

**IN THIS ISSUE** [www.jabulanifoundation.org](http://www.jabulanifoundation.org)

- FRESH AND PERCOLATED: GETTING TO KNOW MANDINI .....pg 1
- LOOK LIVELY .....pg 2
- HOMING IN ON ECD .....pg 3
- AT A GLANCE .....pg 4

**FRESH AND PERCOLATED: GETTING TO KNOW MANDINI**

**JRHF:** Mandini, how did you come to work for Jabulani?

**Mandini:** I was desperate for a job with Jabulani. I kept coming to the hospital to look for jobs being advertised. I eventually got an interview but I was not successful. I applied again and was given a chance to start translating in OPD. It was interesting to start working. I learnt a lot about what is happening between doctors and patients, about how to keep yourself healthy. Different doctors came, different students come from all over, and I learnt more and more. In 2013, I applied for an eye care programme post and I started, working with Althea who was studying to do the surgery. I learnt all about the equipment and what to do with patients who cannot see. I feared that the job would be temporary but it became permanent. After getting my learners licence, which I started working towards when I was in OPD, I got my licence and started to drive for the programme. I started with just driving patients between the community centre and the Grace Vision office when we were in Zithulele for operations, because I needed to practice and gain confidence. Then I started driving the team to clinics and on outreach. John Rae of Grace Vision helped me to get my Public Drivers Permit.



**JRHF:** What is it like to work with people whose sight is restored?

**Mandini:** When people have been able to see at some time in their life and then can't see, they lose the ability to do things like gardening and cooking. They end up having no money because people steal their money. Then after getting glasses or having an operation, they can see again and it's amazing! We are helping these people and we are now extending the area we work in, like doing outreach to Madwaleni, so we are helping more people.

**JRHF:** Mandini, you are famous for saying you are "fresh and percolated" when people ask how you are. How did you come to describe yourself like this?

**Mandini:** I heard it from a radio presenter on a morning programme and then I was reading on the back of a Ricoffy tin and it also read "fresh and percolated" so I adopted it as a personal saying.

**JRHF:** Your attitude is always one of enthusiasm. How do you motivate yourself every morning?

**Mandini:** I get that from my mother. My mother was always active. She never lay around sleeping during the day. She would get up in the morning and make coffee. If I didn't wake up and get active, she would shower me with a bucket of

water. I had to get up and start working. Life was hard. My schooling was delayed because I also had to look after the animals at home. Our goats and my grandfather's cattle. My auntie was working in the hospital but no one else had a job. I had to alternate going to school with my brother. I would go one day while he looked after the animals and then he would go the next day to school. From the end of Standard seven, I had to go to Cape Town in the school holidays to earn money for school fees. I went at the end of each year, to earn money to pay for the next year of school. I used to pick peaches, grapes and plums. I stayed in a hostel when I was doing this, but I was about 25 by then as my schooling had been delayed.

**JRHF:** What did you do after school?

**Mandini:** I worked all over after passing standard 10. I worked in Kimberly as a security guard. I worked at Boschendaal Winery in Cape Town where lots of foreign students came to learn about the different kinds of wines and grape juices that were made. I did lots of temporary jobs, like working with a mechanic. But then I became sick and I came back to Putuma [an area close to Zithulele]. I

would have liked to be a nurse or a mechanic but there were no opportunities. I was in my home, I was drinking and smoking, but then I started working for Jabulani and I stopped doing this. Jabulani is spreading. Before, there were staff who were struggling in their homes and then they started working for Jabulani and they've stopped struggling. Before Jabulani was in Zithulele, there were lots of robberies, people were killing each other, drinking and smoking lots. But more people are working now and these things are better [*I don't think Jabulani can claim the credit for a lot of this, however increased opportunities do make a massive difference - Ed*].

**JRHF:** What is your favourite part about the work that you do?

**Mandini:** It is all my favourite! I like to work. I am born to work. If I am not working, the day is not moving. I get that from my mother. I like the surgery times though. We work with lots of different doctors and each doctor has a different way of doing things so I am learning a lot from them and also

learning a lot about how to work with different people.

**JRHF:** Where would you like to be in five years?

**Mandini:** I'm married now. I have to do labola. My wife is not working as there is a scarcity of work. I have a daughter who is doing grade R at Putuma. I'm building my home but it costs a lot. We are living in one room and I'd like to have more space. I'm trying to save. I'd like to make a garden and a yard. I like being able to work closer to home; you can't have a home when you have to work far away.

**JRHF:** Thank you for taking the time to be interviewed. I have enjoyed hearing more about your story and learning more about you.

**Mandini:** I am happy to have been interviewed for Jabulani. At first I was worried that something was wrong. I spoke to [a colleague] and we wondered why I was going to be interviewed [*Clearly the Editor needs to explain things a bit better when asking if someone can be interviewed for the newsletter! - Ed*] but I am happy to have spoken with you.

## LOOK LIVELY

In the Zithulele area, there are 20 young adults (aged 18-35) with disabilities. Not one of them is employed and they rely on social grants. In the Nkwaleni area, where the Rural Ability Programme also operates, there are 17 people with disabilities between the ages of 18-35. Only two are employed - one is working in Johannesburg and the other one works in a local spaza shop. The rest rely on social grants. Many people with disabilities rely on a social grant as their only means of income with which to support themselves and their families. Many have skills or abilities that they are not able to use due to their limited access to opportunities, their current skills and level of support. Environmental barriers such as inaccessible transport, the terrain and poor infrastructure further restrict a person's ability to find employment.

The second phase of our Rural Ability programme, after the health component of the programme was stable, was to partner with people with disabilities and their families to focus on sustainable livelihoods as this is a significant component of any Community-Based Rehabilitation programme and is clearly needed in this area. Advocacy, inclusion, skills development, and income generation through employment or self-employment are all components of what we are or aim to become involved in.

