

Jabulani Rural Health Foundation Annual Report 2018 – 2019



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Introduction to Annual Report

by Foundation Director Ben Gaunt

The Jabulani Rural Health Foundation was founded in 2007. It was the “early days” of a revival in the fortunes of Zithulele Hospital. Those of us who formed the clinical team in those days felt like we were killing ourselves working, but the difference we made was hard to see at first. We started Jabulani to help support the work of the Hospital – helping us keep the show on the road in small ways like buying paper to print prescription charts or milk for malnourished babies. Even then, we hoped that “Jabs” would also be able to make a difference more widely. We had no idea where the money or people would come from, but we knew it was part of our calling.

For someone visiting the Hospital or village for the first time in 2018 or 2019, this history is easy to miss. In the centre of “town” – that is, as the road winds its way into the heart of Zithulele – is a conglomeration of buildings, including a community centre, library, a large storeroom currently being used as a classroom and the Jabulani office. Other NGOs, who we see as our partners, are also represented: Axiom Education, Philani, the Zithulele Independent School and Sihamba Sonke. If it’s a cataract surgery week, the Grace Vision truck will be parked there too. We take care that our work doesn’t overlap, but complements what others are doing.

Of course, our real strength lies in the people who work for us – in those buildings and spread out in the community and hospital. If you don’t know any of them, the list of names on pages 6 and 7 will be exactly that: a list. But it’s a list that gives me goose-bumps. So many people, growing even as they give, giving even as they grow. Working in development can be a thankless task at times. Time-frames are long and deep change takes time. But as you read through this report, you’ll see how remarkable the work they do is. It is work that is changing lives individually. And work that has changed Zithulele from what might have been described as a backwater, into a place that many call a “beacon of hope”.

This is also the right place to acknowledge and thank the many individuals and organisations who work with us by providing financial assistance. We are truly grateful that you would trust us with your resources. Our Annual Financial statements are available with their usual unqualified audit, to assure you that every cent is wisely and carefully spent.

There is plenty more work to be done, but each Annual Report is something of a marker in the sand. If you are a regular reader, I trust you’ll enjoy news of progress across all our projects. If this is your first report, read it with the awareness of our small beginnings just over a decade ago. May everyone who reads it be filled with the hope and assurance that together we really can make a difference.

JRHF Why Statement

Why do we do what we do? Because we believe that all people have value and potential within and that humanity is at its best when we are helping one another, working together towards a transformed society.

JRHF Vision

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

JRHF Mission

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

1. Health care
 - a. Supporting the development of Zithulele Hospital and its surrounding clinics
 - b. Helping improve access to quality health care
 - c. Specific health care projects, including care for those affected by HIV/AIDS
 - d. Improving nutrition through education and support
2. Education
 - a. Supporting early childhood development
 - b. Promoting literacy
 - c. Supporting schools
3. The Environment
 - a. Focusing on conserving and improving the environment
4. Poverty relief through community upliftment
 - a. Employ and train local people to work for JRHF, where possible
 - b. Job skill development
 - c. Supporting entrepreneurs

JRHF Core Values

1. Valuing people's worth
Treating all people with dignity, respect, compassion and fairness.
2. Making prayerful decisions
Making decisions that are consistent with our beliefs and taken in a process that includes prayer and reflection.
3. Serving others with humility
Being motivated by a desire to listen and serve rather than personal gain or glory.
4. Working in partnership
Working together with the community, hospital, individuals and other organisations in a way that promotes empowerment rather than dependence.
5. Honesty
Living with integrity and speaking the truth in a constructive manner.

Background

Jabulani Rural Health Foundation (JRHF) was founded in 2007 by four doctors working at Zithulele Hospital, a government funded hospital serving a population of around 130,000. JRHF is based in Zithulele Village, which lies nestled in the hills of one of the poorest parts of the rural Eastern Cape.

This area is still suffering from the neglect it experienced as one of Apartheids homelands. Most members of this community live without basic facilities, such as running water. Many are unemployed and under-educated. More than half the population is under the age of twenty. About 15% of the population are living with HIV/AIDS, and this figure rises to nearly 40% for the highest risk group – pregnant women. This year saw a big change, with a number of houses receiving an Eskom electricity connection. Recently there has also been a significant increase in the number of houses that have a very basic solar electricity connection, enough for one or two lightbulbs.

The JRHF supports the development of Zithulele Hospital and the community it serves through the development of community-based projects, focusing on healthcare support, education, environmental issues and community development (including poverty relief). The founders of JRHF, Dr Ben Gaunt, Dr Taryn Gaunt, Dr Karl le Roux and Dr Sally le Roux, continue to live and work in Zithulele and with the JRHF in a supervisory capacity. The current General and Operations managers are also 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 difference in difficult circumstances.



