



# Jabulani Rural Health Foundation Annual Report 2016 - 2017

## CONTENTS

<b>Introduction by Dr Ben Gaunt</b>	<b>3</b>
<b>Vision, Mission and Core Values</b>	<b>4</b>
<b>Background</b>	<b>5</b>
<b>Personnel</b>	<b>6</b>
<b>Project Reports</b>	<b>9</b>
<u>Health</u>	9
HIV and AIDS Clinic Support	9
TB Project	10
General Hospital and Pharmacy Support	11
Grace Vision Zithulele	11
Nutrition	12
Rural Ability (Therapy Department Support)	12
Waiting Mothers' Accommodation	14
<u>Education</u>	15
Pre-school	15
Library	17
Zithudlala	17
ECD in the Home	18
<u>Community Upliftment and Development</u>	19
Jump Start	19
Carpentry Skills Development Programme	20
Community Centre	20
Community Playground	21
Relief of Social Distress Fund	21
Microfinance	21
MadZit	22
<u>Environment</u>	22
Healthy Village Project	22
<u>Building Services</u>	23
<u>Vehicles</u>	24
<u>Administration</u>	25
<b>Community Engagement</b>	<b>25</b>
<b>Future Plans</b>	<b>26</b>
<b>Thank You</b>	<b>27</b>

## **Introduction to Annual Report**

by Foundation Director Ben Gaunt

Some people think of rural life as quiet and laid back. The beautifully lush hills and endless, open beaches in our part of the world certainly lend themselves to postcard-ready scenes that would support that view. Behind the scenes, though, life is rather more frantic.

Years of neglect have resulted in a lack of health care, education and infrastructure that will take more than a generation to redress. For some people, life is simply about surviving. For others, it's about finding ways to make life better, through work or growing a family. For a few, there is opportunity to take care of those needs while reaching out to others. Wherever one finds oneself, it is easy to be swept along by the busyness.

It is no different in the NGO sector. Every year at Zithulele offers new challenges and new opportunities. There's so much to be done! Finding moments to reflect can be difficult in the rush. I'm grateful, therefore, for the Annual Report. It's a legal requirement that we submit one, but it's also a chance to document some of the successes of the past year (as well as the occasional failure).

If you take the time to read the detail, you'll find in these pages news that will make you happy and give you hope. You'll read how the staff of Jabulani, in the face of what can seem like overwhelming need, are making a difference in healthcare, education, the environment and poverty relief. The ARV support project, one of our earliest, now provides back-office assistance to over 6000 people. The hospital, long described as a "beacon of hope" provides better and better care to more people, facilitated by the value-adding staff Jabulani employs to make clinical staff more efficient. People with disabilities are no longer hiding in their homes but becoming increasingly part of their communities. In education, there's a quiet revolution underway as the value of good early childhood education becomes better understood. The ripples of influence are widening through our training programmes. Recycling is becoming a way of life for some people for the first time and on the employment front, the Foundation now employs more people than ever before – and pays special attention to their development.

No one person, or one organisation is going to "change the world" by themselves, but we are determined to do our bit. We are grateful for the other NGOs we work in partnership with, as well as the Hospital. I am especially grateful to every Jabulani employee, who gives generously of their time and effort (at below market pay) to make a difference in the lives of others. The senior staff of Jabulani, under John's leadership, deserve special mention.

And lastly, we are grateful as always to the many people and organisations who support Jabulani. Without you, none of this would be possible.

I hope you will find a moment to enjoy some reflection as you read this report. May it bring you hope.

## JRHF Vision

We aim to bring hope and positive change to the community around Zithulele Hospital by supporting the hospital and partnering with the community in its development and growth.

## JRHF Mission

To reach our vision we will focus on the following areas:

1. Health care
  - a. Supporting the development of Zithulele Hospital and its surrounding clinics
  - b. Helping improve access to quality health care
  - c. Specific health care projects, including care for those affected by HIV/AIDS
  - d. Improving nutrition through education and support
2. Education
  - a. Supporting early childhood development
  - b. Promoting literacy
  - c. Supporting schools
3. The Environment
  - a. Focusing on conserving and improving the environment
4. Poverty relief through community upliftment
  - a. Employ & 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 130,000. Most community members live without basic facilities, such as running water and electricity. Many are unemployed and under-educated and about 15% are living with HIV/AIDS. This figure rises to about 35% 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

Mr	Anathi Jindela	Livelihoods Coordinator since June 2016
Ms	Asanda Jonga	Ex-translator, now Administrator since July 2009
Mr	Asipe Dlentele	Healthy Village Assistant since January 2017
Ms	Asiphe Swana	Translator from August - December 2015
Mr	Asmen Magila	Translator since April 2016
Ms	Athini Mbono	Ex-translator, now ECD Community Worker since August 2015
Mr	Ayanda Dyantyi	Ex-translator, now Optometry Assistant since February 2016
Ms	Ayanda Parafini	Translator since February 2016
Ms	Bethany Aird	Project Trust from September 2016
Ms	Buyiswa Speelman	TB Data Manager since September 2010
Ms	Buzeka Nkanunu	Community Disability Worker since May 2014
Ms	Catherine Young	Health Programmes Manager since April 2015
Ms	Chwayita Sogoni	Facility and Patient Support Co-ordinator since June 2014
Ms	Emily Lloyd	Project Trust from September 2015-August 2016
Ms	Erica Burger	Education Co-ordinator since August 2016
Ms	Gerda Marais	Ex-Education Co-ordinator, now Financial Administrator since August 2016
Ms	Hannah Walke	Project Trust from September 2015-August 2016
Mr	John Young	General Manager since January 2011
Mr	Lethu Nqineka	Translator since February 2016
Mr	Liaan Marais	Building Services Manager since August 2013
Ms	Lindeka Mbanga	Translator since April 2012
Mr	Lindikaya Tyontsi	Switchboard Assistant since January 2017



