, the LCF was still able to support us in the work he had been doing with us, as he was now working for the organisation with whom we partner for our Community Based Savings and Credit Groups. Unfortunately, the year 2020 and the Covid-19 crisis was not kind to our Community Based Savings and Credit Groups, for which we follow the model developed by KZN organisation SaveAct. Due to lockdown restriction, groups were not permitted to meet for quite some time and members were supported via telephone. Unfortunately, some of the groups chose to meet without the support of RAP and in fact chose to do their share-outs (when the savings and interest is shared out) without our assistance, which led to quite complicated situations including allegations of theft, in-fighting and eventually one group split up. As a result, when lockdown restrictions were lifted, the RAP team focussed on damage control and relationship building, rather than starting any new groups, regardless of programme targets.

During the course of the year, the programme had 176 adults and 110 children on active support but due to Covid-19, the programme also supported 974 adults and 210 children without disabilities through by screening and educating them about Covid-19.

We remain extremely grateful to the Christian Blind Mission for their ongoing funding of the Rural Ability Programme as well as the non-financial support they provide us for the management of this initiative.

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 Preschool, but unfortunately during the course of the year, the fence around the Khanyisa Pre-schools garden was completely broken and the garden destroyed by goats. Once we have got everything back up and running at the school again after the disruption of Covid-19, we will turn our attention to the garden and get it re-fenced and re-sown. The intention behind the preschool gardens 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 sincerely appreciate Stichting Zithulele, the Solon Foundation, the Kamvalethu Foundation and the DG Murray Trust and the Schiltach Fund who not only provide funding for our educational initiatives but who support us through expert advice, training, and mentoring as well.

Early Childhood Development Centre Support

Since 2009, the objective of our preschools 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. Because

we believe that the emotional, social, cognitive and physical development of young children are equally important for having an impact on how they develop later in life as early education, our centres are early childhood development (ECD) centres and not only early education centres. As such, we place a significant emphasis on conducting activities, observing children, and identifying and solving problems. This requires smaller class numbers with a good ratio of learners to teachers, and safe, child-appropriate environments for learning. The Zithulele Preschool continues to follow the Montessori model while Khanyisa Preschool follows a more traditional ECDC model.

Unfortunately, the schools had to be closed for almost to 6 months. During this time, the teachers undertook home visits and handed out hygiene parcels and educational packs. Preparing for re-opening post lockdown was stressful for teachers and parents alike, and unfortunately after lockdown, there was a drop in attendance. Families were also supported with food parcels, kindly supplied via Maitri Trust (via Kamvalethu and First Children) and a number of private donors.

Attempts to engage parents during the course of the year, continued in the form of parent meetings, workshops. Parent engagement has always been a challenge and remains so, and we will continue to try and find creative ways to combat this reticence to become involved with their children's education.

Lifted Covid-19 restrictions in the last quarter of the school year, meant that we could benefit from some of the usual health-related visits that we usually carry out during the course of the year. Grace Vision, an eye care NGO, came to the Zithulele Preschool to do eye assessments on all the children. The Zithulele Hospital Dentist visited both Khanyisa and Zithulele Preschools to do dental awareness. A nurse from Zithulele Gateway Clinic visited Zithulele Preschool to give the children deworming tablets and some vitamins, and the Zithulele Hospital Audiologist came to test the children's hearing at Zithulele Preschool.

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.

The Zithudlala programme runs four afternoons a week, and makes use of techniques and materials gained from training by Thanda, Singakwenza, Wordworks and more. The programme is grounded in a learning-through-play approach, and includes songs, games, and creative story-related activities. Each year, we usually run special events that focus on topics such as environmental education, creative arts and current affairs. Due to the upheaval of 2020, we were only able to run one such event, and we focussed on the environment - 51 young learners joined us for a village clean up. Armed with black refuse bags for waste and clear refuse bags for recyclables and under supervision of some adult volunteers, the kids were divided into 4 groups and then paired up. After filling over 100 bags of waste and recycling, the groups reconvened at the community centre to fill their minds as well. Each group had to discuss two topics amongst themselves: how can we stop littering in Zithulele; and why is it important keep the environment clean? Then a brave member of each group stood up in front of all the other groups, to give feedback. Daily attendance at Zithudlala varies a lot, but can be anywhere between 35-50 children.

At the library, our Librarian Stars group was immediately expanded at the start of 2020, and there were 15 eager learners engaged with this initiative before lockdown started. The Librarian Stars are a group of learners who are selected on the basis of their enthusiasm and commitment to Zithudlala, and their interest in reading for enjoyment. The group make their own personal libraries, and are given Book Dash books to add to them. They are permitted to take their books home for set periods, after which they are required to return them for inspection, and have their comprehension of the stories tested. They are encouraged to read their stories to members of their households, and other children amongst their neighbours. The Stars keep 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.

