



THANDANANI
CHILDRENS FOUNDATION

Annual Report 2012 / 13

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

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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

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

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).

We have a well-established system of volunteer driven community based care and support for orphans and other vulnerable children (and their families) that is aimed at capacitating and supporting community based volunteer teams to respond to the basic material, physical, cognitive and emotional needs of orphans and vulnerable children (OVC) within their communities.

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 the support of Thandanani staff, volunteers then address the basic material, physical, cognitive and emotional needs of OVC households in their community by:

- Identifying indigent families caring for orphans and other vulnerable children in their communities
- Working with Thandanani's Social Workers and the extended family to identify and place an adult caregiver in the household if needed.
- Conducting regular home visits to monitor and support these families
- Providing emergency assistance to those families in dire need.
- Facilitating access to birth certificates and identity documents
- Facilitating access to relevant state grants
- Facilitating the establishment & maintenance of household food gardens
- Facilitating access to school fee remissions
- Accessing (via Thandanani) and distributing school uniform items to OVC's.
- Conducting regular school visits to monitor the attendance and performance of OVC's in their care
- Undertaking health assessments & education, voluntary counselling & testing and treatment adherence monitoring
- Monitoring the health of family members during home visits and facilitating OVC and caregiver access to local primary health care facilities whenever necessary
- Facilitating OVC & caregiver access to professional welfare services and counselling provided by Thandanani
- Facilitating community based Life-skill programmes for teenagers and support groups for Caregivers & and younger Children

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 (Months 0 to 3)	Stage 2 Support (Months 4 to 24)	Stage 3 Withdrawal (Months 25 to 36)
Household baseline assessment	Monthly home visits	Household baseline re-assessment
Volunteer assignment & fortnightly home visits	Emergency food relief (needs based & until grant secured)	Quarterly home visits
Emergency food relief (needs based)	Grant access & grant usage monitoring	Grant usage monitoring
Caregiver placement (needs based) & grant application submission	School attendance & performance monitoring	School attendance & performance monitoring
Provision of critical furniture & equipment (Needs based)	School uniform provision (need & criterion based)	Health monitoring
School attendance & performance assessment	Health monitoring & treatment compliance support (Voluntary)	Access to individual or family counselling (voluntary)
Health Assessment, Education & testing	Food garden development & support (Voluntary)	
	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)	

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Chairperson's Report

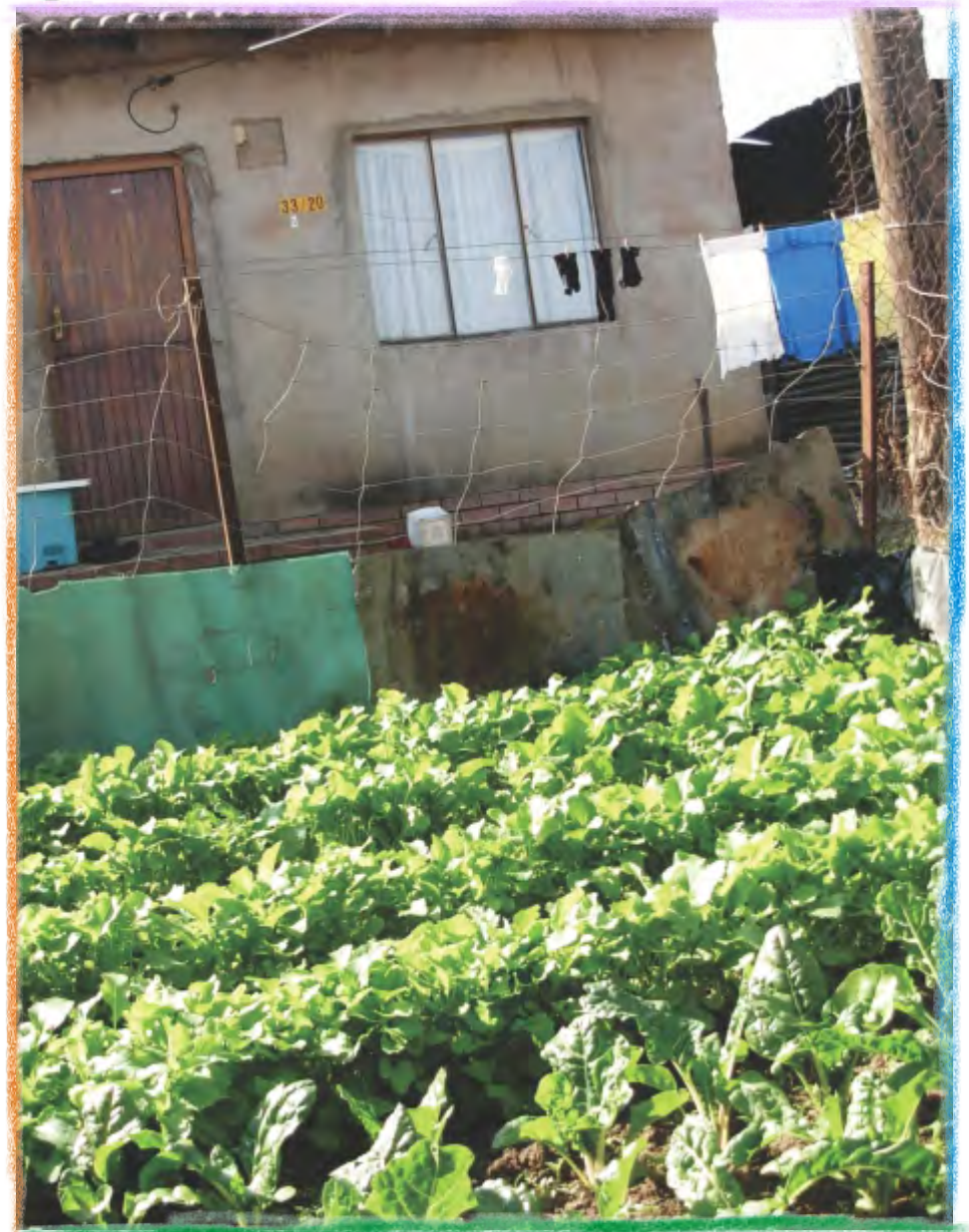
I am pleased to report that after a difficult year in 2011/12, the current year was significantly more stable for Thandanani in terms of funding, staff dynamics and the programme as a whole. While we operated on a reduced budget, we were still able to deliver the necessary services to our families. Thandanani staff and volunteers must be commended for their hard work and commitment to meeting the needs of vulnerable children.

