



Jabulani Rural Health Foundation  
Annual Report  
2015 - 2016

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## **Introduction to Annual Report**

by Foundation Director Ben Gaunt

It's an old cliché that divides the world into people who see a glass of water as half full or half empty. But cliché though it is, it is true. When you visit Zithulele for the first time, it's impossible to miss the lack of infrastructure – schools that are broken down, roads that border on impassable at times, health care institutions that can be difficult to access and sometimes lack the resources they require. It's easy to be depressed by the way years of neglect have limited people's opportunities for employment. The glass is decidedly half empty. Together, we can bemoan "the way things are."

But the good news is that the glass is actually half full. Hope stirs in the hearts of young people who've been exposed to educational opportunities that didn't exist a few short years ago. A decade of input has brought remarkable changes in the hospital Jabulani helps support. The challenges remain real, but they represent exciting possibilities.

The annual report is a chance to give you a glimpse into the way Jabulani engages these possibilities. Nothing happens in a deeply rural area without a tremendous amount of effort, but that effort bears fruit, over and over. Please take the time to read about the latest news including such highlights as:

- HIV programme developments. Pre-packing medication has been adopted by government as national policy and our local experience has allowed us to help lead its implementation in our district. We also continue to support the clinical staff to offer truly quality care, from assisting to get viral loads done on time, to going the extra mile to support teens living with HIV.
- Rural Ability programme. We are modelling what many consider to be best practice and making a difference to literally hundreds of people living with disabilities.
- Early childhood development. From preschools, to the library, to Zithudlala and ECD in the Home, this is the stuff that is giving hope to a new generation. Our education programmes also model collaboration with other NGOs. It's another glass-half-full feature of Zithulele that visitors frequently comment on.
- Building services. The hard work of this team make the hospital's clinical team possible. NGOs benefit too. It's an example of the behind-the-scenes work that Jabulani does that helps things to happen. It's not "sexy" but it makes a massive difference.

I'm incredibly grateful to all our donors, who make so much of what we do possible. And I'm grateful to all our staff – many of whom work for salaries below their worth – who give so wholeheartedly to the people they serve. Aply led by John Young, no-one is just doing a job. They're helping to fill the glass.

I trust you will enjoy reading the report, and be encouraged by the financial statements. Together, we are making a difference.

## 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. Focussing on conserving and improving the environment
4. Poverty relief through community upliftment
  - a. Employ & train local people to work for JRHF, where possible
  - b. Job skill development
  - c. Supporting entrepreneurs

## JHRF 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 in one of the poorest areas of the rural Eastern Cape province 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 about 25% for the highest risk group – pregnant women.



The JRHF supports the development of Zithulele Hospital and the community it serves through the development of community-based projects, focusing on healthcare support, poverty relief, education, environmental issues and community development. The founding 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

**Patrons:** Archbishop Emeritus Desmond Tutu  
Leah Tutu

**Directors:** Dr Benjamin Gaunt  
- Doctor at Zithulele Hospital since 2005  
- Founding director since 30 March 2007

Dr Karl le Roux  
- Doctor at Zithulele Hospital since 2006  
- Founding director since 30 March 2007

Rev Joseph Ntlatywa  
- Pastor of the Uniting Reformed Church at Zithulele since 1990  
- Director since 6 May 2008

**Members:** Dr Taryn Gaunt      Doctor at Zithulele Hospital since 2005  
Dr Sally le Roux      Doctor at Zithulele Hospital since 2006  
Dr David Bishop      Consultant anaesthetist; doctor at Zithulele Hospital in 2006  
Dr Leesa Bishop      Doctor in Pietermaritzburg; doctor at Zithulele Hospital in 2006

### Salaried/Stipended Staff:

Ms Nothandekile Valuvalu	Garden Monitor since May 2008
Ms Thandeka Xhakaza	Ex-teacher, now Pre-school Programme's Principal since April 2009
Ms Asanda Jonga	Ex-translator, now Administrator since July 2009
Ms Thandiwe Mhlaba	Ex-TB Counsellor, now ARV Counsellor since August 2009
Ms Buyiswa Speelman	TB Data Manager since September 2010
Ms Unathi Twalikulu	Ex-translator, now Optometry Assistant since September 2010
Mr John Young	General Manager since January 2011
Ms Nonyaniso Mdaniswa	Pre-school Assistant / Cleaner and Cook since February 2011
Ms Neliswa Banjwa	Ex-Translator/Auxiliary Worker, now Administrator since March 2011
Mr Richard Mcunukelwa	Community Liaison since May 2011
Ms Fundiswa Mbongwana	Ex-translator, now Pharmacy Helper since September 2011
Ms Nomonde Sicengu	Translator since February 2012
Ms Lindeka Mbanga	Translator since April 2012
Ms Yandiswa Thutsheni	ARV Counsellor from June 2012 - December 2015
Mr Mandini Lugalo	Ex-translator, now Optometry Assistant since September 2012
Ms Yandiswa Mahlanyana	Pre-school Teacher since March 2013
Mr Lulamile Danile	Ex-translator, now Pharmacy Helper since July 2013
Mr Liaan Marais	Building Services Manager since August 2013
Ms Kirsty Paxton	ECD Consultant from September 2013 - July 2015
Ms Zonke Banjwa	Ex-translator, now ARV Counsellor since September 2013
Ms Gerda Marais	Education Co-ordinator since January 2014
Ms Sinethemba Beja	Ex-translator, now Switch Board Operator since January 2014