During lockdown, we were able to maintain some engagement with the Librarian Stars through home visits and telephonic contact, but due to the nature of the group, it wasn't possible for it to continue as usual until lockdown was lifted. After lockdown, the group resumed their normal activity with much enthusiasm, ending the year with a small celebration. We were also able to procure a wonderful new range of books with funding from the DG Murray Trust.

ECD in the Home

We set up the ECD in the Home programme to fill an important gap; that of educating parents and caregivers about the educational needs of very young children. After much consideration, we took the hard decision to bring this programme to a close at the end of 2019. The main reason for stopping the programme is due to two other NGOs in the community, Axiom Education and Philani's ECD Mentor Mothers, who are both now focussing on early education elements as well, which now gives us the opportunity to downsize our education programme and shift our focus onto livelihoods.

In our context, there isn't a prevalent demand for early childhood development activities, due to a lack of understanding of its importance. Parents' main interest remains that children should be able to read and write before moving on to Grade R, but with little to no understanding of the foundational work that needs to go before this.

Although we stopped the community-based work of the ECD in the Home programme, we did not completely give up the concept of engaging with parents and caregivers. Joining in with the teachers from our preschools, two of whom have previously worked on the ECD in the Home programme, we set up a Parent-Preschool Partnership, to take our learnings from ECD in the Home and apply it to the parents of the Preschool children. At our first few meetings of 2020, the parents really seemed to grab the concept of ECD and its importance and were keen to partner with our education team in spreading this knowledge with their communities. We started making plans with them for a number of community meetings that our team could attend, along with some of our more committed parents, but before we were able to implement these plans, Covid-19 lockdown was announced. Unfortunately, by the time "normal" school activities resumed post-lockdown, we had lost the momentum and we will resume this at a later stage.

We are extremely grateful to the Solon Foundation for their generous financial and programmatic support over the years as well as the very good working relationship we have had with WordWorks, whose excellent materials we have used on this programme.

COMMUNITY UPLIFTMENT AND DEVELOPMENT

Masiphakameni (Let's Rise) Gap Year Programme

March 2019 saw the beginning of the Masiphakameni programme for young women, that replaced our Jump Start programme for young men that was taken over by Zithulele NGO Sihamba Sonke. 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.

Our 2020 intake of eight young women between the ages of 18 and 25 were selected – we keep the group intentionally small in order to focus on in-depth development, and the year started strong with computer training, the Alpha course, fitness and a number of other personal development topics for about 3 weeks, and then the Covid-19 lockdown happened. When level 4 was announced, we resumed the programme as part of Jabulani's response to the pandemic, teaching the group sewing and how to make 3-layer masks, so that we could distribute these with our hygiene parcels to the community, as well as sell them at cost price to anyone in the community. Unfortunately, there were many activities that had been planned that had to be cancelled, such as educational trips and outreach visits, and the participants were not able to undertake their work placements for much of the year.

The programme still managed to cover a wide variety of modules over the year. The group undertook the International Computer Driving Licence (accredited IT training); the Pointman leadership course ("creating and supporting inspirational, trustworthy leaders"); a first aid course; a comprehensive visit of businesses in the East London area; Farming God's Way training and experience in farming beans, spinach, beetroot, cabbage and green peppers; BrightStar course, which focuses intensely on self, relationships and leadership; practical modules in cooking, baking, sewing, and beadwork; teamwork; networking; professionalism; public speaking; history and general knowledge; mental health issues such as depression, grief and stress; physical fitness sessions; paying it forward through a visit to a children's home in Coffee Bay where our group helped them set up a garden at the home, applying and teaching the skills of Farming God's Way, that the girls have learned and practiced throughout the year. Any many more.

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. The course is structured around five areas, 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

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.

We are grateful to the E3 Initiative who continued to fund this programme as well as to the many individuals who faithfully donate money or time to ensure that it can continue.

Community Centre

Despite the growth in Zithulele and the many other buildings that have been constructed by the various NGOs over the years, the community centre continues to be well used site as it is large and because it is not largely dedicated to a particular use, it remains versatile. As such, it is still regularly used for community meetings, community savings group meetings, church gatherings, gap year programme sessions, Scouts meetings, as overnight accommodation and waiting space for Grace Vision block surgery sessions, community markets, school plays or spelling bees, talent shows, and so much more.

Community Playground

The community playground, built in 2011, includes a jungle gym, a slide and a climbing wall and it continues to be well used and enjoyed by many children every day. Since funding received from the National Lotteries Commission a few years ago that paid for some repairs and improvements, the structure is holding strong and brings fun and enjoyment to a number of kids every day. It is unfortunate that we have had to do away with the swings, but they have just proven too fragile to survive the enthusiasm of multiple kids piling on them on a regular basis.

