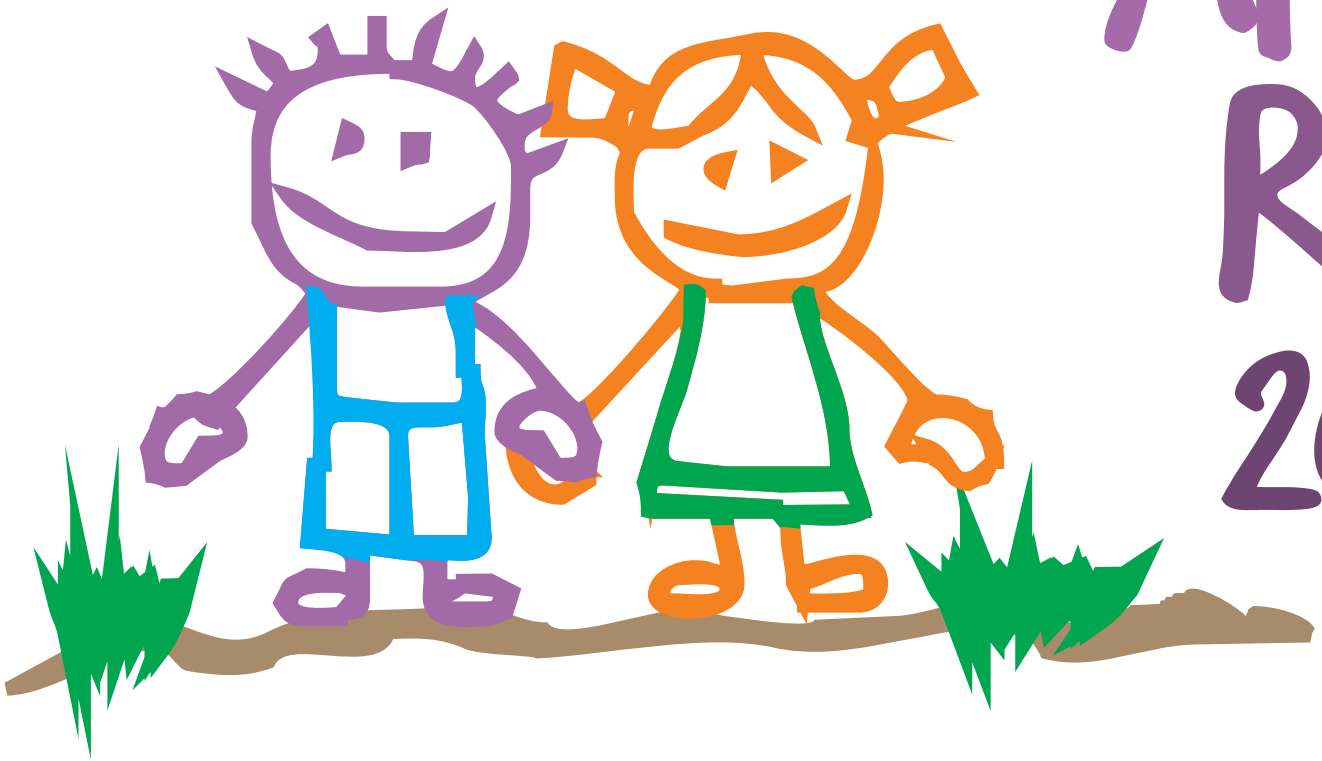
THANDANANI
CHILDRENS FOUNDATION



ANNUAL REPORT 2011 / 12

Facilitating community based care and support for orphans and other vulnerable children

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Chairperson's Report

Terms & Abbreviations

Term / Abbreviation	Description
TCF	Thandanani Children's Foundation
OVC	Orphan or vulnerable child under the age of 18
OVC Household	A household that includes one or more OVC's
CHH	A child headed household or a child head of a household
Caregiver	The adult head of an OVC household
Home Care Volunteers or HC Volunteers	TCF's community based volunteers whose primary task is the provision of care and support to a number of OVC households
Food Security Volunteers or FG Volunteers	TCF's community based volunteers whose primary task is the development and management of food gardens for the benefit of OVC households
Life-skill Volunteers or LS Volunteers	TCF's community based volunteers whose primary responsibility is the facilitation of community based therapeutic and support programs for OVC's and their caregivers
Wellness Volunteers	TCF's community based volunteers whose primary responsibility is to undertake health assessments, education, testing and support with families
Volunteer teams	These are the volunteer teams TCF has established in each of the communities it serves. These teams typically include a number HC Volunteers, FG Volunteers, Wellness Volunteers and LS Volunteers. Together, the teams provide a range of services and support to OVC households
Development Facilitator (DF)	A staff member of TCF whose primary responsibility is the coordination and supervision of our volunteer teams & community development activities

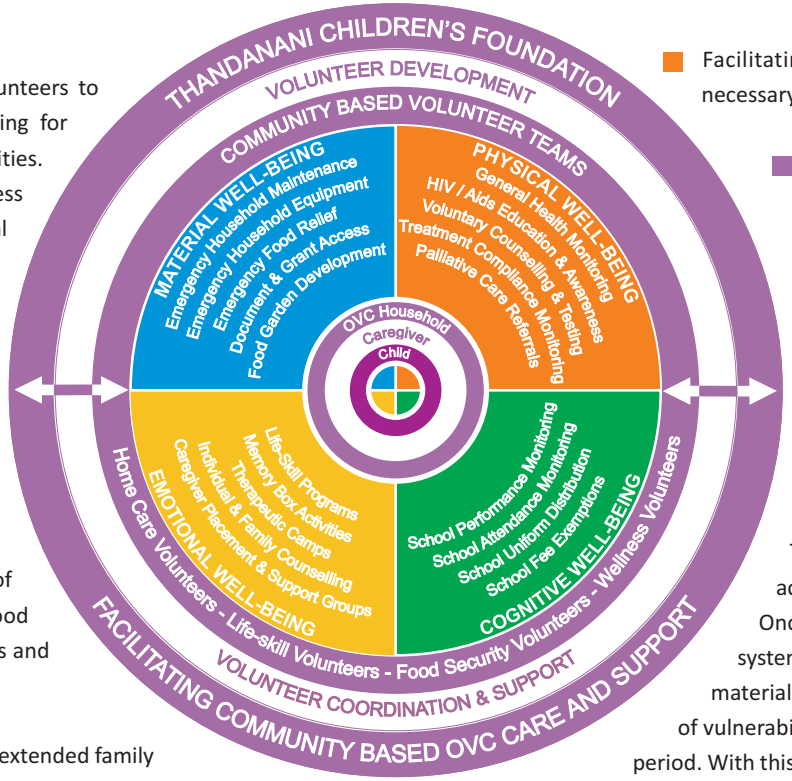
OVERVIEW

Founded in 1989, Thandanani Children's Foundation is a registered non-profit organisation that facilitates community based care and support for orphans and other vulnerable children (particularly those affected and infected by HIV/Aids) in the KwaZulu-Natal Midlands (South Africa).

Over the years we have developed a system of volunteer driven community based care and support for orphans and other vulnerable children (and their families) that is designed to systematically address their basic needs and move them from a state of vulnerability to increased stability and self-reliance over time.

In brief, we do this by training community-based volunteers to identify and address the basic needs of families caring for orphans and other vulnerable children in their communities. With Thandanani staff's support, volunteers then address the basic material, physical, cognitive and emotional needs of OVC households in their community by:

- Identifying indigent OVC households in their community and assessing their needs
- Conducting regular home visits to monitor the needs and well-being of these families
- Accessing support from Thandanani for those households identified as being in dire need of emergency assistance (including emergency food supplies, critical household maintenance, resources and equipment)
- Working with Thandanani's Social Workers and the extended family to identify and place an adult caregiver in the household.
- Facilitating access to critical documentation (birth certificates and identity documents)
- Facilitating access to relevant state grants



- Assisting families in the establishment and maintenance of household food gardens
- Facilitating access to school fee remissions.
- Conducting regular school visits to monitor the attendance and performance of OVC's in their care
- Accessing (via Thandanani) and distributing school uniform items to OVC's.
- Conducting health assessments, providing health education and undertaking treatment adherence monitoring
- Facilitating access to local primary health care facilities whenever necessary
- Facilitating access to voluntary counselling & testing provided by Thandanani
- Facilitating access to Thandanani's professional welfare services and counselling
- Facilitating Life-skill and therapeutic programmes for OVC's; and
- Facilitating support groups for Caregivers

These services are provided to the households in a systematic way in accord with a phased model of household support and development. Once identified as vulnerable, households are supported via a structured system of household intervention that is designed to address their basic material, physical, cognitive and emotional needs and move them from a state of vulnerability to increased stability and self-reliance within a two to three year period. With this "movement" of households through the system, Thandanani is able to redirect its existing capacity and resources to support new households as families become self-reliant and exit the system.

This phased model of household support and development is outlined in the table below:

STAGE 1: IDENTIFICATION (0 – 3 MONTHS)

- Household baseline assessment
- Volunteer assignment & fortnightly home visits
- Emergency food relief (needs based)
- Caregiver placement (needs based) & grant applications
- Assessment of critical furniture & equipment needs
- Assessment of critical household maintenance needs
- Health Assessment
- School attendance & performance assessment

STAGE 2: INTERVENTION (12 – 24 MONTHS)

- Monthly home visits
- Emergency food relief (needs based & until grant secured)
- Grant access & grant usage monitoring
- Provision of critical furniture & equipment (Needs based)
- Food garden development & support (Voluntary)
- Health Education, VCT & Treatment compliance monitoring (Voluntary)
- School attendance & performance monitoring
- School uniform provision (need & criterion based)
- Access to individual or family counselling (voluntary)
- Family engagement in memory work (voluntary)
- Access to OVC life-skill program (voluntary)
- Access to Children's support group (voluntary)
- Access to Caregiver support group (voluntary)

STAGE 3: MONITORING & WITHDRAWAL (12 MONTHS)

- Household baseline re-assessment
- Quarterly home visits
- Grant usage monitoring
- Health monitoring
- School attendance & performance monitoring
- Access to individual or family counselling (voluntary)

Chairperson's Report

Having been a member of the Thandanani Board since October 2008, I took over as Chairperson from Larry Tooke at the end of March 2011 and experienced something of a baptism by fire! This has been a difficult year for Thandanani; the organisation encountered several serious challenges, both internally and externally, and in order to deal with these appropriately Board members, many of whom had only just joined the Board, were required to dedicate significantly more time and energy than would be expected in a 'normal' year of operations (if there is such a thing!). This report will outline some of the major challenges experienced, specifically in terms of fundraising and staff dynamics. Fortunately, I can also report that we have managed to successfully negotiate our way through the crises and have emerged stronger and more focused on steering the organisation forward.