Mr	Mbuso Kabalaza	Gardener / Handyman since January 2014
Mr	Masixole Namate	Ex-translator, now Community Disability Worker since February 2014
Ms	Zodwa Banjwa	Cleaner / Inventory Administrator from February 2014 - January 2016
Ms	Shannon Morgan	Rural Ability Programme Co-ordinator from February 2014
Mr	Roger Galloway	Healthy Village Project Co-ordinator from March 2014
Mr	Mzukisi Mahlangu	Driver since March 2014
Ms	Thunyiwe Zinyo	Pre-school Teacher from March 2014 - May 2015
Ms	Nosakhiwo Blayi	Community Disability Worker since May 2014
Ms	Buzeka Nkanunu	Community Disability Worker since May 2014
Ms	Vuyiswa Mgudlwa	Community Disability Worker since May 2014
Ms	Nosiphiwe Magadule	Community Disability Worker since May 2014
Ms	Tabisa Hlalendlini	Community Disability Worker since May 2014
Ms	Chwayita Sogoni	Facility and Patient Support Co-ordinator since June 2014
Mr	Phumlani Mpanana	Gardener / Handyman since September 2014
Ms	Minikazi Mabola	ECD community worker and pre-school teacher since September 2014
Ms	Philiswa Nkqwili	Pre-school Assistant from September 2014 - January 2016
Ms	Kyung Park	Project Trust from August 2014 - August 2015
Ms	Penny Ellis	Project Trust from August 2014 - August 2015
Ms	Phelisa Memeza	Librarian since September 2014
Mr	Ayanda Dyantyi	Translator since September 2014
Ms	Phumeza Ndlebe	Translator from September 2014 - July 2015
Ms	Usapha Mtambeka	Translator since November 2014
Mr	Sinethemba Magadule	Ex-translator, now HR Assistant since November 2014
Ms	Kayakazi Msebenzi	Nurse since November 2014
Ms	Michele van Rooyen	Administrator since January 2015
Ms	Sidumise Qwase	Translator since January 2015
Ms	Mmapaseka Malangeni	Translator since January 2015
Ms	Lungiswa Zunguzane	Translator since January 2015
Mr	Songezo Siloqo	Translator from January - April 2015
Mr	Samkelo Nkomiyahlaba	Translator from January - April 2015
Ms	Noluntu Magejane	Translator from January - June 2015
Mr	Nyaniso Nzimane	Ex- translator, now Optometry Assistant from Jan 2015 - Jan 2016
Mr	Lwandile Ndawo	Pharmacy Helper since March 2015
Ms	Catherine Young	Health Programmes Manager since April 2015
Mr	Sizabantu Nyangeni	Jump Start Facilitator and Mentor since April 2015
Mr	Sibonile Banjwa	Carpentry Apprentice since May 2015
Mr	Bhekisisa Hotyo	Carpentry Apprentice from May - December 2015
Ms	Thandiwe Matshaya	Translator since May 2015
Ms	Putumani Fatsha	Ex-translator, now ARV Prepacking Administrator since May 2015
Ms	Athini Mbono	Ex-Translator, now ECD Community Worker since August 2015
Mr	Vuyolwethu Qwase	Translator since August 2015
Ms	Asiphe Swana	Translator from August - December 2015
Ms	Ziqelekazi Gcininkosi	Translator since November 2015

Ms	Hannah Walke	Project Trust from August 2015
Ms	Emily Lloyd	Project Trust from August 2015
Ms	Xolisa Chirwa	Pre-school teacher since January 2016
Ms	Ntombifuthi Mfundisi	Pharmacy Helper since January 2016
Ms	Nomawonga Mpontshane	Translator since January 2016
Ms	Ayanda Parafini	Translator since February 2016
Mr	Ntlahla Nkqwili	Jump Start Assistant since February 2016
Ms	Pharane Pilusa	Optometrist since February 2016
Mr	Lethu Nqineka	Translator since February 2016

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

**Volunteer Staff:**

- Ms Emily Davis (June to August 2015)
- Ms Salome Ecker (June to August 2015)
- Mr Harry Barber (November 2015 to March 2016)
- Ms Lucy MacDonald (February to March 2016)

A special mention must be made of all those who have given up their time to volunteer their services with us this year. Thank you.



## Project Reports

### HEALTH

#### HIV and AIDS Clinic Support

During the year, Jabulani continued to work hand-in-hand with the Department of Health (DOH) to ensure the continuation and strengthening of the HIV Programme. We have tried wherever possible to maintain the standards set in previous years, wherein the clinical and HIV programme staff have worked exceedingly hard to not only ensure access to care, but to ensure access to *high quality* care despite the resource-limited rural setting. This year we continued supporting the fully decentralised, but supported from a resource efficient central base, provision of ARVs across 12 facilities. By the end of February 2016, there were 5503 patients on ARVs across the programme and 92% of these were collecting their treatment on a named, pre-packed basis at their local clinic. The ability for so many patients to reliably access treatment at their local clinic has continued to be made possible by Jabulani's crucial involvement in the prepacking component of the programme: Jabulani staff and volunteers manage the substantial administrative component of the programme as well as undertaking all the prepacking of this life-saving medication.

From January 2016 onward, we started providing support for the transition of patients from our current prepacking programme onto the new National Department of Health's (NDOH) prepacking programme for chronic conditions. As our programme has always focussed on both access to treatment and clinical management of patients, moving onto an initiative that's design has been primarily focussed on distribution has posed some significant challenges to us, thus part of the support we will continue to provide is on the side of monitoring clinical management of patients and we will continue to provide advice on how a prepacking system can work effectively in a rural setting, based on our experience over the years. Our existing prepacking programme will continue to run alongside this new programme as not every patient will be eligible to move over, and we will need to review and redesign aspects of the support provided by Jabulani as the programme takes shape.

We have continued to support the HIV/TB Mentor Mothers employed by the Philani Mentor Mother's Zithulele programme, to ensure their full integration with the wider HIV/TB programme. We continue to provide regular support including monthly training to these Mentor Mothers as well as to the three HIV and TB Counsellors employed by Jabulani and who work at Zithulele Hospital.

We have also continued to provide tailored support to our caregivers, children and adolescents on the programme, due to their particular vulnerability. In August 2015, we started holding quarterly events on Saturdays for our children and teens, to provide them with support and peer support outside of the consultation room. Although small, these events have been really enjoyed and we hope to continue and grow them as funding allows. We have also continued our measures to improve adherence to treatment with regards to making it easier to give or take treatment. Specifically, we have continued to mark syringes and bottles of syrup medications with level markers so that illiterate caregivers are able to give the correct doses of treatment and we've continued to provide peanut butter to the caregivers whose children spit out their bitter tasting medication (the peanut butter is used to coat their mouths before administering the syrup, so that the medication sticks to the peanut butter and also the taste is masked a bit).