During this year we also welcomed a number of new members onto our Board. Piwe Mkhize, Doug Seager and Ian Smith joined early in 2013 and have already made significant contributions to our discussions and decisions, for which we are very grateful.

A highlight of the year was the launch of our book, the History of Thandanani, which was the culmination of several years of voluntary work by Matthew Le Cordeur assisted by Thandi Davies. The book was based on interviews with staff, volunteers and Board Members who were involved with Thandanani in its first 20 years as well as on reviews of relevant documents from the archives. We are most grateful to everybody who contributed their time, memories and suggestions to producing this wonderful record of our journey. Special thanks must also go to Philippe Denis – one of the earliest volunteers and longest-serving Board Members of Thandanani – who shared his academic expertise to ensure that the book was properly edited and prepared for publication.

Our fundraising initiative launched last year, 4Kids, did not get off the ground as we had hoped due to a series of challenges with staffing the project. However, we are still excited about the possibilities that 4Kids holds for the future of Thandanani and will do our utmost to ensure that the obstacles are overcome in the next year. We continue to operate in a difficult economic climate which makes it imperative that we invest time and money in activities which will contribute to the long-term sustainability of the organisation. At the same time, we are extremely grateful to our donors, many of whom have supported us for many years. It would be impossible to serve our children and families without your ongoing contributions.

Once again, it has been a privilege to be part of the Thandanani family. I look forward to another stable and successful year!



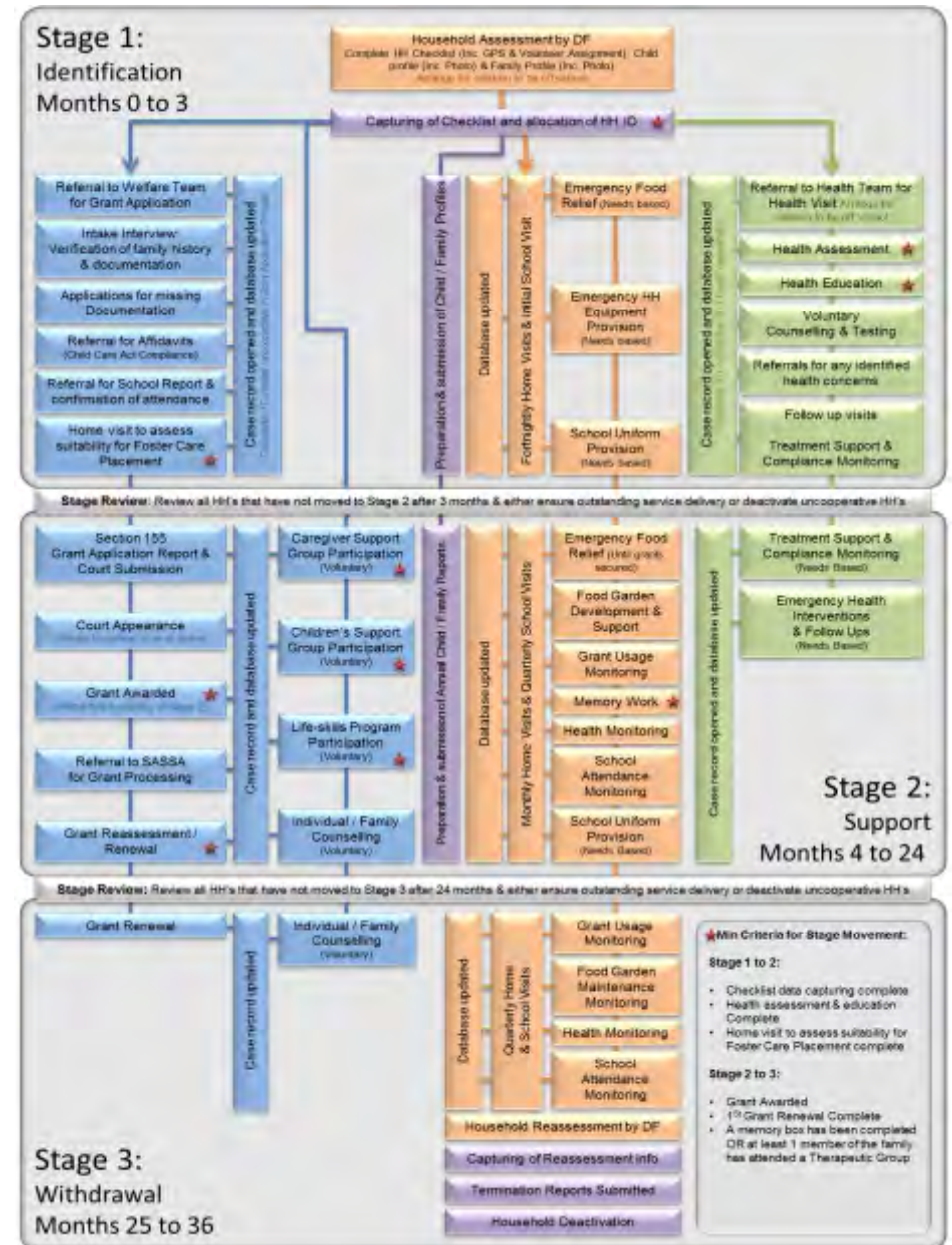
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Director's Report