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
Ms. Neliswa Banjwa JRFH employee from local community

Salaried/Stipended Staff

Mr Anathi Jindela	Livelihoods Coordinator, since Jun '16
Ms Andisiwe Mofu	Clinical Team Assistant, since Apr '18
Ms Annis Archer	Project Tru, since Aug '18
Mr Asipe Dlentele	Healthy Village Assistant, from Jan '17 - Jul '18
Ms Asiphe Swana	ARV Prepack Assistant, since Aug '17
Mrs Asisipho Mbiza	Cleaner and Inventory Manager, from Jun '17 - Jul '18
Mr Asmen Magila	Clinical Team Assistant (previously called Translator), since Apr '16
Ms Athini Mbono	Ex-ECD Community Worker, now Clinical Team Assistant, since Aug '15
Ms Ayanda Parafini	Ex-Translator, now Zithufunda Promoter, since Feb '16
Ms Buyiswa Speelman	TB Data Manager, since Sep '10
Ms Buzeka Nkanunu	Community Disability Worker, since May '14
Mrs Catherine Young	Ex-Health Programmes Manager, now Operations Manager, since Apr '15
Ms Chwayita Sogoni	Ex-Facility & Patient Support, now HIV/TB Coordinator, since Jun '14
Ms Erica Burger	Education Co-ordinator, Aug '16 - Jan '19
Ms Jenny Michell	Financial Assistant & Masiphakameni Facilitator, since Jan '19
Mr John Young	General Manager, since Jan '11
Mr Khanya Petse	Gardener / Handyman, since Jun '18
Mr Lethu Nqineka	EX-Translator, now TB Counsellor, since Feb '16
Ms Lindeka Mbanga	Ex-Translator, now Pre-school Teacher, since Apr '12
Ms Lindeka Phithi	Cleaner and Inventory Manager, since Jul '18
Mr Lindikaya Tyontsi	Switchboard Assistant, since Jan '17 - May '18
Ms Lungiswa Zunguzane	Translator, since Jan '15
Ms Luxolo Matabese	Ex-translator, now TB Counsellor, Aug '17 -

Ms	Lydia Mgcwaba	Ex-Cleaner, now ECD in the Home Community Worker, since Mar '16
Mr	Malibongwe Ntlaninge	Healthy Village Project Assistant, since Mar '16
Mr	Masixole Namate	Ex-translator, now Community Disability Worker, since Feb '14
Mr	Mbuso Kabalaza	Gardener / Handyman, since Jan '14 - May '18
Ms	Minikazi Mabola	ECD community worker and Pre-school Teacher, since Sep '14
Ms	Morgan Ireland	Project Trust from Sep '17 - Aug '18
Ms	Mya Craigen	Project Trust from Sep '17 - Aug '18
Ms	Ncediswa Bhokileni	Clinical Team Assistant, since Jul '18
Ms	Neliswa Banjwa	Ex-translator/Auxiliary Worker, now Administrator, since Mar '11
Ms	Nomonde Sicengu	Ex-Translator, now Assistant Clerk, since Feb '12
Ms	Nosakhiwo Blayi	Community Disability Worker, since May '14
Ms	Nosiphiwe Magadule	Community Disability Worker, since May '14
Ms	Nothandekile Valuvalu	Garden Monitor, since May '08
Ms	Ntombifuthi Mfundisi	Ex-Translator, now Pharmacy Assistant, since Jan '16
Mr	Ongeziwe Mhlanganiso	Healthy Village Project Assistant, since Sep '18
Mr	Phumlani Mpanana	Gardener / Handyman, from Sep '14 - May '18
Mr	Pumlani Hlontlweni	Gardener / Handyman, since Jun '18
Ms	Putumani Fatsha	Ex-translator, now ARV Prepacking Administrator, since May '15
Mr	Riaan van Rensburg	Building Services and Healthy Village Project Manager, since Dec '17
Mr	Sandi Tshemese	Translator and Jump Start Assistant, from Jan '17 - Oct '18
Ms	Sandisiwe Mboleni	Clinical Team Assistant (previously called Translator), Apr '17 - Mar '18
Ms	Shannon Morgan	Rural Ability Programme Co-ordinator from Feb '14
Mr	Simlindile Ngqelakhe	Ex-Translator, ex-TB Counsellor, now RAP Administrator, since Jan '17
Mr	Sizabantu Nyangeni	Jump Start Facilitator and Mentor, from Apr '15 - Dec '18
Ms	Sweetness Mpontshane	Translator, since May '17
Ms	Tabisa Hlalendlini	Community Disability Worker, since May '14
Ms	Thandeka Xhakaza	Pre-school Teacher, since Apr '09
Ms	Thandiwe Matshaya	Clinical Team Assistant (previously called Translator), since May '15
Ms	Thandiwe Mhlaba	Ex-TB Counsellor, now ARV Counsellor, since Aug '09
Ms	Usapha Mtambeka	Clinical Team Assistant (previously called Translator), since Nov '14
Ms	Vuyiswa Mgudlwa	Community Disability Worker, since May '14
Ms	Xolisa Chirwa	Pre-school Teacher, since Jan '16
Ms	Yandiswa Mahlanyana	Pre-school Teacher, since Mar '13
Ms	Zoe Webster	Project Trust, since Aug '18
Ms	Zonke Banjwa	Ex-translator, now ARV Counsellor, since Sep '13

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

Volunteer Staff

Jenny Michell (February 2017 – December 2018)

Viky Boeckle (January 2019 – ongoing)

We really appreciate the significant input of these volunteers and are grateful for the time they spent with us.