Our continued work on the ARV Programme would not be possible without grant funding from the Discovery Fund, contributions from the Donald Woods Foundation, and individual donations and we are grateful for the support they give us that allows us to continue to make an impact in this area.

### **TB Project**

The TB data manager and counsellor, employed by Jabulani, work together with the teams at the hospital's TB Point and TB ward, to monitor patient adherence, counsel patients requiring treatment, and follow-up defaulters. During the year, 687 patients were supported to start TB treatment. As there is a high rate of co-infection with TB and HIV, improvements made to the system in previous years ensure that there is less room for TB patients to miss the opportunity to test for HIV or start on ARVs if required. Of the 687 patients who started TB treatment during the year, 314 were HIV+ (100% of those who did not already know their HIV status received an HIV test). 155 of the HIV+ patients were already on ARVs when they started their TB treatment and another 134 started ARVs while on TB treatment (either they did not know their status prior to starting TB treatment or they had not yet been eligible to start ARVs due to their CD4 count but were now because of also having TB). Unfortunately 25 patients who tested HIV+ did not start ARVs during their TB treatment.

Information from each monthly cohort of starts continued to be reviewed regularly using information and statistics compiled by the Jabulani TB data manager, allowing the TB team to keep close tabs on what is happening with each patient. The wider TB team continued to struggle to care for and monitor patients who seek medical attention from the hospital when they are very ill, get started on TB treatment but then go home to areas far from the hospital, as this makes continued care or follow up at the hospital hard to access. Often these patients get transferred out to a facility closer to their home, a scenario that makes it impossible for us to monitor their continued care and adherence to treatment. For those whom we can, we have continued to prepack their TB treatment along with their ARVs for delivery to one of the clinics supported by Jabulani's ARV programme and at least with these patients we are able to monitor their care. Some however, disappear from care and despite efforts to contact them telephonically or by home visit, we can make no assumptions as to whether they access TB treatment from elsewhere or default.

As TB continues to be a major cause of morbidity and mortality in and around Zithulele, the supporting role played by Jabulani enabled by the continued financial support of the Sonnevank Foundation, remains a significant contributor to the fight against TB.

### **General Hospital Support**

We continue to try and get the balance right between supporting Zithulele Hospital while also not alleviating the Department of Health from their responsibility to provide resources and services. However, the support we continue to provide is helpful in preserving the sanity of the staff and in the maintenance of a positive, "can-do" attitude amongst hospital staff who may otherwise feel frustrated in their roles when problems arise but there are few achievable solutions within official channels. Many are small interventions, but that make a significant difference to the quality of care that the Hospital can provide.

Some of the ways that we have supported the Hospital over the past year include:

- Funding and employing translators for the clinical professionals working in the out-patients' and therapy departments (this improves the quality of the consultations and simultaneously releases the

nurses to do nursing jobs) as well as an administrative assistant and switchboard assistant to supplement the Hospital's administration team.

- Funding a number of materials used to re-structure the out-patients' department (OPD) so that the space available could be divided into OPD and Casualty and a new system called the South African Triage System could be effectively implemented.
- Providing paper for clinical stationery, particularly to support the re-structuring of the out-patient' department and the new processes that were implemented.
- Managing the sourcing and procurement of equipment funded specifically for the hospital via Jabulani channels. Over the past year this included 4 vital signs monitors and 15 portable blood pressure monitors.
- Purchasing food supplements for the Paediatric Ward.
- Purchasing durable ski-rope to secure hospital equipment when being transported from East London to the hospital.
- Purchasing aluminium sulphate powder for the hospital's water works when this was not able to be supplied through government channels and without it the water for the hospital could not be effectively treated.

### **Mercy Vision Zithulele**

Mercy Vision Zithulele (MVZ), a collaboration between Jabulani, Mercy Ships SA and the Eastern Cape Department of Health, started in September 2012 and continues to go from strength to strength. With an aim to reduce the prevalence of blindness and poor vision arising from uncorrected refractive error, cataracts, glaucoma and other eye diseases, the MVZ team works in the villages and clinics around Zithulele, reaching people who have never before received any form of eye care. During the year, 4794 patients underwent eyesight assessments, 817 pairs of glasses were distributed, 247 cataract surgeries were performed and 659 post-operation consultations conducted, 109 glaucoma patients received care with 288 follow up consultations, and 72 people were referred for more specialist care.

An exciting expansion to the programme involved the implementation of a schools outreach team, whose function is to visit junior schools in the area, testing the vision of the children and providing corrective measures where possible to improve these children's participation in school. With the priority being Grades 1, 3 and 6, the team tries to assess each entire school so that by the time they are through, every child can see the blackboard, read their textbooks and in other words, engage in their education. During the year, 7576 eyesight assessments were conducted, 92 children were referred to be seen by an Optometrist, and 14 referred for more specialist care.

This programme, where often an immediate improvement in someone's quality of life can be witnessed as they arrive unable to see clearly and leave with renewed sight, continues to be a motivating force for all of our work where the benefits are often only seen further down the line.

### **Pharmacy Support**

As part of our support to Zithulele Hospital, Jabulani supplies supplementary staff where existing staff are stretched and taking strain. In May 2012 the decision was made to hire a pharmacy helper, a position that has continued to provide a noteworthy, stable contribution to a team that has experienced many of the usual ups

and downs experienced in Department of Health staffing. During this year, we also provided some additional short-term staffing assistance when there was only one Department of Health pharmacist for a few months and the workload was unmanageable for the existing team.

### **Nutrition**

After the significant change in the community garden last year when the location of the garden had to be changed and when we took the opportunity to change how this garden is run and managed by the community, this year was just about maintaining the garden and continuing to invest in the knowledge of the community participants through Nothandekile's ongoing teaching and support. The families involved continue to grow their own vegetables in a sustainable way, both for feeding their families and to sell excess produce for additional income.

Nothandekile continues to visit Zithulele Hospital's paediatric ward on a weekly basis to educate the women of the admitted children about how to garden in a nutritious way. She also maintains the vegetable gardens at Zithulele and Khanyisa Pre-schools, where gardening is incorporated into the curriculum, with children not only learning about how to grow vegetables and the importance of a balanced diet, but where they also eat the produce from the gardens as part of their school lunch.

