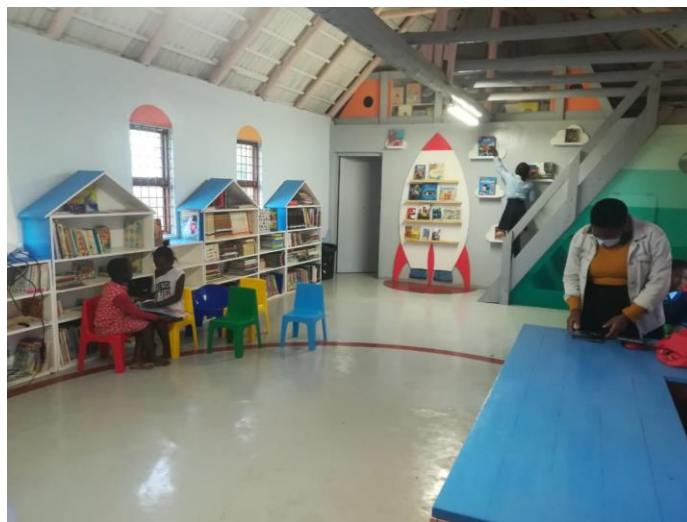


# Jabulani Rural Health Foundation

## Annual Report

### 2021-2022



*Library renovation and makeover*

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## **Introduction to Annual Report**

by Foundation Director Ben Gaunt

A distinctive irony of the annual foreword I've been privileged to write for Jabulani's Annual Reports is that although it is placed up front, it has the benefit of the most hindsight.

The Foreword for this year's report is particularly influenced by that hindsight. While we are careful to report only the activities that occur during the year in any given year's report, I cannot in this report, ignore the portent of things to come that was still only subtle at the end of February 2022, yet became something of an earthquake as 2022 continued.

The hints will be difficult to pick up in the report, but for those most closely involved with the programmes engaging directly with Zithulele Hospital staff, the signs of trouble were looming from about January 2022. A new CEO started at Zithulele Hospital in September 2021. She brought a very different style of engagement. Her predecessor had been focussed on people and encouraged creative thinking and partnerships so as best to serve her community. I'll avoid a blow-by-blow account here, but suffice to say that the focus changed.

This all had a massive impact on our programmes, our staff and sadly, our community. We will recount those radical changes in the 2022/23 report, but I mention them here because as we look back, it has been clear that but for the strength of the amazing people who make up Jabulani, and the deep embeddedness of the programmes we run in partnership with the people we serve, we could not have survived.

This report, then, is testament to "the way things were" – bearing in mind that COVID-19 had already severely tested us as an organisation, and had a massive impact on lives, households, careers and community all over the world, including in Zithulele.

In this report you'll find the details of our programmes impacting and improving health, education, the environment and community upliftment. These programmes don't make news headlines. Each one by themselves makes only ripples (sometimes small waves!) of change. But they form an incredibly important part of the wider work being done in Zithulele – a work that brings hope and creates opportunity, and one we hope will ultimately change the generations.

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. Thank you for your resilience, the hope you model, and all your incredible hard work, often under truly challenging circumstances. 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 between 92-98% depending on where you are in the District. 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 1% of students graduate from high school or gain a higher degree.

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 founders, Dr Ben Gaunt, Dr Taryn Gaunt, Dr Karl le Roux and Dr Sally le Roux, have faithfully served this community since they arrive many years ago, in 2005 and 2006 respectively. The current General and Operations Managers have also lived and worked in the village since the end of 2010 and are also committed to staying in Zithulele long term to ensure that the Foundation makes a sustainable contribution to the community.



## Personnel

**Patrons:** Desmond Tutu (07 October 1931 – 26 December 2021)  
Leah Tutu

*Introduced through a personal contact, Jabulani has been privileged to have Archbishop Emeritus Desmond Tutu and his wife Leah as our Patrons since 2010. We have been inspired by so much of what the Archbishop dedicated his life to, and particularly by some of the areas of his post-apartheid work that overlapped with the projects being run by Jabulani, such as the HIV/TB programme. A controversial figure, Tutu stood up for what he believed in, regardless of whether this landed him in hot water. "You have no enemies, you say? Alas, my friend, the boast is poor. He who has mingled in the fray of duty that the brave endure, must have made foes. If you have none, small is the work that you have done. You've hit no traitor on the hip. You've dashed no cup from perjured lip. You've never turned the wrong to right. You've been a coward in the fight." - Charles Mackay. Tutu was no coward. He might have been small in stature, but he was great in impact. As we reflect on his life and the impact his life had on so many, and particularly on South Africa, may we too, have the courage to make an impact.*