Changes to the Board

At the end of March 2011, Larry Tooke stepped down as Chairman of the Board, but remained a member of the Board until March 2012. We are extremely grateful for his exemplary leadership and solid commitment to the work of Thandanani over the past 7 years. While we understand it is time for him to move on and prioritise other commitments, his quiet strength, wisdom and insight have already been sorely missed.

In November, we also bade farewell to our Treasurer, Trini Krishnan, who stepped down from the Board after 6 years' service. Trini's financial knowledge and attention to detail have been invaluable and his departure has left a gap that has been difficult to fill.

Thandanani also had 3 new Board members join us in 2011/12. These were Bonga Mkhize, who works for the Department of Social Development; Sipho Radebe, a lecturer at Zakhe Agricultural College; and Bongi Zengele, who coordinates the HIV/Aids programme of the Ujamaa Centre for Biblical and Theological Community Development and Research. Bongi is no stranger to Thandanani, having worked for the organization in its early days, and we are so pleased that she has come back 'home'!

Finances and Operational Restructuring

Unfortunately, we were unable to raise the necessary funds to cover our ideal budget for this financial year. This was caused by a variety of factors including the global recession, the changing priorities of donors and challenges faced by the National Lottery Distribution Trust Fund. We also realised that these funding challenges were not likely to improve significantly over the next few years. As a result Board and staff spent several months exploring and debating various possible changes in programming and staffing to bring the budget in line with the available funding. Ultimately the Board made the difficult and painful decision to reduce the number of families served (which resulted in the closure of the Richmond office and withdrawal from KwaPata in Pietermaritzburg) and to reduce our core staff complement from 21 to 13.

On a more positive note, although it was sad to leave the Richmond community, the majority of families that we were working with in that area were already in the final stages of support and would thus have exited the programme and been able to function independently around that time anyway. This speaks volumes about the effectiveness of the Thandanani model and of the diligence with which staff and volunteers have been implementing it.

In conjunction with staff and programme changes, we also planned to broaden our fundraising strategies in several ways. Firstly, an increased proportion of the Director's time is now spent on fundraising activities. Secondly, we have worked closely with a highly experienced consultancy firm to explore alternative funding opportunities and strategies. Thirdly, we have, for several years, been discussing possibilities for generating some of our own income and we have now taken concrete steps in that direction. We have also committed a portion of our reserves to funding one or more income-generating projects.

I must commend the Thandanani staff for understanding the financial challenges and for helping us find ways to reduce the organisation's expenditure during the year. As a result, the deficit at year-end was significantly smaller than anticipated, which has meant that our reserves were left largely untouched.

STAFF DYNAMICS

Unfortunately, 2011/12 was also marked by interpersonal tensions amongst staff. No doubt, these were exacerbated by the uncertainty over organisational finances and by an increase in accountability and performance monitoring within the organisation - particularly as the Director's attention needed to shift away from programming in order to focus on fundraising. Ultimately, these tensions threatened to compromise service delivery and necessitated management and Board members spending a significant amount of time meeting with staff members individually to understand and diffuse the complex interpersonal dynamics that had developed. I am grateful to both staff and Board members for their cooperation with, and participation in this critical process. During the Board's feedback to staff at the end of this process, we made it very clear that Thandanani would not permit service delivery to be undermined by personality clashes and interpersonal tensions and cautioned staff that management and board would be closely monitoring individual service delivery and performance going forward. I am pleased that staff relationships appear to have significantly improved since these meetings took place and that service delivery is on track.

IN CONCLUSION

We have certainly ended this year in a better place than we started it and have put strategies in place to deal with the challenges we face. Our goal for the next 2-3 years is to continue to ensure meaningful, holistic and cost effective service delivery to beneficiaries while implementing our strategy to diversify our revenue sources and increase our income. We will continuously assess our effectiveness in both these areas and make modifications as necessary to ensure that we remain a strong and healthy organisation going forward.

In this regard, I must thank our Board members for the many extra hours they have put in to grapple with the variety of complex issues and challenges that emerged during the year and for ensuring that the best possible decisions are made for the organisation and its beneficiaries. It has been a privilege to work with a Board of such dedicated people.

Similarly, we must also express our appreciation to our Director, Duncan Andrew, who has worked incredibly hard, often to his own detriment, to sustain the organisation and its operations.

We are also extremely grateful for the work of the management team and staff who have continued to serve our children faithfully, often under difficult conditions.

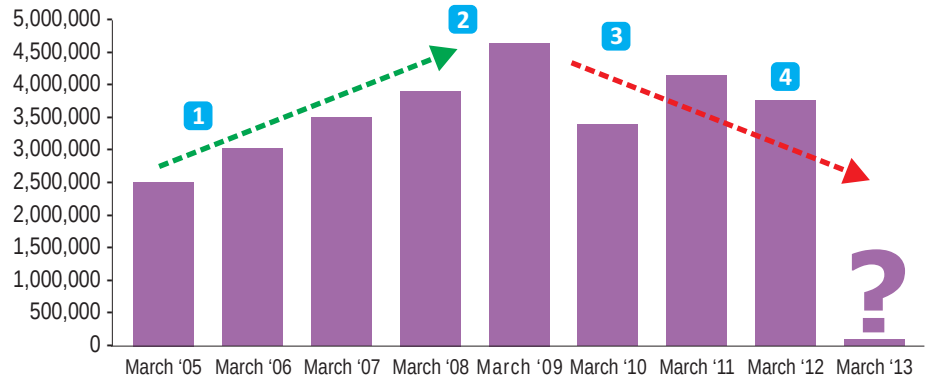
Last, but definitely not least, our thanks must go to our dedicated team of volunteers, without whom our community-based approach to supporting vulnerable children would be impossible.

Lisa Strydom: Chairperson

Director's Report

Organisationally, 2011/12 proved a challenging year for Thandanani in that we faced a significant shortfall in funding and had to make significant changes to ensure both our immediate and longer term sustainability.

Annual Income Trend: 2005 - 2013



Notes on Graph:

1. Between 2005 & 2009 TCF experienced a steady increase in its income
2. In late 2008 the "credit crisis" and consequent "economic slowdown" started to negatively impact on the global economy
3. With the result that, in the 2009/10 financial year Thandanani experienced a notable shortfall in funding and, since 2009, has found it increasingly difficult to secure donor funding
4. In the current financial year, Thandanani secured approximately 27% less funding than its ideal budget. In addition, we anticipate that this decline in the availability of donor funding will continue for some time.

Fortunately, Thandanani recognised this possibility at the start of the financial year and so started the year operating on a reduced provisional budget while finalising our donor contracts and strategic response.

In order to ensure our sustainability within the context of a diffcult economic and funding climate, Thandanani's Board, management and staff engaged in a consultation process during the second quarter of the year aimed at proactively formulating a "cost reduction and sustainability strategy" for the organisation for both the short and medium term.

The resultant strategy necessitated some significant changes for Thandanani. These changes were communicated to our donors in mid 2011 and included:

- Terminating service delivery in Richmond and in Pata A & B in Pietermaritzburg by the end of December 2011.
- Withdrawing staff from Richmond and closing Thandanani's Richmond office by the end of December 2011.
- Restructuring to ensure appropriate staffing levels for service delivery to a reduced number of areas.
- Revising the number of households supported by Thandanani
- Revising the organisation, development and rewarding of a reduced cadre of volunteers.

By December 2011 we had:

- **Terminated service delivery to all households in Richmond and in Pata A & B in Pietermaritzburg.**
  As the majority of the households being supported by Thandanani within these communities were in the end stages of our Household Support and Development Model in 2011, Thandanani prioritised the delivery of outstanding services to these households in the second half of 2011 and successfully terminated service delivery to these households by December 2011.

- **Successfully withdraw all staff from Richmond and closed the Richmond office.**
  Having completed service delivery to all households in Richmond, Thandanani closed its Richmond office in December 2011.

- **Restructured to ensure appropriate staffing levels for service delivery to a reduced number of areas.**
  Unfortunately, this necessitated the redeployment of two staff to more junior positions within the organisation and the retrenchment of three contract staff in December 2011.

- **Revised the number of households supported by Thandanani.**
  With the withdrawal from Richmond and Pata A & B in Pietermaritzburg the number of households supported by Thandanani reduced from 625 in September 2011 to 308 by March 2012.

- **Revised the organisation, development and rewarding of a reduced cadre of volunteers.**
  With the withdrawal from Richmond and Pata A & B in Pietermaritzburg volunteer numbers have reduced from 72 in September 2011 to 26 currently. It is anticipated that we will sustain volunteer numbers at this level in 2012 but hope to be able to increase stipend levels from R220 per month currently to at least R400 per month.

These changes, although extremely painful, resulted in significant budget reductions. By implementing these changes Thandanani was able to reduce its 2011/12 budget from an initial R5,2 million to R4,4 million.

In addition to these changes, Thandanani also used some of its reserves to begin to diversify its fundraising initiatives. This included:

- Intensifying fundraising efforts through direct donor visits, relationship building and formal proposal submissions,

- Commissioning fundraising consultants to formulate a more diversified fundraising strategy (beyond formal proposal submission to large donors) that Thandanani can pursue going forward, and

- Exploring potential income generating possibilities through which Thandanani can generate funds of its own.

Local fundraising efforts have secured some fairly significant goods-in-kind contributions in the current financial year and the possibility of some new local donors for the future.

The fundraising strategy report from the consultants has been received and Thandanani's Board will be exploring the recommendations made in this report in more detail. Based on these recommendations; Thandanani hopes to initiate some alternative fundraising activities during the course of 2012.

One of the income generating options that Thandanani explored in 2011 also has potential but is only likely to come "on-line" late in 2012 at best.

On the negative side, Thandanani has not secured the support of any sizable new donors despite significant fundraising efforts in 2011 and two existing international donor agencies have indicated that they will not be renewing their contracts with us in 2012/13 as they are withdrawing from South Africa.

