

THANDANANI
CHILDRENS FOUNDATION

Annual Report 2013 / 14

Strengthening families caring 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 / Fieldworkers or HC Volunteers / Fieldworkers	TCF's community based volunteers / fieldworkers whose primary task is the provision of care and support to a number of OVC households
Food Security Volunteers / Fieldworkers or FG Volunteers / Fieldworkers	TCF's community based volunteers / fieldworkers whose primary task is the development and management of food gardens for the benefit of OVC households
Life-skill Volunteers / Fieldworkers or LS Volunteers / Fieldworkers	TCF's community based volunteers / fieldworkers whose primary responsibility is the facilitation of community based therapeutic and support programs for OVC's and their caregivers

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Chairperson's Report

It is with a sense of relief, but also of excitement, that I am able to report that 2013/14 has been a more positive year for Thandanani. After struggling financially for several years, we have actually ended this year in a healthier financial position than we have been in for quite some time. My sincere thanks go to our long-term donors who have kept us afloat through the difficult years and are still willing to continue their support of our work.

This year, we also took the organisation through an internal restructuring process, but this time it was not precipitated by financial constraints, but rather by the need for more operational effectiveness. We understand that these types of changes are never easy, but we are grateful to the staff for their co-operation in rolling out the new structure and embracing new roles and responsibilities where necessary.

Another accomplishment was the conclusion of a long process of upgrading our registration in line with the requirements of the New Companies Act No 71 of 2008. We are now officially classified as a Non-Profit Company (NPC) with a Memorandum of Incorporation (MOI) to replace our old Articles of Association. In addition, we have been able to identify some new people who are both capable and available to join our team at Board level and we look forward to their involvement and contribution.

Sadly, we said goodbye to two of our Board members, Piwe Mkhize and Bongzi Zengele, who resigned in order to pursue other interests. While we understand their decisions, they are both sorely missed.

It has been a pleasure to work with Duncan Andrew and his management team who have steered and stabilised operations within the organisation very competently. Of course, the work of Thandanani would not be possible without the hard work of the many other staff and community volunteers that support vulnerable children and their families on a daily basis. I am sincerely grateful to them for persevering through several challenging years to ensure that our mission was not compromised.



Lisa Strydom: Chairperson



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Director's Report

In a few years' time, when we look back on the current year, I suspect we might recognise 2013/14 as being a significant year for Thandanani.

During the course of the year, Thandanani's partnership with the Aids Foundation of South Africa (AFSA) grew in size and complexity to such an extent that it was decided to reorganise Thandanani so that it functions on the basis of two distinct and separate projects each with its own implementation team, plan & budget.

At the same time we have reorganised our Family Strengthening team. Where before our OVC work was undertaken by three Professional teams – Development, Welfare & Health – we have now created two multidisciplinary sub-teams within our Family Strengthening Project. Each multidisciplinary team will work to ensure service delivery of TCF's Household Support and Development model within 3 of the 6 geographical areas we work in. This change is aimed at streamlining and simplifying coordination in the delivery of services within our Family Strengthening work.

In addition, as from April 2014, we will be introducing Self-Help / Micro Finance Groups as a new service and will also be strengthening our internal capacity with regard to our Food Garden Development activities through the appointment of a Specialist Food Garden Development Facilitator. These changes are aimed at enhancing our capacity to strengthen the Material Well-being and self-reliance of the families we work with. This reorganisation & expansion is reflected in the graphic on the next page.

We believe that Thandanani's reorganisation into two distinct project teams will not only strengthen the organisation itself but will also strengthen its mission to respond to the needs of orphans and vulnerable children in the Midlands of KwaZulu-Natal.

Through our OVC/Family Strengthening project we will continue to ensure that indigent families caring for orphans and other vulnerable children are strengthened and are better able to meet the basic needs of the children in their care.

Through our expanded Health Outreach Project we will help prevent children being orphaned as a result of HIV and so will help prevent the very circumstances which many families in our Families Strengthening Project are faced with.

With these changes Thandanani's work has shifted from a purely responsive focus to incorporate a broader preventative focus in its efforts to address the challenge of the large number of orphans and vulnerable children we are faced with in the communities in which we work and in South Africa in general.