Mr	Lulamile Danile	Ex-translator, now Pharmacy Helper since July 2013
Ms	Lungiswa Zunguzane	Translator since January 2015
Mr	Lwandile Ndawo	Pharmacy Helper from March 2015 - December 2016
Ms	Lydia Mgcwaba	Cleaner / Inventory Administrator since March 2016
Mr	Malibongwe Ntlaninge	Healthy Village Project Assistant since March 2016
Mr	Mandini Lugalo	Ex-translator, now Optometry Assistant since September 2012
Mr	Masixole Namate	Ex-translator, now Community Disability Worker since February 2014
Ms	Matilda Ashford	Project Trust from September 2016
Mr	Mbuso Kabalaza	Gardener / Handyman since January 2014
Ms	Michele van Rooyen	Administrator since January 2015
Ms	Minikazi Mabola	ECD community worker and pre-school teacher since September 2014
Ms	Mmapaseka Malangeni	Ex-translator since January 2015, now Optometry Assistant since July 2016
Mr	Mzukisi Mahlangu	Driver since March 2014
Ms	Neliswa Banjwa	Ex-translator/Auxiliary Worker, now Administrator since March 2011
Ms	Noluntu Magejane	Translator from January - June 2015
Ms	Nomonde Sicengu	Translator since February 2012
Ms	Nonyaniso Mdaniswa	Pre-school Assistant / Cleaner and Cook since February 2011
Ms	Nosakhiwo Blayi	Community Disability Worker since May 2014
Ms	Nosiphiwe Magadule	Community Disability Worker since May 2014
Ms	Nothandekile Valuvalu	Garden Monitor since May 2008
Mr	Ntlahla Nkqwili	Jump Start Assistant from February 2016-January 2017
Ms	Ntombifuthi Mfundisi	Pharmacy Helper since January 2016
Ms	Pharane Pilusa	Optometrist from February-November 2016
Ms	Phelisa Memeza	Librarian since January 2017
Mr	Phumlani Mpanana	Gardener / Handyman since September 2014
Ms	Putumani Fatsha	Ex-translator, now ARV Prepacking Administrator since May 2015
Mr	Richard Mcunukelwa	Community Liaison from May 2011-August 2016
Mr	Roger Galloway	Healthy Village Project Co-ordinator from March 2014-March 2016
Mr	Sandi Tshemese	Translator since January 2017
Ms	Shannon Morgan	Rural Ability Programme Co-ordinator from February 2014
Mr	Sibonile Banjwa	Carpentry Apprentice from May 2015-April 2016, Translator from Jan 2017
Ms	Sidumise Qwase	Ex-translator, now TB Counsellor since February 2016
Mr	Simlindile Ngqelakhe	Translator since January 2017
Ms	Sinethemba Beja	Ex-translator, then Switch Board Operator from January 2014-Jan 2017
Mr	Sinethemba Magadule	Ex-translator, then HR Assistant from November 2014-August 2016
Mr	Sizabantu Nyangeni	Jump Start Facilitator and Mentor since April 2015
Ms	Sweetness Mpontshane	Translator since from January 2016-January 2017
Ms	Tabisa Hlalendlini	Community Disability Worker since May 2014
Ms	Thandeka Xhakaza	Ex-teacher, now Pre-school Programme's Principal since April 2009
Ms	Thandiwe Matshaya	Translator since May 2015
Ms	Thandiwe Mhlaba	Ex-TB Counsellor, now ARV Counsellor since August 2009
Ms	Unathi Twalikulu	Ex-translator, now Optometry Assistant since September 2010
Ms	Usapha Mtambeka	Translator since November 2014

Ms	Vuyiswa Mgudlwa	Community Disability Worker since May 2014
Mr	Vuyolwethu Qwase	Translator from August 2015-April 2016
Ms	Xolisa Chirwa	Pre-school Teacher since January 2016
Ms	Yandiswa Mahlanyana	Pre-school Teacher since March 2013
Ms	Yandiswa Thutsheni	ARV Counsellor from June 2012 - December 2015
Ms	Ziqelekazi Gcininkosi	Ex-translator, Optometry Assistant Feb-July 2016, translator July-Nov 2016
Ms	Zonke Banjwa	Ex-translator, now ARV Counsellor since September 2013

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**

Esteban Barrera (June 2016)  
Alejandra Borja (June 2016)  
Penny Ellis (August 2016)  
Kyung Park (August 2016)  
Lena Krug (August 2016 – September 2016)  
Anja Glatzel (December 2016 – March 2017)  
Kim Hofmann (December 2016 – March 2017)  
Jenny Michell (February 2017 – ongoing)

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.

### **Personnel Development**

Employing and training local staff has always been part of our mission, and as we have grown steadily over the years, it has become more necessary to focus on the development of our workforce. We continually seek ways for our staff to gain new skills, engaging in a variety of paid-for and free training opportunities depending on the area in which people are employed within the organisation. However, there are still some gaps that we need to fill with regards to general personal and professional skill development.

From 2017 onwards, we will be starting to focus more on this aspect. We aim to hold a mid-year event for the full team, not a celebratory event like the one we usually now hold at year end, but one that will focus on the development of general, transferable, professional skills. It is hard to get our large, dispersed team together more regularly than twice per year, so we will also be exploring other ways to focus on personnel development in more manageable ways.