Our enormous thanks to the individual donor (supporting us via the work of Stichting Zithulele) who continues to make this project possible.

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

Over the past few years, Jabulani's support of the Therapy Department at Zithulele Hospital has enabled the building of a Rehab model hut using CSI funding from Rumdel Cape; allowed for the purchase of supplies and other rehabilitative equipment like custom designed rural wheelchairs funded through the IDC; the building of a secure storage facility for the Hospital's wheelchairs, built using money specifically raised for this purpose; and the employment of translators to assist in consultations. This kind of support was continued this year, with the employment of translators, and the purchasing of tubes for the basketball wheelchairs and patient files for the physiotherapy department.

Our Rural Ability Programme (RAP), a Community Based Rehabilitation programme made possible through a partnership with the Christian Blind Mission, continues to be far-reaching in its impact. With a scope that is broader than health or rehabilitation alone, it has at its core a desire to improve the quality of life for people with disabilities (PWD) through promoting and facilitating the inclusion of PWD in mainstream society. The challenges faced by disabled people all over the world are exacerbated by our deeply rural setting, to the point where we know of disabled adults in our community who have never left their homes. People with disabilities face many obstacles in accessing healthcare services, educational and employment opportunities in this area. Transport to the hospital for a patient in a wheelchair can cost the family up to R600 per trip. There are only three schools for children with disabilities and they are all in Mthatha, about 90km away. Employment opportunities and skills development programmes are almost non-existent.

During the year, the RAP expanded into a sixth area, and now covers the Zithulele community as well as the five areas that have been covered since the start of the programme. Each area continues to have a Community

Disability Worker (CDW) from within the target area, whose role is to work with PWDs and their families. They partner with the Zithulele Hospital Rehabilitation Department's therapists to bring services closer to the community and prevent secondary complications through early identification, referral, education and support.

During this year, rehabilitation has remained a core element of the programme but we have also begun to focus more on other spheres, such as advocacy, schooling for children with disabilities, increasing involvement of PWD through forming committees, and looking at ways of improving people's livelihoods.

Raising awareness and understanding of epilepsy was chosen as a focus point for the year, as there are many people with epilepsy in the programme catchment area and it seems to be a poorly understood condition that can be very disabling and isolating. By October 2015, there were 45 children who have epilepsy on the RAP database. Over the year, three community epilepsy awareness events were held in various locations, aimed at raising awareness so that people will be less afraid of those who have epilepsy and more inclined to include them in activities in the home, schools, community and in the work place. Over the year, a further 22 training sessions were held with educators, engaging 129 people. Some of this training also involved training Early Childhood Development (ECD) phase teachers and playgroup facilitators on how to include children with disabilities in mainstream education opportunities. The RAP began engaging with the three special schools in Mthatha, from which we gained a better understanding of why inclusion in mainstream schools is important (the special schools are at maximum capacity with long waiting lists and staff shortages). By the end of the year, 7 children with disabilities in the target area were being included in ECD centres (pre-schools/playgroups) and supported by the RAP. This work will be expanded on in the next year. 21 people working in ECD in the target area also received training on the use of a persona doll when engaging with children.

Further advocacy during the year included: a delegation of programme staff and clients to a hearing hosted in East London by the South African Human Rights Commission who were investigating poor Emergency Medical Services and Planned Patient Transport in the Eastern Cape; a group of Amputees from the Zithulele Hospital catchment area met to share and discuss issues and the RAP Project Coordinator has since been liaising with the advocacy group Section27 on how best to move forward with the group's call to action on the issue of prosthetic services in the Eastern Cape; and the Project Coordinator met with the Ministerial Advisory committee on mental health in January 2016 to discuss the challenges facing rural populations in accessing mental health care services. Two of the six target areas for the RAP now have CBR committees that are led by a PWD in their community.

Work also began in the area of livelihoods development, with the placing of an apprentice with a local brick making business. The experience was so successful for both the apprentice and the business owner that the apprentice was taken on as an employee after 4 months and a further PWD was taken on as an apprentice. We also started recruiting for an experienced livelihoods coordinator to expand this part of the RAP.

By the end of the year, the RAP had 776 PDW on their database, with 318 of these being active clients receiving regular support and follow up by a CDW. Through our interactions and learning from the community, the RAP seeks to establish a best practice CBR model that can be replicated in other rural communities in South Africa.

### **Waiting Mothers' Accommodation**

The waiting mothers' accommodation was built during 2009 to provide a place for women near the end of their pregnancies to wait so they can be close to medical care when they go into labour. The hospital continues to manage this accommodation that continues to be used to full capacity.

## **EDUCATION**

As with last year, this year was mainly spent consolidating and improving our existing four main areas of work within education, namely pre-school support, the Library, ECD in the Home, and Zithudlala. None of our education programmes would be possible without the support of ApexHi and Stichting Zithulele, a Dutch foundation with links back to one of the first doctors to work in Zithulele. Their commitment to provide long term funding allows us to develop initiatives that have solid foundations and are therefore more likely to be sustainable.

### **Pre-school Support**

The objective of our pre-school support is to provide a safe and stimulating environment where young children can grow and develop in all areas; socially, emotionally, physically and intellectually, in order to move into Grade R with confidence. Zithulele Pre-school continues to provide a valuable service to local children as well as the children of professionals working in and around Zithulele. We are grateful for the ongoing enthusiasm and commitment of Teacher Thandeka, who after recognition of her potential to be developed further, was promoted to Pre-school Programmes Principal, with the expanded mandate to oversee both the Zithulele and Khanyisa Pre-schools.

Advertising the pre-school through our ECD in the Home programme proved to be a success and the number of learners increased for this year, with a total of 66 children enrolled across the two schools. At the beginning of 2016, Xolisa Chirwa, an experienced and NQF Level 4 trained teacher was appointed to Khanyisa Pre-school. We continue to have 4 teachers, two at each school.