This is a significant strategic shift for Thandanani at two levels. It is a shift in that Thandanani has moved from a "single OVC project" focus to a multiple project system and from a primarily "responsive" focus to both responsive and preventative activities.

With this shift comes organisational growth and with this growth organisational complexity. However, we believe the organisational changes we have implemented position us to deal with, and manage, this increased complexity.

With project teams functioning independently of each other under the guidance of a dedicated Project Coordinator, teams will be able to independently plan, schedule and implement their project activities. Similarly, the monitoring and evaluation and the income and expenditure of each project can be managed and accounted for separately.

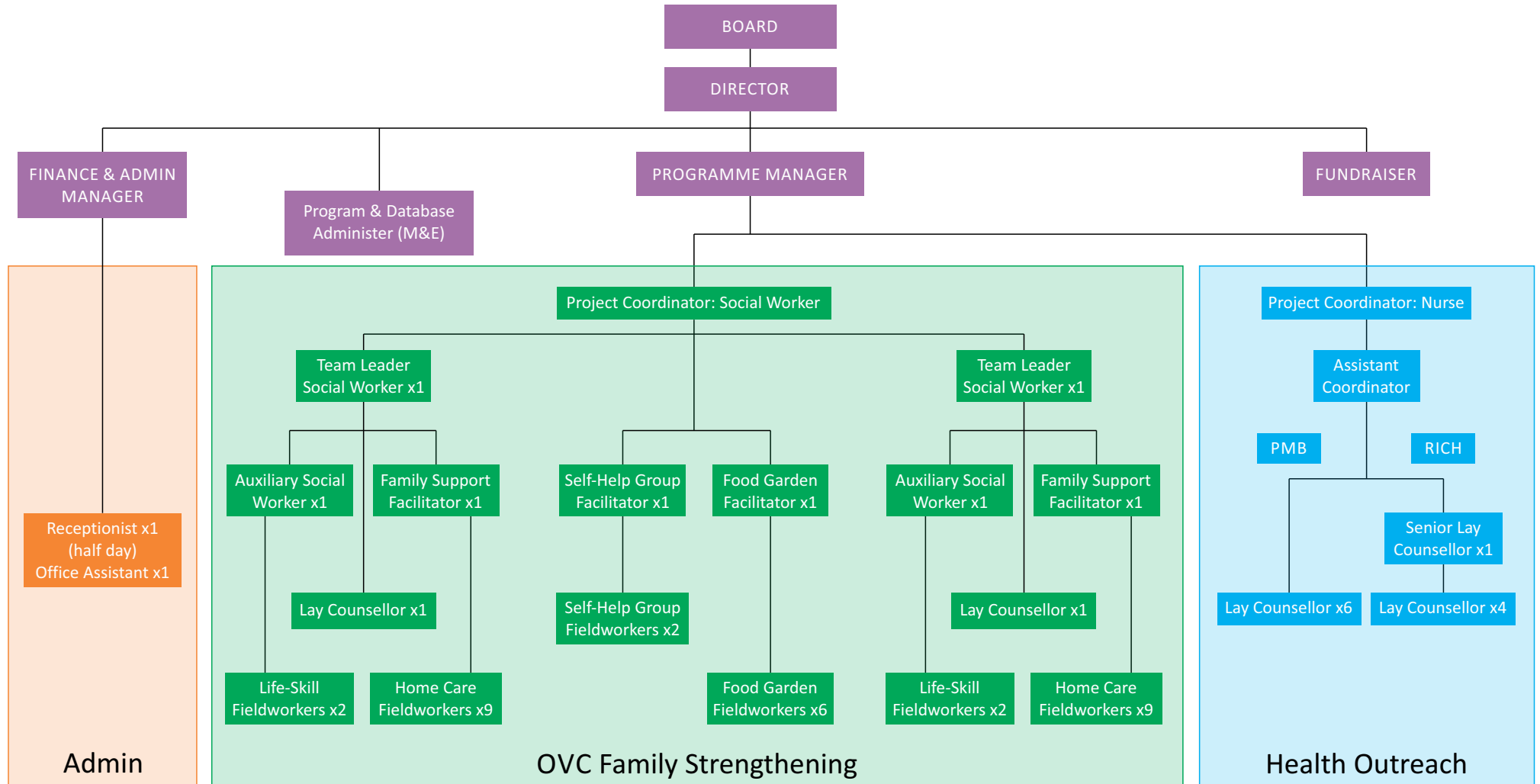
At the same time, Project Coordinators will receive support from a dedicated Program Manager. This is a new post within Thandanani and is aimed at strengthening the organisations project management & oversight capacity. The Program Manager is responsible for providing operational leadership in ensuring effective implementation across all project teams and for ensuring timely and accurate project reporting.