**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 Mofu	Clinical Team Assistant, since Apr '18
Ms	Asavela Zilindlovu	Masiphakameni Work Placement student from Mar '21 to Oct '21
Ms	Asiphe Swana	ARV Pharmacy Helper, since Aug '17
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, from Feb '16 to Jun '21
Ms	Buyiswa Speelman	TB Data Manager, since Sep '10, now ARV Prepack Assistant since May '20
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, from Mar '20 to Dec '21
Mr	Khanya Petse	Gardener / Handyman, since Jun '18
Ms	Kungeka Nkqwili	Masiphakameni Work Placement student from Mar '21 to Oct '21
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	Cleaner Mar '16, ECD in the Home Worker, Preschool Teacher since Dec '21
Mr	Malibongwe Marathula	Healthy Village Project Assistant, since Mar '16
Mr	Maliko Nokana	Livelihoods Access Centre Security Guard from Nov '21 to Jan '22
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
Mr	Mveliso Mgcwaba	Clinical Team Assistant, from Mar – Dec '21
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
Mr	Nkululeko Banjwa	Livelihoods Access Centre Security Guard since Feb '22
Ms	Nobuhle Ludwesa	Masiphakameni Work Placement student from Mar '21 to Oct '21
Mr	Nomheleta Sankenke	Livelihoods Access Centre Security Guard since Nov '21
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, from May '14 to Aug '21
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
Ms	Nwabisa Mpofo	Masiphakameni Co-facilitator since Mar '21
Ms	Ongeziwe Makubalo	Masiphakameni Work Placement student from Mar '21 to Oct '21
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
Mr	Simlindile Ngqelakhe	Ex-Translator & TB Counsellor, RAP Admin & Livelihoods Facilitator, since Jan '17
Ms	Siviwe Mdwayi	Masiphakameni Work Placement student from Mar '21 to Oct '21
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 Feb '22
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, now Facilitator since Feb '21
Ms	Xolisa Chirwa	Pre-school Teacher from Jan '16 until end Nov '21
Ms	Yandiswa Mahlanyana	Pre-school Teacher, since Mar '13
Ms	Zama Ngubo	Masiphakameni Work Placement student from Mar '21 to Oct '21

Ms	Ziyanda Mdukiswa	Masiphakameni Work Placement student from Mar '21 to Oct '21
Ms	Zonke Banjwa	Ex-translator, now ARV Counsellor, since Sep '13
Ms	Zubenathi Zenani	Masiphakameni Work Placement student from Mar '21 to Oct '21

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. We are also 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**

Unfortunately, since the onset of Covid-19, we have not had any volunteers.

### **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, Covid-19 continued to have a negative impact on our ability to undertake our full staff development sessions, and much of the year was still focussed on dealing with Covid-19 or building up programmes as a result of the havoc of 2020. However, there is some training that is worth noting:

#### **Masiphakameni Gap Year Programme**

##### Training attended by the Programme Facilitator and/or Co-Facilitator

- The Programme Facilitator attended a train the trainer' course for the "Work for a Living" Job Readiness programme, delivered by Siyasebenza. This holds the potential to become an accredited training programme if we decide to pursue the entire programme.
- Both facilitators attended the Bright Star Personal and Leadership Development course delivered by Mampho Gwani
- Both facilitators attended the Pointman Leadership training delivered by Jabulani Africa Ministries
- Both facilitators attended a basic first aid training programme in East London

#### **Rural Ability Programme**

##### Training attended by the Programme Manager

- The Programme Manager attended a one day virtual Psychological First Aid training facilitated by the DG Murray Trust, to which she had been invited by partner NGO, Axiom Education. Psychological first aid involves humane, supportive and practical help for fellow human beings suffering serious crisis events. It gives a structure for supporting people in ways that respect their dignity, culture and abilities.

##### Team training

- In house training on HIV/TB with Jabulani's HIV/TB Coordinator
- Virtual training on mental health and mental illness from the SA Federation for Mental Health ([www.safmh.org](http://www.safmh.org)).
- Training with a Zithulele Hospital medical doctor on medication for people with mental health disorders/mental illnesses, specifically why people are changed from certain doses of their medication and why some people are given different medications even though they have the same diagnosis as others on different medications.



- Refresher training with the Zithulele Hospital Therapy Department team on strokes and how to support clients who have had strokes.
- The Programme Manager taught the team about what she had learnt on the Psychological First Aid course.

#### **Education Team**

- The Programme Manager attended the Protective Behaviours training course, delivered by Protective Behaviours Southern Africa ([www.pb.org.za](http://www.pb.org.za)), which is a programme on safety and empowerment for all people. Protective Behaviours teaches strategies, particularly to children, to be proactive about their own safety, after which she disseminated the learning to the rest of the education team.
- The Programme Manager and two teachers attended the Creative Music Facilitation Workshop facilitated by MusicWorks (<https://musicworks.org.za/>), where teachers were taught how to effectively incorporate music into their teaching and engagement with children and ECD.