Once again, we capitalised on our proximity to the library and hospital. The children either had a weekly story time in the library or the librarian went to the school, read to the children and educated them on the importance and fun of books. It was also a busy year with visits from health professionals, as the children were seen by a doctor, the dentist, optometrist and therapists. All the children were evaluated at the beginning of the year, mid-year, and then again at the end of the year, with regards to their development of fine motor control, gross motor control, and communication skills. As well as the obvious benefits to the children, the educators themselves have benefitted greatly from support and input from the Zithulele Hospital staff. Thirty ECD teachers received training from the therapists on assessment skills and planning. They worked together to compile a comprehensive assessment sheet for the learners. These evaluation reports were sent out to the parents and explained to them. The teachers additionally received continuous training on inclusive education from Jabulani's Rural Ability team.

The pre-schools continued to receive porridge sponsored by JAM. The children ate this on a daily basis supplemented once a week with vegetables from the pre-school's own vegetable garden. As part of the curriculum, the children were taught how to plant and maintain a vegetable garden and the value of eating a healthy, balanced diet. A beautiful jungle gym was built at Khanyisa Pre-school by a visiting team from the Common Ground Church in Cape Town in July 2015. The jungle gym has provided for countless hours of fun and laughter and the children can now improve their gross motor development through climbing and playing.

Approximately 20 teachers/ECD playgroup facilitators attended weekly training led by Thandeka. These training sessions focussed on the themes covered each week in the curriculum. Thandeka guided the others with regards to activities, discussions, exercises, games and songs that can be used to illustrate and teach each theme. These workshops also provided an opportunity for the educators to share ideas and plan together. Some art and craft materials were supplied and teachers were encouraged to gather materials to use during each theme, with a particular emphasis on using recycled materials.

Regular meetings were held with the parents and the parent's committee to ensure that all stakeholders remain involved in the running of the pre-school. Parents were kept up-to-date with what was happening as well as with their children's progress. The parent committee remain a valuable source of input for decision-making and planning.

### **Library**

The library is a source of information for learners from surrounding schools, who often need to do research for school projects, and have very few options for gathering information. The material available at the library is in need of updating, with the bulk of it being supplied by private donors giving their no-longer used books, but it is still the best source that learners can access and has proved useful. Library members continue to take out books to read, though there isn't a significant reading culture in Zithulele, meaning that our member numbers and those taking out books are still not as high as we would like. It is our hope that by continuing to develop a love of reading in the young learners in the community, a culture of reading will develop and grow, so that the library becomes a hub of activity for young learners and adults alike.

The library continues to be a well-utilised venue for fun and educational activities run by both Jabulani and Axiom Education. Zithudlala is being run in the afternoons (see below for more information on this) and Axiom's Community Readers continue to run a weekly reading club that is well-attended by learners. To make effective use of the space during school hours when children aren't accessing the library, the venue is also used by staff from the local NGO's as it provides extra space to teams who don't always have venues for training and meetings, and the break-away room in the library is used almost daily by the Jump Start programme (refer to page 18 for more on this programme).

Our current major challenge is the limited experience and support of staff currently running the library which makes administration of the space and development of an improvement strategy difficult. When there is the opportunity for it, it would be highly beneficial for an experienced librarian to join the team, to upskill those currently involved and develop a more defined strategy for library use and development in the future.

## **ECD in the Home**

The long term goal of changing the mind-set and opinions of parents towards the value and role of early childhood development (ECD) and their role as the child's first teacher, remains the focus of the ECD in the Home programme. We still face the challenge of many caregivers remaining unaware of the importance of ECD; some feel that their child's education is the responsibility of teachers and schools, while others believe they are not equipped with the experience or resources to support their child in this way. With this long term view, it continues to be difficult to quantify the success or impact of the ECD in the Home programme, but the impact to us on the ground is becoming more obvious and we are seeing the ripple effect spread.

During the year, we continued our strategy of ECD in the Home visits to the parents of Zithulele and Khanyisa Pre-schools, as well as to the parents of Ngocoko Pre-school pupils. This plan worked well, both for the sake of continuity, but also because it improved the relationship between parents, teachers and children. When we were able to expand to having one full time and one part-time ECD Community Workers in the field, we gained the capacity to start including non-pre-school parents in home visits too and thereby expanded the influence of home based education even further. Five hundred home visits were conducted during the 2015/2016 year; 300 of which were to existing parents/caregivers and 200 were engaging new parents/caregivers. This programme serves as a link between pre-schools and the community at large. The ECD Community Workers visit homes in the community and can inquire from parents as to why they are not sending their children to pre-schools, while also taking the time to make sure the truth about ECD is heard and counter any myths or misunderstandings about early education.

We also continued with our ECD Parent workshops and twelve workshops were held at Zithulele and Khanyisa Pre-schools during the year, with attendance being between 15 – 20 parents each time. We used one of these workshops to introduce parents to one of the new resources that we are using on our ECD in the Home programme, namely Wordworks. The contents of these materials are interesting and colourful and the ECD Community Workers integrate these resources into their home visits and workshops 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 ranging between the ages of birth to 5 years. Topics include Talk, Play and Sing, Draw and Write and Enjoy Maths Every Day. This programme also reinforces any learning gained at pre-school. Without funding, we wouldn't have been able to continue or expand our ECD in the Home programme or advocate for ECD and pre-schools, and for this we are grateful to ApexHi for their support.

## **Zithudlala**

Research into Early Childhood Development (ECD) has shown that young children learn best by having fun. For ECD in Zithulele, that meant identifying what fun learning activities could be implemented given our resources and opportunities. With the Xhosa word for play being "dlala", the Zithudlala "Let's Play" programme was started towards the end of 2013 after a successful pilot. This programme continued during the reporting year, centring on the use of play as a means to stimulate children's educational growth and development, as well as promoting play as an end in itself for children whose difficult living conditions and limited access to resources may mean that they rarely get to enjoy this basic human right.

Zithudlala is being run in the afternoons, with attendance by young children increasing this year, largely due to the involvement of two new staff from Axium Education, who visited surrounding homes and schools to



advertise the activities for children at the library. The Zithudlala sessions are facilitated in partnership with the librarian, and three sessions were run each week: LEGO; crafts; and board games. Approximately 130 sessions were run over the year. Our long-term goal remains to have a play centre that provides a safe space for young children to play on weekday afternoons by facilitating access to play equipment and supervised activities but in the meantime we continue to make use of the library as a venue.