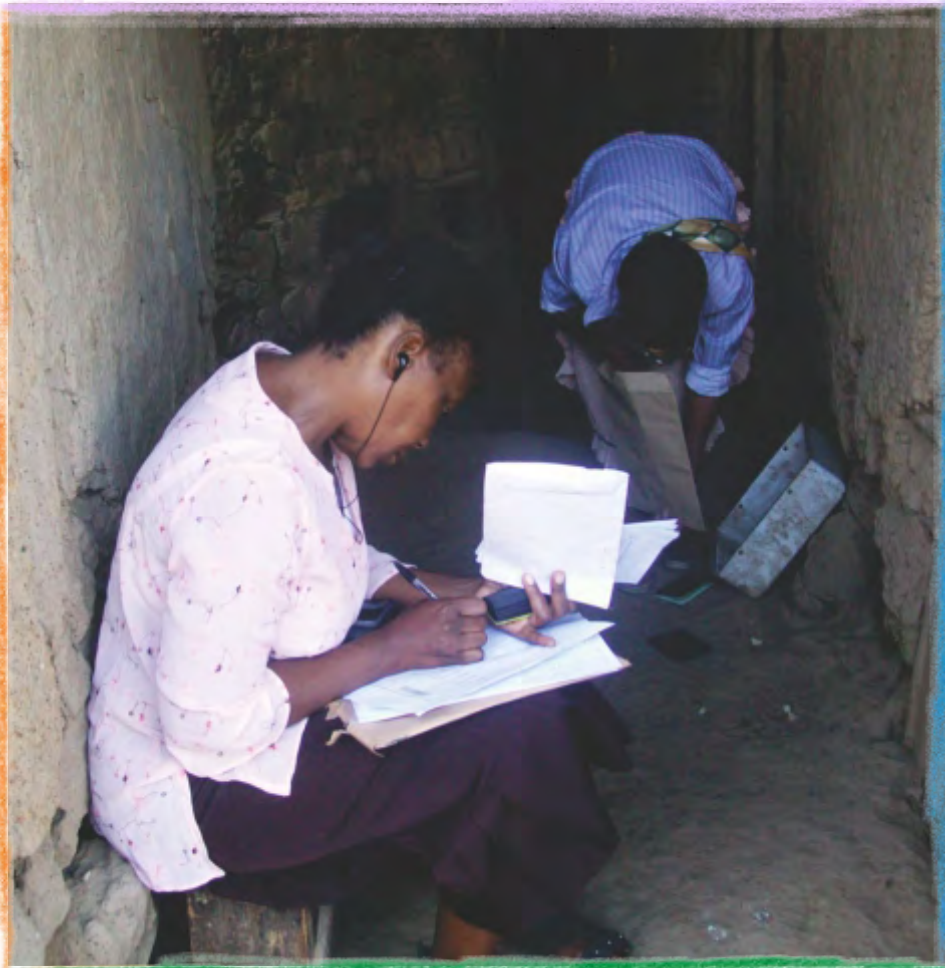
Organisationally, 2012/13 has been a relatively stable year for Thandanani. In late 2011 and early 2012, Thandanani undertook some significant restructuring and downsizing as a result of the decline in available funding. We reduced our staff compliment, our areas of operation and the number of active beneficiaries we support at any given time. These changes were finalised in the first quarter of 2012 and so we started the 2012/13 financial year with the changes in place. As a result, the past 12 months have largely been focused on consolidating these changes and ensuring effective service delivery within our remaining 6 areas of operation.

As part of this process, we undertook a review of our model of household support in the second quarter. This review was aimed at ensuring that all staff were familiar with the details and time frames of the model and identifying and effecting any necessary refinements. A number of staff had changed roles within the organisation during the restructuring and new staff had joined the organisation in preceding years. Consequently, the review was also aimed at providing clarity with regard to roles and responsibilities in service delivery. As a result of the review, some minor changes were made to the model – mostly relating to service delivery time frames and processes. The flow chart on the right represents a detailed “map” of our service delivery model and the roles, responsibilities and time frames for service delivery by each team.

Following this review, Thandanani also undertook a review of its database. During this review some challenges were identified. Firstly, as a result of our having withdrawn from so many areas during the restructuring process, our data needed to be updated to ensure that only currently active beneficiaries were reflected in our statistics. Secondly, some data entry errors and omissions were identified and a process put in place to correct these and enter missing data (age, gender etc) for our current beneficiaries. Thirdly, the database structure itself required modification to remove services that had been discontinued in previous years and add new services and activities that had been introduced in recent years. This process has taken some time and, although nearing completion, is still currently underway. Fortunately, the changes that were required did not significantly impact on the validity and accuracy of the data for our existing beneficiaries and so we have been able to continue to use our database to inform service delivery and reporting even while these changes are being implemented.



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A third change that occurred during the current reporting period is that Thandanani became VAT registered and, as a non-profit organisation, this entitles us to submit claims to the South African Revenue Services (SARS) for refunds on VAT payments we incur. This registration took place in August 2012. The consequence is that from September 2012 we have been able to submit claims for VAT refunds. However, SARS are still processing these claims and so no refunds have actually been received to date. In addition, Thandanani has engaged the services of consultants to compile and submit VAT claims on our behalf for VAT we have paid in previous financial years. This process too is still underway and again no refunds have been received to date. Consequently, while we currently qualify for VAT refunds, Thandanani has not benefited from this registration in the

current financial year. Further, should we receive a refund from SARS for our VAT expenditure for the period August 2012 to March 2013, the Board has authorised that these funds be utilised to undertake an upgrade of some of our computers as many are now significantly out of date and in need of urgent replacement or upgrading.

A final area of change during the current reporting period has been the addition of several new Board members. In the last quarter of 2011 Trini Krishnan resigned from our Board and in the first quarter of 2012 Larry Tooke resigned. Both resigned for personal reasons. Consequently, during the second quarter of 2012 Thandanani identified several potential new Board members with some of these formally joining the Board in November 2012. The new members include:

Jovie Pocock: - Corporate Social Investment Experience
Doug Seager - Corporate Social Investment and IT experience
Simphiwe Mkhize – Marketing & Communications Experience
Ian Smith – Experience in Education & Economics

Overall, 2012/13 has been a relatively stable year during which time Thandanani has consolidated its position following the organisational changes that occurred in 2011/12 and reviewed and refined its critical service delivery systems and practices.

As we enter the 2013/14 financial year, Thandanani expects to build on these refinements but without any further significant changes, either organisationally or operationally, being anticipated. Consequently, we anticipate a relatively stable and uneventful 2013/14.

With this in mind, Thandanani would like to thank all its donors, its Board members, staff and volunteers for their support and commitment to the organisation, particularly through difficult times. Like the children and families we serve, Thandanani has again proved itself to be a resilient organisation and this bodes well for our future.

Duncan Andrew
(Director)

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Beneficiaries

Thandanani is currently providing support to 1147 children and 342 caregivers in 342 households across 6 historically disadvantaged communities.