#### **Community Upliftment**

- Farming God's Way training was attended by Healthy Village Project Manager Riaan van Rensburg, in preparation for when Jabulani will expand the current work being done in small scale agriculture.
- Riaan also attended the training to become a certified trainer for the "Work for a Living" Job Readiness programme (a 'train the trainer' training course), delivered by Siyasebenza.

## Partnerships

The ethos of togetherness continues to be one of the most pleasant aspects of working in Zithulele. While not doing the same work, nor even necessarily even always agreeing with each other, the six NGOs in Zithulele have managed to maintain excellent working relationships and an overall shared vision for seeing positive change come to this community.

It is often adversity that brings people together, like we have experienced with Covid-19, but one of the characteristics of this community worth cherishing, is the joy we take in celebrating each other's successes and progress. It was so encouraging to receive feedback from a wide variety of people who walked past our library when it was being renovated this year, and were excited about how the improvements were going to impact the children even if they themselves never set foot in the library. When Axiom Education had spaces for the Psychological First Aid training, and the Zithulele Independent School had spaces for the Protective Behaviours training, they ensured that we knew about them because the content would be of value to us as well. Likewise, the training offered by MusicWorks was only going to be viable if we were able to do it as a combined group so we had to work together to make it happen. We share our knowledge and information in the areas of HR, the POPI Act, or even which photocopy machine company offers the best servicing. Working together towards transformation is part of why Jabulani does what it does, so the fact that we can do this with the other organisations in Zithulele is hugely gratifying.

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, Siyakwazi, Malamulele Onward, Rachel Swart Fund, Book Dash, WordWorks, Montessori Centre South Africa, South African Montessori Association, Helping Hands Cambridge, First Children, Rural Doctors Association of South Africa, Operation Smile, South African Montessori Association, MusicWorks, 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

Over this past year, we have continued to support the HIV programme both at Zithulele Hospital and its catchment clinics, assisting with patient care and programmatic support where it is required. Since the onset of the National Department of Health's medication prepacking programme and since three clinics that were previously part of our programme requested to work independently from us, we have steadily been working towards handing all patients over to each clinic for management at each facility. Despite significant pressure to do this with excessive speed, we resisted time and again, in order to attempt to maintain order and prevent the chaos we had witnessed in 2016 when the national prepacking programme started and we had to work hard to try and mitigate the damage that ensued. Rather, we have taken a slow but steady approach, ensuring coordination with doctors, nurses and pharmacists to confirm each cohort of practitioner is ready for this responsibility. When the new CEO started at Zithulele Hospital in 2021, we were pushed to put a date on the end of the transfer period and in January 2022 we agreed that this process would be finished by July 2022. It would still be a significant task, but at least one that we had time to do systematically, ensuring clinic readiness for receiving a large increase in patient numbers. By February 2022, however, we had actually increased the numbers of patients we were prepacking for since February 2021 – those numbers being 3266 vs 2771 – due to some clinics not receiving a reliable government prepacking service, indicating again the fragility of the system and the important role that our continuous, on-the-ground support has played over the past 14 years. The HIV programme was clearly going to continue being a fight of patient care versus politics.

At Zithulele Hospital, we continued to provide the service we have provided since 2008, through two ARV Counsellors who assist in the wards (providing continuity of care between wards and the ARV clinic) and at the weekly clinics that focus on adults, and then separately, mothers with their children and adolescents. A pharmacy assistant also assists with the additional load of work created by the high number of HIV patients (she is currently completing her qualification, with a bursary through fellow Zithulele NGO, Axiom Education). Our HIV/TB Coordinator holds everything together, coordinating between the clinics and the hospital, ensuring that tailored care is provided to our most vulnerable groups of patients, dealing with politics and problems as they arise, and solving the myriad of problems that crop up in an ever-changing environment.

This programme not only makes a life-changing difference to the patients who we serve, but to the healthcare practitioners who we support and the system that we work within. Our ability to continue working and "perfecting" the service we've been giving for so long, has largely been possible due to the long term, faithful funding from the Discovery Fund, to whom we are extremely grateful.

#### TB Project

Since June 2009, JRHF has supported Zithulele Hospital with their ongoing battle against TB, through the employment of a TB Counsellor who has assisted with initiating and supporting patients to start TB treatment; with counselling those at risk of, or who already have, defaulted treatment; to encourage and prepare patients to test for HIV and if necessary to start taking ARVs; and to work alongside hospital staff to support patients who are admitted into the TB ward. We have also assisted through the employment of a Data Capturer, to collect and measure accurate and up-to-date data to allow for the efficient support of patients and management of the programme. However, since national NGO, Acquity Innovations, expanded its presence and work in the area and a Data Capturer and TB nurse from were placed fulltime at Zithulele Hospital in 2020,

we moved our long term TB Data Capturer into a vacant position in the ARV programme in order to keep with our ideal of not duplicating services.