One of the ways we foresaw doing this was through partnerships with existing local businesses. Suitable people with disabilities (identified through current health and education activities) would do apprenticeship training with a local business, earning a small stipend funded by Jabulani for one year. The idea behind this is that the business benefits by gaining a subsidised employee and the benefit to our programme is that a person with a disability would be gaining a skill that they didn't previously have. An unintended benefit but which we have seen come to light, is that it has contributed towards changing attitudes towards inclusion for the apprentices themselves, business owners and other parties interacting with a business.

Our first experience of this in action, was Sindile who is a 31 year old man with an Intellectual Disability from the Lutubeni area. When Community Disability Worker Nosakhiwo started supporting Sindile, he had done a few odd jobs but never been employed. Recognising his potential, we approached a local business woman running a brick making business and asked if she'd be willing to train people with disabilities. Subsequently Sindile was taken on as her first apprentice. He picked up the skills so quickly and operated at such a high standard that the business took him on as an employee after less than 6 months of the



apprenticeship. We were then able to place another person with a disability, Zolani, with the business in the apprenticeship role.

With this successful apprenticeship in place as well as some experience with other community projects and business ventures, in June, Jabulani employed Anathi as a Livelihoods Coordinator. Since then, he has started engagement with Further Education and Vocational Training institutions to explore potential partnership opportunities; he has been trained on and will soon be implementing savings and credit groups in partnership with SaveAct (a model providing people with not only an opportunity to save money but also to learn some of the daunting skills like budgeting, enterprise development and financial planning); he is engaging with some community

projects, assisting them to strengthen their business models and processes; and further apprenticeship and skills development opportunities have been identified. Anathi is working closely with the Zithulele Hospital therapy team to ensure that appropriate assessments are undertaken before a person with a disability is placed in a work environment.

Some of the fundamental principles of livelihoods programming are that ventures are people-centred, holistic, and ultimately aim to achieve sustainable livelihoods. In holding to these principles our community engagement thus far, and the partnerships that have developed through this, has created hope because there are now increased opportunities for people to be empowered to change their own situations.

## HOMING IN ON ECD

"My child is too little for school and I'm teaching him at home. I'm his teacher!" This response from a mom in the paediatric ARV clinic at Zithulele Hospital when asked whether her child attended pre-school as part of the child's developmental assessment, is a dramatic contrast to the situation that led to the initial development and implementation of our ECD in the Home programme. The findings of two Princeton University students conducting research in Zithulele in 2012 seemed to suggest that a widely held belief amongst parents in this area was that children only begin to understand when they learn to speak and that they only begin to learn when they start attending school. The fact that learning could start at home seemed to be a foreign concept. From this experience, our ECD in the Home programme began. The programme's objective is to change people's perceptions around ECD and the parents' role in it, and we realised that in order to do this, we'd need to take ECD beyond centre-based initiatives and into people's homes.

After trialling a few methods with varying success, an exciting addition to the programme is our recent partnership with Workworks, an organisation that specialises in developing easy, accessible resources and training guides that can be used to share ideas about how to support early language, literacy and maths. The ECD Community Workers, Athini and Minikazi, integrate these resources into their home visits in order to introduce parents to new ideas, link the ideas to their own experience and explore ways of putting them into practice with their children. Topics include Talk, Play and Sing; Draw and Write; and Enjoy Maths Every Day. This programme reinforces the learning gained at pre-school, or introduces these topics to parents who

realise the importance of talking or playing with their child/ren before they start to speak. Five hundred home visits were conducted during the last financial year and two hundred new parents were engaged.

After building relationships with parents in their homes and through weekly visits to Zithulele's paediatric ARV clinic (this provides an opportunity to reach a wide range of parents and children and makes constructive use of the waiting time), the ECD Community Workers also facilitate teacher/parent workshops where parents come together in the pre-school. These workshops seek to consolidate and build on the work started in the home, to improve relationships between teachers and parents so that education is seen as a partnership effort, and to build a communal excitement and enthusiasm for ECD, laying the foundation for higher quality education to be something that is pursued and expected beyond the current norm. If we can get parents to be interested, and keep teachers accountable to the learning that takes place in the classrooms, it will make a big difference.

It is encouraging to see that our long term objective of changing people's perceptions around ECD is starting to take root. The grounds of the pre-schools sound with laughter as the children enjoy lessons and educational games and numbers of children attending our two pre-schools have increased. Parents are starting to see themselves as their child's first teacher and are stopping Athini and Minikazi to ask when they are coming to their area to conduct home visits. These are all signs that while change is slow, the ECD in the Home programme is making a significant impact in this community.



**NEIGHBOURLINESS**

When doing outreach to Elliotdale and Mapuzi clinics, the Grace Vision Eye Care outreach team noticed more and more patients coming from the areas around our neighbouring hospitals. After talks with Madwaleni and Canzibe Hospitals, the team started doing outreach to these hospitals on alternate months. As both hospitals are more than a two hour drive from Zithulele, the team stays overnight and spends two days in each area, which also allows for more people to be seen at each visit. During the two day September visit to Canzibe Hospital, 125 patients were screened, 46 pairs of glasses were distributed and seven patients were booked for cataract surgery in November. While capacity and logistics mean that we are not able to roll out every Jabulani programme into surrounding areas, the mobility of the Grace Vision Eye Care programme means that we are able to meet needs beyond the usual boundaries of Jabulani's work.



**Madzit trail run**

Don't forget the MadZit on the 29th October! It's a 28km trail run over the rolling hills between Zithulele and Madwaleni Hospitals. For entry forms email Liaan at [liaan@jabulanifoundation.org](mailto:liaan@jabulanifoundation.org)