Each project will also benefit from support from Thandanani's new Program & Database Administrator (M&E) who will work across project teams to help ensure effective, timely and accurate data gathering; capturing; and reporting.

¹ An estimated 21% of all children in South Africa and 27% of all children in KwaZulu-Natal have been orphaned (either single or double) – Statistics from The South African Child Gauge (2012) compiled by the Children's Institute at the University of Cape Town

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TCF's reorganisation & expansion is reflected in the graphic below:



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What this all means for existing funders of our Family Strengthening work

Our OVC/ Family Strengthening work continues largely unchanged. We are still delivering the same services to our beneficiaries as we always have. All that has changed is the organisation and capacity of the team that delivers these services.

Similarly, the funding provided to support this work has funded the same staff and activities as initially agreed. All that has changed is the structure of our budget and our accounts.

In essence, from the point of view of our current donors, all that changes is that the funding received for our OVC work has been transferred to the corresponding line items in the "OVC Family Strengthening" section of our new budget structure. Everything else continues largely unchanged.

So, at a time when many Non-profit Organisations in South Africa are struggling to secure funding and are being forced to reduce their projects and activities, Thandanani has done well to be in a position to expand its activities and strengthen its work in the ways outlined above.

In this regard, I wish to thank the staff, volunteers and board of Thandanani who, even through tough times in recent years, have maintained high levels of service delivery, reporting, and integrity in the governance of the organisation. It is this commitment and effort that I believe has resulted in Thandanani being in the position it is today.

Our task now is to ensure that we all - together and in our separate project teams - work to meet the commitments we have made to fulfilling our mission and serving our beneficiaries.

At the same time, I wish to thank all our loyal donors and supporters – big and small; old and new – who recognise the need for the work that we do and believe in our methods, capacity and commitment to address these needs. It is this support that makes what we do a possibility and the change it makes in the lives of those we serve a reality.

Yours sincerely



Duncan Andrew
Director



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OVC/Family Strengthening Project Report

OVERVIEW

Thandanani's OVC/Family Strengthening Project involves capacitating and supporting community based teams to respond to the basic needs of orphans and vulnerable children (OVC) within their communities.

This is done through a structured, holistic and time-limited system of household support that is designed to address basic material, physical, cognitive and emotional needs and move families from a state of vulnerability to increased stability and self-reliance within a two to three year period. Once this happens households exit our system and function independently of our support.

This movement of households through our system ensures that families do not become dependent on Thandanani and that Thandanani itself is able to take on new households without creating an unsustainable demand on our capacity and resources.

This sequencing of interventions is summarised 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	Grant access & grant usage monitoring	Quarterly home visits
Caregiver placement (needs based) and Document & Grant applications	Emergency food relief (needs based & until grant secured)	Grant usage monitoring
Emergency food relief (needs based)	Food garden development & support (Voluntary)	
Provision of critical furniture & equipment (needs based)	School attendance & performance monitoring	School attendance & performance monitoring
School attendance & performance assessment	School uniform provision (need & criterion based)	
Health assessment, education & testing	Health monitoring & treatment compliance support (Voluntary)	Health monitoring
	Access to individual or family counselling (voluntary)	Access to individual or family counselling (voluntary)
	Family engagement in memory work (voluntary)	
	Access to Life-Skill and Children's Support Groups (Voluntary)	
	Access to Caregiver support groups (voluntary)	

ACTIVITIES & BENEFICIARIES

As at 31 March 2014, Thandanani was providing support, via this structured system of household support and development, to 1283 children and 383 caregivers in 383 households across 6 historically disadvantaged communities.