Personnel and Organisational Development

We often think of the development of our workforce as an unofficial JRHF programme. As most organisations know, their employees are their best asset and the more we can develop our team, the more they will be able to make an impact through the work they do. While we always need to balance the costs of training versus direct spend on programme beneficiaries and assess priorities, we do always seek ways for our staff to gain new skills and be empowered through knowledge. Often the opportunities we are able to offer for personal and professional development depend on available funding for particular programmes.

After the success of our first full staff development day in 2017, we held another full day in 2018 as well as shorter monthly meetings. The full day focussed on communication and we learnt about this through fun, interactive games and activities. The monthly sessions either focussed on something workplace specific like appropriate workplace behaviour and dress codes, and sometimes on broader issues affecting our communities, such as mental health issues and the effects of litter on village health.

Partnerships

Zithulele is isiXhosa for “The Quiet One”, but in fact the village is a hive of activity. This hive of activity has emerged from a collective hope that things can get better for the people of this community and the variety of programmes on the go are testament to the combined efforts to turn this hope into reality. With six NGOs (including us) now based in the village along with the hospital, there are all sorts of things going on each day.

We are certainly not the only ones contributing to this hive of activity. There are another five NGOs operational in Zithulele Village, namely: Axiom Education, Grace Vision, Philani Nutrition Centre Trust (who run the Mentor Mother’s programme), Sihamba Sonke, and the Zithulele Independent School. We have good relationships with all of these organisations, and the best thing about all of our existence and work in Zithulele, is that we share a common vision. As a result, there is none of the opposition or competition between NGOs as so often happens in the NGO sector elsewhere.

Over the past year, we have also worked with a number of other partners (in addition to our funders), without whom our work would not be at the same level as it is. These include: Book Dash, Bulungula Incubator, Create, First for Children, Helping Hands Cambridge, Jakob-Friedrich-Schöllkopf-Schule, Malamulele Onward, Montessori Centre South Africa, MRCC skills development, Nali’bali, Ngcwanguba Store, Rural Health Advocacy Project, RuReSA, SaveAct, Singakweza, South African Montessori Association, Thanda, The Department of Education, The Department of Health, The Department of Social Development, Twizza, U-Bank, and Wordworks. We are grateful to each organisation for how they have contributed to our work and look forward to further opportunities to collaborate.

Community Engagement

Part of our vision is to do what we do in partnership with the local community. Doing this is a lot harder than it sounds though. It may sound obvious, but good relationships can only be built when there is open dialogue and common understanding – something that is hard to achieve in a multi-cultural, -socioeconomic, -language context.

We are committed to building relationship with this community long term; 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 how we hire and development our staff. We aim to continually 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. Open continued dialogue is crucial if we are to continue to work towards this.

Three significant things that we engaged in this year were: buying chairs for the Ncinuvuyo Great Place, the seat of the one Tribal Authority in the Zithulele area; inviting a new person to join our Board meetings; and initiating a Youth Day event to mark June 16th, an historic day in South Africa. Buying of the chairs came about from when the full JRHF team visited the Great Place in the previous year. It was clear at this meeting that there were only enough chairs for a small handful of the community members who attend meetings there. Although there are lots of different traditions and opinions about how people should engage with the Tribal Authorities, particularly with regards to gift giving to leaders, we felt that buying chairs for community meetings was something that more than just the leaders could benefit from.

For a number of years, we have been trying to identify a local person to invite to board meetings. Disputes between the two Tribal Authorities in the area, and some challenges with a fairly new traditional leader, meant that getting suggestions from the Tribal Authorities was not the option we original thought it would be. After a lot of consideration, we invited Neliswa Banjwa to attend Board meetings. Although she is a JRHF employee, she is also from this immediate area and therefore has a wealth of wisdom and insight into the community and how/what/when JRHF could or should be doing things.

In previous years, JRHF has been involved in various community sporting tournaments or fun runs. This year, we initiated a joint NGO and hospital event. All six NGOs and a team from the hospital decided to run an event on Youth Day, that focussed on various sports that are already played in Zithulele – on the day there was a touch rugby tournament, a chess tournament, a fun run, a shooting hoops competition, a frisbee tournament, and some fun games for the littler kids. The HIV/TB team of JRHF and Zithulele Hospital staff were also on hand to offer HIV counselling and testing for those who wanted to make use of this opportunity. Winners of each event received t-shirts that were generously paid for by Ngcwanguba Store and Twizza, and Twizza also kindly donated drinks for the participants. It was a fantastic day – the involvement was high and the vibe was festive. It has been great to see people walking around the village in their green shirts, and it was very satisfying to run an event where so many stakeholders were involved.

Project Reports

HEALTH

HIV and AIDS Clinic Support

JRHF's supporting role in the HIV programme coordinated by Zithulele Hospital has been relatively stable over the past few years. We continue 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.