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

Beneficiary Numbers as at 31 March 2013

2012 - 2013	TOTAL		
	MALES	FEMALES	TOTAL
NUMBER OF HOUSEHOLDS	-	-	342
NUMBER OF CAREGIVERS	16	325	342
NUMBER OF CHILDREN	586	558	1147
NUMBER OF VOLUNTEERS	3	21	24
CHILDREN BY AGE CATEGORY	MALES	FEMALES	TOTAL
CHILDREN 0 - 5	176	148	324
CHILDREN 6 - 10	161	167	328
CHILDREN 11 - 15	197	177	374
CHILDREN 16 - 18	55	66	121
CAREGIVERS BY AGE CATEGORY	MALES	FEMALES	TOTAL
CAREGIVERS 11 - 15	0	1	1
CAREGIVERS 16 - 18	0	2	2
CAREGIVERS 19 - 35	8	75	83
CAREGIVERS 36 - 55	5	140	145
CAREGIVERS 56+	3	108	111
VOLUNTEERS BY TYPE	MALES	FEMALES	TOTAL
HOME CARE VOLUNTEERS	3	14	17
FOOD GARDEN VOLUNTEERS	0	3	3
LIFE-SKILL VOLUNTEERS	0	4	4
HEALTH CARE VOLUNTEERS	0	0	0

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, 118 households reached independence in the current reporting period. However, we also took on 159 new households during the same period. In total then, we worked with a total of 578 families (301 current, 159 new and 118 from which we withdrew during the course of the year). The net effect being that the number of families supported by Thandanani has increased from 301 on 1 April 2012 to 342 by 31 March 2013.

In addition to these families, Thandanani has also provided health education to 2498 adults and children; and have conducted HIV testing with 916 of these individuals. These activities form part of our partnership with the Aids Foundation of South Africa (AFSA) and three other local organisations that aims to provide access to health services to over 28000 individuals in the UMGungundlovu District over a 5 year period.



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

Direct Child & Family 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 20 & 30 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 over the page.

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

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	Indicator	Apr - Mar
Train, support & monitor Home Care, Food Garden & Self Help volunteers	Development Staff facilitate the training, support & monitoring of TCF's Home Care, Food Garden & Self Help volunteers	Number of volunteers trained	15
	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	301
Allocate a community volunteer to care for and support each household.	Home Care Volunteers are each allocated responsibility for a minimum of 15 and a maximum of 30 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	990
Facilitate emergency equipping of OVC households	Home Care Volunteers report houses requiring emergency household equipment and the Development Facilitator formulates and implements a response plan.	Number of households provided with basic household equipment	109
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	93
		Number of food vouchers issued to households	158
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	37
Facilitate access to school fee exemptions	Home Care Volunteers assist caregivers to apply for fee exemptions	Number of fee exemptions secured	3
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	112
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	77
		Number of school visits by staff	36
Facilitate the establishment / support of household food gardens.	Food Garden volunteers facilitate the establishment & support of food gardens at households allocated to them.	Number of new household food gardens established	66
		Number of existing household food gardens supported	107

Major Achievements:

- Following resistance by some caregivers to memory work with their families, TCF introduced an introductory workshop on Memory work specifically for caregivers. These workshops were run in all areas, i.e. Snathing, Slangspruit, Willowfontain, Caluza, Dambuza and Copseville and have resulted in a significant change in attitude towards memory work. Caregivers now understand the idea behind memory work with the family and are much more open to TCF volunteers

facilitating memory work with their families. As a result TCF has been able to recommence the roll out of memory work with OVC households and to date we have completed memory work with 37 families.

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

- Epworth grade 10 learners did a great job in Copseville Primary school. They revamped and painted 12 class rooms to make them more child-friendly. They also made book shelves and cushions for the library. These activities form part of an annual “Schools Make-Over” partnership between Thandanani and Epworth Girls High School where Grade 10 learners from Epworth spend 4 days volunteering their time to undertake a “Make-Over” with one of the schools in the communities in which Thandanani works.
- During the course of 2012 Thandanani became aware of the need for us to increase our visibility and profile in some of the communities in which we work. After consultations with community members and stakeholders regarding what we perceived as a low uptake of our services, it became clear that we were only know is “isolated” sections within some communities where we have existing volunteers. In other areas, many families were simply not aware of our services. To address this challenge, we designed and implemented an awareness campaign in all our current communities in the first quarter of the current year. A door-to-door campaign was conducted and we engaged people on the streets, taxi ranks, schools and spaza shops handing out pamphlets and informing them of our services. As a result we have been able to identify 65 household's that may qualify for support from Thandanani. The Development Facilitators have started visiting these households to conduct a baseline assessment. As a result of the success of these campaigns Thandanani plans to do more campaigns during the course of the next financial year.
- It has often been a challenge for Thandanani to recruit sufficient volunteers to carry out our community activities. However as a consequence of the community awareness campaign that was done the last quarter of 2012/13, we have manage to recruit almost all the volunteers needed to fully complement our homecare volunteer team. Training is planned for the new year to ensure that all new volunteers are ready to implement our planned activities.

Major Challenges

- Following TCF's withdrawal from Richmond in 2011/12, we set fairly ambitious targets for the take on of new households in Msunduzi communities in 2012/13. However, when setting these targets, we did not anticipate the number of households that would exit the system during 2012/13 as a result of their being in the final stage of support from Thandanani. As a result, our net figure of 342 active households as at 31 March 2013, while below our target, is somewhat misleading as we provided support to a total of 578 families during the course of the year.

- The take on of new households has also demanded a lot of time from the Development Facilitators who have not been able to supervise the volunteers as closely as usual. Unfortunately, this has resulted in some “gaps” in service delivery on the part of some volunteers. However, having identified these difficulties, Thandanani is in the process of addressing these matters with the volunteers concerned.
- During the reporting period, there were two heavy storms and floods which resulted in some significant damage to some of the food gardens at households we support. This has necessitated additional work on the part of our food security volunteers who have had to assist these families in re-establishing their food gardens and, in some cases, having to treat the soil as it had shown high levels of acid making it unsuitable for planting.
- The recent updates to Thandanani's data gathering forms has posed a challenge with some volunteers as they struggle to understand and complete the new forms properly. Consequently, our Development Facilitators have had to spend time supervising the volunteers in the proper completion of the forms ahead of the formal training which is planned for the new financial year to engage volunteers in the proper use of these tools.