During the year, 488 patients were supported to start drug sensitive TB treatment (245 males and 243 females). Of the 488 patients who started TB treatment during the year, 188 were HIV+; 117 of the HIV+ patients were already on ARVs when they started their TB treatment and another 42 started ARVs while on TB treatment. It is unclear to us whether the remaining 29 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, that we hope to implement when funding and permissions are in place.

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 Sonnevank Foundation and the Discovery 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. 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 qualified Pharmacy Helper provides stability in a department that has experienced significant staffing level changes and high staff turnover 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 and administrative support to the clinical team at large. In the 2019/2020 FY, 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.

### Covid-19 Crisis Response

A lot of our health support in addition to the above, during the year, was once again Covid-19 related. While it was imperative that screening and testing continued, the focus slowly shifted towards vaccinations. With funding specifically designated for Covid-19 response, Jabulani was able to help Zithulele Hospital stay on track. ET tubes were bought and PPE was purchased when there were shortfalls in supply. Four assistants and a driver were hired to help with the administration involved in vaccinating people. Passive carriers for transporting vaccines, temperature loggers and a temperature

alert system for mobile vaccine cooling carriers to ensure that the vaccines remained at the correct temperature were purchase. Large storage containers for vaccination equipment, a megaphone and batteries, electricity for the Zithulele vaccination venue, dual purpose phone/tablets with protective covers and data, and all the stationery required by the team (including ink pads and ink, pens, permanent markers, pens, files, file dividers, highlighters, and white cardboard for vaccination certificates) were just some of the items required to ensure that the vaccination team had what they needed to ensure that they could do the job they were required to do. It was an interesting experience to observe a team being given a massive responsibility, high targets and be strictly monitored yet not given any of the tools with which to undertake the task. While marginally satisfying to be able to step in an assist, it was mostly saddening and scary to think what would have happened if we had not had the resources and capacity to partner with Zithulele Hospital in their time of need. We are extremely grateful to the Open Society Foundation for the funding that allowed us to do what we do, so that others could do what they needed to do.

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

The year 2021-2022 continued to a year of picking up the pieces after the massive disruption of 2020s Covid-19 lockdown and the chaos this wrought on programmes such as our Rural Ability Programme. Not only did our Community Disability Workers have a multitude of home visits to catch up on, but there were group events like teacher/parent workshops, awareness raising events, training both for our team and others, that were all on the plan for the year in the hope that we could catch up on much that was put aside the previous year.

Our strong relationships and track record with partners and stakeholders really came to the fore and smoothed the way for things to happen as quickly and smoothly as possible. We were able to recruit and train a second Parent Facilitator through Malamulele Onward, to work specifically alongside caregivers of children with cerebral palsy and having her pick up the slack had a marked impact not only on the clients but also on the existing Parent Facilitator who gained confidence once having a colleague to work alongside. When our CDWs became aware of a number of people with disabilities (PWD) in need of social services, our good relationship with Zithulele Hospital's Social Worker meant that we were quickly able to work out a system to discuss and refer cases to her.

The year was also one where we saw some of the ground work that had been laid by the team in the area of tackling inclusive education come to fruition. The RAP team, the Zithulele Hospital speech therapist and one of the hospital's occupational therapists facilitated their first teacher-parent collaboration meeting at a school in the Mapuzi area. Both the teachers and parents reported that it was a very beneficial experience to be able to speak directly to each other and share experiences. Later in the year, the RAP team and the hospital speech therapist facilitated a very successful collaborative meeting with teachers from seven schools as well as officials from the Department of Education (Inclusion Department). We are cautiously optimistic that these two successful events will lead to greater interaction and ultimately more effectively inclusion of children with disabilities. From our side, our team also visited the Ithongasi Full Service School in Port Edward (KZN) to observe how they do inclusive education through a community based organization that supports children with disabilities and barriers to learning under the age of 7, called Siyakwazi. The representatives from our team were privileged to conduct some home visits with the Siyakwazi team, visit schools including their own ECD Centre and learn about the tools that they use to support children with disabilities.

Other noteworthy events from the year include the hosting of a burns awareness event at Zithulele Hospital, where parents and caregivers of children were taught about how to prevent children from getting burnt

