Jabulani Rural Health Foundation

Annual Report

2008-9

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Introduction to Annual Report
by Foundation Director Ben Gaunt

When we founded the Jabulani Rural Health Foundation in 2007 we dreamed of an organisation that would not only support the work of Zithulele Hospital, but would play a significant role in the development of the community in which the hospital is based.

The 2008/09 financial year was our first full year of operation. As can be seen from this report we remain a small grass-roots organisation. Nonetheless, our growth during the year in review has been significant as foundations have been laid and a number of key projects started.

It was also a year in which we saw significant growth in terms of donations, both in cash and kind. Our donors, who include companies, other NGOs and individuals are acknowledged in this report. We believe that the funds you've entrusted to us are well spent, not only because we have low administrative overheads but because your funds are distributed directly to the area of need, be that malnutrition, the poor level of education in the area, or HIV and TB.

We are especially grateful to the many staff who volunteer their time. This includes a variety of professionals from the hospital and further afield. Mrs Becky Chappell worked tirelessly throughout this year; special thanks are due her for bravely volunteering to be our first Project Coordinator.

We have a real sense that we have only just started our work in this community. The 2009/10 year will see a number of projects come to fruition and further foundations laid for the bigger things that are yet to come. We are excited about the dream and the journey.

Thanks to everyone who has partnered with Jabulani to make a difference here at Zithulele.

May God bless you

Dr Benjamin Gaunt

Background

Jabulani Rural Health Foundation (JRHF) was founded in 2007 by four doctors working at Zithulele Hospital in one of the poorest areas of the rural Eastern Cape of South Africa. The government funded hospital serves a population of around 139,000. Most community members live without basic facilities, such as running water and electricity. Many are unemployed and under-educated and about 12% are living with HIV/AIDS. This figure rises to nearly 30% for the highest risk group – antenatal prevalence.

The JRHF supports the development of Zithulele Hospital and the community it serves through the development of community-based projects, focusing on healthcare support, care for those affected by HIV/AIDS, poverty relief, education and nutrition. The founder doctors are committed to staying in Zithulele long term to ensure that the Foundation makes a sustainable contribution to the community. With the help of donors, volunteers and community members they aim to make a tremendous difference in difficult circumstances.

The founders of JRHF, Dr Ben Gaunt, Dr Taryn Gaunt, Dr Karl le Roux and Dr Sally le Roux, continue to work at the hospital and with the JRHF in a supervisory capacity.

Personnel

Directors:	Dr Benjamin Gaunt (doctor at Zithulele Hospital since 2005)
	Dr Karl le Roux (doctor at Zithulele Hospital since 2006)
	Rev Joseph Ntlatywa (pastor of Uniting Reformed Church at Zithulele since 1990)
Members:	Dr Taryn Gaunt (doctor at Zithulele Hospital since 2005)
	Dr Sally le Roux (doctor at Zithulele Hospital since 2006)
	Dr David Bishop (doctor at Zithulele Hospital in 2006)
	Mr Rory Coltman (accountant)
Volunteer Staff:	Mrs Rebecca Chappell (General Manager and Foundation administrator, working full time for JRHF on a voluntary basis from 1 January to 31 December 2008).
	Mrs Leesa Bishop (part time voluntary admin assistant)

Projects

The Foundation is committed to providing employment to local people wherever possible and only draws in individuals from outside where the skills cannot be sourced locally. Local staff employed to work on projects are outlined under the relevant project descriptions below.

<u>Zithulele Hospital ARV Clinic Support</u>

This project assists the existing Zithulele Hospital ARV Programme to spread awareness about HIV/AIDS and provide accessible HIV/AIDS treatment to all who need it within our catchment area. Our aim is to meet the predicted need by getting ARVs to 110 new patients per month (1,300 per year) by increasing awareness and clinic accessibility and capacity.

In the past year, a donation from Breadline Africa has made it possible to employ 2 ARV counsellors, in addition to the 7 employed by government. These lay counsellors are the backbone of the ARV programme, ensuring that patients adhere strictly to their medication and that they get the support they need. We are also fundraising to employ an additional four counsellors to help run our expanding outreach programme, where Zithulele Hospital sends out teams to nearby clinics to prepare patients for ARVs, follow up those on treatment, supply their ARVs and conduct weekly support groups.