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

Future Plans:

- To recruit and train additional Home Care Volunteers
- To identify further training opportunities for food garden volunteers
- To continue to identify new Households to meet the beneficiary targets set for the year
- To support the Health Team as they roll out health services
- To conduct re-assessment for all households entering stage 3 of our model
- To conduct further caregiver memory work groups and to increase the roll out of memory work at household level
- To ensure school visits are conducted regularly to monitor school attendance and performance

Case Studies (* Names Changed)

- Sabelo* is an eighteen year old young man, well behaved, and living with his paternal aunt of thirty-six. Sabelo has learning difficulties. He has been repeating grades until he was sixteen doing grade seven. Through Thandanani's relationship with a local institute, we were able to have Sabelo assessed. As a result of these assessments Sabelo was accepted at a special school. Sabelo is now happy in his new school and is receiving the support he needs.
- Noluthando Dlamini* is a 10 year old girl staying with her younger sibling Sihle* who is 7 years old. Noluthando's father, a single parent, moved to Snathing less than 2 years ago with the two girls. He is a very introverted person and very little is known about them, even by their next door neighbours. So much so, that the children are only seen outside when they are going to school. Sadly Noluthando's father got ill and his health deteriorated over time and, whilst on duty at work one day, he was admitted to hospital. Unfortunately, the company did not communicate this information to the children at home and they were left alone for approximately 3 weeks. It was only when a neighbour noticed the father's absence and the fact that the house lights stayed off most evenings that she made enquiries and discovered the children's plight.

The neighbour then contacted Thandanani's lay counsellor from the area who then conducted a visit to investigate the children's situation. She assisted with immediate meals for the children and brought the case to our attention. Thandanani has since traced the father's whereabouts and the children have been able to visit their father in hospital. As a temporary solution, Thandanani has also arranged for a previous domestic worker to the family to care for the children while their father recovers. In the meantime, Thandanani is providing support to the family and monitoring the situation. Once the father has adequately recovered we will reassess the situation, and together with all concerned, make a decision on what would be best for the children.



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

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	Indicator	Apr - Mar
Provide access to professional counselling services	Welfare staff are available to provide professional assistance to OVC's & caregivers	Number of intake interviews Number of Follow Up Consultations	86 94
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	15
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 grants approved Number of foster care renewals submitted Number of foster care renewals approved	122 81 160 34
Train, support & monitor Life-skill volunteers	Welfare Staff facilitate the training, support & monitoring of TCF's Life-skill volunteers Welfare Staff conduct random unannounced visits to monitor group facilitation by Life-skill volunteers and hold regular planning & support meetings with volunteers.	Number of volunteers trained Number of monitoring field visits by staff	2 45
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	97
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	71
Facilitate Support Groups for Caregivers	Life-skill volunteers facilitate community based support groups for caregivers	Number of Caregivers completing TCF's caregiver support program	60

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

Major Achievements

- In the roll out of Thandanani's Life-skills groups the Welfare team has been able to draw on Thandanani's new Lay Counsellors to present some of the sessions on reproductive health and HIV. Their more in-depth knowledge of these topics has strengthened the program.
- Thobile Dlamini joined TCF's staff as a Social Worker during the current reporting period. She replaces Siphumelele Dlongolo who resigned in April. With this appointment Thandanani's Welfare team is again at full compliment. We also have two Social Work students from UNISA that have joined us for an internship placement. These interns will work with our social workers in the processing of reports and court applications.
- In this reporting period we were able to find a placement for the Cele* children who we have been struggling to find placement for since they have behavioural problems and have been in different foster placement and children's home over time. Finally we found a home that was willing to accept them with their challenges as they have specific programmes for children with behaviour difficulties.

Major Challenges

- The resignation of one of our Social Workers in March 2012 which reduced our service delivery capacity while we recruited a new Social Worker.
- Recent changes in the requirements for foster care placement cases by the courts have resulted in longer processing times for grant applications. For example, in the last quarter the report format was changed and the courts wanted proof that TCF had placed advertisements trying to trace the whereabouts of the "missing or absent" parent in cases where a child had been living with only one parent who had now passed away. However, we have now established a good working relationship with the local ECHO newspaper, who now diligently advertise our cases for us.
- Another change that has negatively impacted on the work load of Social Workers is the recent change that requires the annual renewal of some grants (for people whose names have not yet been checked against the Sexual Offence register for offences against children). Although Thandanani has been submitting checks against the Sexual Offence register, administrative inefficiencies on their part have resulted in the loss of some of these queries and very slow processing of others (sometimes over 12 months). Consequently, many of our cases have to be

renewed on an annual basis as we do not have the necessary Sexual Offences clearances for the caregivers involved.

- Difficulties in finding alternative placement for children displaying behaviour problems that caregivers cannot cope with
- Arranging the logistics to enable children placed in children's homes to visit their relatives for holidays.

Future Plans

- To complete the roll out of all planned life-skill groups in 2013/14 and evaluate them
- To complete the roll out of all planned caregiver's and children support groups in 2013/14 and evaluate them
- To finalise Foster Care placements that were submitted to court in this reporting period but are still outstanding and to conduct follow ups on renewals that have been submitted but not yet returned by the Department of Social Development
- To ensure the timely completion of all foster care grant renewals
- To ensure the accurate completion of TCF's welfare service delivery forms and their timely capturing on TCF's database.
- To conduct presentations of on Thandanani's group work activities in schools and communities.