After receiving a donation of Duplo Lego in 2015, we used this to start up a toy library. Despite setting up procedures, giving training to those who would administer the toy library and advertising it at several pre-school meetings and during home visits, uptake of this service was much slower than expected. Towards the end of the year, we realised that we needed to revise our strategy and in April 2016, two of our employees will attend the training on toy libraries offered by Toy Libraries in South Africa (TLASA). We do believe that the toy library can still be a success, and that a toy library system will be beneficial in our community.

### **Local High School Support**

In keeping with our intention to partner with others who are already attempting to do something in this community, rather than Jabulani coming with a prescriptive idea of what should be done, we have partnered with a local school, Sea View Senior Secondary School, who had the will and desire to improve their teaching space but not the means with which to do this. Teaching space at this school had always been an issue, and their recent expansion to including grades 8 and 9 (as well as the previous grades 10-12), meant that space was even more desperately needed and a move was made to renovate two classrooms that were unfit to teach in. One of the teachers at the school put together a plan with the principal and his colleagues to get the community involved, using a selection of students to conceptualise what they wanted these classrooms to look like and then to do the physical renovations under the supervision of a few skilled labourers, and Jabulani helped to realise this dream.

While most of this work was done during the last financial year, during this year the finishing touches were completed. Final materials were purchased for completing the classroom renovations, labour for fixing the doors and door frames was provided, a digital projector and a chalk board was purchased for the classrooms, payment was made to the project management services that assisted with the renovation project, and Xhosa-English dictionaries were purchased as “thank you” gifts for learners who assisted with the project.

## **COMMUNITY UPLIFTMENT AND DEVELOPMENT**

### **Jump Start**

Growing up in the rural Eastern Cape has numerous limitations, one of which is access to skills training. Jump Start, which was started in 2014 with a successful pilot, is a gap-year programme with a broad skills development focus designed to provide exposure to and development of a wide range of skills for post-matrices who have not yet been able to secure post-school opportunities to work or study further. Participants are identified through our partnership with Axiom Education, and they are taken through a structured programme designed to increase their skills base as well as to develop character, self-worth and confidence. The programme is broken up into four areas, namely: Business/Academic; Social; Skills/DIY; and Physical.

For the 2015 programme, we recruited an experienced facilitator (with a background in youth programmes and mentorship) to coordinate this programme and we had 5 young men from our surrounding villages undertake the programme. The participants covered over 50 modules in various topics and undertook a paid work placement for the duration of the programme, with either one of the NGOs operating in Zithulele or with Zithulele Hospital. Some highlights from the year included renovating two classrooms at Sea View High School in Zithulele, assisting with the building of the jungle gym at Khanyisa Pre-school, assisting a local Tata (old man) with his vegetable garden, and teaching First Aid to a group of community members in Lusikisiki along with volunteers from Cape Town.

Three participants received tertiary education positions for 2016 although one was unfortunately discouraged by his mother to attend college (he has done some part time work for Jabulani this year instead). Another participant has worked fulltime for Jabulani this year on the ARV programme, continuing the role he held for his work placement. The fifth participant has joined one of the Axiom Study Groups for the year. While not everyone was able to move on to what they dreamed of for 2016, the impact of the programme on their lives was evident at the graduation ceremony held at the end of the programme, where they all spoke highly and positively about what the programme has meant to them and instilled in them. We are grateful to the more than 30 volunteers and members of the professional community in Zithulele who facilitated modules and to those who fund this programme, namely the E3 Initiative and the many individuals who believe in the value of this programme and who faithfully donate money to ensure that it can continue.

### **Carpentry Skills Development Programme**

The carpentry skills development programme has continued to operate as a small business, run by a local entrepreneur, motivated by the need for job creation for local men and a skills development/apprenticeship programme for those with no prior carpentry or artisan skills, with stipends being provided by Jabulani.

Over the year, a diverse range of over 80 different projects were completed. The programme is slowly making in-roads into the local market with a number of sales to staff from around Zithulele Hospital. The success of the project has been clearly evident not only in the strong demand for the high-quality and environmentally-friendly furniture, but also in all of the apprentice carpenters being offered jobs with other businesses and NGO's following their apprenticeships. During the year, another two apprentices were taken on and a carpentry component was also included in the Jump Start programme.

Unfortunately this project will come to an end at the beginning of the next financial year, as Roger Galloway who has been leading this project will be leaving the Zithulele area and we do not have the funds, skills or capacity to continue this project without him at this stage.

### **Community Centre**

The community centre continues to be well used with events often needing to be planned according to availability. It is currently used on a daily basis for community gatherings, meetings, weddings, training, conferences, as a classroom for Axiom's Khan Academy, and even as overnight accommodation for the Mercy Vision surgery patients.

### **Community Playground**

Offering the children of Zithulele a safe environment to play in, as opposed to in the road, has made a huge difference to the community. The playground, which was built in 2011, comes complete with a jungle gym, swings, a slide and a climbing wall and is well-utilised and enjoyed by many children every day. Repairs were done to the jungle gym during the last year, fixing items that had broken or been damaged through use and general 'wear and tear'.

### **Relief of Social Distress Fund**

Over this past year, we have continued with the Relief of Social Distress Fund (RSDF) because it continues to be of enormous benefit to the recipients and indispensable when there are no other options. As one of our core values has always been to promote empowerment rather than create dependence, we have always tried to avoid any form of 'hand-outs'. However, sometimes there are certain circumstances where emergency relief is required in order to save people's lives or at least provide a bridge to a more stable place where they can manage again under their own steam.

The guiding principle of the fund is "a hand-up and not a hand-out" with small, low profile, short term funds or food parcels offering emergency relief to families while we help them 'get back on their feet'. Jabulani manages this fund very carefully with specific criteria, amounts, and duration periods in place to ensure that this fund is not misused and that only families in extreme need benefit from it. Although "transport" is not an 'exciting' expense to cover it has been vital to not only help lift families out of poverty by supporting them to get documented, but has also been instrumental for clients accessing timely health care and in some instances this has literally been lifesaving!