A detailed breakdown of our beneficiaries in the current reporting period is provided in the table below:

Beneficiary Numbers as at 31 March 2014

	TOTAL		
	MALES	FEMALES	TOTAL
NUMBER OF HOUSEHOLDS	-	-	383
NUMBER OF CAREGIVERS	17	366	383
NUMBER OF CHILDREN	671	612	1283
NUMBER OF VOLUNTEERS	4	24	28
CHILDREN BY AGE CATEGORY	MALES	FEMALES	TOTAL
CHILDREN 0 - 5	154	142	296
CHILDREN 6 - 10	225	188	413
CHILDREN 11 - 15	197	192	389
CHILDREN 16 - 18	95	90	185
CAREGIVERS BY AGE CATEGORY	MALES	FEMALES	TOTAL
CAREGIVERS 16 - 18	-	1	1
CAREGIVERS 19 - 35	10	83	93
CAREGIVERS 36 - 55	4	159	163
CAREGIVERS 56+	3	123	126
VOLUNTEERS BY TYPE	MALES	FEMALES	TOTAL
HOME CARE VOLUNTEERS	3	18	21
FOOD GARDEN VOLUNTEERS	1	2	3
LIFE-SKILL VOLUNTEERS	-	4	4

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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, 56 households reached independence in the current reporting period. However, we also took on 92 new households during the same period. The net effect being that the number of families supported by Thandanani has increased from 347 on 1 April 2013 to 383 in the current reporting period.

The activities undertaken with these beneficiaries in the current reporting period are outlined below:

Activity		Target for 2013/14	Outcomes for 2013/14	
MATERIAL WELL-BEING	Allocate a community volunteer / fieldworker to care for and support each household.	Between 400 & 500 families per annum	Number of home visits by Volunteers / Fieldworkers	2791
	Facilitate emergency equipping of OVC households	Up to 72 households per annum	Number of monitoring home visits by staff	276
	Provide emergency food assistance to households identified as being in dire need.	Up to 72 households per annum	Number of households provided with basic household equipment	68
	Facilitate access to foster care grants	Between 30 and 50 applications per month	Number of households issued with food vouchers	75
	Facilitate the establishment / support of household food gardens.	Up to 72 new household food gardens per annum	Number of food vouchers issued to households	97
			Number of individuals benefiting from food vouchers issued to households	420
			Number of grant applications submitted	New 117 / Renewals 130
			Number of grants approved	New 83 / Renewals 69
			Number of new household food gardens established	61
			Number of existing household food gardens supported	187
COGNITIVE WELL-BEING	Facilitate access to school fee exemptions	0 – 20 OVC's p/a who meet DoE criteria but who are not at fee exempt schools	Number of fee exemptions secured	8
	Facilitate the distribution of school uniform items to qualifying OVC's	At least 72 OVC's who meet TCF's school uniform item replacement criteria	Number of OVC's receiving school uniform items	175
	Facilitate the monitoring of school attendance and performance	All school going OVC's (850 to 1000 OVC's)	Number of school visits by Volunteers / Fieldworkers	268
			Number of school visits by staff	42
EMOTIONAL WELL-BEING	Facilitate memory work with OVC households	At least 72 households per annum	Number of Caregivers completing Memory Work Awareness Workshops	67
	Facilitate Life-skill programs for OVC's	135 OVC's between the ages of 11 and 17.	Number of households where memory work has been completed	40
	Facilitate Children's groups for OVC's	120 OVC's between the ages of 7 and 10	Number of OVC's completing Life-skill groups	141
	Facilitate Support Groups for Caregivers	120 caregivers per annum	Number of OVC's completing Children's Support groups	103
			Number of Caregivers completing Caregiver Support groups	103
PHYSICAL WELL-BEING	Engage caregivers & OVC's in general health and HIV/AIDS awareness & education	At least 144 Households per annum	Number families where health education has been completed	151
	Facilitate access to VCT services	At least 432 individuals are tested per annum	Number of children offered VCT	108
			Number of adults offered VCT	175
			Number of children who undertake VCT	75 (69.4%)
			Number of adults who undertake VCT	82 (46.9%)
			Number of children who test positive	8 (10.7%)
		Number of adults who test positive	9 (11%)	
			Number of children receiving regular treatment monitoring & support visits	8
			Number of adults receiving regular treatment monitoring & support visits	40
		Needs based		

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Highlights

Overview:

The recent reorganisation that has taken place within the organisation promises to provide significant benefits for the Family Strengthening team since, not only has the team been strengthening with additional staff, but team members have been reorganised into two multidisciplinary teams each focused on service delivery to three of the six areas in which Thandanani currently works. The formation of multidisciplinary teams means that service delivery within communities and to specific households will be much easier to coordinate than before. The Social Worker, Auxiliary Social Worker, Family Strengthening Facilitator, Lay Counsellors and Volunteers assigned to each sub-team can now more easily work together to plan and prioritise service delivery to particular households in accord with our staged model of household support and development. This should improve efficiencies and reduce any unnecessary delays in service delivery. However, while these changes are positive, they are also very new and staff are still settling in to the new structure and systems. Consequently, it may take a few more months before we see the full benefits of this reorganisation.