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

Case Studies (*Names changed)

- When Thandanani's Caregiver Support Group was started in Copesville one of the participants, Sindi *, was attending the group on behalf of her mother who was the primary caregiver but who was too ill to attend. This was because her mother had suffered a stroke. Subsequently Sindi's mother passed away. As a result of this loss and the fact that Sindi now had to look after her younger brothers & sisters, the group and facilitators thought Sindi was going to stop coming to the group. She did not, she continued and was active. Even though she was recently bereaved; her contribution in the group was amazing. On her side, she commented that the group was helping her a lot in dealing with her loss. She said, "I always look forward to Tuesdays because I know I will meet people who I will be able to talk to, Thandanani has come to my rescue".
- After the death of his mother, Vusimuzi Hlela* was being cared for by his uncle and his wife. His siblings, Themba 23 and Sihle 20, were living nearby in their parents' old house. The older boys were also being supported by their uncle who used to help them with food. When Thandanani became aware of the situation, we assisted the uncle's wife to apply for foster care grant for Vusimuzi. The family started to get their grant in July 2012. However, once the grant was received tension arose between the uncle and his wife and Vusimuzi's two older brothers. The brothers started demanding things from the uncle and his wife since, according to them; they felt entitled to "their brother's money". The tension became so bad that the Uncle and his wife reported situation to our social worker. Even after her intervention the problem continued and deteriorated, to the point where the uncle and his wife indicated that they no longer willing to foster Vusimuzi*. Consequently, Thandanani had no choice but to remove him from the family and place him in a children's home as the older boys were not deemed responsible enough to care for him. However, Vusimuzi has been able to retain contact with his Uncle. In December he visited his uncle home. However, Vusimuzi is reportedly missing home and so our social workers are trying to secure a placement for him in a children's home that is closer so that it would be possible for him to visit home more often.



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

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 Lay Counsellors who undertake home based health assessments; health education; voluntary counselling and testing; and treatment compliance monitoring for caregivers and children on our database. In addition, our new Lay Counsellors, organise and facilitate Health Days in communities where they provide community members with free access to preventative health education and testing services. 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

House-to-House Health Service Delivery

Activity	Output	Indicator	Apr - Mar
Train, support & monitor Wellness volunteers / Lay Counsellors	Health Staff facilitate the training, support & monitoring of TCF's Wellness volunteers / Lay Counsellors	Number of Wellness volunteers / Lay Counsellors trained	4
	Health Staff conduct random unannounced visits to monitoring service delivery by Wellness volunteers / Lay Counsellors and hold regular planning & support meetings with volunteers.	Number of monitoring home visits by staff	56
Engage caregivers & OVC's in general health and HIV/AIDS awareness & education	Wellness volunteers / Lay Counsellors engage household members in age appropriate health and HIV awareness and education.	Number households where health education visits have been completed	201
Facilitate access to VCT	Wellness volunteers / Lay Counsellors engage household members in VCT awareness & education and undertake VCT at the household or via accompanied clinic visits.	Number of children offered VCT	120
		Number of adults offered VCT	246
		Number of children who undertake VCT.	68
		Number of adults who undertake VCT.	145
		Number of children who test positive	10
Undertake treatment monitoring & support	Wellness volunteers / Lay Counsellors undertake weekly treatment compliance monitoring and support visits to those family members who are on antiretroviral treatments.	Number of children receiving regular treatment monitoring & support visits	11
		Number of adults receiving regular treatment monitoring & support visits	48
Ensure referrals to palliative care when necessary	Wellness volunteers / Lay Counsellors facilitate access to palliative care services when necessary	Number of children referred to palliative care services	6
		Number of adults referred to palliative care services	7

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

Activity	Output	Indicator	Apr - Mar
Conduct Community Based Health Education during health days, dialogues & house to house visits	Wellness volunteers / Lay Counsellors engage community members in health awareness & education during health days, dialogues & house to house visits	Number of people reached during health days, dialogues & house to house visits	2498
Conduct Health Screening & Testing	Wellness volunteers / Lay Counsellors provide basic health screening & VCT services to community members during health days, dialogues & house to house visits	Number of children offered VCT Number of adults offered VCT Number of children who undertake VCT. Number of adults who undertake VCT. Number of children who test positive Number of adults who test positive	1517 981 566 350 25 22
Refer to clinics for related follow up services	Wellness volunteers / Lay Counsellors refer community members to public health facilities for necessary follow up services	Number of referrals made	195

Major Achievements

- Thandanani is currently running two “health projects”. The first is our standard package of Household Health Services which are delivered to children and adults living in households on our database. The second is a new, Community Based Health Education & Testing Project that involves the running of “health days” within targeted communities. These Health Days are open to all children and adults in these communities. The introduction of these Health Days has broadened Thandanani's HIV prevention work with communities with the aim of reducing the prevalence of HIV and its related association with “orphan hood” in these communities. In addition, two Health volunteers has now joined health team as lay counsellors and have also been trained by the Nurse on all aspects regarding the AFSA project.
- Bongani Mkhize joined TCF's staff as our new Nurse and Health Services Coordinator in September. He replaces Lindi Kwitshana resigned in May. With this appointment Thandanani's health team is again at full compliment.

Major Challenges

- Delays in the supply of testing materials from the Department of Health has meant that
- Thandanani sometimes does not have the materials necessary to conduct its planned Health Days but since November 2012 this has been sorted out by Department of Health by supplying to us testing material.
- We have struggled to establish adequate waste disposal arrangements with the Department of Health or the clinics with which we have worked and so have had a backlog of medical waste from our Health Days for some time. We have now opened an account with Compass waste disposal to address this issue and they collect all the medical waste from our premises.
- We have received some feedback from community members that suggests that they do not feel comfortable when staff and volunteers arrive in the vehicle used by our health team as it has AIDS related branding on the side and this makes them feel uncomfortable as they are concerned about stigmatisation. As a result of this feedback the health team only use the vehicle to access the general area and then proceeds on foot to deliver services to households.

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

Future Plans

- To ensure the roll out of both community and home-based health services as per the project plan.

Case Studies (*names changed)

- During the course of house-to-house health visits in Snathing, health staff found a 70 year old woman, Mrs Zuma *, who was critically ill. She was diagnosed as HIV+ in December 2012 but, as her CD4 count was more than 350 at the time, she was not initiated on ARV's. It seems she was also not screened for TB or started on treatment to prevent TB as she was not showing signs of TB at the time. As Mrs Zuma was so sick when health staff visited her, they referred her to Edendale Hospital for proper screening and management and also asked Msunduzi hospice to visit the household to assess the situation for possible palliative care. Hospice did visit the house and Mrs Zuma has now been transferred to Hospice's in-house palliative care facility.
- When we were holding a health day at Ezinketheni, Mr Khoza* (75) reported that he was feeling dizzy, had a terrible headache and that the left hand side of his body was feeling numb. We took his blood pressure and it read 245/175. We then wrote a referral letter to the nearest clinic. He went immediately and was started on anti-hypertensive drugs. Had Mr Khoza's condition gone untreated in all likelihood it would have resulted in a severe stroke.