We have also secured the generous donation of a large pre-fabricated building by the Fabricated Steel Manufacturing Company. The building is already in use as consultation space at Ngcwanguba clinic (Zithulele Hospital's largest and busiest peripheral clinic). Before this, ARV clinic consultations were carried out with two nurses and one doctor in one tiny room and the support group would be relegated to the outdoors or cramped into a small tent in bad weather. The building, with separate consulting rooms for the doctors and nurses, storage and dispensation spaces, provides much needed space for Ngcwanguba's ARV service to operate as it always should have, with comfort and confidentiality.

Our major challenge is still accessibility. In keeping with this, our biggest needs are for a dedicated vehicle to transport the ARVs and outreach team to the peripheral clinics and funds to continue to employ our current ARV lay counsellors and additional counsellors as the programme expands. With over 1000 patients on ARVs we are grateful to the supporters of our alarm clock project, allowing us to subsidise alarm clocks for patients to remind them to take their ARVs.

ARV Personnel: **Athini Mbono (ARV counsellor from Sept 2008 to present)**

Sibongile Ncapayi (ARV counsellor from Sept 2008 to Feb 2009)

Zithulele Hospital Support

JRHF works closely with Zithulele Hospital to help the hospital with items that it is difficult or impossible to acquire through government channels. Items we assisted the hospital with during this financial year include: paper for clinical stationery, milk for malnourished children in the paediatric ward, photocopier toner, educational toys for children, consumables from which the physio- and occupational therapists make assistive devices for people with disabilities.

Pre-school

Zithulele Pre-school

JRHF is working to open a new Zithulele Pre-school. There was a pre-school in Zithulele before which closed in 2003. Through consultation with the community we learned what they thought went wrong last time and what they want out of the pre-school. We aim to provide a focused education experience for 4 to 5 year olds, preparing them for starting at school. Now we have a Pre-school Committee consisting of community members, a Foundation representative and the teacher. When the school opens we plan to have a parent committee to feed into this. We have appointed a teacher (to start in April 2009) and are looking to employ a teacher assistant.

Renovations have started on the pre-school and the opening is planned for 15 April 2009. We are fundraising to furnish and equip the pre-school as well as covering the costs of renovation.

Pre-school Outreach Programme

We plan to reach out to pre-schools in the surrounding area to provide training and support to existing and potential pre-school teachers. We have identified ten existing pre-schools and interviewed 20 potential candidates for teacher training. We have applied to the skills development agency for education (Education, Training and Development Practices Sector Education and Training Authority – ETDP SETA) for funding for training of 20 pre-school teachers. We are also looking to provide basic support for the schools themselves as many are extremely run-down.

The plan is to make Zithulele Pre-school a centre of excellence and mentoring where other teachers can come for training and shadowing of staff there.

Masikhule Garden and Nutrition

This is a community-run gardening project, which uses a demonstration garden to teach people to grow vegetables with essential vitamins for children. It is funded by our partner organisation based in Holland, Stichting Zithulele. Based on a similar project in KwaZulu Natal led by Professor Spinney Benade, our focus is on the education of families and the prevention of malnutrition in children. Professor Benade agreed to mentor this project and provide training for our newly appointed nutrition monitor elected by the community, Notandikile Valuvalu.

Notandikile lives locally and has a keen interest in agriculture and nutrition. Notandikile facilitates monthly meetings at the garden and visit local homes to invite mothers and children to attend. She provides education about nutrition and growing of vegetables, weigh the children involved and keep records. The families also have the opportunity to buy discounted seeds to start their own gardens.

Mashikhule Garden Staff: Notandikile Valuvalu (Monitor from May 2008 to present)

Waiting Mothers' Accommodation

The catchment area for the hospital is around 1000km^2. This combined with a lack of hospital transport and poor roads, means that many patients, including pregnant women, find it difficult to reach the hospital. As a result, the Zithulele Hospital maternity department estimates that around 50% of women give birth at home. Whilst some home-births can be complication free, delayed presentation to the hospital accounts for almost one third of avoidable perinatal mortality.

The Foundation has started renovating two existing rondavels and a kitchen for self-catering accommodation so that pregnant women near their term can have somewhere to stay adjacent to Zithulele Hospital. The aim is to reduce the avoidable risks associated with unattended home-births by ensuring that more women are closer to expert care during labour.

We raised the necessary funds with donations from Breadline, the Basil Brown Family Trust and the Rhodes Scholars and the renovation work is well under way. We expect to finish the renovations early in the next financial year. This project is a great example of our working in partnership with Zithulele Hospital. The waiting mothers' accommodation, on the Hospital's land, will be managed by the Hospital on behalf of the Foundation.