Despite some disruption as a result of the internal organisation that took place in the second half of the year, Thandanani has maintained high levels of service delivery. Some highlights in this regard are outlined below:

Material Well-being:

Thandanani has undertaken household food garden development & support for several years now. However, we have never had anyone on our team with specialist skills in this area. In this reporting period we have recruited 2 new Food Security Volunteers who have experience and expertise in food garden development and our new Programme Manager, who joined the organisation in January this year, also brings with him extensive experience in this field. This, together with the instillation of a new food tunnel at Thandanani's offices during the course of the year, means that we have significantly strengthened our technical expertise in support of our food garden development activities in the current reporting period.

In recent months Thandanani also made the decision to introduce Self-help Groups (Micro Finance Groups) into its package of services. These groups will enable our Caregivers to be part of a structured and controlled system of savings and loans aimed at providing them with capital to initiate small income generating activities for themselves and their family. This will further enhance the income security of these families.

In its recent reorganisation, Thandanani also increased the number of social workers on its staff. We now have two social workers and two auxiliary social workers on staff. This almost doubles our capacity to process grant applications and attend to grant renewals. This increased capacity was long overdue as the number of grants that we have processed over the years and the number of grant renewals that we are now responsible for has grown significantly. With this increased capacity Thandanani is better positioned to ensure that grant renewals take place on scheduled while, at the same time, new grant applications are processed in accord the time frames outlined in our model.

Taken together, these changes are aimed at strengthening our efforts to improve the material well-being of the families we work with. By helping to secure grants for families; assisting them to develop and maintain productive food gardens and by providing access to capital to initiate small income generating activities for themselves through savings and loans from a self-help group, the livelihood security of these families and their ability to meet their own basic needs is increased.

Physical Well-being:

Although on a reduced scale in the current reporting period (see challenges below) Thandanani continues to provide health education, testing and monitoring services to OVC families on our database. These services are generally well received and often provide the opportunity to identify health issues in the families we work with which otherwise may have gone undetected.

Cognitive Well-being:

An important part of Thandanani's support of OVC families is to ensure that children attend and stay in school. Most of the schools in the areas in which we work have now been declared "fee exempt schools" by the state. This means that the children attending these schools are not required to pay any school fees. However, a number of children on Thandanani's database do still attend schools that have not been exempted from fees. In these circumstances Thandanani continues to assist the Caregivers of these children to apply for school fee exemptions on an individual basis. In the current year we have assisted in securing fee exemptions managed for 8 children. In addition, we have distributed school uniform items to 175 children on our database and have conducted a total of 310 school visits to monitor the school attendance and performance of children on our database.

In addition to the above, Thandanani has also been able to assist recent school leavers on our database access tertiary education. As part of its budget, Thandanani has a small Bursary fund which we use to provide assistance to OVC's who have been accepted to study at tertiary institutions and who have received assistance in meeting their fee commitments via the National

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Student Financial Aid Scheme (NSFAS). As these students often do not have any additional funds to support their travel and accommodation and Thandanani uses its bursary funds to assist students usually in the form of a monthly travel and/or accommodation allowance. In the current reporting period Thandanani was able to assist 7 OVC's in this way.

Emotional Well-Being:

During the course of this year Thandanani facilitated Life-skills programmes during the school holidays for the first time. This was because we were unable to secure classroom space at some schools during the school term. This meant that instead of having weekly session over 16 weeks of the school term the program was presented in 5 full days. A total of 95 participants completed the program during the holiday. It seems this change, although intensive for the facilitators, worked well as participation rates remained high throughout the program and feedback was very positive. This also reduced the costs associated with running these groups as we only needed to provide refreshments for 5 days and not 16 sessions as in the past. As a result of these benefits, Thandanani will again run some of its life-skill programmes in the school holidays in the coming year.