By the end of February, we were supporting over 4196 ARV patients with prepacked ARVs and clinical monitoring. We were not heavily involved in the government's prepacking programme this year, due to a number of reasons and this is reflected in the total figure reduction between last year and this year. Of the 4196 patients who we are supporting, 603 are being supported at hospital level. This increase in numbers is because we have been doing away with prepacking for Zithulele patients – either patients are stable enough to be seen at their local clinic, or they need hospital level care. The ability for so many patients to access treatment reliably at their local clinic has continued to be made possible by JRHF's crucial involvement in the programme.

The HIV/TB Mentor Mothers employed by the Philani Mentor Mother's Zithulele programme unfortunately had to stop their work at the end of November due to funding constraints, and this has had a significant impact on defaulter reengagement rates already. We will be working hard with the Department of Health employed Community Health Workers to encourage them to take up this role. We continue to employ three HIV and TB Counsellors who are based at Zithulele Hospital, and who provide a valuable service to patients and doctors alike.

Providing tailored support to our caregivers, children and adolescents on the programme, due to their particular vulnerability, remains a priority. We have 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). Significant issues with stock from the local depot this year, have meant that paediatric patients have had to come to the hospital for many more appointments than usual, due to only being able to receive one month of treatment at a time.

Our continued work on the HIV Programme over the past year would not have been possible without grant funding from the Discovery Fund and the Anglo American Chairman's Fund. We are also extremely grateful to the Donald Woods Foundation who generously donated to us the 4x4 vehicle that they had previously purchased when involved in Zithulele's HIV/TB work, and which we continue to use.

TB Project

The TB Point Programme at Zithulele Hospital was initially set up in October 2008. Since June 2009, JRHF has supported the programme through the employment of additional staff, in order to improve the quality of the service and monitoring. These JRHF employees provide the vital but otherwise unfunded services of data management and quality counselling, enabling the measurement of accurate and up-to-date data, the follow up of defaulters, and the initiation of HIV patients onto Highly Active Antiretroviral Therapy (HAART). JRHF's involvement in the TB Programme has decreased the TB treatment defaulter rate; increased the rate of patients with TB tested for HIV; and increased the rate of HIV positive patients who access HAART. JRHF staff are also instrumental in the support and monitoring of patients with Drug Resistant TB, all of whom start ART as in-patients during their initial admission to hospital.

During the year, 638 patients were supported to start drug sensitive TB treatment (329 males and 309 females). Of the 638 patients who started TB treatment during the year, 314 were HIV+; 211 of the HIV+ patients were already on ARVs when they started their TB treatment and another 83 started ARVs while on TB treatment. Unfortunately 20 patients who tested HIV+ did not start ARVs during their TB treatment, but at least this is a decrease in non-starters from the year before.

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 rather than the hospital.

As TB continues to be a major cause of morbidity and mortality in and around Zithulele, the supporting role played by JRHF enabled by the continued financial support of the Sonnevank Foundation, Discovery Fund and Anglo American Chairman's Fund, remains a significant contributor to the fight against TB. Hospital statistics also show we are making progress at decreasing the impact of Drug Resistant TB and this goes hand in hand with the growing ARV programme, reported on above. Together, we are making advancements towards a healthier community.

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 Clinical Team Assistants (previously called translators; name changed to reflect the diversity of their role), one Pharmacy Helper, one Switchboard Assistant and one OPD Clerk Assistant. Our Clinical Team Assistants facilitate good communication between clinicians and patients, thus contributing to improved health service provision and also provide assistance to ensure the smooth running of consultations in the hospital's Out Patient Department and Casualty; our Pharmacy Helper provides stability in a department that has experienced significant staffing level changes over the years; and our employment of a Switchboard Assistant and OPD Clerk 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:

- Printing of hospital accommodation information handbooks for 2019
- Food for the kitchen (a once-off)
- Buddy benches to encourage supporting one another with mental health challenges
- Assistance with food costs for Heritage Day event held by Hospital
- Comfortable yet easily cleanable chairs for the Out Patient Department (OPD)
- Chairs for the Social Workers’ new office so that family meetings could be held

Slightly more exciting than assistance with consumables, is what we’ve been able to assist with through funding from the Japanese Embassy, private donors, and the Discovery Fund:

- Leadership training for Hospital management
- Medical equipment e.g. bedside monitors, transport ventilator, vital signs monitors, and spirometer, treatment tilt table, parallel bars, posture mirror, massager, and an ultrasound nebuliser
- Intern salary support to support four interns who are gaining experience through working in the hospital (non-medical)
- Assisting OPD with paying someone to shred the confidential test results that have been piling up in the hospital

Nutrition

Through witnessing the degree of malnutrition evident in patients accessing care at the hospital, the decision to start a community garden was made. The community garden was JRHF’s first ever project, and it is still going well. After the significant change in 2015 when the location of the garden had to be moved, the way this garden was managed also changed and this new system is still effective. Nothandekile’s teaching and support means that there is continual investment in the knowledge of the community participants maintaining the garden. 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)

Our Rural Ability Programme (RAP), a Community Based Inclusive Development 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 PWDs 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, the health component of the programme has seen mental health become an area which the RAP team found rather challenging but in which there has been significant input from Zithulele Hospital and mental health care users. Peer led support groups for mental health are an important achievement and show the power that can lie in creating spaces for users to participate in their healing. Our Zithulele based Community Disability Worker has been assisting with the depression support group that has been set up at the hospital. The RAP Programme Assistant and six CDWs also attended a course on Cerebral Palsy (CP) for care workers hosted by Malamulele Onward, in Johannesburg.