Micro-finance - The Sewing Ladies

A dominating problem in our area is the lack of employment opportunities, with around 90% of people out of work and relying on government grants to support them and their families. These community members live hand-to-mouth, and have no surplus funds to break them out of the poverty cycle.

Through our micro-finance project, we are keen bring economic empowerment to the community, providing small, interest-free loans to those applicants with a workable business plan. The loans are to assist with essential start-up costs for business, for example buying initial supplies. We also provide essential business skills training and ongoing support.

Since the project's conception in September 2008, we have provided loans for 13 women to start a sewing business together. They are using the money to buy material, repair old machines and pay a local lady to teach them the basics - the women have already starting making aprons and selling them outside the hospital.

This is a pilot project and is not without challenges. Whilst some of the women have taken on the opportunity with enthusiasm, others have unfortunately already dropped out.

We would like to provide more people with the opportunity to start their own businesses, so we are seeking donations to that end.

Community Centre and Headquarters Development

The JRHF has been granted a prime piece of land in Zithulele village by the community and chiefs on which to build a community facility (to include a hall for community meetings and events), educational centre (to include a library and computer room) and Foundation offices and preschool. We envisage that it will become a place for all sections of the community to meet, learn and communicate. We are receiving architectural input on this large-scale project, but hope to commence building work by the end of 2009.

Community Library and Literacy

In the interim period before the community centre is built, we plan to establish a library on church land next door to Zithulele Hospital. There is a very low standard of literacy within the community and little access to appealing reading material (the nearest library is in Mthatha, 90 kilometres away). We would like to encourage all community members, particularly children, to read widely – with story-time sessions and a good range of books in both Xhosa and English. First and foremost, we envisage this being a service taken up by secondary school students for after school learning. We have some funding and are currently seeking further funding to get this project off the ground.

Community Research

The University of California Los Angeles has granted the JRHF funding to gather information about our local community – around 139,000 people. UCLA funding has already given us much needed internet access for research and communication. The research involves geographical mapping, community consultations and surveys of households and nearby clinics. Our overall aim is to better inform ourselves of the community's needs, ideas and resources. We are at the early stages of this project and are looking to recruit someone to manage it fulltime.

Future Plans

We plan to continue to develop our current projects and establish further projects, in line with our overall purpose of supporting the hospital and its community. Priority projects in the coming financial year are to:

- Open Zithulele Pre-school and make it a centre of excellence;
- Identify further pre-schools to support;
- Source and implement training for other pre-school teachers;
- Open the Waiting Mothers' Accommodation;
- Expand the ARV programme to reach more patients;
- Build a TB Programme to operate alongside the HIV programme;
- Expand volunteer accommodation options.

We will continue to work closely with the community and involve them in our projects, to achieve a greater level of community ownership and ensure project sustainability.

It is important to us to communicate with our donors, who keep us moving forwards, and to achieve a greater visibility for our projects and appeals. We launched the JRHF website, www.jabulanifoundation.org towards the end of 2008. We will also produce a quarterly newsletter, which can be found on the website. The Foundation can be contacted on jabulanifoundation@gmail.com.

Thank you!

The life-blood of our work is our 'Friends of the Foundation', who donate monthly. A special thank you goes to: Johan and Paula le Roux, Gerard and Sally Boulle, David and Leesa Bishop, Marcel Schutgens, Timo Freeth and Lindi Mavuso, Sam and Ann Moore.

We want to thank everyone who has donated to use this financial year. We are proud that you can see that every cent of your donations is worked hard to make our projects happen. Thank you to: PBC Ainslie, Katheryn Akeroyd, the Austins, Basil Brown Family Trust, Breadline Africa, the Chappells, Christian Medical Fellowship, John and Alex Davidge, Fabricated Steel Manufacturers Fiona Gaunt, the Gaunt family, Gutsche, Mrs B Laugharne, Michiel le Roux, Letsema, the whole Paxton family, Reading School Student Council, Rhodes Scholars Southern African Forum, Rotary Club Hannut-Waremme (Belgium), The School for International Training, Stitchting Zithulele, Westerford High School and UCLA, and to all of our anonymous donors.

Jabulani Rural Health Foundation

(Association incorporated under Section 21 of the Companies Act)

(Registration number 2006/009074/08)

Annual Financial Statements

for the year ended 28 February 2009

Directors' responsibility for the annual financial statements

The directors are required by the South African Companies Act to maintain adequate accounting records and are responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is their responsibility to ensure that the annual financial statements fairly present the state of affairs of the company as at the end of the financial year and the results of its operations and cash flows for the year then ended, in conformity with South African Statements of Generally Accepted Accounting Practice. The external auditors are engaged to express an independent opinion on the annual financial statements.