Patient Transport Assistance Fund

Accessing healthcare in this area can be difficult. Distances to clinics, bad roads, inadequate transport, high transport costs and low incomes are all contributing factors. If you are unfortunate enough to have a health condition that requires regular monthly, or even weekly, follow ups (e.g. children requiring treatment to prevent club foot disability and many of our paediatric ARV patients), transport becomes a high burden. It is hard for us to have a system that doesn't create dependency or develop a hand-out mentality, but it is imperative to be able to assist those who truly need it. To minimise being taken advantage of, we have a referral system that we regularly review, whereby recipients are referred by a clinician (according to set criteria) and then "assessed" by a Jabulani. Thank you to all the individuals who donated to this fund over the past year; your contribution makes a significant difference to people's ability to access good quality medical care.

ENVIRONMENT

Healthy Village Project

We know that what we are doing on the Healthy Village Project (HVP) is just a drop in the ocean – dealing with litter without decent support from municipal services and in an area where refuse collection had never existed before our efforts to do so, is daunting. Educating the broader population on the environmental dangers of burning, dumping and burying waste and breaking centuries old habits is not a quick fix.

Our 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. Last year, we installed new bins along the street – this year, we had to design a new contraption to cover the top of the bins, to try and keep the horses out as they had figured out how to lift the old contraption in order to dig in the rubbish. The new one should hopefully prevent them from lifting it up, but still allow humans to easily lift it and drop their bags in.

During the year, we took recycling to Mthatha on 14 occasions. As the round trip is 200km, we continue to ponder the environmental impact of carbon emissions over the recycling levels we're able to reach, but as we always combine it with other necessary Mthatha-related administration, we still come out on top.

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 which people from NGOs and the hospital can live. It is so easy for buildings to fall into disrepair if not timeously and adequately maintained and we consider it a serious responsibility of ours to preserve these assets so that they can continue to be used for the long term, in service of this community.

During the year, the maintenance team were inundated with both major and minor maintenance jobs, making prioritisation a continual challenge. To give you a taste of the variety of jobs they undertake, here is a *small* sample of what they did during the year:

- Improving the grey water drainage system at the New Lundi accommodation site on Zithulele Hospital premises
- Undertaking repairs to the door and repainting at Khanyisa Preschool
- Replacing the deck roofing at one of the accommodation units at New Lundi
- Installing a new long drop latrine at the Waiting Mothers Accommodation at Zithulele Hospital
- Installing a daynite sensor safety light at the Volunteer Accommodation
- Installing a cement disability access ramp for the Zithulele Independent School
- Repairing the Zithulele Preschool Jungle gym

The accommodation we have built over the years continues to be a key factor in the long term retention of staff for both NGOs and the hospital. Having multi-bedroomed homes suitable for families with experienced professionals is a key driver for community transformation. Our ongoing lease agreement with the Uniting Reformed Church (that started the mission hospital in 1956) continues to be mutually beneficial as an income stream for them and a much needed source of accommodation for employees.

VEHICLES

Gone are the days when Jabulani had just a little manual VW Golf, with a choke that befuddled the younger generation drivers who are more used to automatic vehicles. We now have what feels like a fleet, made up of various vehicles designated to the projects via which they have been funded.

A 4x4 Mahindra Scorpio for the HIV/TB Programme, donated by the Donald Woods Foundation, a Nissan double cab with locking differential is used for the Healthy Village Project, our Education programme and other Foundation use, for the Rural Ability programme we have a Colt 4x4 and a Ford double cab. We also have an

open 1 tonne trailer and a 750kg Venter trailer that was donated to us this year, that are primarily used for transporting recycling to Mthatha and refuse removal to Mquanduli, but also for transporting building materials and equipment around Zithulele during the course of different jobs.

ADMINISTRATION

Our online systems for the management of leave and payroll and organisational finances continue to work extremely effectively. Although when the electricity and internet connection goes off it can be challenging as we cannot access the systems without a connection, they have proven to be far more beneficial than our old systems. Not all employees use the online portal for leave applications and so we still have a paper-based system for that as well, but for those who do use it, it has been easily adopted. We have not yet reached the stage where programme managers can each access programme budget information on the financial system, but we are still working towards this for the future.

Future Plans

While many of our programmes have remained very stable for a number of years, Jabulani is entering into a time of change as a result of the changing environment around us. The ebb and flow of community needs and the work of other organisations impacts what we do, and with the flexibility we have from being based on the ground in Zithulele, we are able to adapt and grow accordingly. Plans for next year include:

- HIV and TB: continue transitioning the HIV programme towards majority clinic management apart from critical care patients and work towards implementation of the Zero TB strategy;
- Rural Ability programme: continue to explore avenues for increasing work in the livelihoods sphere and within inclusive education;
- Early childhood education: review the work we have conducted in early education and determine our strategy for the future – explore the possibilities of handing over the community library and preschools to other NGOs working in the early education arena;
- Depending on how things look like they will pan out in the Education programme, start strategizing about the rollout of additional livelihoods initiatives;
- Post Covid-19 organisational strengthening: Covid-19 wrought havoc on every programme in myriad ways and therefore every programme will need to be assessed and then supported accordingly, in order to ensure that they are brought back to full operational strength.

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 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.

JABULANI RURAL HEALTH FOUNDATION

(Association incorporated under Section 21)

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