## Project Reports

### HEALTH

#### HIV and AIDS Clinic Support

Jabulani's supporting role in the HIV programme coordinated by Zithulele Hospital has been relatively stable over the past few years. We have continued to work hand-in-hand with the Department of Health (DOH) to ensure the continuation and strengthening of the HIV Programme and maintaining 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 past year was the hardest year for maintaining standards, with the implementation of the National Department of Health's (NDOH) prepacking programme for chronic conditions, as change is always hard for people to adjust to especially when implementation is fairly sudden and on a large scale. The Jabulani team almost worked around the clock for a number of months, trying to ensure that the service to patients was as uninterrupted as possible. Although we still have a way to go before standards reach the level we've been able to achieve over the past years, things have settled down to a certain degree and we are currently reassessing our role within this broader programme. Our existing prepacking programme has continued, and will continue, to run alongside this new programme as not every patient is eligible to move over onto the national programme and we can still play a crucial supporting role to clinics and patients alike. By the end of February we were supporting over 6500 ARV patients across our own and the national prepacking programme. Only 344 of these patients are being supported at hospital level, meaning that nearly 95% of the patients on ARVs are receiving services at their nearest clinic. The ability for so many patients to access treatment reliably at their local clinic has continued to be made possible by Jabulani's crucial involvement in the programme.



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 continue 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, and we have continued these through the past year. 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 over the past year would not have been possible without grant funding from the Discovery Fund, contributions from the Donald Woods Foundation, and individual donations. 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, 580 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 580 patients who started TB treatment during the year, 310 were HIV+; 176 of the HIV+ patients were already on ARVs when they started their TB treatment and another 106 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 eligible because of also having TB). Unfortunately 26 patients who tested HIV+ did not start ARVs during their TB treatment.

The number of patients starting TB treatment at Zithulele Hospital is significantly lower than in previous years (approximately 100 fewer patients). This is due to new efforts to change how patients are managed, if they are not HIV+, have uncomplicated TB, and are not from our immediate area. Rather than starting them on treatment here and then struggling to get patients back for follow up appointments and risk losing the ability to monitor their adherence to treatment, they are rather being referred to their nearest clinic to start treatment if they fall into the above, uncomplicated category. This allows us to focus our energy on those who need it most, and allows clinics to care for those whom it is within their scope to do so.



For those patients who are part of ARV programme that we support (see above section of this report) and who have started their TB treatment at Zithulele Hospital, we have continued to prepack their TB treatment along with their ARVs for delivery to the clinics, so that patients can collect TB treatment and ARVs at the same visit. This allows us to continue to monitor their adherence to TB treatment despite them actually collecting treatment from a clinic.

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 and Pharmacy Support**

The biggest aspect of our on-going support of Zithulele Hospital is the employment of supplementary staff, who assist where existing staff are stretched and taking strain, or who take up roles that allow clinicians to focus on being clinical. In addition to the HIV and TB staff mentioned in previous sections, additional support staff we employ include 11 translators, one pharmacy helper, one switchboard assistant and one human resources assistant. Our translators facilitate good communication between clinicians and patients, thus contributing to improved health service provision; our pharmacy helper has provided stability in a department that has experienced significant ups and downs in staffing over the years; and our employment of a switchboard and a human resources assistant has allowed continuity of Personal Assistant support to the Clinical Manager, which has become a vital component to the on-going progress and development of the clinical team at Zithulele.



In terms of providing consumables support to the hospital, we continue to try and get the balance right between supporting but not alleviating the Department of Health from their responsibility to provide resources and services. However, when procuring things through official channels proves impossible or poses a risk to getting the “job done” or the sanity of the clinical team, small interventions from our side can make a significant difference. Some of the ways that we have supported the Hospital over the past year include:

- Procuring washing powder for hospital laundry
- Purchasing electric multi-plugs and glue for casualty and wards
- Purchasing drawers and files for the neonatal ward revitalisation
- Buying a steel angle iron and electric switchplug boxes for renovations to the hospital; and
- Paying for repairs to the Philips HD7 Ultrasound machine

### **Grace Vision Zithulele**

Mercy Ships SA agreed to fund and develop an eye care programme in and around Zithulele back in September 2012. As Jabulani was already established on the ground and had a good working relationship with Zithulele Hospital and the Eastern Cape Department of Health (ECDOH), the decision was made for the eye care programme to operate under Jabulani’s umbrella. Since implementation, the programme has expanded considerably and had a significant impact on people’s lives. The programme holds at its core, the intention to reduce the prevalence of blindness and poor vision arising from uncorrected refractive error, cataracts, glaucoma and other eye diseases. The Grace Vision team works in the villages and clinics around Zithulele, reaching people who have never before received any form of eye care.

During this year, our theatre service, on request from the ECDOH, expanded to include four neighbouring areas – Tsolo, Libode, Lusikisiki and Bambizana. Consultations for 5196 patients were conducted; 766 pairs of glasses were issued; 337 prescription glasses were ordered and purchased; 276 cataract surgeries were performed; 276 glaucoma patients were attended to; and 251 people were referred on to Nelson Mandela Hospital for more specialist care. A highlight of the year for the team was expanding the school outreach service, undertaking daily outreach to the Junior Secondary schools. During the year, 10560 children were screened, 92 seen by the optometrist and 51 prescription glasses were provided free of charge. 14 Children were referred to

Nelson Mandela Hospital. Although statistically only 1% of children screened needed intervention, having sight corrected is usually life changing and instrumental to their learning process and therefore this remains a very necessary field to cover.

The programme has been operational for a few years and is now embedded into the health support work



happening in the area. The founding of 'Grace and Dignity NPC' who operate independently of Mercy Vision SA and have their own Memorandum of Understanding with the ECDOH, has meant they will take over employment of the eye care team from March 2017. We are proud of what has been achieved while part of the Jabulani team and we look forward to a continued partnership working alongside each other in Zithulele and the surrounding areas, bringing services to people with the same passion and determination that we have witnessed over the years.