(preferably) and then how to care for burns in the event that a child does receive a burn injury. This coincided with national burns week. We also placed two RAP clients, both with upper arm limb amputations, into apprenticeships in Jabulani's own two preschools. They interacted marvellously with the children who were continually amazed at how the women have adapted to their disability and not let it prevent them from engaging in day-to-day activities. Our CDWs were able to recommence their NQF Level 5 course in Orientation and Mobility through League of the Friends of the Blind, that unfortunately had been put on hold after the course convener passed away from Covid-19. Two clients were invited to attend training in Cape Town with the Rachel Swart Fund, to learn how to fix wheelchairs. We will be working with them and the Department of Health to determine a system for wheelchair maintenance. We also undertook a massive sale of donated secondhand shoes, the proceeds of which went towards parts needs to fix wheelchairs. Covid-19 wrought havoc with our community based savings and credit groups, because by law the groups were not able to meet and therefore we did not see them for many months. Many continued to meet on the side, however, and especially with the newer groups, without the support from our facilitator the groups became embroiled in mess. This year has been largely spent trying to undo that mess (sometimes having to disband and start again) and therefore only starting a few new groups. We ended the year with 10 groups with a total of 211 members – 45 were adults with disabilities representing themselves, 18 were adults representing another adult with a disability, and eight were caregivers of children with disabilities. There are many more clients on the database they don't all require our active input at the same time – we ended the year with 258 adult clients and 190 children on active follow up for health support.

We are passionate about Rural Ability Programme. As we said in last year's awareness campaign "Ndindim, unguwe (I am me, you are you) ...we are differently abled". Our differences should be something that brings us together, not sets us apart, and we believe wholeheartedly in the value of this much needed service we are providing to PWD in this deeply rural area and trust that we will be able to continue to do so for many years to come. We are extremely thankful to the Christian Blind Mission who have not only funded our Rural Ability Programme since 2014, but who have supported and advised us along the way. As they move on to focus on other ventures across the world, we will miss their partnership but their legacy will live on through the solid programme we have developed and through the Livelihoods Access Centre that they have sponsored (see Community Upliftment and Development section).

### **Nutrition**

Jabulani's first ever initiative still has its roots in the ground. The Mthaleni community garden is still overseen by Nothandekile, Jabulani's first employee, who continues to pass on her knowledge about growing vegetables, thus contributing to the improvement of nutrition and livelihoods. She also 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 and she maintains the vegetable garden at Zithulele Preschool. This garden is used to teach the children about growing vegetables and the importance of a balanced diet, while also giving them an opportunity to help out with the gardening, and also to supplement the lunch that they receive each day. 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 the Kamvalethu Foundation, the Schiltach Fund, Pincus Matz, and the many individuals who made private donations without which our educational initiatives would not be possible.

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

It has been our objective, since we opened the Zithulele Preschool in 2009, to provide a safe and stimulating environment where young children can grow and learn through exploration, and develop an everlasting love for learning. Our belief in the importance of emotional, social, cognitive and physical development of young children as all being of equal importance in their impact on develop later on in life, our centres focus on early childhood development (ECD) and not only on early education. Our smaller class numbers with a good ratio of learners to teachers, and safe, child-appropriate environments for learning, place a significant emphasis on conducting activities, observing children, and identifying and solving problems. Despite the differences in their method of teaching, the underlying ethos is the same in both our Zithulele Preschool that follows the Montessori model, and in the Khanyisa Preschool that follows a more traditional ECD model.

In many ways, 2021 was a year of rebuilding after the disruption of 2020. With big targets set, 2021 was a busy, challenging year, but also a satisfying year with all school leavers finishing the year ready to move on to Grade R. There is always room for further improvement as we grow as individuals and professionals, and engagement with parents remains a particular, ongoing challenge. While we will not give up the fight, we do take a modicum of comfort in knowing that we are not alone in this issue and that it is something that NGOs and schools struggle with all over the Province and beyond. It was however, encouraging to hear from one parent who did attend a parent workshop, that “I am grateful for the workshops because I didn’t know that I play a role in my child’s growth, that I am the first teacher to them”. It has taken many years of perseverance engaging with parents, but there are glimmers of light, like this, that show that the message is starting to shine through.

We are grateful that we were once again able to maximise our proximity to Zithulele Hospital and its Gateway Clinic, and the children received deworming and vitamins; the audiologist came to test their ears; and the dentist provided dental hygiene, checked their teeth and handed out tooth brushes. Grace Vision, an eye care NGO based in Zithulele Village, also visited the school to conduct eye tests on all the learners. We are also grateful for the ongoing support of the Lunchbox Fund, which has continued to provide our children with a nutritious daily meal that we supplement with vegetables from the garden when they are available.

With the growth of Axiom Education and also the transition of Philani Nutrition Centre Trust’s many playgroups to ECD centres, we explored the possibility of handing over our two preschools to Philani (as we would be doing with the library, to Axiom – see below) and drawing our Education Programme to a close. However, as Philani’s ECD Centre were only starting this year and ours have been running for many years, it was felt that there was too big a difference in their level and therefore that Philani would not have the capacity to support them sufficiently. We will keep exploring whether Jabulani should continue to run these two preschools or if there are alternative options for keeping them operational.

### **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 over the years we have worked hard 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.

After on-off discussions with Axiom Education over the preceding few years, it was eventually decided that 2021 would be the year in which Jabulani handed over the Community Library and with it, the Zithudlala Programme, to Axiom Education. With the growth of their programmes over the years since their inception, the library and the afternoon programme now aligned more appropriately with Axiom's education portfolio and as the predominant education NGO in the area it would add value to their work and it make sense for it to be managed by their organisation. After working through the logistics and minutiae, the handover was made effective in August of this year.