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

Finances & Fundraising

International Donors

Google Staff	Kindermissionwerk (Die Sternsinger)
Kindernothilfe	Missio
Stephen Lewis Foundation	

Local Donors

8 Mile Club (Midmar Mile)	Aids Foundation of South Africa
AphexHi Trust	CPW Printers
CTP Limited	Hulamin
Isibuko Development	Jenna Hardman
Luxco Importers	My Village
Old Mutual Foundation	Operation Jumpstart
Partners in Development	Petrocall
Pietermaritzburg Community Chest	SASBO
Somta Tools	Starfish Greathearts Foundation
Wiphold Trust	Catherine Duff
Dev Moodley	

Government Departments

Department of Health	Department of Social Development
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Special Project Sponsors

Alan & Judy Thomas	Mary Goodenough
Epworth Girls High School	Richard Jacob
Rotary Club of Pietermaritzburg	The Bishop Family
Yvonne Spingler	Zanele Maseko

"Children at the Forefront" Subscribers

Bongi Zengele	Cleone Mc Millan	Cliford Madondo
Daniel Bailey & Morwenna Bosch	Daniela Gennrich	Dearing Garner
Denis & Jill Bailey	Dlalanathi	Dr J Kelly
Dr Neil H McKerrow	Duncan Andrew	Ethembeni HIV & AIDS
Ministry	Frank & Thulani Mchunu	Garth Richter
Graeme O'Dell	Heinz & Ruth Kaiser	Hulamin
Irene Dugmore	Jacques Briard	James 127 Trust
James & Katherine Le Cordeur	Jane Evans	Jaqui & Nicholas
Hiltermann	Jenna Hattingh	Jewel Koopman
Jonathan Bailey	Joy & Ric Dionne	Julie Manegold
Justin Maxwell	Kate, Geoff, Thandi	Kelly Airton
Khuleleni Children Trust	& Christen Davies	Kwanele Ngobese
Larry & Veronica Tooke	Lisa Strydom	Margie & Jaques Pretorius
Marie-Anna & Theo Marais	Mark Bailey & Maryke Du Plooy	Mervyn Abraham
Michael & Dorrie Nuttall	Michelle Browne	Myfanway Jill Mulinder
Nanette Foss	Natasha Parkins-Maliko	(nee le Cordeur)
Nicole Schafer	Nikitina Tatia	Nokhaya Makiwane
Old Mutual Foundation	Partners in Development	Patricia le Cordeur
Patrick & Elsa Geoghegan	Paul Watson	Phil & Sue Greenberg
Philippe Denis	Piwe Mkhize	PSG Konsult Corporate
Radikobo Ntsimane	Renate Cochrane	Limited
Renée Palmer	Richard & Thea Paine	Richard Archary
Rob & Penny Haswell	Robin Crouch	Rosalie Clark
Sandra Naidoo	Scott House	Shamla Naidoo
Sinomlando Centre	Steve & Tracy Stark	Sue Rakoczy
Terry & Claire Hiltermann	Tony Balcomb	Trevor & Samia Hubble
Turning Point Consultants	VH Marie-Chantal Peeters	William Le Cordeur
Yvonne Spain	Zamo Hlehla	

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

Report on the financial statements

We have audited the annual financial statements of Thandanani Childrens Foundation NPC, which comprise the directors' report, the statement of financial position as at 31 March 2013, the statement of comprehensive income, the statement of changes in equity and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Basis for qualified opinion

In common with similar organisations, it is not feasible for the company to institute controls over cash and fundraising 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 NPC as at 31 March 2013, 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, 2008.



Colenbrander Incorporated
Per: G L Banfield
Registered Auditors, Chartered Accountants (SA), Pietermaritzburg

Directors' Report for the year ended 31 March 2013

The directors have pleasure in submitting their report together with the audited annual financial statements for the year ended 31 March 2013.

Statements of responsibility

The directors are responsible for the maintenance of adequate accounting records and the preparation and integrity of the financial statements and related information. The auditors are responsible to report on the fair presentation of the financial statements. The financial statements have been prepared in accordance with International Financial Reporting Standards for Small and Medium Sized Entities, and in the manner required by the Companies Act.

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 set out on pages 5 to 17 are the responsibility of the directors, have been approved by the Board of Directors and are signed on their behalf by:



Lisa Strydom Chairperson

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

Statement of Financial Position as at 31 March 2013

	2013	2012
	R	R
ASSETS		
Non-current assets	200 205	200 205
Other financial instruments	200 205	200 205
Current assets	1 238 043	899 575
Deposits and donation income receivable	76 839	399 066
Cash and cash equivalents	1 092 335	500 509
VAT refundable	68 869	-
Total assets	<u>1 438 248</u>	<u>1 099 780</u>
RESERVES AND LIABILITIES		
Reserves	1 002 286	912 672
Contingency reserve fund	1 002 286	912 672
Current liabilities	435 962	187 108
Accrued expenses and donations received in advance	360 754	143 684
Provision for leave pay	66 088	43 424
VAT payable	9 120	-
Total reserves and liabilities	<u>1 438 248</u>	<u>1 099 780</u>

Statement of Comprehensive Income for the year ended 31 March 2013

	2013	2012
	R	R
Donation income	3562207	4296060
Dividends received	2566	-
Investment income	63160	62449
Total income	<u>3627933</u>	<u>4358509</u>
Operating expenses	(3538319)	(4414008)
Net surplus / (deficit) for the year	<u>89614</u>	<u>(55499)</u>