The education component of the programme has continued to develop albeit at a slower pace than other aspects of the RAP. This could be attributed to the context of inclusive education in the country and what often seems to be an insurmountable challenge particularly in rural areas. The RAP has been supporting the Occupational Therapy department at Zithulele Hospital to develop services for children with learning difficulties. An Occupational Therapist has designed a programme and the RAP has supported with the funds needed to acquire educational resources and materials. Groups for children with learning difficulties will be taking place once a month at Zithulele Hospital and the CDWs are able to refer children to these groups. When the number of Occupational Therapists at Zithulele Hospital increases, these groups will hopefully run at the clinics. We are also making some progress towards including parents in supporting the educational needs of children with disabilities and children with learning difficulties. The CDWs are following a programme developed by the Occupational Therapists at Zithulele Hospital, to supporting parents to understand what a learning difficulty is and how they can support their child.

This year, the livelihoods component of the RAP has also gained momentum, building on the foundations laid over the past two years. The community based Savings and Credit Groups have gained a lot of popularity. Our Livelihoods Community Facilitator established a relationship with U-Bank who are supporting savings group members to open bank accounts. They come out to the rural areas to assist people to open bank accounts, rather than people having to travel long distances to town. This minimizes the risk when the groups do their annual share out and are dealing with a large sum of money. Unfortunately we were not able to proceed with small business development project that we had hoped to do in partnership with the Traveling Circus due to a lack of funds, but we will continue to support small business owners where we can and within our capacity and skill area. Our Programme Assistant and Livelihoods Community Facilitator did attend Business skills training funded by the Wholesale and Retail SETA and facilitated by MRCC skills development, and then trained the CDWs on what they learnt. This allowed the team to gain skills that they need to support PWD who are part of savings groups and wanting to start or develop their small businesses. The apprenticeship programme is not only developing the skills of apprentices but also their confidence to find employment in the open labour market.

The addition of a full time Programme Assistant to the RAP has made a significant impact to the communication between Zithulele Rehabilitation department and the CDWs. The Programme Assistant is able to raise concerns regarding the management of clients and the assistance the CDWs require in supporting their

clients. The Programme Assistant has also been valuable to the Project Coordinator as he provides closer monitoring of the CDWs activities and supports administrative tasks.

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 visits this accommodation unit each week, 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 (read 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+ (read more about our ARV programme above).

EDUCATION

Skills development was again, a priority this year, as our staff team worked towards their Montessori Method educator certificates. In addition to this, the Education team undertook certificated First Aid training, and began with in-house training in Computer Literacy and English Skills. With generous financial assistance, Teacher Thandeka attended the Montessori Conference in Port Elizabeth in April 2018, where she had a fantastic opportunity to meet with other educators. Likewise, the Education Coordinator was able to attend the inspiring Association Montessori Internationale (AMI) Educateurs sans Frontieres Conference. The AMI is an international network of Montessori practitioners, working with communities, governments and other partners to advance human development from the prenatal stage to early childhood care and education, continuing through to elementary, adolescence, adulthood and the elderly.

We are appreciative of the funding from the ApexHi Charitable Trust, the National Lotteries Commission, Stichting Zithulele and the Solon Foundation who have continued to fund the work we are doing in early education.

Early Childhood Development Centre Support

Since 2009, the objective of our ECDC support has been 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 on to Grade R with the foundations of spiritual, intellectual, physical and emotional development in place.

The ECDCs filled up quickly again during registration time at the beginning of 2018, thanks to our ECD in the Home programme (more on this below) advocating for school attendance from an early age. Our teachers have continued with their training in the Montessori educational method, in collaboration with the Montessori Centre South Africa, and they completed this by mid-year. The final assessments were tough and unfortunately two of our teachers were not able to achieve their certificate, but the knowledge that was gained through the long months of learning will still be beneficial to themselves and their learners. Zithulele ECDC once again qualified as a sponsorship member school with the South African Montessori Association and the Khanyisa ECDC has continued with their registration with the Elliotdale Department of Social Development as a partial care facility.

As always, we capitalised on our proximity to the library and Zithulele Hospital. The children continued to benefit from a weekly story time, either in the library or via a visit from the librarian. They also received storybooks to keep and read at home, thanks to the Solon Foundation and Book Dash. The Speech and Audiology department from Zithulele Hospital also visited the ECDCs for speech and hearing screening and the dentist visited, screened each child and gave each learners a toothbrush and toothpaste. Teachers and learners also linked in with the wider JRHF team as well as other NGOs and the hospital, to take part in World Clean Up Day, where they learnt about the damage of rubbish to the environment, helped pick up litter, and visited the recycling centre to learn about the benefits of recycling. During the year, JRHF's Building Services team also made some improvements to, and undertook maintenance, on the ECDC jungle gyms. We were lucky to receive various donated clothes, toys and household items during the year, and a big jumble sale was held to generate some extra income for the ECDCs. Parents and teachers put their sales assistant skills to the test!