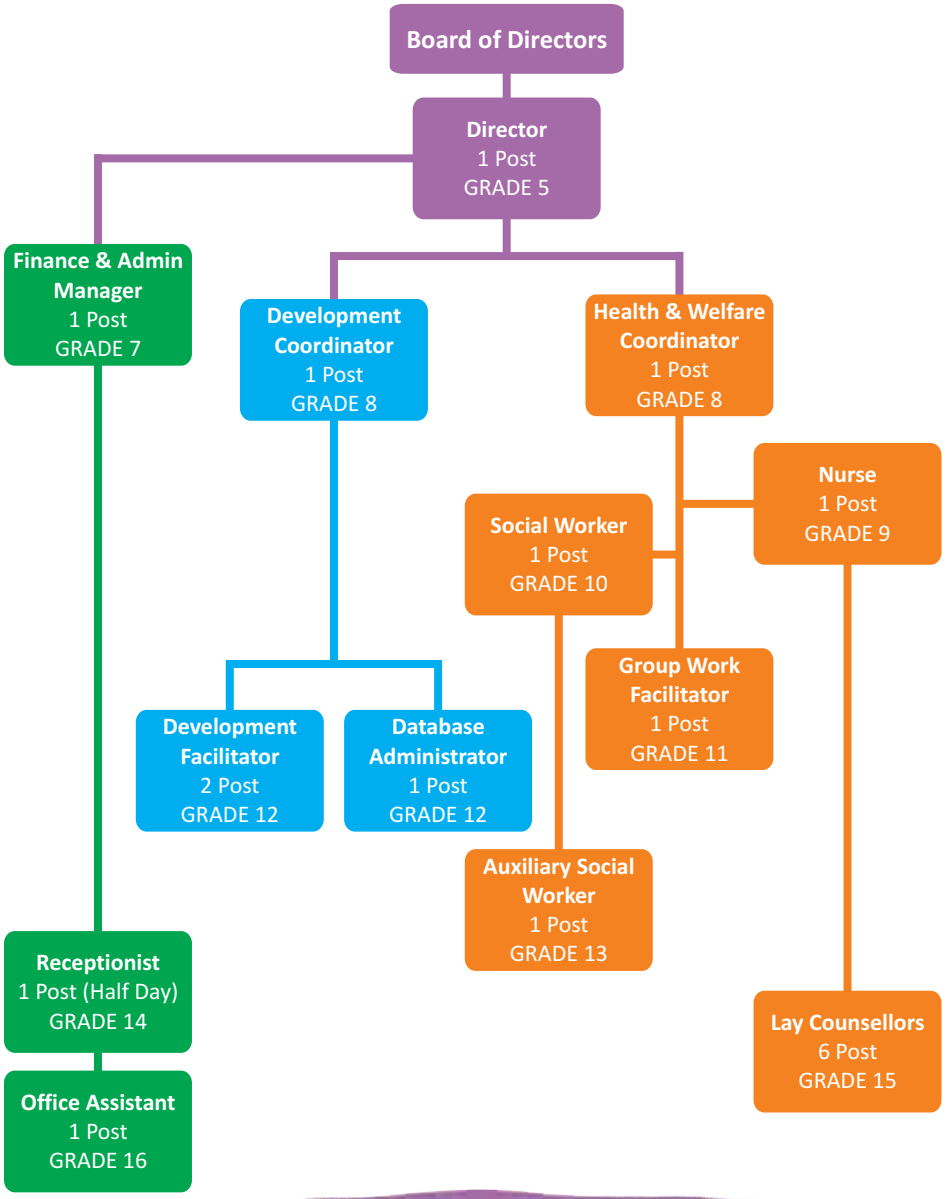
The net effect is that, despite all these initiatives, Thandanani is likely to experience another difficult year in 2012/13.

Consequently, Thandanani implemented further changes to ensure that our 2012/13 budget is in line with the anticipated income for the year.

In this regard, Thandanani:

- Postponed entering into 3 new communities as initially planned;
- Adjusted its projected beneficiary numbers for the year to 480 households rather than the 600 initially projected for 2012/13; and
- Restructured its staff compliment to ensure appropriate staffing for these revised targets.

These changes were effected in the first quarter of 2012 and are reflected in the organogram below.



The cost implications of these changes is that Thandanani has reduced its 2012/13 budget from an initial estimate of over 4 million to R3,5 million against a projected income of approximately R3,3 million. We anticipate that we will be able to make up the projected deficit through on-going fundraising efforts throughout the year.

Concluding Comments

While difficult, our proactive and strategic response to the funding challenges we have experienced over the last twelve months has meant that Thandanani has avoided any "crisis situations" and has maintained its financial and operational integrity.

Our proactive communication with donors and community stakeholders and our efforts to fulfil our commitments to existing beneficiaries before withdrawing our support, has also ensured that we have maintained the trust and integrity of these relationships.

Our ability to maintain the integrity of our model (The only activity which has been suspended as a direct result of the shortfall in funding was the Life-skill camps) has also ensured that we are able to continue to provide a significant number of vulnerable children and their families with a holistic package of services aimed at addressing their basic needs and moving them from a state of vulnerability to increased stability and self-reliance within a two to three year period.

So while times are tough, Thandanani remains a strong organisation with a comprehensive; holistic and effective system of household support & development that has a significant impact on the well-being of the children we serve.

It is our belief that, like many of the children we serve, we are a resilient organisation that can and will continue the amazing work we do with children - even in these tough times.

With this being said, Thandanani's board, management, staff and volunteers deserve special acknowledgement for their amazing commitment and hard work during a very uncertain and challenging year. Thank you all very much!

Sincerely

Duncan Andrew
(Director)

Program Report

Despite the funding challenges Thandanani has experienced this year, programming staff and volunteer teams have remained committed to effective service delivery. With the exception of our Life-skill Camps (which have been suspended as a cost saving strategy in the current financial year) and Household Memory work (where challenges have been experienced in implementation), we remained on track with all of our program plans and targets for this year. The remainder of this report provides details of these activities and achievements.

Beneficiaries

As at December 2011, Thandanani was providing support to 2648 children and 661 caregivers in 661 households across 16 historically disadvantaged communities.

Unfortunately, funding constraints necessitated significant downsizing in 2011. Consequently, in the second half of 2011, Thandanani initiated its withdrawal from all Richmond communities and two communities in Pietermaritzburg. By March 2012 Thandanani was providing support to 1017 children and 308 caregivers in 308 households in 6 communities around Pietermaritzburg.

A detailed breakdown of our beneficiary numbers are provided in the tables below:

Beneficiary Numbers as at 31 December 2011

Summary Table	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of Households			422			239			661
Number of Caregivers	36	386	422	11	228	239	47	614	661
Number of Children	722	722	1444	634	570	1204	1356	1292	2648
Number of Volunteers	4	33	37	2	42	44	6	75	81

Breakdown of Children by Age	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Children 0 - 5	142	135	277	62	63	125	204	198	402
Children 6 - 10	187	177	364	99	82	181	286	259	545
Children 11 - 15	246	246	492	125	106	231	371	352	723
Children 16 - 18	147	164	311	348	319	667	495	483	627

Breakdown of Caregivers by Age	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Caregivers 18 - 35	18	77	95	4	46	50	22	123	145
Caregivers 36 - 55	10	140	150	4	70	74	14	210	224
Caregivers 56+	8	169	177	3	112	115	11	281	292

Breakdown of Volunteers by Type	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Home Care Volunteers	1	15	16	0	22	22	1	37	38
Food Garden Volunteers	2	4	6	1	5	6	3	9	12
Life-Skill Volunteers	1	5	6	1	5	6	2	10	12
Health Volunteers	0	9	9	0	10	10	0	19	19

BENEFICIARY NUMBERS AS AT 31 MARCH 2012

Summary Table	Msunduzi		
	Male	Female	Total
Number of Households			308
Number of Caregivers	25	283	308
Number of Children	564	453	11017
Number of Volunteers	2	24	37

Breakdown of Children by Age	Msunduzi		
	Male	Female	Total
Children 0 - 5	120	107	227
Children 6 - 10	180	118	298
Children 11 - 15	156	109	265
Children 16 - 18	108	119	227

Breakdown of Caregivers by Age	Msunduzi		
	Male	Female	Total
Caregivers 18 - 35	18	52	63
Caregivers 36 - 55	8	95	103
Caregivers 56+	6	136	142

Breakdown of Volunteers by Type	Msunduzi		
	Male	Female	Total
Home Care Volunteers	2	16	18
Food Garden Volunteers	0	2	2
Life-Skill Volunteers	0	4	4
Health Volunteers	0	2	2

In line with our staged model of household support which is aimed at moving households from vulnerability to increased stability and self-reliance within a two to three year period, and as a result of our withdrawal from communities in 2011, 451 households reached independence from Thandanani over the past 12 months. However, we also took on 82 new households during the same period. The net effect being that the number of Households on TCF's database decreased by 369 over the last year.

This "turnover" of households in the past 12 months is summarised in the table below:

Households Reaching Independance	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of Households			202			249			451
Number of Caregivers	24	178	202	12	237	249	36	415	451
Number of Children	267	367	634	672	594	1266	939	961	1900

New Households	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of Households			73			9			82
Number of Caregivers	15	58	73	0	9	9	15	67	82
Number of Children	113	145	258	36	24	60	149	169	318

Net Household Movement	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of Households			-129			-240			-369
Number of Caregivers	-9	-120	-129	-12	-228	-240	-21	-348	-369
Number of Children	-154	-222	-376	-636	-570	-1206	-790	-792	-1582

BENEFICIARY TARGETS FOR 2012/13

Despite having to reduce the number of communities we operate in and our overall beneficiary numbers in 2011, during 2012, we plan to increase these numbers and anticipate that, by December 2012, we will be supporting over 1400 children and 480 caregivers in 480 households. The planned take on of new households in 2012 is outlined in the table below:

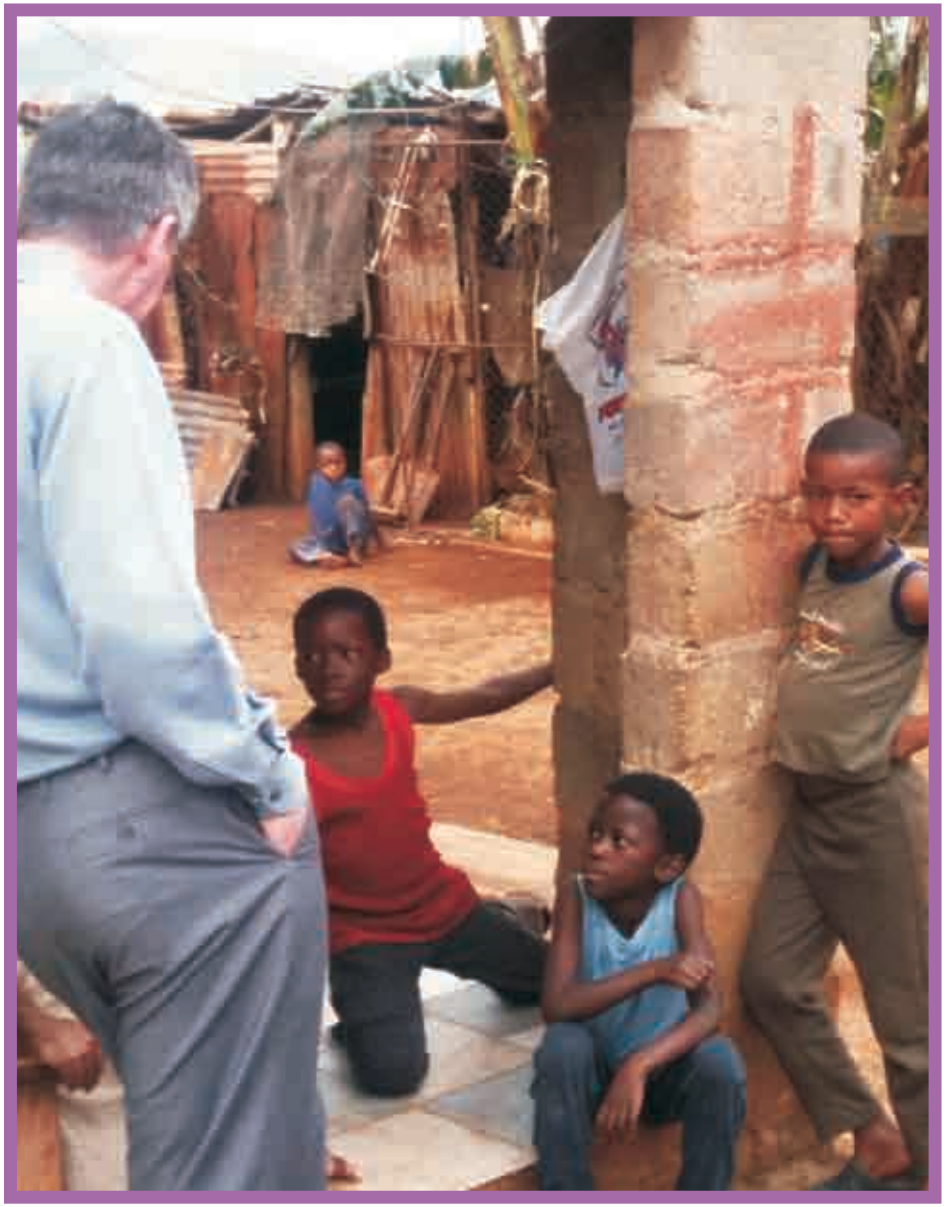
Cumulative Beneficiary Targets:

30 June 2012	Caluza	Copesville	Dumbuza	Slangspruit	Snathing	Willowfontain	TOTAL
Number of Households	55	60	55	50	75	80	375
Number of Caregivers	55	60	55	50	75	80	375
Number of Children	165	180	165	150	225	240	1125

30 September 2012	Caluza	Copesville	Dumbuza	Slangspruit	Snathing	Willowfontain	TOTAL
Number of Households	65	70	65	60	85	90	435
Number of Caregivers	65	70	65	60	85	90	435
Number of Children	195	210	195	180	255	270	1305

30 December 2012	Caluza	Copesville	Dumbuza	Slangspruit	Snathing	Willowfontain	TOTAL
Number of Households	75	80	75	70	90	90	480
Number of Caregivers	75	80	75	70	90	90	480
Number of Children	225	240	225	210	270	270	1440

In addition, to these beneficiaries Thandanani also anticipates providing more than 1300 adults and children with access to community based health education and testing services in the next 6 months. In addition, it intends reaching a further 5200 individuals with these services in the next 4 years. These activities form part of a new partnership with the Aids Foundation of South Africa (AFSA) and three other local organisations that aims to provide access to these services to over 28000 individuals in the UMgungundlovu District over the next 5 years.



Direct Child & Household Support

Overview

Thandanani's model of Community based OVC care and support is built around the capacitating and support of volunteer teams in each community in which we work. Once trained, volunteers are then tasked with providing a range of care and support activities to OVC households within their communities.

Currently, the Home Care volunteers are each responsible for monitoring and supporting between 10 and 20 OVC households in their community. Their task is to regularly visit these households to assess and monitor the material, physical, cognitive and emotional well-being of members of the household. In so doing, they are tasked with certain responsibilities based on the needs of the households we serve. These include, ensuring that:

- The household is visited on a regular basis
- All the necessary documentation to apply for grants are secured;
- Grants are applied for and secured and that Caregivers appropriately utilise these grants to support the OVC's in their care;
- Households have an adequate supply of basic foodstuff; cooking utensils and equipment;
- Children have a clinic and immunisation card and that they visit the local clinic for a check-up at least once a year;
- Children who qualify receive school fee exemptions; and that their
- School uniform is in reasonable condition and that children attend school regularly.

In each community, the Home Care Volunteers are supported and supervised in their work by one of Thandanani's Development Facilitators. Should a Home Care Volunteer identify difficulties in a particular household they alert Thandanani to these difficulties and the Development Facilitator then works with them to address these difficulties.

The activities undertaken by our Development Team in the current reporting period are outlined below:

OBJECTIVE: : To enhance the material and cognitive well-being of OVC's and their caregivers through a structured system of volunteer driven home based care and support

ACTIVITY	OUTPUT	OUTPUT INDICATOR	BENEFICIARIES (PER ANNUM)	RESULTS ACHIEVED TO DATE
Train Home Care volunteers	Development Staff facilitate the training of Home Care volunteers in basic issues related the material, physical, cognitive and emotional well-being of OVC's	Number of volunteers trained per module	Between 5 and 10 volunteers	The Development Staff trained 7 replacement homecare volunteers during this reporting period.
Train Food garden Volunteers	Development Staff facilitate the training of Food Garden Volunteers in advanced food garden Development & Maintenance	Number of volunteers trained per module	Between 2 and 4 volunteers	The Development Staff trained 2 new food garden volunteers in Pietermaritzburg.
Allocate a community volunteer to care for and support each household.	Home Care Volunteers are each allocated responsibility for a minimum of 5 and a maximum of 10 households on an annual basis and regularly visit these households to provide care and support (in accord with the TCF's staged model of household support and development)	Number of home visits by volunteers	All households on TCF's database (800)	During this reporting period, 2456 household visits were conducted by Home Care volunteers.
Facilitate emergency maintenance or equipping of OVC households	Home Care Volunteers report houses requiring emergency maintenance or basic household equipment and the Development Facilitator formulates and implements a response plan.	Number of households where maintenance work is undertaken. Number of households provided with basic household equipment.	Maintenance on up to 6 OVC households per annum and basic equipment provision to between 50 and 100 households per annum	During this reporting period repairs were undertaken at 9 households and 395 households received household equipment which included "environmental friendly" and economic fire wood stoves; electric stoves; cooking and eating utensils and etc.
Provide emergency food assistance to households identified as being in dire need.	Home Care Volunteers identify households requiring emergency food support and report these to their Development Facilitators. Development Facilitators conduct a home visit to verify the need and issue food vouchers accordingly.	Number of households issued with food vouchers	Between 5 and 10 households per month	A total of 194 emergency food vouchers and food parcels were distributed.
Facilitate access to documents, social grants and other forms of government support.	Home Care Volunteers determine which of their households qualify for grants and facilitate appropriate document and grant applications within 3 months of having been allocated responsibility for a household.	Number of document & grant applications. Number of documents and grants secured.	Between 50 and 100 Caregivers not yet in receipt of grants	During this reporting period, 75 referrals for documents and grant applications were made. 34 were secured.
Facilitate memory work with OVC households	Home Care volunteers undertake Memory box work with OVC households allocated to them	Number of households where memory work has been completed	At least 1 households per quarter per volunteer	6 households completed Memory Work in this reporting period. (Please see Major Challenges and Future Plans bellow for relevant information).
Facilitate access to school fee exemptions	Home Care Volunteers identify qualifying OVC's in their area and assist caregivers to apply for fee exemptions from the relevant schools. DF's monitor and report back on the outcome of these applications at the end of the first quarter each year.	Number of fee exemptions secured	Between 250 & 500 OVC's who meet DOE criteria but who are not at fee exempt schools	Due to more schools receiving a "no-school-fee" status, we have only had to apply and secure 21 school fee exemptions during this reporting period.

OBJECTIVE: : To enhance the material and cognitive well-being of OVC's and their caregivers through a structured system of volunteer driven home based care and support

ACTIVITY	OUTPUT	OUTPUT INDICATOR	BENEFICIARIES (PER ANNUM)	RESULTS ACHIEVED TO DATE
Facilitate the distribution of school uniform items to qualifying OVC's	Home Care Volunteers identify qualifying OVC's in their area. DF's prioritise these and secure and distribute school uniform items accordingly.	Number of OVC's receiving school uniform items	Between 200 and 400 OVC's who meet TCF's school uniform item replacement criteria	253 OVCs benefited by receiving school uniform items and or full school uniform.
Facilitate the monitoring of school attendance and performance	Home Care Volunteer conduct school visits once every quarter to monitor the school attendance and performance of school going OVC's in the households allocated to them. Development Facilitators conduct a random unannounced school visits to schools in their area to verify volunteer compliance and reports.	Number of school visits by volunteers Number of school visits by staff	All school going OVC's (Between 1500 & 2000)	146 school visits were conducted by the Home Care volunteers, and 123 were conducted by the development facilitators.
Facilitate the establishment / support of household food gardens.	Food Security volunteers facilitate the establishment & support of food gardens at households allocated to them.	Number of new household food gardens established. Number of existing food gardens supported.	80 OVC Households	116 new household food gardens were established, and 174 existing household food gardens received monitoring support during this reporting period.
Undertake general health monitoring of OVC's & caregivers	Home Care Volunteers monitor the Physical Well-being of OVC's during their regular home visits. If a child is found to be ill they should accompany the caregiver and child to the clinic to ensure appropriate treatment. Should monitoring indicate on-going concerns these should be reported to TCF Health Care staff for further assessment and intervention.	Number of clinic visits. Number of reported incidents of on-going health difficulties.	All Caregivers (800) & OVC's (2500)	Home care volunteers accompanied children and adults on 31 clinic visits and referred 3 children to TCF's health staff because of ongoing health concerns.
Monitor and support Home Care Volunteers	Development Facilitators conduct random unannounced monitoring visits of households and hold regular planning & support meetings with their volunteer teams.	Number of monitoring home visits by staff. Number of volunteers attend 80% of team meetings.	Between 70 – 80 home care & food garden volunteers	Development facilitators conducted a total of 658 announced and unannounced home visits during the current reporting period. The development team conducted a total of 158 fortnightly volunteer team meetings and 7 Quarterly meetings.