Challenges

Overview:

The merging of three different teams to form one OVC family strengthening project during the course of this year has brought with it some challenges and disruptions. While we anticipated that these changes would require adjustments and even put in place processes to help staff make these adjustments, it has taken staff longer than anticipated to settle into their roles within the new structure and reporting lines. This has also had some negative impact on practice and service delivery in some areas. For example, at the start of the year Thandanani initiated Community Awareness Campaigns to help identify new households that would qualify for our support. This initial campaign was very successful and a number of new OVC households were brought onto the system as a result. However, while we intended to repeat this initiative during the course of the year, the reorganisation that took place in the second half of the year disrupted these plans and further campaigns were not run. The result is that Thandanani has not taken on as many new households in the current year as we had initially planned. A related difficulty is that Thandanani became aware of several households that are listed on our database but which should have been deregistered some time ago. This was an omission on our part and Thandanani will deregister these households and will implement a revised “take-on” schedule that should see us reaching our target of between 400 and 500 active households by the middle of the coming year.

In addition to the above, Thandanani has also experienced challenges specific to some of its activities. These are outlined below:

Material Well-being:

The number of grants that Thandanani has processed in recent years, while positive in terms of our beneficiaries, has increasingly resulted in capacity challenge for Thandanani's Social Workers as these grants all require renewal after a period of time. Consequently, the number of grants requiring renewal has increased over time as we have taken on new households and our Social Workers have become increasingly burdened by unmanageable caseloads over time. Fortunately, in its recent reorganisation, we were able to increase the number of Social Workers on our staff and so we now have two Social Workers and two Auxiliary Social Workers on staff. This increased capacity, as well as a more streamlined internal system of grant application processing, should alleviate the workload carried by each individual. However, external challenges to grant processing remain. For example, one of the requirements for the processing of a foster care placement is that we have to place advertisements in local newspapers to try and trace missing parents. This is proving a challenge as the local newspaper that has been carrying these advertisements on our

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behalf without charge, is now also being inundated for requests for the placement of such ads by other organisations. The result is that we are now seeing significant delays in the placement of our adverts. Fortunately, Thandanani is currently in a position to address this issue through the placement of paid advertisements but should we experience a funding shortfall in the future this may become a challenge again.

Physical Well-being:

With the expansion of our health outreach activities to the broader community during the course of 2013/14, our ability to provide health services to Thandanani supported OVC households was compromised. Thandanani's Lay Counsellors only managed to provide health services to 283 adults and children on our database during the course of the year - this, against an initial target of 432 individuals. However, as part of the reorganisation undertaken in the second half of the year, Thandanani has been able to increase the overall number of Lay Counsellors on its staff and has dedicated two of these to providing health services to OVC families supported by Thandanani. Consequently, we anticipate that we will be able to make up the backlog in the delivery of these services early in the new financial year and ensure that all new households receive these services within the time frames outlined in our model.

Cognitive Well-being:

No major challenges were experienced in relation to our Cognitive well-being activities.

Emotional Well-Being:

In recent years, Thandanani has experience resistance to Memory Work from some Caregivers who were unsure about the impact that talking about the loss of loved ones would have on the children in their care. Consequently, in partnership with the Sinomlando Centre for Oral History and Memory Work, Thandanani introduced a preliminary workshop specifically for Caregivers with the aim of informing them about the process of memory work and preparing them for memory work to be undertaken with their families. Since Thandanani started running these workshops Caregivers have generally been much more comfortable for us to undertake memory work with their families. However, the role out of memory work with families has not increased to the extent we would have liked in the current year largely as a result of the fact that Thandanani has taken on 11 new volunteers in the current year all of whom still need to be trained to facilitate memory work with families. This training is scheduled to take place early in the new financial year.

Future plans

Material Well-being:

To conduct further Awareness Campaigns in the areas in which we work to identify OVC households who are in need of support.

To strengthen our internal capacity and expertise in the development & support of household food gardens.

To introduce Self-help groups within two communities and to expand the roll out of these groups to all 6 communities in which we work in coming years.

To continue to streamline and improve our internal grant application & processing procedures.

Physical Well-being:

To make up the backlog of currently active households who still need to receive health services from Thandanani and to ensure that all new households entering our system receive these services within the time frames specified in our model.