### **Nutrition**

After the significant change in the community garden during 2015 when the location of the garden had to be changed we took the opportunity to change how this garden is run and managed by the community. The last two years have been about maintaining the garden and continuing to invest in the knowledge of the community participants through Nothandekile's on-going 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 goes 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 who make a significant difference to the quality of patient/clinician consultations and the general daily functioning of the therapy departments, and the purchasing of materials for making splints.



Our Rural Ability Programme (RAP), a Community Based Rehabilitation programme made possible through a partnership with and funding from the Christian Blind Mission and working closely with the Therapy Department at Zithulele Hospital, 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 (PWDs) through promoting and facilitating the inclusion of PWDs 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.

Over the past year, along with the continuation of all previously implemented health aspects of this programme, one of the services that was developed further is community based support groups for persons who are experiencing depression. The Zithulele Occupational Therapy team trained the Community Disability Workers (CDW) on how to start and run support groups. Now five groups exist in local communities versus just the one group which could only be accessed at the hospital. Grace Vision also supported the CDWs and other community members with training in basic counselling skills. From the workshop evaluation, 88% of the participants said they will change some aspect of how they work or live because of lessons learnt in this workshop. The CDWs will definitely be able to use these skills in their daily interactions in clients' homes as well as in the community based support groups.

The RAP and the Zithulele Therapy department also collaborated on a prosthetics outreach offered by Marissa Nel and Associates. 14 people were fitted with prosthetic limbs in May 2016. The CDWs learnt how to support their clients who have prosthetic limbs to become more independent and comfortable with their prosthesis. The RAP also supported the group of people receiving the prosthetics to describe their challenges and introduced them to the media to whom they wanted to speak about the challenges in accessing prosthetic services in this area.

In June 2016, the RAP successfully recruited a Livelihood Coordinator, Anathi Jindela. Anathi sprang into action and the livelihoods programme has shown great results already. A group of PWDs, with the support of the CDW in that area, decided to start a chicken rearing and vegetable project. The project is called Mukukhanye which means "There must be light". Through the introduction of a savings group model and the support of the Livelihoods Coordinator, the group managed to raise R3500 and bought chickens and seedlings. Another community project in the Wilo area has negotiated the use of a fenced area at a school to start a gardening project. The school governing body agreed to share the costs involved in establishing the garden with the project and to buy any produce they need (for their feeding scheme/to feed the children) from the project.



RAP clients and community members have also been mobilised to join a Savings and Credit group. Two groups started saving last year and combined have 31 members who are either a PWD or a relative of a PWD. During the enrolment into the groups each member was asked what their goal is for joining the savings group. Most of the members are joining the savings group to be able to build themselves houses, start small projects, send their child to school, and save for December when they need to buy gifts for their families and slaughter an animal for the celebration.

An apprenticeship programme also forms part of the livelihoods component of the RAP. Finding apprenticeship opportunities is not an easy task but we have managed to find opportunities for two clients with epilepsy. One joined a trading store and brick making business and the other a trading store. Another successful apprenticeship has been with a brick making business where two of our clients with intellectual disabilities have been absorbed by the business and are now paid employees.

We have also continued and expanded on the Inclusive Education begun the year before. A number of meetings have been held with the Zithulele Hospital Therapy team, to discuss ways in which we can collaborate to support children with barriers to learning in schools. The RAP team, local teachers and NGO staff received training in the philosophy of Inclusive education and basic practical skills in August 2016. This training was the first step to creating awareness of the challenges in understanding and implementing inclusive education in this setting. The plan for the following year is for the CDWs to be trained to screen children at schools, the therapists to develop programmes, teachers to be trained and hopefully children to continue their learning beyond the primary school phase. Teacher training has also continued with pre-school teachers in Zithulele and one of the pre-schools supported by Jabulani now has three children with disabilities enrolled this year. The Pre-school Principal has attributed this change to the training she has received from the RAP and using her knowledge to create awareness in the community about the rights of children with disabilities to access schooling (see below section on Education for more information on pre-schools).



The RAP continued to be involved in advocating for access to healthcare for PWDs. The CDWs and a group of PWDs attended a Provincial Health Summit held in East London in April 2016. This summit was arranged by the Eastern Cape Health Crisis Action Coalition (EHCAC) and the RAP and PWDs from the Zithulele area where involved in examining emergency medical services, human resources for health, and access to healthcare for key population. Here the CDWs and PWDs were able to share their experiences and offer possible solutions that would be realistic in rural areas. We have also partnered with the Rural Health Advocacy Project, linking them with clients who are willing to share their stories, so that the difficulties PWDs face in accessing services in a rural area as well as the dire lack of human resources can be highlighted. This document will also highlight how CDWs can create access to services for PWDs who are unable to reach services at hospital. By the end of the year, there were 831 PWDs registered on the RAP database, of which 360 (214 adults and 146 children) were active clients receiving regular follow up and services from the RAP team.



### **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 manages this accommodation that continues to be used to full capacity. Our ECD in the Home community worker also visits regularly, to teach mothers about how to talk to and stimulate their children prior to birth as literature indicates that childhood stimulation already starts while in the mother's womb (see more about our ECD programmes below). Our ARV counsellors also visit regularly to ensure waiting women have had an HIV test, and have received education on healthy feeding practices if they are known to be HIV+.

## **EDUCATION**

A qualified and experienced educator, Erica Burger, joined the Jabulani team this year as Education Coordinator, leading the four programmes within our Education Portfolio. A heavy focus has been placed on teacher training and skills development in order to take these four programmes to new heights. Once again, none of our education programmes would have been possible without the support of ApexHi and Stichting Zithulele, a Dutch foundation with links back to one of the first doctors who worked in Zithulele. Long term funding allows us to develop initiatives that have solid foundations and are therefore more likely to be sustainable.