Prior to that however, the library underwent a significant makeover that had been scheduled for the previous year but postponed due to Covid-19. While we have always been appreciative of what we had in the library, the rather dark building, with its slightly sad looking bookshelves, a very scuffed floor and a leaky roof was not exactly very inspiring. With funding from the Kamvaletu Foundation, and the creative genius of Jeremy Puren from Make Play Work, the library was given a complete makeover. Lots of remote, preparatory work from Jeremy, plus 45 days on-site learning through a baptism of fire what it is like to work in the rural Eastern Cape (where not much goes according to plan and contingencies are a must!), plus a lot of hard work from Jabulani's own Building Services team plus the work of some very skilled carpenters who fortuitously happened to be volunteering in Zithulele at the time, resulted in a complete transformation of our library. The learners loved being in the new space and each time someone walked passed and stuck their heads in, they marvelled at the complete transformation that the library had undergone!

## **COMMUNITY UPLIFTMENT AND DEVELOPMENT**

### **Masiphakameni (Let's Rise) Gap Year Programme**

This year was the third intake of young women to our Masiphakameni programme, since our Jump Start programme for young men was taken over by Zithulele NGO Sihamba Sonke. The programme still runs as an eight month, youth development gap year programme for young women with high potential but low opportunities. The intention is 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.

While 2020s programme was unfortunately marred by a number of activities being cancelled due to Covid-19, 2021 went much more according to plan. An orientation hike to and from and weekend at Bulungula Lodge tested the eight women's endurance and teamwork skills; although the actual outreach visit to a children's home was cancelled, the items sewn for the children's home in Coffee Bay taught the group the value of serving others and giving back to people in your community; and a vocational trip to East London allowed them to visit a wide variety of businesses to learn about the myriad of work options out there that they may never have been exposed to while also giving them an opportunity to experience some new fun things too, like taking a zipline adventure in order to overcome their fears.

The programme followed our usual modules in Personal Development (e.g. Self-worth, Relationships, Gender roles, Character Building, Volunteering); Lifeskills (e.g. Communication, Anger management, Decision making, Creative thinking, Professionalism); Physical Health (e.g. Physical exercise, HIV/Aids, TB, Women's Health, First



Aid, Nutrition, Abuse); Employability (e.g. Business skills, accredited IT course, Interviews, Career guidance, Work placement); and General Knowledge (e.g. Christian worldview, Citizenship Behaviour, Environmental education, Research). The participants also undertook a First Aid course, the Pointman Leadership course, Farming God's Way small-scale agricultural training, the International Computer Driving Licence (accredited IT training), had the option to be supported to apply for tertiary education programmes; and were offered mentoring by older Xhosa women.

While this programme only accepts a small number of participants each year, it is always gratifying to see the impact that it has on the young women's lives. We in turn, are grateful to the E3 Initiative who continue to fund a large part of this programme, as well as to the many individuals who faithfully donate money or time to ensure that it can continue.

### **Community Centre**

The number of buildings that have been constructed in Zithulele has grown a lot over the last 12 years, but most of these buildings are for specific, dedicated purposes. The usefulness of the community centre, is that it remains as a multi-use centre, not dedicated to a particular function, it is fairly large and can therefore accommodate up to 120 to 150 people depending on whether they are seated, at tables etc. and while managed by Jabulani it is available to almost anyone who would like to book it. As such, it is used for a large range of events including community meetings, community savings group meetings, church gatherings, gap year programme sessions, overnight accommodation and waiting space for Grace Vision block surgery sessions, community markets, chess tournaments, evening aerobics classes, weddings, school plays or spelling bees, talent shows, government department stakeholder meetings and much more. We are grateful to be able to have a space that can accommodate (and showcase!) this variety of community engagements.

### **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**

Low incomes, poor quality roads, long distances to clinics and hospitals, high transport costs all combine to make access to healthcare quite a challenge in this deeply rural area. Regular check-ups for chronic or acute conditions, long distances, or anyone who requires "special" transport (anything other than the normal minibus taxi) places a high financial burden on households. Over the years, we have tried a few variations on a system that relieves this stress on those who truly need it, without creating dependency or developing or entrenching a hand-out mentality.

By November 2021 however, the fund has become unsustainable for the first time since it was implemented. Over the preceding three years, we had been dispersing approximately R1500 per month but in 2021, perhaps as a result of Covid-19, the amount starting climbing until it crossed to over R6000 per month. Unfortunately, we had to put a temporary stop to the fund, apart from dire exceptions (with a strict system to determine these) while we re-assessed the situation and developed a new system where we could still meet needs but within our means.