Both Khanyisa and Zithulele ECDCs hosted a graduation ceremony to acknowledge the work of the learners and thank the teachers for their hard work at the end of the 2018 school year. There were 80 learners who received certificates and gift bags from various generous sponsors.

Zithudlala and iKhaya Lencwadi (Community Library)

Our Zithufunda role is one that oversees the library, promotes literacy and facilitates Zithudlala. The library is a source of information for learners from surrounding schools, and we have worked hard over the years to stock it with relevant reading materials in both isiXhosa and English. We were thankful to receive 900 Book Dash books this year. Library members continue to take out books to read, though there isn't a significant reading culture amongst adults in Zithulele, meaning that our member numbers and those taking out books are still not as high as we would like. We trust that through focussing on the youth, they will continue with the reading culture as future adults.

The aim of the Zithudlala aftercare programme and holiday clubs, is to fill the basic need for children to have a space where they can feel secure. This is important, because when children feel safe, they can thrive. 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. We have continued to use the THANDA materials on which we received training last year, and have combined the use of this curriculum with outside games, as well as a weekly reading club hosted by Axiom Education's community readers. We held holiday clubs in July, September and December. December's club included a literacy festival in collaboration with Axiom. Our Zithufunda Promoter had worked with a group of Zithudlala attendees and Axiom's Nobalisas worked with a group of young learners who then performed poems, song and dance. Our Zithufunda Promoter also started a drama and dance group with the Zithudlala kids, and they performed for the ECD Centres graduation celebration as well as Zithulele Hospital Therapy Department's end of year party for the children they support who have Cerebral Palsy.

Other events during the year included a spelling competition for the surrounding primary schools, a celebration of World Book Day, partaking in World Clean Up Day by picking up litter, doing a fashion show with "clothing" created from recyclable goods and learning about the environment in the lead up to this day, and a visit to the beach to explore the rock pools and see the creatures that had been learnt about in books and movies.

We continued 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.

ECD in the Home

Our continued work on our ECD in the Home programme is based on the lack of understanding amongst parents and caregivers about when and how a child begins to learn. Many believe that a child only begins to learn when they begin to speak, and also that a child's education is the responsibility of teachers and schools. 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. Children who received support from their parents and role models like teachers, are more likely to complete school and move on to tertiary education or post-school employment. They are also more likely to grow up to share the same educational ideals with their children, thus investing into future generations. It is this long term view that motivates us in the work we do within ECD.

A key feature of this programme is engaging with parents and caregivers. The 'Every Word Counts Programme', developed by partner organisation Wordworks, was completed by 91 parents who had also attended parent workshops hosted by our ECD in the Home Community Workers; these parents received a certificate of acknowledgment. A further 186 parents/caregivers were trained in the importance of ECD via home visits and parent/caregiver workshops.

During this year, we have also engaged with 190 children who have never previously had access to any ECD services. 420 more children have shown continuous developmental progress. Quantitative data and comments from parents show that all children benefit from the programme, especially those with special needs. We aim to improve not in terms of quantities of people reached, but in quality of relationships built with stakeholders in the community in order to build a solid foundation for future education. We have also continued to reach new children through attending the local ARV clinic on a weekly basis, 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 Community Workers make regular visits to the Zithulele Hospital Waiting Mother's Accommodation and teach mothers-to-be how to talk to and stimulate their children prior to birth.

The number of parents and children engaged, or 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 continuing to see the ripple effect spread. Caregivers and parents are engaging with our Community Workers in the field, asking when will we be coming to their area and when will they get visited. ECD in the Home has proven to be an effective link between ECD Centres 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 ECD centres, while also taking the time to make sure the truth about ECD is heard and counter any myths or misunderstandings about early education.

We have been able to support, Lydia Mgcwaba, our full time ECD in the Home Community Worker, to study the NQF Level 4 Montessori Higher Certificate through First for Children who are running the programme in nearby Coffee Bay. This accredited course supports the idea of children learning at home by exploration and through being part of everyday activities. These are the same principles that our ECD in the Home Programme promotes. Lydia was nominated as Literacy /champion for Wordworks for their Woman's month campaign, which was a great honour for her.

Our accredited trainers delivered the Every Word Counts training to 26 local Educators, who received their certificates upon completion. They also delivered this training to a team at Madwaleni Hospital, on behalf of Wordworks who were not able to deliver the training at the time.

This year saw us introducing electronic record keeping for the ECD in the Home. A tailor-made programme using the free KOBO Collect Application for data capturing, was first used on mobile phones before we were able to purchase simple tablets to be used in the field. We will continue to use and revise this over time as we learn from our own experience.

COMMUNITY UPLIFTMENT AND DEVELOPMENT

Jump Start

This year, we once again ran our successful Jump Start, a youth development gap year programme for young men with high potential but few opportunities. We have run this programme each year since 2014 and participants are largely identified through our partnership with Axiom Education while some come through an open application process. The young men 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, and for the second time, this year we had an ex-Jump Starter to assist on the programme. Modules from the four focus areas were delivered by a significant number of Zithulele community members or by visiting facilitators, to make use of a variety of skills, expertise, backgrounds and to celebrate diversity.