### **Pre-school Support**

We have been involved in pre-school support since 2009, when members from the local community approached us to assist them in resurrecting their village pre-school after it had been discontinued when previous NGO involvement dried up. The objective of our pre-school support is to provide a safe and stimulating environment where young children can grow and learn through exploration, and develop an everlasting love for learning. We aim to send these children to Grade R with the foundations of spiritual, intellectual, physical and emotional development in place. Over the years, our support has increased beyond Zithulele Pre-school and now includes Khanyisa Pre-school (medium level support), and Ncgoko Pre-school (low level support).



In order to prepare children for Grade R adequately, we have decided to adapt our curriculum. After the successful implementation of the Montessori approach at neighbouring schools in Coffee Bay and Hole in the Wall, we are in the process of transforming Zithulele Pre-school into a Montessori pre-school as well. Montessori materials were sourced and the teachers have been receiving on-going training and onsite support on Montessori Education and Study Skills. We are appreciative of the South African Montessori Association for registering Zithulele Pre-school as one of their sponsorship schools. A workshop was held to introduce the new Montessori materials and approach to the parents and many more workshops will be held in the future for parents to be equipped to extend this exciting way of learning into their homes.

Advocacy for the importance of pre-school attendance through our ECD in the Home programme (more on this below), proved to be an even greater success than last year, resulting in Zithulele pre-school having a waiting

list for the first time in many years for the academic year 2017. A total of 73 children are now enrolled across Zithulele and Khanyisa Pre-schools and we continue to have two teachers at each school.

Once again, we capitalised on our proximity to the library and hospital. The children continued to benefit from a weekly story time, either in the library or by a visit from the librarian to the school. Children learnt about the importance of books and that reading and going to the library is fun. It was also a busy year with visits from health professionals, and the educators themselves have benefitted greatly from support and input from the



Zithulele Hospital staff. Classes have included sessions with the doctors, speech therapists and audiologists, dieticians and therapists on relevant topics such as childhood illnesses and prevention, language development and delays, and child nutrition. Furthermore, the teachers received continuous training on inclusive education from Jabulani's Rural Ability Programme team. We now have three learners with special needs attending Zithulele pre-school. Although this poses some challenges for the teachers, the satisfaction of witnessing the progress of these special needs learners, after investing so much, greatly excites them.

Zithulele pre-school joined a new feeding scheme, the Lunchbox Fund. In addition to porridge, the children receive fortified milk, juice and a cooked meal. Khanyisa and Ngcoko 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. The children will tell you that discarded plastic two litre cool drink bottles with holes in them make great watering cans!

Due to the positive results obtained in our ECD in the Home programme through our partnership with Wordworks, we decided to share the resources and extend the 'Every Word Counts' Wordworks programme by making it the curriculum for our weekly teacher workshops. Jabulani extended an invitation to all ECD practitioners, caregivers and community workers from the surrounding areas and neighbouring NGO's, to attend weekly training. These workshops are presented in isiXhosa by Thandeka, our Pre-schools Principal. Thirty participants regularly attended, reaching 25 schools in and around the greater Zithulele area. Thank you to Wordworks who supplied workbooks and teaching aids; every participant has his/her own set of isiXhosa materials with lessons and pictures to share. 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.

A new parent committee was chosen 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 remains 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. The library continues to be a well-utilized venue for fun and educational activities run by both Jabulani and Axiom Education.

During this year, we welcomed back Librarian Phelisa who worked with us previously but left for a while to study and gain experience at Mthatha Library. We set to work and did a thorough stock take of all of the current books. This will help to plan and decide which books we really need and which textbooks and reference books to order. The library's systems are being upgraded and we are switching to the Dewey system in order to categorise the books properly.



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. For this reason, we partnered with the Speech and Language department at Zithulele Hospital to conduct weekly visits to the paediatric ward where Phelisa reads stories and hands out Nal'ibali supplements to the children. Phelisa continues to build relationships with the school teachers in the area, not only conducting visits and reading stories to pupils, but also assisting teachers in finding adequate resources for their theme presentations.

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 NGOs as it provides extra space to teams who don't always have venues for training and meetings. It is also a venue for people to receive assistance with online job or university applications and career guidance. Zithudlala is being run from the library 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.

We are exploring cost effective ways in which to make online research more accessible. We will also be completing the process of Dewey categorisation and hope to order more relevant and up-to-date textbooks and reference books. We will continue to build our relationships with teachers and learners alike, continually working towards instilling a love of reading, and an appreciation of its multiple benefits, into our community.

## Zithudlala

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. 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. This programme continued during the reporting year,

partnering with THANDA aftercare programme and centring on the use of play as a means to stimulate children's educational growth and development. It also promotes 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.

During this year, the Zithudlala facilitators, library staff, and Axiom Education's community readers had their enthusiasm and creativity sparked again when they attended a week long course presented by THANDA. They learned how to plan and present exciting aftercare and holiday programmes based on story books. The THANDA curriculum also includes how to help children deal with their emotions. The Jabulani Zithudlala facilitators, including a qualified ECD practitioner, together with Axiom Education's community readers, have presented these and other fun activities ((LEGO activities, puzzles, chess and educational board games also feature heavily in the Zithudlala) to approximately 282 learners over the year.



Colourful new tables and chairs were purchased to brighten up the library for a more aesthetically pleasing environment. With the children's posters about the characters they are reading about proudly displayed on the walls (watch out for the Gruffalo and Spiderman!), this is becoming a more fun, stimulating and creative space to spend time in.

### **ECD in the Home**

Many caregivers don't understand the importance of early childhood development (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. The long term goal of changing the mind-set and opinions of parents towards the value and role of ECD and their role as the child's first teacher, remains the focus of our ECD in the Home programme. Parents and children engaged and workshops conducted are easy to count, but trying to quantify the success or real impact of a programme like this is difficult. However, the longer we keep running this programme, the more obvious the impact is becoming and we are seeing the ripple effect spread. Caregivers and parents are engaging with our community workers in the field, asking when they are going to be visited, when we are we going to be coming to their area! ECD in the Home has proved to be an effective link between pre-schools and the community at large. When visiting homes, the ECD Community Workers can inquire as to why parents/caregivers 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.