We are incredibly grateful to all the individuals who donate to this fund; your contribution makes a significant difference to people's ability to access good quality medical care.

### **Livelihoods Access Centre**

Jabulani and the Christian Blind Mission (CBM), the long term funder of our Rural Ability Programme, have been discussions about building some kind of Livelihoods/Skills Development centre since 2016, however, never felt that the time was completely right for moving forward with the venture. As the long term partnership between Jabulani and CBM was ending at the end of December 2021 due to changes in CBMs international strategy, it was proposed and agreed that a Livelihoods Access Centre would not only leave a visual and lasting legacy of the role CBM had played in the work of Jabulani's Rural Ability Programme, but would also support Jabulani to gain independence and sustainability.

Our overall objective was to build a Livelihoods Access Centre that would be fully accessible for people with disabilities and that would ultimately be used to provide people with access to opportunities that would lead to improved livelihoods. The specific objective was to build a Centre that had facilities to provide livelihood activities, skills development, and employability training based on short and medium term forecasts, therefore with some aspects of the centre being fixed (e.g. coffee shop) and others allowing for creative/flexible use over time (e.g. workshop spaces).

Funded almost in its entirety by CBM, the Livelihoods Access Centre will house a Coffee Shop, a Business Automation Centre, a Secondhand Shop, four flexible entrepreneur workshops, two training rooms, and a seedling garden. It is wheelchair accessible and has an inner courtyard surrounded by graded steps forming a natural amphitheatre for outdoor events. We broke ground on the 1<sup>st</sup> of October 2021 with an ambitious timeline, that unfortunately was setback when the main building contractor passed away in early February 2022. As a local to the Zithulele community, and someone who had been involved in every construction project undertaken by Jabulani in the preceding 10 years, his tragic death hit the community very hard and had a negative impact on the timeline on the build. Ultimately, although only finished in the next financial year, we can sneakily say ahead of time that we have a centre that we are extremely proud of.

## **ENVIRONMENT**

### **Healthy Village Project**

Perhaps if we'd never done it or if none of us had come from areas where there are in fact reliable waste management services, we could have continued to allow the status quo to remain – burning, dumping and burying of waste as the only options. But having made some progress with handling waste and recycling, we cannot go back.

We have dreams of expanding our Healthy Village Project (HVP) because we know that what we are doing is barely scratching the surface, but the reality is that all of our programmes are addressing substantial needs and we often put the expansion of the HVP on the back burner because although we know the impact of a damaged environment, when actually faced with a person in need it is hard to turn them away "in favour of picking up more litter". It's not exactly like that or quite as simplistic, but hopefully you know what we're getting at.

In the meantime, 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. 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, as well as deliver approximately one tonne of recycling to Mthatha, which is a 200km round trip. When time and capacity allows, we prune and compost the trees along the main road through the village, remove alien vegetation, and plant indigenous vegetation that we propagate and grow in our own nursery.

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 employees and volunteers from NGOs and the hospital can live. Buildings fall into disrepair if not timeously and adequately maintained and we consider it a serious responsibility to preserve these assets so that they can continue to be used for the long term service of this community.

One of the biggest challenges for the maintenance team is the prioritisation of jobs, as they are continually inundated by requests to fix major and minor jobs. This is a *small* sample of what they did during the year:

- Fix the fencing at the New Lundi accommodation site
- Convert one of the New Lundi accommodation units into two houses in order to accommodate more clinical staff for Zithulele Hospital
- General building maintenance at New Lundi, including fixing geysers, toilets, showers, taps, cabinets etc.
- Assisting the Zithulele Hospital maintenance team with the maintenance of the accommodation units at the Plaza Accommodation Site, with issues similar to the above point.
- General maintenance of the structures used by Jabulani itself, including the Jabulani office and the Zithulele and Khanyisa Preschools, and also the Community Centre.

We believe that the accommodation we have built over the years has been a key factor in the long term retention of staff for both the NGOs and the hospital. In addition, 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 the church and a much needed source of accommodation for employees.

## Vehicles

Nothing has changed with the vehicles owned by Jabulani this year. The vehicles are largely designated for use on the programme for which they were purchased although very occasionally they may be used if a specific need arises. Jabulani owns a 4x4 Mahindra Scorpio for the HIV/TB Programme, a Nissan Double Cab with locking differential that is used for the Healthy Village Project, the Education programme and general Foundation use, and a Colt 4x4 Double Cab and a Ford Double Cab for the Rural Ability Programme. We also have an open One tonne trailer and a 750kg Venter trailer, that are primarily used for transporting recycling to Mthatha and refuse removal to Mqanduli, but also for transporting building materials and equipment around Zithulele during the course of different jobs. As with the accommodation, staff are encouraged to take exceptional care of these vehicles to ensure their longevity.