One exciting development this year, was that we were able to offer the young men the chance to gain an accredited IT qualification through the International Computer Driving Licence, being delivered by Sihamba Sonke, a newly formed NGO in Zithulele. Sihamba Sonke was a valuable partner in this year's programme, as in addition to delivering the IT sessions, they also delivered sessions in Chess, Alpha, the World Needs a Father, and 7 Habits of Highly Effective People. Axiom Education's career advisors also gave a lot of support to individuals who were considering further education and training post Jump Start, and we are immensely grateful for their hard work, input and commitment to supporting the participants.

Some highlights from this year's programme include:

- Instead of undertaking outreach to other communities as we have in previous years, this year we decided on focussing on doing outreach within our own community. During the outreach week: the guys helped to build a wheelchair-friendly house entrance and pathway at the home of a community member living with a disability; and they built chess tables next to the community centre and fenced the chess area.
- On a visit to Harding, they taught chess in a community in Harding and they visited the KwaSizabantu Mission in Kranskop. The business success of that Mission station changed the way the guys saw agriculture as a business. The participants also visited a sawmill in Weza Forest near Harding, where they learnt valuable lessons about the different kinds of roles and jobs.
- Each participant undertook a work placement for 4 half days per week. This was a vital opportunity to learn a number of transferable personal and professional development skills.

- After learning about it themselves, the participants conducted lessons on environmental health at a nearby High School. They also embarked on a cleaning campaign within the community as part of the World Clean Up Day.
- After significant training, the participants all took part in and completed a 21.1km trail run called the White Clay. One participant finished in position 5! Preparing for and completing this race was a definite lesson in endurance and perseverance.
- The group completed the week long, 120km hike from Kei River Mouth back to Zithulele. They were the fittest group we have ever taken on this hike, which is testament to how well they prepared themselves for this expedition. Daily reflections tied in threads that have been sown throughout the year.

We are also grateful to the others who 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.

Community Centre

The community centre continues to be well used, with regular Axiom Education classes, Jump Start sessions, church groups, and as overnight accommodation and waiting space for when Grace Vision are doing their block surgeries. This multi-purpose space provides a place for a multitude of events in Zithulele to be accommodated.

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.

Patient Transport Assistance Fund

Patients who need to attend hospital care regularly, such as children requiring treatment to prevent club foot disability and many of our paediatric ARV patients, would not be able to do so without assistance with transport costs. For some, even once-off assistance is what enables them to access quality care at hospital level, which can make all the difference to their health. Distance to clinics, bad roads, inadequate transport, high transport costs and low incomes mean that people are constrained from accessing the healthcare that they need. In order to assist patients to overcome this barrier to care, we assist by giving transport money to those who need it most. Recipients are “assessed” by a JRHF employee after being referred (according to set criteria) by a member of Zithulele Hospital’s clinical team, to attempt to eliminate those who may try to take advantage of this service. 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.

ENVIRONMENT

Healthy Village Project

One of the foundational reasons for the creation of JRHF 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 became 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.

We have two full time employees on this programme and they are assisted and supported by a manager. We also took on an apprentice this year, who is a client from our Rural Ability Programme. This apprenticeship programme is about giving work experience to people with disabilities, according to their capacity and potential.

We have continued with the management of our refuse and recycling centre that was built on hospital land in 2016-2017 in return for us also arranging collection of their refuse, and we have maintained our contract with the Mqanduli Municipality to undertake weekly refuse collections. We have continued to do monthly (and sometimes fortnightly) deliveries of recycling to Mthatha, 95km away (approximately one tonne or more of recycling a month).

We do weekly litter collections around Zithulele Village, and from the different refuse holding sites and then once a month we do an in-depth clean up that includes an extensive clean up around all the NGO offices and school rooms, and down the main road. The team pickup papers, rake the grass and verges, sweep the streets, and clean out the storm water drains and gutters. When the season is right, we prune and compost all the trees along the main road through the village.

We also remove alien vegetation, as this is damaging to the ground and water quality of the area. In its place, we plant indigenous vegetation that we propagate and grow in our own nursery, and which is fed by compost that we produce ourselves. Any trees that we plant in the village have small fences erected around them, in order to ensure their protection from livestock.

Despite all our hard work, dealing with litter often feels like an insurmountable task. With a history of no refuse collection services, there have never been options for managing waste other than burning or dumping. There is an enormous need for education on the damage caused by poor waste management. One step that we took towards this during the year, was to arrange a big litter collection on World Clean Up Day. Approximately 200 people took part on the day, from clinicians at the hospital to kids from the pre-schools, and together we removed 100 refuse bags of waste from the areas immediately adjacent to the street. We hope to build on this success in years to come.