Supplementary Information for the year ended 31 March 2013

	2013	2012
	R	R
1) DONATION / FUNDING INCOME PER DONOR	3 562 207	4 296 060
INTERNATIONAL DONOR INCOME		
AphexHi Trust	200 000	-
Belgium Embassy	-	755 638
Cafod	-	108 318
Kindernothilfe	927 750	881 942
Kindermissionwerk (die sternsinger)	160 212	172 388
Missio	176 439	165 010
Stichting Kinderpostzegels Nederland	-	248 676
Stephen Lewis Foundation	287 849	245 530
Hayes End Methodist Church	-	27 601
Peter Taylor	-	178 555
LOCAL DONOR INCOME		
Community Chest	72 800	65 000
Hulamin	30 000	-
Old Mutual Foundation	200 000	150 000
Starfish Greatheart's Foundation	227 828	300 000
Wiphold Trust	34 286	-
GOVERNMENT DEPARTMENTS AND SUBSIDIES		
Department of Social Development	357 490	336 886
Department of Social Development special grant	46 355	4 079

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

	2013 R	2012 R
NON-CONTRACTUAL INCOME		
Pestana and Pestana	-	50 000
J Hallowes	-	20 000
Charity fundraising events	19 892	-
Google	5 910	-
My Village	1 651	1 167
Other corporate donations	45 120	69 196
Other general donations	19 649	34 929
Sundry income	32 485	18 888
Thandanani Book	14 482	-
Insurance claims	-	67 489
SPECIAL PROJECTS		
Stobswell Parish Church	-	22 221
Charities Aid UK (Thomas)	10 692	28 144
Epworth School	46 740	31 450
Bishop Family	5 400	10 485
Household sponsorships	-	16 762
R Jacob	12 000	-
Rotary Club of Pietermaritzburg	35 292	-
Yvonne Spingler	6 170	-
SPECIAL PROJECTS - HEALTH		
Aids Foundation of South Africa	565 615	113 280
GOODS IN KIND DONATIONS		
CPW Printers	12 000	-
SASBO	6 000	9 000
Rotary Club of Pietermaritzburg	2 100	-
Elizabeth Glaser	-	118 601
Department of Health	-	44 825

Expenditure

	2013 R	2012 R
2) COMMUNITY DEVELOPMENT AND DIRECT CHILD SUPPORT		
	993 202	1 626 573
Staffing (director)	161 613	143 657
Staffing (programme manager)	-	101 544
Staffing (development co-ordinator)	190 273	182 376
Staffing (senior development facilitator)	-	202 259
Staffing (development facilitator)	253 665	457 548
Staffing (development facilitator (livelihood security))	-	33 086
Staffing (development facilitator (sponsorship))	118 564	106
Food garden - volunteer stipends, training, travel and coordination	18 230	-
Home care - volunteer stipends, training, travel and coordination	72 495	167 548
Material well being - food garden development	54 320	27 797
Material well being - emergency repairs and equipment	28 507	55 617
Material well being - emergency food relief	22 300	38 200
Cognitive well being - schooling	28 740	55 009
Cognitive well being - bursaries	5 000	-
Emotional well being Memory Work	14 575	-
Transportation - goods and materials	552	31 549
Sunfield Home	24 368	24 180
3) WELFARE SERVICES		
	763 980	868 178
Staffing (director)	107 667	91 999
Staffing (programme manager)	-	66 314
Staffing (welfare co-ordinator)	195 514	181 572
Staffing (social worker)	146 482	176 103
Staffing (group work facilitator)	145 791	130 197
Staffing (auxiliary social worker)	101 965	89 533
Life skills - volunteer stipend, training, travel and coordination	28 775	41 880
Life skills: evaluation	-	15 125
Emotional well being: childrens support group	7 111	8 505
Emotional well being - life skill program	20 806	36 682
Emotional well being - life skills camp	-	20 485
Emotional well being - caregiver support	8 919	9 783
Caregiver I Child Travel refunds	950	-

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4) HEALTH SERVICES
Staffing (director)

	2013 R	2012 R
	120 677	609 400
	54 622	52 750

	2013 R	2012 R

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Organisational Details

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

Thandanani's current Board comprises:

Lisa Strydom (Chairperson & Secretary)	Non-Profit Consultant & Community Development Practitioner
Bongi Zengele	Lecturer & Community Development Practitioner.
Philippe Denis (Treasurer)	Theology Lecturer and Director: Sinomlando Centre for Oral History
Sipho Radebe	Community Development Practitioner
Piwe Mkhize	Freelance Journalism & PR Experience
Jovie Pocock	CSI Experience
Doug Seager	IT & CSI experience
Ian Smith	Teaching / Economics experience

Thandanani's current staff comprise:

MANAGEMENT & ADMINISTRATION:

1. Duncan Andrew	Director
2. Sandra Naidoo	Finance Administrator
3. Barbara Khoza	Receptionist (Half Day)
4. Zandile Buthelezi	Office Assistant

DEVELOPMENT & DIRECT CHILD SUPPORT:

5. Bheki Madide	Development Co-ordinator
6. Agnes Mkhize	Development Facilitator
7. Jillith Moyo	Development Facilitator
8. Slondenzi Dlamini	Development Facilitator (Database & Sponsorship Administrator)

WELFARE

9. Sma Mngomazulu	Welfare Co-ordinator
10. Thobile Dlamini	Social Worker
11. Zikhona Dladla	Auxiliary Social Worker
12. Fikile Zungu	Group Work Facilitator

HEALTH

1. Bongani Mkhize	Nurse & Coordinator
2. Ntombiyenkosi Nzimande	Lay Counsellor (AFSA program)
3. Delisile Mchunu	Lay Counsellor (AFSA program)
4. Nomthandazo Mokoena	Lay Counsellor (AFSA program)
5. Nonkululeko Mhlongo	Lay Counsellor (AFSA program)
6. Mfundo Dlungwane	Lay Counsellor (AFSA program)
7. Nqobile Ngcobo	Lay Counsellor (AFSA program)
8. Nonduduzo Macwabe	Lay Counsellor (AFSA program)
9. Doreen Dlamini	Lay Counsellor (AFSA program)



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

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 SBZAJJ

Contact Person:

Duncan Andrew (Director)

Email: duncan@thandanani.org.za

Contact Details:

Thandanani House
46 Langalibalele Street
Pietermaritzburg
3201

PostNet Suite 30
Private Bag X9005
Pietermaritzburg
3200

Phone: +27 (0)33 3451857
Web: www.thandanani.org.za

Fax: +27 (0)86 6143525
Email: reception@thandanani.org.za



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t: 033 343 5251 | m: 082 219 9703 | sales@righthand.co.za | www.righthand.co.za



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