## Administration, fundraising and reporting

Our online systems for the management of leave and payroll (Simple Pay) and organisational finances (Xero) continue to work extremely effectively. While electricity and internet connectivity impact our ability to use the online systems, they are still more effective and efficient than our older 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 continues to work well.

The majority of organisational fundraising is undertaken by the Operations Manager, with budgeting assistance from the General Manager. While Jabulani maintains an approximate 24% rate of private donor funding, the remainder comes from grant funding both from within South Africa and from abroad. Our Financial Assistant has been instrumental in identifying suitable funds for us to approach, however since Covid-19, we are experiencing more challenges securing funding than in previous years.

Each programme and each funder within each programme, usually has different reporting requirements. Depending on the capacity and ability of our different programme managers, they are responsible for producing initial drafts of narrative reports that are then edited by the Operations Manager as part of a learning opportunity. Financial reporting is conducted by the General Manager. We have become increasingly aware that our monitoring and evaluation systems are not as robust as we would like them to be, and that they are weighted more to the monitoring side and the evaluation side. It is not an easy process to change these kinds of systems when programmes have been in operation for many years, especially when we do not have the expert knowledge ourselves nor the resources to hire someone to assist us, but we aim to work slowly towards developing systems that will help us to more effectively measure the impact we are having, rather than just measuring output.

We will also continue to produce regular newsletters. Since the inception of the POPI Act, our Facebook updates have been significantly less frequent as we learn to navigate the new regulations. Our website can be found at [www.jabulanifoundation.org](http://www.jabulanifoundation.org)

## 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, and identify new partners for funding and support;
- Complete the building and furnishing of the Livelihoods Access Centre and determine the strategy for which aspects of the centre will open and begin operating and when.
- Now that we have handed over the Community Library and Zithudlala Programme to Axiom Education, we can begin to formulate strategies and plans for the rollout of more livelihoods initiatives;
- Post Covid-19 organisational strengthening: We had hoped that 2021/2022 would allow us to do a lot more team and organisational strengthening after the disruption of Covid-19 in 2020/2021, however, the disruption continued for much longer than anticipated. This plan therefore, carries over into the next year, where every programme will need to be assessed and then supported accordingly, in order to ensure that they are brought back to full operational strength.

## 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.

Hannah Fox	Elizabeth Gatley	Mihlali Tyilo
Adam & Joanna Reynolds	Fiona McPhail	Mike & Jenna Kent
Ainslie & Jennie Chinembiri	Gareth & Nadishani Meyer	Mike Koen - M Koen - CTA donation
Amy Gleason	Gerhard Steenkamp	MySchool MyVillage MyPlanet
Ana Houston	H Scotcher	Nick Fine
Andre & Adele Snyman	Hannah Fox	Paul & Andy Koontz
Andy Stewart	Helena Langenhoven	Philippa Scotcher
Anien van Staden	Henrietta Chiappini	Pierre-Andre Mans
Anja Nel	James & Ros Irlam	Pincus Matz
Anne Gentry	Jenna Kent	Rebecca Bartholomew
Bateman Family Trust	Jessica Jardine	Robyn Wates
Becky Kemp	Jill Masterson	Ruan & Suretha Cilliers
Belinde Brown	Johann & Helen Maree	Rubhana Mahomed
Ben & Taryn Gaunt	John & Alex Davidge	Rudasa
Cambridge Economic	John & Jenny Michell	Sally & Gerrard Boule
Catherine Lockey	Jono & Ruth Centurion-Harris	Sam & Ann Moore
Catherine Young	Kamvalethu Foundation	Schiltach Fund
Charles Akeroyd	Karl & Sally le Roux	Shanice Paul
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Chris & Selina Salisbury	Khanya Moonieya	Steffan Glaze
Christel Kruger	Kirsten Rowe	Stichting Sonnevank
Christian Blind Mission	Koot & Helene-Mari Kotze	Sue Wishart
Colin Munday	Lara van Heerden	Tiny Boonstra
Craig & Michelle Paxton	Laurie Riddin	Toby and Becca Brewster
David & Leesa Bishop	Leane Groenewald	Tom & Clare Ellis
Deborah Sullivan	Les and Jenny Masterson	Tom & Jo Withington
Discovery Trust	Louw Rabie	Trevor & Eleanor Gaunt
E3 Initiative	Mark Grobicki	Warren van der Westhuizen
E & L McCance	Meriel Raymond	Wouter and Elise von Egmond

### JABULANI RURAL HEALTH FOUNDATION

(Association incorporated under Section 21)

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

Account Details: ABSA, Frere Square, Branch Code: 632005 Acc No: 4069520005 Swift Code: ABSAZAJJ

Address: Zithulele Village, Mqanduli, Eastern Cape, 5080.

Postal Address: PostNet Suite 199, Private Bag X 5004, Mthatha, 5099

Telephone: +27 81 370 1041 Fax to email: +27 86 556 1981

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

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

Patrons: Leah Tutu