The annual financials statements are prepared in accordance with South African Statements of Generally Accepted Accounting Practice and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgments and estimates.

The directors acknowledge that they are ultimately responsible for the system of internal financial control established by the company and place considerable importance on maintaining a strong control environment. To enable the directors to meet their responsibilities, the board of directors set standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the company and all employees are required to maintain the highest ethical standards in ensuring the company's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the company is on identifying, assessing, managing and monitoring all known forms of risk across the company. While operating risk cannot be fully eliminated, the company endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The directors are of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The directors have reviewed the company's cash flow forecast for the year to 28 February 2010 and, in the light of this review and the current financial position, they are satisfied that the company has or has access to adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the annual financial statements.

The annual financial statements for the year ended 28 February 2009 set out on pages 5 to 18 were approved by the board of directors on 25 August 2009 and are signed on its behalf by:

CBGaunt.

C.B. Gaunt **Director**

*The financial statements were scanned unchanged from the original audited documents and incorporated into this Annual Report. Therefore the page number reference above ("5 to 18") is inaccurate and should read "11 to 21".

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Report of the independent auditor

To the members of Jabulani Rural Health Foundation (Association incorporated under Section 21 of the Companies Act)

We have audited the annual financial statements of Jabulani Rural Health Foundation (Association incorporated under Section 21 of the Companies Act) which comprise the balance sheet as at 28 February 2009, and the income statement, statement of changes in equity and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 10 to 17.

Directors' Responsibility for the Annual Financial Statements

The company's directors are responsible for the preparation and fair presentation of these annual financial statements in accordance with South African Statements of Generally Accepted Accounting Practice, and in the manner required by the Companies Act of South Africa, 1973. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the annual financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these annual financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the annual financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud and error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual financial statements.

In common with similar organisations, it is not feasible for the organisation to institute accounting controls over cash collections from donations prior to initial entry of the collections in the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.

Opinion

In our opinion, except for the effects of any adjustments which might have arisen had it been possible for us to extend our examination of cash collections from donations, the annual financial statements present fairly, in all material respects, the financial position of Jabulani Rural Health Foundation (Association incorporated under Section 21) as at 28 February 2009 and its financial performance and its cash flows for the year then ended in accordance with South African Statements of Generally Accepted Accounting Practice, and in the manner required by the Companies Act in South Africa, 1973.

Supplementary information

The supplementary schedule set out on page 18 does not form part of the annual financial statements and is presented as additional information. We have not audited this schedule and accordingly do not express an opinion on it.

L. Dart
Chartered Accountant (S.A.)
Registered Auditor

EAST LONDON
25 August 2009

Directors' report

for the year ended 28 February 2009

The directors submit their report for the year ended 28 February 2009.

Business activities

The company is engaged in provision of support services to rural hospitals and communities and operates principally in the Eastern Cape Province of the Republic of South Africa. There was no major change in the nature of the activities during the year under review.

General review of operations

The results of the company and the state of affairs are set out in the attached financial statements and do not, in our opinion, require further comments.

The company's surplus for the year amounted to R 436 226 (2008: R160 155), details thereof are fully disclosed in the income statement on page 6.

Post balance sheet events

The directors are not aware of any matter or circumstance arising between balance sheet date and the date of this report.

Directors

The directors of the company during the year and to the date of this report are as follows:

K.W. Le Roux

C.B. Gaunt

J.K. Ntlatywa — Appointed 6 May 2008

Secretary

A secretary has not been appointed.

Auditors

Liedon will continue in office in accordance with section 270(2) of the Companies Act in South Africa.

Balance sheet
at 28 February 2009

	Note	2009	2008
		R	R
Assets			
Non-current assets			
Property, plant and equipment	2	**361 576**	5 246
Current assets			
Cash and cash equivalents		**234 805**	154 909
Total assets		**596 381**	160 155
Equity			
Capital and reserves			
Accumulated funds		**596 381**	160 155
Total equity		**596 381**	160 155

Income statement
for the year ended 28 February 2009

	Note	2009	2008
		R	R
Revenue		**493 208**	189 315
Other income		**3 135**	-
Operating expenses		**(60 834)**	(29 239)
Operating surplus	3	**435 509**	160 076
Interest received		**717**	79
Net surplus for the year		**436 226**	160 155