MAJOR ACHIEVEMENTS

- Staff and Volunteers successfully delivered all outstanding services to the households where Thandanani was withdrawing its services due to funding challenges. Nevertheless the withdrawal of Thandanani in Richmond and Kwa-Pata was generally emotional for both staff who have been working within these communities for many years, as well for the caregivers who are worried about the absence of future support from Thandanani, especially with the renewal of grants. However, Thandanani was able to respond to these concerns by presenting support arrangements already made with respective state departments. This pre-planning was welcomed by both stakeholders and beneficiaries.
- The sensitive approach in which we implemented the withdrawal process - where we identified and engaged key stakeholders and other community forums - gained us the needed support during the withdrawal. Engaging state departments has also been beneficial to Thandanani as they have committed themselves to continue providing support to TCF households after the withdrawal is completed. Community leaders also appreciated the fact that we followed the "right" protocol in communicating such issues with the communities.

- A dignified farewell function for Richmond volunteers and the stakeholders was hosted in December. Certificates of service were awarded to all affected volunteers to recognise their contribution to Thandanani. While this was an emotional farewell, stakeholders did express their sincere appreciation for all that Thandanani had done to improve the lives of children within Richmond communities.

- Thandanani's strong presence in the Greater Edendale's service provider's forum (made up of SAPS, Dept of Social Development, Dept of Health, and NGOs) has seen Thandanani being recognised as a lead organisation during the forum's recent 'Child Protection Week' campaign. The campaign covered: children's rights and responsibilities; sexual abuse and reporting procedures; drugs and alcohol abuse; child trafficking and HIV/AIDS education. The campaign reached five primary schools and 2872 children. During the campaign some cases were identified and referred to relevant service providers.

- With TCF's health activities being introduced to some communities for the first time, a lot of ground work for preparation had to be done by TCF's Development Team who set up meetings for TCF's health staff to meet local stakeholders and leaders and introduce the program to them. As the “people on the ground”, the home care volunteers together with the development facilitators showed great initiative in planning these meetings and making them happen.

- Thandanani received two significant goods-in-kind donations during this reporting period which enabled us to provide clothing, food parcels, bedding, household equipment and gardening equipment to more households than we had anticipated. This also raised Thandanani's profile in communities as community members could see material items being delivered to their most needy community members

MAJOR CHALLENGES

- The funding shortfall that resulted in the withdrawal from Richmond and two communities in PMB greatly affected staff and volunteers. TCF's volunteers in these areas were particularly shocked by the news as they were doing good work and were anticipating this continuing. Consequently, when coordinators and staff informed them of the financial difficulties that Thandanani was facing Richmond volunteers were shocked and angry. As a result, the Director and Programme Manager met with these volunteers and explained the challenges and the rationale for the decisions made in more detail. This meeting was a success and the tensions and misunderstandings were resolved to the extent that, despite being very disappointed, Richmond volunteers committed themselves to ensuring the roll out of outstanding services to households before the deadline for withdrawal at the end of December 2011. The fact that this was accomplished is testament to the dedication and commitment of these volunteers.

- Feedback received from volunteers trained to undertake memory work with TCF household indicated that they were having difficulties undertaking this work as Caregivers were often resistant to the activities when they understood that memory work involved processing grief related issues amongst others. Consequently, in June and August 2011 Thandanani consulted Sinomlando, who initially trained Thandanani staff and volunteers to undertake memory work with the families we work with, to seek support to address these issues. During these consultations, Sinomlando expressed the fact that they had received similar feedback from other organisations and agreed to work with us on a new approach which involves a 4-day Caregiver Memory Work Programme designed to be run before memory work is introduced to household members. The assumption is that the caregivers will respond more positively and agree to us undertaking memory work with their family once they have more in-depth understanding and appreciation of the programme and have been given the opportunity to deal with their own issues of grief. This new approach will be implemented in 2012/13 with Sinomlando co-facilitating this new process with TCF volunteers and training them in the facilitation of these workshops in the process. It is hoped that this new approach will then enable TCF to engage households in memory work in 2012/13 without encountering the resistance we experienced in 2011.

- As an organisation Thandanani constantly ensures that the local leadership in the communities in which we operate are informed and are supportive of our activities. However, in Copesville we started to experience difficulties with the new local leadership in the area. When we explored their resistance it emerged that TCF was perceived by the new leadership as being affiliated to the opposition party in the area. This was mainly due to miscommunication between the volunteers and the ward councillor. When this information surfaced, TCF engaged both the local leadership and the volunteers in the area to try to resolve the misunderstanding. Unfortunately, the resistance from the new leadership was so strong that Thandanani had to ask our existing volunteers in the area to step down and we had to recruit new volunteers in the area. This was a very hard decision for us as our volunteers were active members of the community. However, with a great deal of maturity and in the best interests of our work in the area, the volunteers agreed to step down as Thandanani volunteers. New volunteers have already been recruited from the area and are currently undergoing training.

FUTURE PLANS

- To co-facilitate caregiver memory work awareness groups with Sinomlando and recommence the roll out of memory work with households.
- To facilitate additional training and refresher workshops for Home Care and Food Security volunteers to ensure and improve the quality of service delivery in communities.
- To "reintroduce" Thandanani to Copesville to ensure that our positive relationship with community members is maintained given the difficulties experienced with the new local leadership in the area.
- To continue to work closely with Thandanani's health team in order to support them as they rollout the health programme in different communities.

CASE STUDIES - * names changed

- Thabiso* and his brother Sanele* came to stay with their now 52 year old grandmother 5 years ago. Thabiso is now 13 and Sanele is 17. When their mother died of AIDS related illnesses, their maternal grandmother took them in. Thabiso started getting sick on regular basis when he was 9 years old. While his grandmother was attending to his medical needs she decided to have him tested for HIV. Unfortunately he tested positive. He has since been on ARV treatment for over three years. However, Thabiso has defaulted on his medication three times. He would pretend to take it when his alarm went off but would often not actually take the tablets.

  When his grandmother found out that he was not taking his medication properly, she thought the solution might be to place him in a children's home where he could get better supervision. So she went to his school to discuss this with the teachers, since Thandanani was no longer directly supporting the family at the time. Fortunately, the school notified Thandanani of the situation and a meeting was held with the school, Thabiso's grandmother and Thandanani to discuss the situation. During the meeting it became clear that more "hands on" treatment monitoring could solve the difficulty. Consequently it was agreed that Sanele and Thabiso's grandmother would not only remind Thabiso to take his medication but they would actually observe him doing so. Now the whole family has synchronised their cell phone alarms to ensure that they all know when the next dose is due and either Sanele or his Grandmother actually observe Thabiso taking his medication. When his Grandmother is at work, she even phones Sanele to ensure that he observes Thabiso taking his medication.

  Thandanani staff has continued to visit the family and both children at school to monitor the system that has been put into place to support Thabiso and the family in general. Our observation is that the system seems to be working and Thabiso's health seems to be improving.

Nonhlanhla* is an 11 year old girl doing grade 5 in her local school. She stays with her sister Zandile who is 19 years old. Zandile* is a primary caregiver to Nonhlanhla since their 86 year old grandmother is too old to take care of them take care of them (she herself stays with an aunt in the same area who is caring for her). Therefore Nonhlanhla and Zandile are now staying alone in their grandmother's government low cost house.

At a young age, Nonhlanhla was diagnosed with rheumatic heart disease which means that her heart cannot fully function to meet all her body needs. She has not been able to engage in physically challenging activities. However she has been able to function well enough until June this year when she was admitted to hospital where she saw a specialist who said she would need to have valve replacement surgery in order to manage her condition.

Since Zandile is a primary caregiver, she has to be the one to give concest for this operation. However Zandile had recently found herself a job in order to support herself and her sister and this had resulted in a communication breakdown between her and the TCF home care volunteer who would always find the house locked during her visits to the household. Being new to the job and unaware of her rights as an employee she asked her extended family members to give consent in her absence. None of the close relatives wanted to get involved in this matter as they do not want to be held responsible should something go wrong with the operation. The hospital's social worker had also been unable to trace Zandile to give consent for the operation which had been delayed since June 2011. The hospital social worker then contacted Thandanani for assistance.

Thandanani's social worker and a development facilitator then traced Zandile to her place of work and explained the situation to her new employer. The employer was very understanding and agreed to assist. Zandile then took time off from work to sign all the consent forms at the hospital for her sister's operation.

The operation took place at Grey's hospital in Pietermaritzburg on the 14th of November. The report after the operation is that it went well and because of her age, she has had a speedy recovery and no complications have been reported.

Since Nonhlanhla has returned from hospital, Thandanani has been able to assist by involving another 22 year old cousin who takes care of Nonhlanhla during the day whilst Zandile is at work. In addition, TCF's home care volunteer is assisting Nonhlanhla with home tuition as she will only be able to return to school next year. Psychosocial support interventions have also been put into place to assist the sisters through Nonhlanhla's recovery.

We are very thankful for the networks we have developed over the years that, provide a safety net for children like Nonhlanhla in the communities in which we work.

Thamsanqa* is a 17 year old boy. His mother passed away in January this year. Due to a non-existing relationship with other extended family members, Thamsanqa did not know what to do to bury his mother. After contacting relatives of his younger half-brother Sphiwe*, they assisted in getting the governments burial scheme to bury his mother. After the funeral his half-brother's paternal family took Sphiwe away with them. They made it clear that, since they did not know Thamsanqa and they were not related to him, they had no responsibility in taking care of him and he was consequently left to fend for himself. Thandanani has intervened and is providing support to Thamsanqa while the Development Facilitator tries to trace other family members who may be able to provide support to Thamsanqa and even take him in.