Mentor Mothers Zithulele and the doctors at Zithulele Hospital are the main referral sources for this fund, because as frontline workers they are best placed to identify families who could benefit the most from the fund. In this financial year, the fund has helped with transport money in over 500 instances (families/individuals were assisted with transport to access, including but not limited to: healthcare, SASSA or the Department of Home Affairs); approximately 30 food parcels were distributed over the year; and approximately 70 individuals were supported with miscellaneous items such as formula for when breastfeeding is not an option, money to pay for photos for identity documents, soap or hospital registration fees.

### **Microfinance**

After investing significantly in the development of James Jabula and his business making leather products, Jabulani continued to have bi-monthly meetings aimed at improving his basic management skills until August 2013, when James decided that he was ready to handle his business on his own. However, although his artisan skills are excellent, he found that he struggled on the business-side and approached us to resume the mentoring. In June 2014, we provided a small business loan to get him going again and meet with him regularly for mentoring and business support.

In June 2015 we also issued a micro-finance to Mhlahlane Poultry, a small start-up broiler chicken business not far from the hospital. Seven neighbours got together, did all the necessary research, raised the necessary start-up capital, made all the preparations in terms of storage, materials, medicine, and food, and purchased their first batch of chicks in January 2015. They approached Jabulani in June 2015 to assist with a small cash injection

to supplement the chicken feed required in the last few weeks before they could start selling. Jabulani was more than happy to assist considering the amazing work these ladies had done. In August 2015 they sold 92 chickens from their first batch which is an incredible number considering what can go wrong in the chicken broiler business. The micro-finance loan issued has since been paid back and the business is going strong.

## **ENVIRONMENT**

### **Healthy Village Project**

One of the foundational reasons for the creation of Jabulani was to address the causes of many of the problems faced by the community in Zithulele and not just treat the symptoms when they present at the hospital. As the interconnectedness of health, education and the environment and their impact on poverty become clearer over the years, we trialled a variety of projects and interventions until we were in a position to launch the fully fledged Health Village Project in the year 2013-2014.

This project continued during the past year, largely made possible through a second generous donation from the Freddie Marincowitz Welfare Trust, and we have continued to provide part time work for two youth from the surrounding villages. Our efforts to remove alien vegetation have continued and since the inception of the programme, we have planted and fenced 843 indigenous trees or non-invasive fruit trees (451 over the past year). Over the year, approximately 2400 bags of refuse were removed from Zithulele and taken to the rubbish dump in Mqanduli (55km away) and a one tonne trailer load of recycling was taken to Tata Waste in Mthatha (95km away) each month.

Our efforts to get systems in place for dealing with solid waste in Zithulele have eventually paid off. Through a partnership with Zithulele Hospital who have committed a piece of land to the project in return for their waste being included in the collection agreement with Mqanduli Municipality, construction of a new refuse and recycling centre has begun and is due to be completed in March 2016. This centre will serve as a collection and sorting site and Mqanduli Municipality have committed to collecting waste on a weekly basis, freeing up our time and resources to manage recycling.

## **BUILDING SERVICES**

Since 2010, there has been a regular need for Jabulani to be involved in construction and maintenance in order to provide housing for hospital and NGO staff coming to live and work in Zithulele. The early days saw renovations being done to the "Old Clinic", the "Volunteer Accommodation", "Zuba House", "Mama Ncedi's" and the "Student House". As part of the '1000 from a 1000 Challenge' that was launched in November 2011, we undertook a "Garage Conversion" project, built "Axium House" and in our most ambitious building project to date, constructed a housing complex comprised of six housing units, a storage unit, a laundry and parking facilities, on hospital land that later became known as "New Lundi" (meaning New Horizons). These more recent accommodation units were made possible through incredibly generous donations from many individuals and organisations (each giving their R1000 as part of the '1000 from a 1000' campaign), but also through grants awarded from the Anglo American Chairman's Fund and the Discovery Foundation's Rural Fellowship Award.

The second phase of accommodation was built at New Lundi during this year. This included two new three-bedroomed houses, four one-bedroomed units, and a laundry/storage area. A new vehicle access gate was installed along the lower fence near to these units. This new build was funded by Mercy Vision and the Anglo American Chairman's Fund and will provide accommodation for 10 more clinical professionals working at Zithulele Hospital or for those working with the Mercy Vision Eye Care programme.

Some major and minor renovations and repairs were done during the past year. On Mission Land: a new roof was put over Mama Ncedi's and the back of the Volunteer House as the old roof was leaking more and more and in serious need of attention; minor renovations were done inside the Volunteer House, including repairing some walls and a few broken things, painting, and putting up kitchen shelves. In the Plaza hospital accommodation area: a speed bump was installed to limit the danger of cars to children playing in that area; minor oven and plumbing repairs were done in homes when hospital maintenance were unable to fix the problems. In the Jabulani office: burglar bars were added to the loft window and the bars on the ground floor windows were re-enforced. At New Lundi: double fencing was erected along the northern boundary fence to allow trees to grow and to increase safety; two more water tanks were installed, one to serve as an inline filter tank and to increase storage capacity and the other as a backup supply from the main water supply; continued implementation of mulch pits in order to reduce the strain on the French drain as well as to make wise use of the grey water; and an extension was built onto the existing Unit 6 (bedroom, bathroom, lounge and storage area) which required breaking up the floor, compacting and relaying the floor with new tiles. At Khanyisa Pre-school, the maintenance team oversaw the building of the new jungle gym (mentioned previously in this report), the design of which was specifically to allow for extension at a future date.

Wherever possible, when embarking on construction of accommodation, we develop multi-bedroom homes that provide attractive and sustainable housing for professionals with families, thus enabling the Hospital and NGO's to retain staff long term, something we have discovered to be a key driver of significant community transformation. Jabulani continues to manage the leases on these buildings, all of which are situated on land belonging to the local Uniting Reformed Church that started the mission hospital back in 1956, or on land belonging to Zithulele Hospital. The church receives the rental income for houses on mission land and is financially responsible for maintenance and upkeep. This arrangement is a win-win situation in that the church derives some income from its buildings but Jabulani and the hospital benefit because there is suitable accommodation made available for professional staff coming from outside. Rent paid by professionals in accommodation built on hospital land goes straight back into Jabulani's budget for maintenance.