Statement of changes in equity
for the year ended 28 February 2009

	Accumulated funds R	Total R
Balance at 1 March 2008	160 155	160 155
Net surplus for the year	436 226	436 226
Balance at 28 February 2009	596 381	596 381

Cash flow statement
for the year ended 28 February 2009

	Note	2009 R	2008 R
Cash flows from operating activities		**442 452**	160 882
Cash receipts from donors and customers		**496 343**	189 315
Cash paid to suppliers and employees		**54 608**	28 512
Cash generated by operations	*7.1*	**441 735**	160 803
Interest received		**717**	79
Cash flows from investing activities		**(362 556)**	(5 973)
Additions to property, plant and equipment		**(362 556)**	(5 973)
Net increase in cash and cash equivalents		**79 896**	154 909
Cash and cash equivalents at the beginning of year		**154 909**	-
Cash and cash equivalents at the end of year	*7.2*	**234 805**	154 909

Notes to the annual financial statements

for the year ended 28 February 2009

1. Presentation of annual financial statements

The annual financial statements have been prepared in accordance with South African Statements of Generally Accepted Accounting Practice and the Companies Act of South Africa. The annual financial statements have been prepared on the historical cost basis and incorporate the principal accounting policies set out below.

1.1 Property, plant and equipment

The cost of an item of property, plant and equipment is recognised as an asset when:

- it is probable that future economic benefits associated with the item will flow to the company; and
- the cost of the item can be measured reliably.

Costs include costs incurred initially to acquire an item of property, plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of property, plant and equipment, the carrying amount of the replaced part is derecognised.

Property, plant and equipment are carried at cost less accumulated depreciation and any impairment losses.

Depreciation is provided on all property, plant and equipment to write down the cost, less residual value, by equal instalments over their useful lives as follows:

Item	Useful life
Buildings	Not depreciated
Equipment and machinery	5 years
Computer equipment	3 years

The depreciation charge for each period is recognised in the surplus or deficit.

1.2 Financial instruments

1.2.1 Initial recognition

The company classifies financial instruments, or their component parts, on initial recognition as a financial asset, a financial liability or an equity instrument in accordance with the substance of the contractual arrangement.

Financial assets and financial liabilities are recognised on the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are recognised initially at fair value. In the case of financial assets or liabilities not classified at fair value through the surplus or deficit, transaction costs that are directly attributable to the acquisition or issue of the financial instrument are added to the fair value.

1.2.2 Subsequent measurement

After initial recognition financial assets are measured as follows:
- loans and receivables are measured at cost.

After initial recognition financial liabilities are measured as follows:
- other financial liabilities are measured at cost.

1.2.3 Gains and losses

A gain or loss arising from a change in a financial asset or financial liability is recognised as follows:
- Financial assets and financial liabilities carried at cost: a gain or loss is recognised in the surplus or deficit when the financial asset or financial liability is derecognised or impaired.

1.3 Loans to/(from) related parties

These include loans from companies controlled by or related to directors.

These financial instruments are classified as loans and receivables or other financial liabilities and are carried at cost.

1.4 Trade and other receivables

Trade and other receivables originated by the enterprise are treated as loans and receivables and are carried at cost.

1.5 Cash and cash equivalents

Cash and cash equivalents are measured at cost.

1.6 Impairment of assets

The company assesses at each balance sheet date whether there is any indication that an asset may be impaired. If any such indication exists, the company estimates the recoverable amount of the asset.

If there is any indication that an asset may be impaired, the recoverable amount is estimated for the individual asset. If it is not possible to estimate the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use.

If the recoverable amount of an asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. That reduction is an impairment loss.

An impairment loss of assets carried at cost less any accumulated depreciation or amortisation is recognised immediately in the surplus or deficit. Any impairment loss of a revalued asset is treated as a revaluation decrease.

A reversal of an impairment loss of assets carried at cost less accumulated depreciation or amortisation other than goodwill is recognised immediately in the surplus or deficit. Any reversal of an impairment loss of a revalued asset is treated as a revaluation increase.

1.7 Employee benefits

1.7.1 Short-term employee benefits

The cost of short-term employee benefits, (those payable within 12 months after the service is rendered, such as paid vacation leave and sick leave, bonuses, and non-monetary benefits such as medical care), are recognised in the period in which the service is rendered and are not discounted.

1.8 Trade and other payables

Trade and other payables are measured at cost.

1.9 Provisions

Provisions are recognised when the company has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation, and a reliable estimate of the amount of the obligation can be made.