WELFARE

OVERVIEW:

One of the core focuses in Thandanani's model of Community Based OVC care and support is the emotional well-being and development of OVC's and their caregivers. This is a primary responsibility of our Welfare team. However, our Welfare staff are also critically involved in ensuring the material well-being of OVC's in that they are responsible for undertaking all the statutory work required in the placing of caregivers and the securing of foster care grants.

The activities undertaken by our Welfare Team in the current reporting period are outlined below:

OBJECTIVE: To enhance the emotional well-being of caregivers and OVC's through direct access to a range of professional welfare services and therapeutic programs

ACTIVITY	OUTPUT	OUTPUT INDICATOR	BENEFICIARIES (PER ANNUM)	RESULTS ACHIEVED TO DATE
Provide access to professional counselling services	Welfare staff are available to provide professional assistance to OVC's & caregivers	Number of intake interviews and counselling sessions	Caregivers & OVC's (needs based)	The Welfare team conducted 150 intake interviews and counselling sessions.
Identify and place (in consultation with extended family) caregivers in each OVC household	Welfare staff place an adult caregiver in newly identified households where no adult supervision is present (i.e. Child headed households)	Number of caregivers placed	Child Headed Households / OVC's (Needs based)	2 caregivers were placed within Child Headed Households.
Facilitate access to foster care grants	Welfare staff undertake the necessary assessments, secure the necessary documents and submit formal court applications for foster care	Number of foster care applications submitted. Number of foster care applications & grants approved.	Between 100 – 200 OVC's	The Welfare team submitted 168 applications for foster care placements during the year A total of 207 foster care grants were approved, including applications from the previous reporting period.
Train Life-skill Volunteers	Welfare Staff facilitate training of volunteers specialising in the facilitation of OVC life-skill programs and caregiver support groups	Number of volunteers trained	Between 2 and 6 volunteers	The Welfare team trained 2 new volunteers on Life-skills facilitation skills and conducted refresher training on Caregiver & Children's Support groups for 9 Life-skills volunteers in this reporting period.
Facilitate Life-skill programs for OVC's	Life-skill volunteers facilitate community based Life-skill groups for OVC's aged 11 to 17	Number of OVC's completing TCF's Life-skill groups	A minimum of 100 OVC's between the ages of 11 and 17.	TCF Life-skills volunteers facilitated 10 Life-skills groups reaching 158 OVC'S.
Facilitate children's groups for OVC's	Life-skill volunteers facilitate community based children's groups for OVC's aged 5 to 10	Number of OVC's completing TCF's children's groups & camps	A minimum of 100 OVC's between the ages of 5 and 10	TCF Life-skills volunteers facilitated 6 Children's Support Groups with 98 children participating.

OBJECTIVE: To enhance the emotional well-being of caregivers and OVC's through direct access to a range of professional welfare services and therapeutic programs

ACTIVITY	OUTPUT	OUTPUT INDICATOR	BENEFICIARIES (PER ANNUM)	RESULTS ACHIEVED TO DATE
Facilitate Support Groups for Caregivers	Life-skill volunteers facilitate community based support groups for caregivers	Number of Caregivers completing TCF's caregiver support program	A minimum of 100 caregivers per annum	Life-skills volunteers facilitated 7 Caregiver Support Groups with 82 caregivers participating.
Coordinate the delivery of therapeutic programs & groups by life-skill volunteers	TCF's Group Work Facilitator to hold regular planning & support meetings with Life-skill volunteer and undertake regular monitoring visits of volunteer facilitated programs	Number of Life-skill volunteers attending at least 80% of meetings. Number of program monitoring visits by staff.	16 Life-skill volunteers	TCF's Group Work Facilitator conducted 54 monitoring visits during this reporting period.

MAJOR ACHIEVEMENTS

- The withdrawal process from Richmond and Pata A & B, put a lot of pressure on TCF's welfare team as they had to finalise a lot of cases within these communities and ensure their effective hand over to the Department of Social Development. Despite this pressure the welfare team was able to secure foster care grants and renewals for all households in Richmond and facilitated the handover of these cares to the Department of Social Development for future renewals.
- During this reporting period we undertook a formal evaluation of our life-skills program. Results are generally positive. Based on observations made during this evaluation, Thandanani has already made some adjustments and changes to program materials in anticipation of the roll out of the program in 2012/13.
- The Welfare team also facilitated a Life-skills camp for 38 children who had participated in the Life-skills programme in the previous financial year. Following the completion of this camp, Thandanani suspended the facilitation of life-skill camps for the remainder of the year due to its funding constraints. As a 5 day residential program, life-skill camps are expensive to run.
- We sometimes encounter cases of physical or sexual abuse where children need to be removed from their homes and be placed in an alternative safe place. During this reporting period we dealt with several cases of nature this. Some of these cases are reported on under "Case Studies".

MAJOR CHALLENGES

- The shortage of volunteers in Richmond made it difficult for the group work facilitator to effectively support PMB volunteers in the running of Life-Skills programmes since she had to facilitate a group in Richmond. But with the support of the PMB social workers, we were able to continue providing meaningful monitoring and support to all the Life-skills volunteers in the running of groups in the first quarter of the year.
- The persistent inconsistency of caregivers' attendance at the Caregiver Support Groups in Snathing has resulted in that group being cancelled. The Group Work Facilitator setup another group in another community while trying to engage these caregivers to establish reasons for the lack of commitment to the group activity.
- The Willowfontain caregivers support group was behind schedule due to difficulties experienced in organising caregivers who form a group in the same neighbourhood this is because Willowfontain is a vast community.

- The new requirement of the Child Care Act to secure Clearance Certificates for all Foster Parents and the slow processing of applications for Clearance Certificates by the Department of Justice, has created additional work for TCF's Social Workers and significant delays in the finalization of foster care applications by our welfare staff. We have only been able to secure 19 Clearance Certificates in the current reporting period. These applications were submitted in January last year. Unfortunately, these delays are not within our immediate control and are likely to continue for some time.

FUTURE PLANS

- To provide access to foster care grants for all new households on TCF's database
- To conduct presentations in schools in preparation for the roll out of Life skills groups in 2012/13
- To recommence the facilitation of Life-skill, Caregiver and Children's support groups for 2012/13

CASE STUDIES - *names changed

- An orphaned child, 8-year old Sboniso* was placed under the foster care of Mrs Mkhize* and her family in 2008. After this placement the family moved to Kwa-Mnyandu in 2009 but TCF's welfare staff continued to monitor the case and all seemed well. However, in August 2011, Mrs Mkhize the caregiver, passed away and in November, teachers from Sboniso's school reported to TCF social worker that the child was being physically abused. The teachers reported that they started observing negative changes in Siboniso's appearance and behaviour during the time when Mrs Mkhize, the caregiver was ill. After investigation, Sboniso has been removed from the family as the surviving members of the household were apparently the cause of this abuse. He has now been temporarily placed with a Mrs Mtolo*, a member of the School's Governing Body. This placement is being monitored while Mrs Mtolo* assesses the impact on her and decides whether she is in a position to make the placement permanent.

- Nozipho*, a 14 year old who attended one of TCF's life-skill groups, reported that her aunt who was her caregiver was physically abusing her and her younger sister. The case was then reported to the TCF area social worker who investigated the matter and the children were removed and placed with a Ms Ndlovu*. The children are also attending counselling sessions with Life Line and their well being in their new family is being monitored by our social worker.

- Thandeka* is 15 years old and her younger sister, Noluthando,* is 8 year old. The children's mother passed away in 2008 and the father's whereabouts are unknown. After their mother passed away the children had no one to take care of them and they were moved from one relative to another. Late in 2010 they moved to Willowfontain to stay with their aunt who allegedly abused them both emotionally and physically. It was in early 2011 that TCF's area volunteer was altered to the case and reported it to TCF Welfare Staff. Upon investigation by TCF's Social Worker it emerged that the children had also been sexually abused by a neighbour when they were staying with relatives in Sweetwaters. During this abuse, the youngest child was infected with HIV/AIDS. At the time, the relatives did report the case to the police but, although a case has been opened, the alleged perpetrator has not been arrested. As a result of all of these challenges, TCF's Social Workers have placed the children with a foster family in Willowfountain and have secured professional psychological support for them. Noluthando, is now also on treatment. The children have expressed their gratitude to Thandanani for the help that the organization has given them and they report being happy staying with their new foster family. TCF's Social workers continue to provide support and monitor their well-being.

- Thirteen year old Busi* and her 9-year old sister, Zinhle*, are orphans whose mother passed away in 2007 leaving the children with their grandmother who is abusing alcohol. When the case was referred to TCF, their aunt was proposed as a prospective foster parent. On our investigation we found that she was neglecting the children, resulting in Zinhle defaulting on her ARV treatment as she would leave them unsupervised while visiting her boyfriend. The children were removed from her care and were placed in Greytown Children's Home.

- In 2007, Senzo* (11), was placed in foster care and has been in his foster mothers care for the past 5 years. At the time he had been living his grandmother who was terminally ill and was unable to care for him. His mother had passed away some time before and his father's whereabouts were not known at the time.

  However, in November 2010, information about his father surfaced. He was traced and indicated that he was interested in having a relationship with his son who he had not seen since he broke up with his mother. Consequently, contact between Senzo and his father was facilitated by TCF's Social Workers and the relationship between the two developed very quickly to the point where Senzo began spending his school holidays at his father's home. This relationship was so positive that in 24 June 2011 Senzo was formally reunified with his father who he now lives with on a permanent basis.

HEALTH

OVERVIEW

One of the core focuses in Thandanani's model of Community based OVC care and support is the physical well-being and development of OVC's and their caregivers. This is the primary responsibility of Thandanani's Health team and Wellness volunteers who undertake health assessments; health education; voluntary counselling and testing; and treatment compliance monitoring for caregivers and children on our database.