During this year, we focused on building longer-term relationships with parents in order truly to partner with them in their child's education. This plan worked well, both for the sake of continuity, but also because it improved the relationship between parents, teachers and children. We continued our partnership with Wordworks, sharing the importance of early childhood education with the use of practical contextual ideas and resources to enable parents to implement what was learnt. In each household that we are partnering with, the parents/caregivers have a resource box where resources and notes are kept. The presence and actual use of this box is becoming more evident.



754 home visits were conducted during the last year. In addition to strengthening relationships with existing parents of the programme, 199 new parents and 300 new children were reached. 109 mothers were reached during clinic visits through an ECD community worker visiting the Zithulele paediatric ARV clinic, in order to capitalise on the time caregivers spend waiting for consultations. Literature indicates that childhood stimulation already starts while in the mother's womb and therefore the ECD in the Home community workers make regular visits to the Zithulele Hospital Waiting Mother's Accommodation (see what this is in the above Health section) and teach mothers-to-be how to talk to and stimulate their children prior to birth.

We continued with our ECD Parent workshops in the community. A workshop was held every term, with attendance ranging between 15 – 20 parents each time. The topics interlinked with the Wordworks themes; how to talk and play with your child, and how to incorporate math and language learning into everyday experiences at home. Many parents have not had the opportunity to experience learning through play. Cutting and pasting, being creative with play dough and role play activities were enjoyed by the parents. These workshops are a safe environment to reconnect with their inner child, and learn things that they can do with their own children.



## 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 is a gap-year programme with a broad skills development focus designed to provide exposure to and development of a wide range of skills. It is targeted at post-matrices who have not yet been able to secure post-school opportunities to work or study further. It has run every year since 2014. 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.

Since 2015, we have had an experienced youth mentor facilitating this programme and mentoring the participants through their gap year journey. During the past year, we have had 6 young men on this programme. We started with 7, but unfortunately had our first experience of having to ask someone to leave for the sake of the rest of the participants, after numerous efforts to address behaviour and attitude proved ineffective. We took them through our usual programme of modules, each delivered by members of the Zithulele community or by visiting facilitators, to make use of a variety of skills and expertise.

Some highlights from the year include doing the Epic Trek (a 120km hike from Kei Mouth to Zithulele, incorporating hiking, swimming, camping and general survival skills); participating in the White Clay 21.1km trail run, including one Jump Start participant gaining fourth place; being exposed to other fitness and physical training aspects including lifesaving, tubing, river crossing and running; involvement in the Love Zithulele Prezzie Project during which the group learnt to make scented candles, infused olive oil, sewing, wood work, cooking and baking amongst a variety of other things too; computer literacy classes; music appreciation, HIV & AIDS awareness; community outreach; ethics; environmental awareness and tree planting; DIY; the Alpha Course and much more.



Five of the six participants gained places to study at tertiary institutions for the next year, ranging from degrees at university, to studies at private business colleges and diplomas at Further Education and Training Colleges. We are immensely grateful for the hard work of Axiom Education's careers advisor Thuli Nodada for her input and commitment to supporting the participants into this next phase.



As we have seen in previous years, the graduation event at the end of the programme highlighted the impact that this programme has had on the lives of the participants. They all bravely stood up at this event, that they arranged and cooked supper for all by themselves, and talked about what they had learnt. It is a privilege to know that we have been able to provide this opportunity for them. We are grateful to the others who in turn have enabled us to provide 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, as well as all the people who are involved in facilitating modules.

### **Carpentry Skills Development Programme**

Unfortunately this project came to end at the start of the financial year as Roger Galloway, who had been leading the project, left the Zithulele area. At this time, we do not have the funds, skills or capacity to continue this project without him but that does not mean that we will not revive it in the future.

### **Community Centre**

It was with enormous gratitude to a private donor that the community centre roof was replaced this year. The fact that it no longer leaks has been appreciated by all the people who use this centre on a daily basis, including Axiom Education's Khan Academy students, the Grace Vision surgery patients who use it as overnight accommodation, and the many, many people who benefit from it through community gatherings, meetings, weddings, training, and conferences.





### **Community Playground**

Offering the children of Zithulele a safe environment to play in, instead of 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.

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

There are two factors that prompted a change to the way we operate the Relief of Social Distress Fund this year. The first is that the Philani Mentor Mother's programme that was a main source of referral for recipients of this fund, changed the way the social arm of their programme was run. The second is that through close monitoring of this fund, it was identified that assisting with transport money for healthcare appointments at the hospital was the main need. This did not come as a surprise, as we know that access to healthcare is still a significant barrier for rural communities. Distance to clinics, inadequate roads and transport, high transport costs and low incomes mean that people are constrained from accessing the healthcare that they need.

Therefore we have realigned how we administer the Relief of Social Distress Fund and it is now used for patient transport assistance. Members of the clinical team are able to refer patients to the fund, and there are strict criteria in place for referral. Before money is given, the patient is met and "assessed" by a Jabulani employee who has experience of dealing with patients and is able to converse with them in their mother tongue. These measures are to ensure that those who need it most are able to access it, and to attempt to eliminate those who may try to take advantage of this service.

Over the past year, we assisted with travel money on 125 occasions. For many, this is a once-off payment to enable them to access quality care at hospital level. Some patients who need to attend hospital regularly however, would not be able to do so without this assistance. There have been a few occasions where real need has necessitated providing assistance other than transport money, and this has included providing food parcels to those in dire need, as well as purchasing 10 blankets for the elderly. This was part of an event led by the community's youth in celebration of Youth Day and Nelson Mandela's birthday. We are reliant on personal donations to this fund, so our sincere thanks to the many individuals who make it possible for us to assist patients in this way.