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

BUILDING SERVICES

We have been blessed with a number of buildings from which the various NGOs can operate and provide services and in people from NGOs and the hospital can live. It is therefore our responsibility to ensure that we preserve what we have been given, so that it can continue to be of service to the community. Therefore since 2010, there has been a regular need for JRHF 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 two-phase 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). Most recently, we built the Garden House, a three-bedroomed house for the combined use of JRHF’s Rural Ability Programme and JRHF in general.

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. JRHF 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 mutually beneficial in that the church derives some income from its buildings but JRHF 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 by the Building Services team. At New Lundi, these included: undertaking a number of plumbing jobs in various units including fixing taps, toilets, geysers, and drain pipes; maintaining and improving the mulch pits; clearing the ground for a new parking area at New Lundi as well as creating a new car entryway to the commons; fixing kitchen cabinets, sliding doors, and sealing baths and basins; and removing pests. On the Mission land, work done includes: fixing water tanks and pumps; unblocking drains; fixing geysers in a few homes; fixing a cracked ceiling and roof leaks; painting and installing a washing machine at the Volunteer House; fixing the palisade fence and installing some new burglar bars. On the community centre land, some major and minor jobs were undertaken, including: fixing window frames in the community centre; doing structural repairs to the community centre and library to prevent further collapse of the walls due to roof structures that are too heavy for the fabric of the walls; fixing water pumps and unblocking drains; fixing the gutters at the library and the Jabulani office; and installing a new security system for the Jabulani office. At our ECD Centres, the Building Services team fixed windows and doors; and painted the roof of one of the buildings. The team also helped out Grace Vision by undertaking a few different maintenance and plumbing jobs.

Our two full time gardeners/handyman and our Building Services Manager are responsible for all the above mentioned maintenance. In addition, they are responsible for the 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. They only contract in additional services on rare occasions when specialist skills are required. They are in demand and the list of things we need them for is never-ending.

VEHICLES

JRHF now owns a couple of different vehicles, designated to the projects via which they have been funded. We have a 4x4 Mahindra Scorpio for the HIV/TB Programme, donated by the Donald Woods Foundation after their involvement in the HIV/TB programme came to an end. Our Nissan double cab with locking differential for when it needs to go on dirt roads, is used for the Healthy Village Project, our Education programme when needed, and other Foundation use. With funding specific to the Rural Ability programme (RAP), a Colt 4x4 was purchased in 2014, and after numerous issues with the Mahindra Scorpio 4x4 that we had originally purchased

second hand for the Livelihoods work of the RAP, we were able to sell it and with additional funding, purchase a new Ford double cab at the beginning of 2019. We also have an open trailer that primarily gets used for recycling and refuse removal but also for transporting building materials.

ADMINISTRATION

Administration...the often under-appreciated and under-funded backbone of any organisation! We are now of the size where it is essential to have a team dedicated to all aspects of administration for the organisation. In January 2018, our part time office administrator came on in a full time capacity. Neliswa has worked her way up through JRHF 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. Over the year, Neli took on more responsibility for financial administration and to assist her in this area, we enrolled her on a course called “Financial management for non-financial managers”, an online course offered through Wits University. It was challenging, but with a lot of hard work and many hours of studying, Neli did extremely well and it has been really beneficial that she has been able to expand into assisting more with finances.

This year has been our first full year of using the new HR system, Simple Pay, and despite the to-be-expected learning curve, it has been really useful to have this system in place. The year also involved a lot of effort with regards to populating and uploading past records onto the Xero Accounting Programme, that we only starting using towards the end of the previous year. As the system is not fully up and running however, we had to continue using our existing systems and records as well, which meant that in many regards, work was doubled. We are optimistic that this effort will pay off when we are able to move fully over to using just the Xero system.

Future Plans

We continue to 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. Potential plans for next year include:

- HIV and TB: begin to transition the HIV programme, so that clinics start to take more and more responsibility for the patients receiving care at their facility; and start implementing the Zero TB Programme, aimed at virtual eradication of TB in this area. Both of these action areas are with a view to transitioning JRHF support for HIV and TB, towards general systems strengthening support at clinic level.
- Rural Ability programme: explore avenues for increasing work in the livelihoods sphere and within inclusive education;
- Early childhood education: due to another local NGO expanding their work into early literacy and numeracy, there is a need for us to review the work we have conducted in early education and determine our strategy for the future, with particular emphasis on how our library programme can or should be expanded;
- Healthy Village Project: explore ways to better educate the community about the environment and how waste impacts quality of life for both people and animals;
- Improve relationship building and engagement with the Tribal Authorities, community leaders and community at large; and
- Organisation development: continue to explore how staff can be developed within a resource-constrained environment.

We will also continue to produce a quarterly newsletter and regularly update our Facebook account and the website: www.jabulanifoundation.org

Thank You!

The life-blood of our work are our 'Friends of Jabulani', who donate monthly. In addition, a number of individuals and companies have donated to us this year, as well as anonymous donors to whom this is the only opportunity we have to say "thank you". We trust that you will be as proud as we are to see what a difference your generosity has made in our community.

Ainslie & Jennie Chinimberi	Hamza Banoo	Nick Fine
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JABULANI RURAL HEALTH FOUNDATION

(Association incorporated under Section 21)

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