The activities undertaken by our Health Team in the current reporting period are outlined below:

OBJECTIVE: To enhance the physical well-being of caregivers and OVC's through access to a range of professional Health Services

ACTIVITY	OUTPUT	OUTPUT INDICATOR	BENEFICIARIES (PER ANNUM)	RESULTS ACHIEVED TO DATE
Train Health Care Volunteers	Health Staff facilitate training of volunteers to facilitate HIV Awareness, Access to VCT, Treatment Compliance and Care & Support at the household level	Number of volunteers trained	Between 10 and 20 volunteers	4 volunteers completed a 10-day Lay Counsellors training conducted by South African Health Care Organisation (SAHECO). 5 Lay Counsellors completed a 2-day HIV/AIDS treatment literacy course.
Respond to health assessment requests from volunteers	Home Care Volunteers monitor the Physical Well-being of OVC's during their regular home visits. If a child is found to be ill they should accompany the caregiver and child to the clinic to ensure appropriate treatment. Should monitoring indicate on-going concerns these should be reported to TCF Health Care staff for further assessment.	Number of reported incidents of on-going health difficulties	Between 10 – 20 caregivers / OVC's	2 cases of ARV treatment defaulters were identified; one adult and a child. Both beneficiaries have now resumed treatment.
Engage caregivers & OVC's in general health and HIV/AIDS awareness & education	Health Care Volunteers engage household members in age appropriate health and HIV awareness and education.	Number households where health education visits have been undertaken & completed	500 – 600 households (1500 - 1800 adults & 1800 – 2000 children)	437 households were visited in this reporting period.
Facilitate access to VCT services	Health Care Volunteers engage household members in VCT awareness & education and TCF's Health Care staff undertake VCT at the household or via accompanied clinic visits.	Number of adults & children who undertake VCT. Number of adults & children who test positive	300 - 400 adults and 450 - 500 OVC's test per annum and an estimated 100 adults and 30 children who test positive receive post-test support visits by Health Care volunteers & staff	549 adults and 799 children were offered HCT (VCT). Of these 365 adults and 576 children undertook HCT with 41 adults and 25 children testing positive.

OBJECTIVE: To enhance the physical well-being of caregivers and OVC's through access to a range of professional Health Services

ACTIVITY	OUTPUT	OUTPUT INDICATOR	BENEFICIARIES (PER ANNUM)	RESULTS ACHIEVED TO DATE
Undertake treatment monitoring & support	Health Care Volunteers undertake weekly treatment compliance monitoring and support visits to those family members who are on antiretroviral treatments.	Number of adults and children receiving regular treatment monitoring & support visits	20-25 adults and 10 - 15 children who are on ART receive weekly treatment adherence and support visits from volunteers	30 adults and 28 children started on ARV's and are receiving treatment support.
Ensure referrals to palliative care when necessary	Health Care Volunteers facilitate access to palliative care services when necessary	Number of adults or children referred to palliative care services	Needs based	No referrals were necessary this reporting period.

MAJOR ACHIEVEMENTS

- The health team continued the successful roll out of TCF's health services to households on our database. Over the course of the last two years Thandanani's Health staff and wellness volunteers, have engaged a total of 833 adults and 1184 children across 614 households in general health assessments and education with 505 of these adults and 779 of these children opting to test for HIV. This equates to an uptake rate of 61% amongst adults and 66% amongst children and we are extremely happy with this level of uptake as much lower rates (24% for adults and 30% for children) were expected when the project was first conceptualised.

- Of those tested, 12.08% of the adults and 5.26% of the children tested positive for HIV. The percentage of adults testing positive is significantly lower than that initially envisaged in the conceptualisation of the project. Thandanani had estimated, based of prevalence statistics, that approximately 28% of adults and 6% of children would test positive. That the prevalence rate for adults is significantly lower in this project could be a result of the fact that many of the adults tested were older "Gogo's" and so less at risk of HIV infection as a result of their age.

- However, during the course of this project Thandanani's Health staff did get the sense that awareness and education about HIV/Aids is slowly working as people seemed to be more open to discussing and dealing with the HIV & Aids than had been expected. The high uptake of the services and the lower rate of adults testing positive during this project could perhaps be indicative of this.

- In addition to the formal results related to HIV as outlined above, the physical assessments conducted during the initial home visits also had an unanticipated positive outcome since a significant number of other health concerns were identified during these visits and the individuals concerned were referred to the local clinics for further assessments and treatment.

- Another unforeseen benefit of this project is that Thandanani's relationship with local clinics and hospitals and with the Department of Health has been strengthened. The Department of Health has given us positive feedback on our programme and even supported our activities by providing some Home Based Care kits and VCT materials. Thandanani's Health coordinator was also invited to participate in the Provincial Multi-sectorial HIV/AIDS, STI and TB strategic planning workshop for 2012-2016.

- Having been introduced for the first time over the last two years, these new health services now form a core element of TCF's model of household support and development and will be routinely offered to all new households that Thandanani works with.

MAJOR CHALLENGES

- In the roll out of these activities Thandanani's health staff and wellness volunteers have had to take cognisance of the fact that children of school going age are not at home for most of the day. This challenge was partly overcome by negotiating with schools and caregivers for children to be allowed to miss 1 day of school when the health team were scheduled to conduct health assessments at a particular home. However, this was not always a viable solution, particularly for high school learners, and so some health assessments and testing visits had to be done in the late afternoon and some even went on into the early evening.

- Another challenge experienced when staff undertook the testing with households, is that caregivers were often reluctant to disclose the HIV status of the children to TCF's wellness volunteers assigned to conduct follow-up monitoring and support visits to these households. This has now largely been addressed by the fact that volunteers have now been trained as Lay Counsellors and so can conduct the necessary testing and follow-up themselves.

- The withdrawal from Richmond communities placed significant pressure on TCF's health staff and volunteers to ensure health services were delivered to those households where these services were still outstanding. However, thanks to the commitment of staff and volunteers this was achieved.

- TCF's Health Coordinator resigned in February. This came at a difficult time as TCF had just commenced its new Health Partnership with AFSA. In addition, TCF was not able to renew the contract of its Enrolled Nursing Assistant due to funding constraints. This has meant a reorganisation of our health and welfare teams to ensure that adequate support and oversight was in place for our remaining health staff in the roll out of both TCF's existing health services to OVC households on our database and the new community based health activities related to the partnership with AFSA.

FUTURE PLANS

- To train more Wellness Volunteers as Lay Counsellors

- To continue facilitating access to TCF's home based health services

- To roll out TCF's new community based health program in partnership with the Aids Foundation of South Africa [AFSA]

CASE STUDIES

- Since the start of this programme, we have come across several cases where children were already on treatment but had not been told about their HIV status as caregivers felt inadequate to do so. To respond to this, the health team engaged these caregivers in counselling sessions aimed at preparing and enabling them to tell the child about their status, without jeopardising the relationship they have with the children. These sessions seem to have been successful and the children seem to be more accepting than the caregivers had anticipated.

- Two caregivers who tested positive during TCF household based health services were then diagnosed on stage four of Aids. Unfortunately, it was too late and their bodies rejected the ARV medication and as a result they passed away. This indicates the reality that as much as the state is making efforts to make treatment available to all SA citizens, some people in rural areas still strongly believe that they are bewitched and do not go to clinics. Instead, they go to traditional healers as happened with these two caregivers. This further demonstrates the relevance of the approach that Thandanani has taken to reach those who could not be reached by the current state programmes.

- A 52 year old caregiver who was caring for two orphans who are not blood related to her, presented complications during a general health assessment. TCF's nursing staff then referred her to Richmond clinic where a further examination prompted the clinic to refer her to Edendale Hospital. Medical tests were then performed and she was diagnosed with advanced cervical cancer and was admitted for further observation and treatment. As her condition deteriorated, the hospital kept her in the ward and she died leaving the two children (18 & 14 years of age) without a caregiver for the second time in their lives. After, consultation with the children, TCF's Social Workers are applying for the foster care grant to be transferred to the eldest child. The children will then utilize the grant to address their immediate needs. In this regard, Thandanani's welfare and development teams will work with the children to ensure that they receive the support they require and that their basic needs and well-being are secure.

- One of TCF's caregivers was identified with elevated blood glucose levels and poor eyesight during a health assessment and education visit. When referred to hospital her poor sight was determined to be the result of cataracts related to her diabetes. The caregiver was then admitted for the removal of cataract and has since regained her sight and is managing her diabetes. Our observation is that TCF's home based health services enables us to identify health difficulties which otherwise may have gone unaddressed as a result of a lack of health awareness and knowledge on the part of some caregivers and children who often only visit clinics when their ailments are at an advanced stage.

Recent Activities in Pictures











Finances & Fundraising

International Donors

- Belgium Embassy
- Hayes End Methodist Church
- Kindernothlife
- Peter Taylor
- Stichting Kinderpostzegels Nederland
- CAFOD
- Kindermissionwerk (die Sternsinger)
- Missio
- Stephen Lewis Foundation

Local Donors

- Aids Foundation of South Africa
- Old Mutual Foundation
- Community Chest of Pietermaritzburg
- Starfish Greathearts Foundation

Government Departments

- Department t of Welfare

Special Projects Donors

- Bishop Family
- Epworth School
- Charities Aid
- Stobswell Parish Church

Goods in Kind

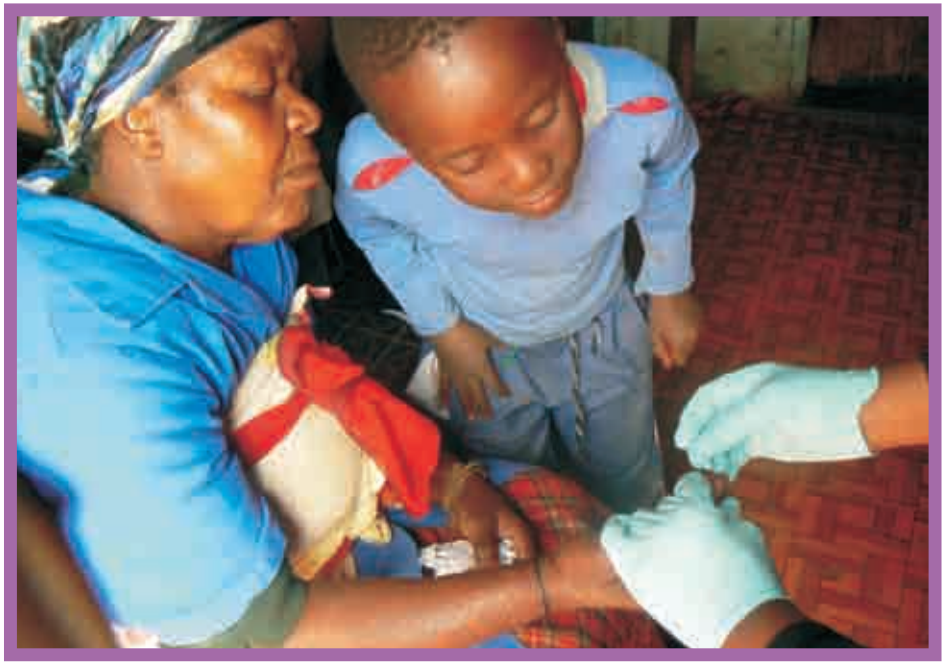
- B. Shezi
- Elizabeth Glaser Foundation
- Gugu Hlela
- Lisa Buttler
- Nondumiso Mbhele
- R Morar Accountants
- Reformed Apostolic Church
- SASBO
- Tiger Brands
- E. T. Khumalo
- Fezeka Gumbi
- Life line
- Ncumisa Vika
- Pep Stores
- Reeta Singh
- Rotary Club of Pietermaritzburg
- Standard Bank
- Department of Health – Service planning, monitoring and evaluation division