### **Microfinance**

After working with James Jabula since 2010, supporting his leather products business, we are sad to announce that James passed away during 2016.

In June 2015 we issued a micro-finance loan to the Mhlahlane Poultry, a small start-up broiler chicken business not far from the hospital. 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 getting their business up and running on their own. We have continued to support them with small loans here and there that they always pay back on time, but the amounts needed have decreased which speaks volumes to their improved business strategy and implementation. We have also included them in some of the small business training delivered by the Livelihoods component of our Rural Ability Programme (see above).

During this year we also issued a micro-finance loan to two sewing ladies who form part of the sewing group at a local church, with whom we have had a partnership for many years. They have almost fully repaid this loan and both their businesses seem to be doing well.

### **MadZit Trail Run**

In 2015, the inaugural MadZit trail run was held, as a relationship building event between Madwaleni and Zithulele Hospitals, but also to serve as a relationship building mechanism and unity promoting event between community members. The 2015 event birthed the start of some serious running for some Jabulani staff members who have gone on to run many marathons together, including the Two Oceans Marathon and the Comrades Ultra-marathon for the last two consecutive years. In 2016, we made this an official Jabulani event in order to gain sponsorship for the event and thereby

increasing opportunities for community involvement. The 28km route, of hilly Wild Coast landscape, started at the Community Centre and ended at Madwaleni Hospital. It was an event that individuals could participate in, but for those who couldn't face running the full route, there was the option of having a relay team. The event in October 2016 attracted some serious trail runners as well as many others who were keen just to take part and have fun. A number of water stations were staffed by the different NGO teams from around Zithulele as well as NGO Bulungula Incubator.



## **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 poverty, health, education and the environment have become clearer over the years, we trialled a variety of projects and interventions until we were in a position to launch the fully fledged Healthy Village Project in the year 2013-2014.



From being able to provide employment for two youth on a part time basis, we now have two youth working full time on this programme. Construction of our refuse and recycling centre, built on Zithulele Hospital land in return for the centre dealing with hospital waste as well, was completed in this past year and serves as a collection and sorting site. We have contracted Mqanduli Municipality to undertake weekly refuse collections and we have continued to do monthly deliveries of recycling to Mthatha, 95km away (approximately one tonne of recycling a month).



While nothing fancy or special, as one visitor to Zithulele recently commented, “your refuse and recycling centre is immaculate” and when compared to the mounds of litter you often see around this area that suffers

from a lack of services, this is something to be proud of. Yet litter is still a major problem and although we do bi-weekly litter collections around Zithulele, education about litter disposal is something that still needs to be continually addressed.

Part of the Healthy Village Project is to remove alien vegetation, particularly around water sources, and to propagate and plant indigenous vegetation. To this end we have a small tree nursery with a varied selection of indigenous shrubbery and trees that we plant at strategic positions through Zithulele Village, while also ensuring their protection from livestock.



Thank you to all the private donors who make this unglamorous yet vital work possible.

## **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 “Axiom House” and in our most ambitious building project to date, constructed a housing complex comprised of twelve housing units, two storage/laundry units and parking facilities, on hospital land that later became known as “New Lundi” (meaning New Horizons).

During this past year, a three-bedroom house has been built, for the combined use of Jabulani’s Rural Ability programme, its funder the Christian Blind Mission (CBM), and Jabulani in general. This houses our Livelihoods Coordinator, our Education Coordinator and has a room for visiting CBM support staff and trainers.



Wherever possible, we have developed 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. The levy paid by professionals in accommodation built on hospital land goes straight back into the maintenance of these structures.

Some major and minor renovations and repairs were done during the past year. We built the Refuse and Recycling Centre (refer to the above section on the Healthy Village Project). Since Axiom Education’s team were able to move into their own office space, we created a sub-division in the Jabulani office to allow for a meeting room and a secure storage room. Additional lights and plug points were also installed in the office to

accommodate the growing team and unfortunately a number of break-ins also necessitated the installation of an alarm system in the office. Some work was done at the Zithulele Pre-school, including constructing shelving and installing a new gate that is larger and sturdier than the previous one, in order to keep children in when they're supposed to be inside and to keep animals out so that they can't eat our lovingly planted trees and vegetables. Khanyisa Pre-school also had its jungle gym extended by adding in a cargo net and a tyre border around the whole structure, and a sand pit was also created. Pre-paid electricity meters were installed for all the houses on the Mission land so that each house could monitor and pay for their own electricity usage, and the Volunteer house was re-wired and a separate distribution board installed. We replaced the water pump to supply water to the Jabulani office and community centre and we re-aligned the library gutters into the water tank and cleaned out the tank to remove dirty water. We installed a new geyser in Axiom house and undertook various plumbing and electrical maintenance jobs in a number of different homes and buildings during the year. We have continued to plant trees and maintain the green areas around the homes and offices that fall within Jabulani's maintenance responsibility.



We have continued to employ people to undertake the maintenance of all these buildings and the areas surrounding them. Our two full time gardeners/handyman and Building Services Manager are responsible for general upkeep of accommodation and overseeing any new building projects; maintaining water tanks, water supply, septic tanks and French drains; cleaning roofs and gutters; cutting grass, removing weeds and alien vegetation, nurturing trees, other plants and mulch pits; and they are busy day in and day out. They do a phenomenal amount of work themselves, only contracting in specialists on rare occasions when specialist skills are required.

## VEHICLES

The Jabulani Citi Golf continues to help us “make things happen”, despite its age and size. Over the years, 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. However, with the increase in maintenance work and the expansion of the Healthy Village Project that requires regular trips to Mthatha with heavy loads and the expansion of our community based ECD in the Home programme, a need for a more suitable car has arisen and in January 2017 we purchased a Nissan double cab with locking differential for when it needs to go on dirt roads. We are likely to sell the Citi Golf in the next financial year.