1.10 Revenue

When the outcome of a transaction involving the rendering of services can be estimated reliably, revenue associated with the transaction is recognised by reference to the stage of completion of the transaction at the balance sheet date. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the economic benefits associated with the transaction will flow to the company;
- the stage of completion of the transaction at the balance sheet date can be measured reliably; and
- the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

When the outcome of the transaction involving the rendering of services cannot be estimated reliably, revenue shall be recognised only to the extent of the expenses recognised that are recoverable.

Revenue is measured at the fair value of the consideration received or receivable and represents grants and donations received from funders and individuals and income from fund raising activities.

Interest is recognised, in the surplus or deficit, using the effective interest rate method.

2. Property, plant and equipment

2009	Depreciation rate %	Cost R	Accumulated depreciation R	Carrying value R
Owned assets				
Buildings	-	335 000	-	335 000
Equipment and machinery	20.00	9 730	(1 288)	8 442
Computer equipment	33.33	23 800	(5 666)	18 134
		368 530	(6 954)	361 576

2008	Depreciation rate %	Cost R	Accumulated depreciation R	Carrying value R
Owned assets				
Equipment and machinery	20.00	1 966	(393)	1 573
Computer equipment	33.33	4 007	(334)	3 673
		5 973	(727)	5 246

The carrying value of property, plant and equipment can be reconciled as follows:

2009	Carrying value at beginning of year R	Additions R	Disposals R	Depreciation R	Carrying value at end of year R
Owned assets					
Buildings	-	335 000	-	-	335 000
Equipment and machinery	1 573	7 764	-	(895)	8 442
Computer equipment	3 673	19 792	-	(5 331)	18 134
	5 246	362 556	-	(6 226)	361 576

3. Operating surplus

is arrived at after taking into account:

	2009 R	2008 R
Auditors remuneration	**4 574**	-
Depreciation of property, plant and equipment	**6 226**	727
- Equipment and machinery	**894**	393
- Computer equipment	**5 332**	334

4. Taxation

The company is a registered public benefit organisation in terms of s30(4) of the Income Tax Act and hence is exempt from Income Taxation.

5. Financial instruments

Exposure to interest rate and credit risk arises in the normal course of the company's activities.

5.1 Interest rate risk

The company generally adopts a policy of ensuring that its exposure to changes in interest rates is on a floating rate basis.

5.2 Credit risk

Management has a credit policy in place and the exposure to credit risk is monitored on an ongoing basis. Reputable financial institutions are used for investing and cash handling purposes.

At balance sheet date there were no significant concentrations of credit risk.

6. Related parties

6.1 Identity of related parties

The directors are identified in the directors' report.

6.2 Material related party transactions

None

Notes to the annual financial statements
for the year ended 28 February 2009

7. Notes to the cash flow statement

	2009 R	2008 R
7.1 Cash generated by operations		
Surplus before interest	**435 509**	160 076
Adjustments for -		
Depreciation on property, plant and equipment	**6 226**	727
Surplus before working capital changes	**441 735**	160 803
Increase in accounts receivable	-	-
Increase in accounts payable	-	-
	441 735	160 803
7.2 Cash and cash equivalents		
Cash and cash equivalents comprise the following -		
Balances with banks	**234 805**	154 909

Detailed income statement
for the year ended 28 February 2009

	2009 R	2008 R
Income	**497 060**	189 394
Donations received	**493 208**	189 315
Other income	**3 135**	-
Interest received	**717**	79
Expenditure	**60 834**	29 239
Auditors remuneration	**4 574**	-
Bank charges	**1 587**	216
Bad debts	**3 585**	-
Depreciation of property, plant and equipment	**6 226**	727
Garden expenses	**1 224**	-
Medical consumables	**5 229**	648
Printing and stationery	**1 480**	2 875
Registration fees	-	2 056
Repairs and maintenance	**4 140**	-
Resource materials	-	5 606
Salaries and wages	**17 595**	-
Secretarial fees	**516**	-
Subscriptions	-	5 025
Telephone	**8 253**	-
Travel and accommodation	**6 425**	12 086
Surplus for the year	**436 226**	160 155

JABULANI RURAL HEALTH FOUNDATION
(Association incorporated under Section 21)
Registration no. 2006/009074/08 PBO No. 930 027 691 NPO reg. No. awaited
Account details: ABSA, Frere Square, Br code 632005 Acc no. 4069520005 Swift code: ABSAZAJJ
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