We have continued with the employment of people to undertake the maintenance of all these buildings and the areas surrounding them. We now have two full time gardeners/handyman as well as a Building Services Manager, who are responsible for general upkeep of accommodation and overseeing any new building projects, cleaning of roofs and gutters, cutting grass, removing weeds and alien vegetation, nurturing trees and other plants.

## **VEHICLE**

The Jabulani vehicle (a Citi Golf) continues to help us “make things happen.” It has helped ensure a reliable supply of antiretroviral medication to the clinics when the hospital does not have transport, it is used to ensure that the ECD in the Home programme is able to reach those homesteads beyond walking distance from Zithulele, as well as in numerous other instances when staff have needed mobility in order to better serve the community. With funding specific to the Rural Ability programme, a Colt 4x4 was purchased during 2014 for the provision of services to people with disabilities (had to have off-road capability to reach homes of people with disabilities) and at the end of 2015, a further vehicle (a Mahindra Scorpio 4x4) was purchased specifically for the livelihoods component of the Rural Ability programme. In 2014, Jabulani also took over maintenance responsibility for the Donald Woods Foundation vehicle that has been left for use on the HIV/TB Programme and this continued during 2015-2016. We also have an open trailer that primarily gets used for recycling and refuse removal but that has also been used for transporting building materials. With the increase in maintenance work and the expansion of the Healthy Village Project that requires regular trips to Mthatha with heavy loads, a need for a more suitable car (other than the Citi Golf) has arisen and we are hoping to secure funds to purchase one in the next financial year.

## **ADMINISTRATION**

Administration is the backbone of any organisation and having a dedicated, permanent office space (shared with Axiom Education) has certainly helped in this area. Since October 2014, we have also had Neliswa in the position of Foundation Administrator, after working her way up through Jabulani since she started as a translator in 2011. Her progress through the organisation continues to be an example of how someone with potential can develop skills through being given opportunities to practice and improve and her promotion sits well with our desire to develop people from “inside” wherever possible.

As the organisation has grown both in number of programmes and employees, the administrative component of the work has increased too and we will be considering other measures for keeping up with these demands as we move into the next financial year.

## **FUTURE PLANS**

We are continually looking at ways in which we can improve our links within the community and increasing community involvement in our projects in order to achieve a greater level of community ownership and ensure project sustainability. We will be engaging in some new ideas and ventures in this area over the next year. In addition to that, some of the things that are in the pipeline for next year include:

- Continued assistance to the ARV programme to ensure that the fight against HIV/AIDS doesn't lose momentum, with specific attention given to the support given to particularly vulnerable groups (children, adolescents, caregivers) and the transition of part of the existing programme onto the National Department of Health's new prepacking programme for chronic conditions;

- Expand the roles of the staff who are employed as translators at Zithulele Hospital in order that they are able to develop new skills through a broader experience base;
- Expanding the livelihoods component of the Rural Ability programme so that people with disabilities can be given apprenticeships or taught a livelihoods skill, working with the teachers in the area to do training on disabilities and inclusion;
- Further strengthen the work being done at Zithulele and Khanyisa Pre-schools and expand the support we provide to nearby Ngocoko Pre-school;
- Continuing to improve our partnership with Axiom Education with regards to ensuring that the library is used as effectively and as fully as it could be;
- Expanding the ECD in the Home programme in order to reach new parents/caregivers;
- Expanding the Healthy Village Project and completing the refuse and recycling centre;
- Expanding accommodation options for NGO staff;
- Renovate the Jabulani office when Axiom Education's new offices are completed and they have moved out.

We will also continue to produce a quarterly newsletter and regularly update our Facebook account and the website: [www.jabulanifoundation.org](http://www.jabulanifoundation.org).

## THANK YOU!

The life-blood of our work are our 'Friends of the Zithulele', 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.

Adele Middlecote	Hazel Campbell	Nicola Blucher
Ainslie and Jennie Chinembiri*	H P Fair	Olaf Sakkers
Alan Yen*	Hannah Fox	Pamela Vuyo
Amy Ferreira	Helena Langenhoven	Phateka Ntaba
Ana Houston*	J&A Williams	Penny Ellis
Anglo American Chairman's Fund	James and Ros Irlam*	Peter Grant
Anne Gentry	Jen Minnaar	Petra Van der Pol
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Christian Blind Mission*	Kara Jones	Rob Wise*
Claire Lowdon	Karen Galloway	Robert Lowry
Clarissa Oosthuizen	Karl and Sally le Roux	Roger Galloway
Common Ground Church	Kayleigh McMillan	Ruan and Suretha Cilliers
Craig Paxton	Kevin Pasio	Sally and Gerrard Boule*
David and Leesa Bishop*	Khanyisa Ndaba	Sam and Ann Moore*
Desiree Smith	Kirsten Rowe*	Samantha James
Dianka Oosthuizen	Kirsty Jackson	Sarah Caine
Dineo Lecheko	Kyle Kinderknecht	Simon Wallis
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Done Landoli	Lego South Africa	Stephan Kops
E & L McCance	Liaan and Gerda Marais*	Stichting Zithulele*
E3 Initiative	Lindsay Pollard	Sukie and Bill Barber
Emily Davis	Lingesh Pillay	Susan Wishart
Elmarie van Wyk	M Bennett	Suzi Minne
Michael Gathercole	Mandy and Mathias Wessels*	Tom and Clare Ellis*
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Felicity de Kock	Mercy Ships*	The Bateman Family Trust
Fynbos Trust	Meriel Raymond	Tom and Becky Kemp*
Gareth and Nadishani Meyer	Micaël and Lorraine Berthoud	Tom and Jo Withington*
Gerald Summers	Natasha Miszewski	Trevor and Eleanor Gaunt*
Gerdie de Jong	Nick Fine	Warren van der Westhuizen*

\* denotes friend

### 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

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Patrons: Desmond & Leah Tutu