Corporate Donors:

- 8 Mile Club - Richard Stretch
- Golden Horse Casino
- Partners in Development
- University of California
- CTP Limited
- Hulamin
- Petrocall

General Donors:

- Alysha Naidoo
- Charles Chang
- Fort Napier Doctors
- Mary Goodenough
- My Village
- R. Boote
- C. Langerman
- Dev Moodley
- J Hallowes
- My School
- Pestana & Pestana
- Samantha Paterson



Financial Reports

Extracts from Thandanani's Audit Report for 2011/12

Independent Auditor's Report to the Members of Thandanani Childrens Foundation: Report on the Financial Statements

We have audited the annual financial statements of Thandanani Childrens Foundation. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

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

Qualified Opinion

In our opinion, except for the possible effects of the matters described in the basis for qualified opinion paragraph, the annual financial statements present fairly, in all material respects, the financial position of Thandanani Childrens Foundation as at 31 March 2012, and its financial performance and cash flows for the year ended in accordance with International Financial Reporting Standards for Small and Medium Sized Entities, and in the manner required by the Companies Act of South Africa, 1973.

Secretarial Duties

Without qualifying our opinion, we draw attention to the fact that with the written consent of all members, we have performed certain accounting and secretarial duties.

Colenbrander Incorporated

Per: G L Banfield

Registered Auditors, Chartered Accountants (SA), Pietermaritzburg

Directors' Report for the Year Ended 31 March 2012

The directors have pleasure in submitting their report together with the audited annual financial statements for the year ended 31 March 2012.

Statements of Responsibility

The directors are responsible for the maintenance of adequate accounting records and the preparation andintegrity of the financial statements and related information.

The directors are also responsible for the company's system of internal financial controls. This is designed to provide reasonable, but not absolute, assurance as to the reliability of the financial statements, and to adequately safeguard, verify and maintain accountability of assets, and to prevent and detect misstatement and loss. Nothing has come to the attention of the directors to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

The financial statements have been prepared on the going concern basis, since the directors have every reason to believe that the company has adequate resources in place to continue in operation for the foreseeable future.

Post Balance Sheet Events

No material fact or circumstance, which requires comment, has occurred between the accounting date and the date of this report.

Approval of the Annual Financial Statements

The annual financial statements are the responsibility of the directors, have been approved by the Board of Directors and are signed on their behalf by:

Lisa Strydom: Chairperson

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2012

	2012 R	2011 R
ASSETS		
Non-current assets	200 205	200 205
Other financial instruments	200 205	200 205
Current assets	899 575	357 659
Deposits and donation income receivable	399 066	33 927
Cash and cash equivalents	500 509	323 732
Total assets	1 099 780	557 864
RESERVES AND LIABILITIES		
Reserves	912 672	968 171
Contingency reserve fund	912 672	946 462
Accumulated funds	-	21 709
Current liabilities	187 108	589 693
Accrued expenses and donations received in advance	143 684	515 609
Provision for leave pay	43 424	74 084
Total reserves and liabilities	1 099780	1 557864

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2012

	2012 R	2011 R
Donation income	4296060	4431 727
Investment income	62449	95596
Total income	4358509	4527323
Operating expenses	(4414008)	(4353732)
Total comprehensive (deficit) ! surplus for the year	(55499)	173591

SUPPLEMENTARY INFORMATION FOR THE YEAR ENDED 31 MARCH 2012

1) DONATION / FUNDING INCOME PER DONOR	4 296 060
INTERNATIONAL DONOR INCOME	
Belgium Embassy	755 638
Cafod	108 318
Kindernothlife	881 942
Kindermissionwerk (die sternsinger)	172 388
Missio	165 010
Stichting Kinderpostzegels Nederland	248 676
Stephen Lewis Foundation	245 530
Hayes End Methodist Church	27 601
Peter Taylor	178 555
LOCAL DONOR INCOME	
Community Chest	65 000
Old Mutual Foundation	150 000
Starfish Greatheart's Foundation	300 000
GOVERNMENT DEPARTMENTS AND SUBSIDES	
Department of Social Welfare	336 886
Department of Social Development special grant	4 079
NON-CONTRACTUAL INCOME	
Pestana and Pestana	50 000
J Hallowes	20 000
My Village	1 167
Other corporate donations	69 196
Other general donations	34 929
Sundry income	18 888
Insurance claims	67 489

SPECIAL PROJECTS AND HOUSEHOLD SPONSORS	
Stobswell Parish Church	22 221
Charities Aid	28 144
Epworth School	31 450
Bishop Family	10 485
Household sponsorships	16 762
SPECIAL PROJECTS - HEALTH	
Aids Foundation of South Africa	113 280
GOODS IN KIND DONATIONS	
SASBO	9 000
Elizabeth Glaser	118 601
Department of Health	44 825

2) COMMUNITY DEVELOPMENT AND DIRECT CHILD SUPPORT

	1 626 573
Staffing - director	143 657
Staffing - programme manager	101 544
Staffing - development co-ordinator	182 376
Staffing - senior development facilitator	202 259
Staffing - development facilitator	457 548
Staffing - development facilitator (livelihood security)	33 086
Staffing - development facilitator (sponsorship)	106 203
Home care - volunteer co-ordination and support	15 629
Home care - volunteer stipends and travel	151 919
Material well being - food garden development	27 797
Material well being - emergency repairs and equipment	55 617
Material well being - emergency food relief	38 200
Cognitive well being - schooling	55 009
Transportation - goods and materials	31 549
Sunfield Home	24 180

3) WELFARE SERVICES

	868 178
Staffing - director	91 999
Staffing - programme manager	66 314
Staffing - welfare co-ordinator	181 572
Staffing - social worker	176 103
Staffing - group work facilitator	130 197
Staffing - auxiliary social worker	89 533
Life skills volunteer stipend and travel	34 053
Life skills volunteer training and co-ordination	7 827
Life skills: evaluation	15 125
Emotional wellbeing - childrens support group	8 505
Emotional wellbeing - life skill program	36 682
Emotional wellbeing - life skills camp	20 485
Emotional wellbeing - caregiver support	9 783

4) HEALTH SERVICES

	609 400
Staffing - director	52 750
Staffing - programme manager	36 369
Staffing - health services co-ordinator	152 427
Staffing - nurse	165 434
Staffing - enrolled nursing assistant	46 049
Wellness - volunteer training and co-ordination	20 769
Senior wellness volunteer stipends and travel	12 210
Wellness - volunteer stipends and travel	46 078
Physical well being - HIV education and prevention materials	1 924
Physical well being - testing and diagnostic supplies	46 237
Physical well being - caregiver and OVC travel costs to clinics	9 422
Physical well being - Adherence monitoring and care materials	19 731

5) HEALTH: AIDS FOUNDATION	113 280
Staffing - Lay counsellors	45 450
Staffing - CBO co-ordinators	41 888
Fuel and vehicle maintenance costs	2 107
Office rent I rates I electricity	7 350
Telephone and internet	11 235
Office supplies and stationery	5 250

6) SPECIAL PROJECTS	92275
ELC Development (Slangspruit)	81 818
Majozi house	10 457

7) GENERAL OPERATING EXPENSES	1 104 302
Staffing - director	84 310
Staffing - finance and admin manager	212 666
Staffing - receptionist	84 322
Staffing - office assistant	44 217
Building and equipment (rent, insurance and maintenance)	275 239
IT and telecommunications	198 652
Database development and management	4 455
General office administration	35 818
Auditing	33 401
Finance and accounting charges	31 204
Fundraising and marketing	70 033
Staff development	29 985

ORGANISATIONAL DETAILS

As a Section 21 company, Thandanani Children's Foundation is governed by an independent Board of Directors.

THANDANANI'S 2011 / 12 BOARD COMPRISED

Lisa Strydom (Chairperson & Secretary)	Non-Profit Consultant & Community Development Practitioner
Bongi Zengele	Lecturer & Community Development Practitioner.
Bongumusa Mkhize	Community Development Practitioner
Larry Tooke	Systems Consultant, Software Developer and Clinical Psychologist.
Philippe Denis (Treasurer)	Theology Lecturer and Director: Sinomlando Centre for Oral History
Sipho Radebe	Community Development Practitioner

THANDANANI'S CURRENT AUDITORS ARE:

Colenbrander Chartered Accountants (SA) Registered Auditors
Victoria Street Centre, Pietermaritzburg
Telephone: 033-3940161
Email: matthewb@colenbrander.co.za

REGISTRATION DETAILS

Non Profit Organisation:	Reg. No. 006-136NPO
Section 21 Company:	Reg. No. 2002/005186/08
Section 18A Public Benefit Organisation:	Reg. No. 930003417
SARS P.A.Y.E:	Reg. No. 7090709751
SARS UIF:	Reg. No. U090709751

BANKING DETAILS

Standard Bank, Longmarket Street
Account Number 052131327
Branch Code 05-75-25
Swift Code SBZAZAJJ

CONTACT PERSON

Duncan Andrew (Director) Email: duncan@thandanani.org.za

CONTACT DETAILS

Thandanani House	PostNet Suite 30	Phone: +27 (0)33 3451857
46 Langalibalele Street	Private Bag X9005	Fax: +27 (0)86 6143525
Pietermaritzburg	Pietermaritzburg	Web: www.thandanani.org.za
3201	3200	Email: reception@thandanani.org.za

This Annual Report has been proudly compiled by rightHAND designs.
t: 033 343 5251 | m: 082 219 9703 | sales@righthand.co.za | www.righthand.co.za