With funding specific to the Rural Ability programme, a Colt 4x4 was purchased during 2014 for the provision of services to people with disabilities (it 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 the past year. 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.

## **ADMINISTRATION**

Administration is the backbone of any organisation and having a dedicated, permanent office space 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. This is likely to include new HR and financial systems and possibly an operational manager as well as a full time administrator.

## **Community Engagement**

We are continually looking at ways in which we can improve our links within the community and increase community involvement in our projects in order to achieve a greater level of community ownership and ensure project sustainability.

Part of our vision is to do what we do in partnership with the local community and yet after being in operation for 10 years, this is still something that we are working towards. With a long term goal that Jabulani will be community driven, with the local community empowered to take a lead in their development and growth, we still fall rather on the side of being community-needs driven, with Jabulani-implementation. Our ultimate goal is that the community will see Jabulani as part of their community, and their NGO – an NGO for them and the people of this area. But these relationships, real, sustainable and equal partnerships, take time to develop and 10 years is short in the world of transformation. A challenge in this area is how people view members of the community – where local refers to those born and bred in the three immediate communities surrounding Zithulele. However, there are people in the Jabulani team who are dedicating themselves to this community and we dream of a time when they too will be considered to be local.

We are continually committed to building relationship with this community; committed to making every day efforts towards this, from examining our approach, the language that we use when we talk and write about our programmes and services, the relationships that we invest in, to our hiring and staff development practices.

We believe that our team is our greatest asset and a number of them are being trained and equipped to take on more and more responsibility. The ratio of staff who have grown up in the rural Eastern Cape, to those from further afield, has increased significantly over the past few years. In January this year, we held a meeting with our staff from the immediate surrounds of Zithulele, to explore with them how we can better engage the



community and build our relationship with them. This elicited some interesting information and some exciting ideas that we will be putting into practice over the next year.

## Future Plans

When surrounded by significant lack, it is easy to become swallowed up or drowned by needs. We strive to respond to needs in the community without becoming needs driven; trying wherever possible to join with existing ventures or partner with community members so that we can make the most impact together. Some of the things that are in the pipeline for next year include:

- ARV programme: make some operational changes to the way the programme operates, considering the new national prepacking programme and the way HIV is being managed at clinic level in one of the sub districts we are involved in, and how these changes have impacted the service we provide;
- General Hospital Support: expand the translator role in order that they are able to develop new skills through a broader experience base – this was a goal set last year but one that we have not yet managed to implement and need to give on-going attention;
- Early Childhood Development: transition to using the Montessori Method of education, including becoming a Montessori South Africa registered Pre-school; explore if there are low-cost ways in which we can support the Lower Lubanzi Pre-School that is struggling at the moment with teachers and resources;
- Rural Ability programme: expand the education advocacy and awareness raising aspect to promote further integration of people with disabilities in mainstream education; continue to expand Livelihoods;
- Community engagement: we aim to make some operational changes to the way the organisation functions in order to allow for greater capacity to address community engagement, as well as change our approach to community engagement, which is a crucial aspect to our work but which has become increasingly side-lined over the years;
- Organisation development: introduce initiatives for improving staff development and also undertake a strategic review of the organisation's vision and future as 2017 is 10 years since the founding of the organisation.

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)



*Realities of rural working!*



## 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*	H Campbell	Olaf Sakkers
Aimee de Jager*	Hans Hendriks*	Penelope Wilkinson
Ainslie and Jennie Chinimberi*	Hlumisa Mjali*	Petra Van der Pol*
Alan Yen*	Hugh Plummer	Phatheka Ntaba*
Amy Grose*	J Fourie	Philippa Scotcher*
Ana Houston*	James and Ros Irlam*	Pierre-Andre Mans*
Anita Raubenheimer	Jen Minnaar*	Rachel Bateman
Anne Gentry	Jill Masterson*	Richard and Robin Sherry*
ApexHI Charitable Trust	Johann and Helen Maree*	Richard Bolland*
Belinde Brown*	John Michell*	Rob Wise*
Ben and Taryn Gaunt*	Jono and Ruth Centurion-Harris*	Robyn Wates*
Chiappini	Kara Boshoff*	Ros King
Chris and Lynne Wise*	Karl and Sally le Roux*	Ruan and Suretha Cilliers
Chris and Selina Salisbury*	Kaylin Bouic*	S and W Barber
Christian Blind Mission (CBM)*	Kevin Pasio*	Sally and Gerrard Boule*
David and Leesa Bishop*	Khanyisa Ndaba*	Sam and Ann Moore*
Davidge	Kirsten Rowe*	Samantha James *
Department of Social Development*	Kirsty Jackson*	Sandra Belsham
Desiree Smith*	KR McMillan*	Sion Glaze
Discovery Trust	Lauren Kinderknecht*	Solon Foundation
Donald Woods Foundation	Lindsay Pollard*	Stichting Zithulele
Du Toit/ Moffet*	Liz Gatley*	Suretha Cilliers*
E and L McCance*	Mathias Wessels*	Susan Wishart
E3 Initiative	Mercy Ships*	Thandile Millie*
ECDC	MK Grobicki	Tom and Becky Kemp*
Elle Morgan*	MySchool	Tom and Clare Ellis*
Elodie Janovski	Natasha Miszewski*	Tom and Jo Withington*
Evan and Kerryon Torrance*	Nate Baumgart	Trevor and Eleanor Gaunt*
Fynbos Trust	Nick Fine*	Ubuntu
Gabi Smith*	Nisha Pillay*	Warren van der Westhuizen*
Gareth and Nadishani Meyer*	Nomthandazo Bikitsha*	

\* 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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