Cognitive Well-being:

To continue to conduct school visits to monitor the attendance and performance of children on our database. Our goal is to ensure that all children receive at least two monitoring school visits per annum.

Emotional Well-Being:

To train all new volunteers / fieldworkers in the facilitation of memory work and to ensure the increased roll out of memory work in the new-year.

To facilitate feedback sessions for children that participated in Life-skill groups in the current year to assess if any changes to our program are needed to address issues and concerns they may have.

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Case studies

Material Well-being:

An 83 year-old caregiver in one of the households that Thandanani is currently supporting passed away in February 2014. She was fostering 3 of her grandchildren - the eldest having just turned 18. The family does not have extended family except for another of the grannies (gogo's) granddaughters who is 21 years old and who lives and works in Howick a small town about 30 kilometres outside of Pietermaritzburg.

After assisting the children to manage the practicalities of the loss of their Gogo, we had a discussion with the children regarding their options for the future. The options available were 1) for them to go and stay with their 21 year old cousin in Howick; 2) for the 18 year-old in the household to take responsibility for the family; 3) for Thandanani to place them in foster care with a neighbour or member of the broader community; or 4) for Thandanani to place them in a children's home. Through this discussion a decision was made that the 18 year-old would take responsibility for the family with Thandanani's support and that Thandanani would begin the process of transferring the foster care grants for the younger children into his name.

While we are implementing these changes, Thandanani will assist the family with food parcels each month and our Homecare Volunteer will visit the family more regularly to ensure everything is going well. Gogo's other granddaughter from Howick also agreed to visit the family on weekends to offer what support she can.

Physical Well-being:

On a recent visit to a family, the caregiver, informed the home care volunteer of concerns regarding the behaviour of one of her grandchildren. She expressed concern regarding the fact that her 13 year old granddaughter does not come home after school and often stays out as late as 7pm. The Caregiver expressed a concern that her granddaughter could have become sexually active and that her behaviour could be placing her at risk. As a result of this feedback one of Thandanani's Lay Counsellors visited the family and engaged the granddaughter in age appropriate health education and testing. Fortunately the young woman tested negative and she was then advised on the risks of sexual activity at her age and how best to manage these to prevent an unwanted pregnancy and/or sexually transmitted infections. At the same time, the young woman agreed to our Lay Counsellor referring her to our Social Workers for further support and counselling which is now being provided.

Cognitive Well-being:

In one of the households that Thandanani currently supports, Mrs Dlamini* is staying with her 4 grandchildren who are orphans. They are Lucky* (23), Thabiso* (16), Themba* (12) and Sneathemba* (10). The three younger children are in receipt of foster care grants which Mrs Dlamini uses to support the family. However, because these grants are the family's only income, they have not had any money to support Lucky who has been accepted to study a Bachelor of Science degree at the University of KwaZulu-Natal. As a result, Lucky was walking from his home to the University each day – a distance of approximately 20 Kilometre's. However, in February this year, Lucky applied for assistance from Thandanani's Small Bursary Fund and he now receives a monthly travel allowance from Thandanani. We hope that this assistance will help enable Lucky to pursue his studies and do well this year.

Emotional Well-Being:

One of the aims of Thandanani's caregiver support group program is to help caregivers deal with their own grief in the loss of loved ones. That many Caregiver's still struggle with the loss of their loved one's was evident in a recent Caregiver Support Group session when one of the participants, a Mrs Mkhize*, expressed the fact that she felt guilty about the loss of 3 of her children and that she felt she was being punished for not having protected them enough. With skilled facilitation this input led to a very meaningful group discussion where issues and experiences of responsibility and guilt were discussed and shared. In later sessions Mrs Mkhize also expressed concerns about the behaviour of her granddaughter following the loss of her mother. Once again meaningful discussion ensued with other participants expressing similar concerns and experiences. Such discussions continued throughout the nine week program with participants sharing experiences and supporting each other. By the end of the programme, Ms Mkhize reported that the discussions that the group had had and the input from the facilitator and the other participants had really helped her to reflect on the loss of her three children and to begin to come to terms with this loss. In addition, she reported having started to talk to her grandchild about the loss of her mother. She said that, as a result of these conversations, her relationship with her granddaughter had improved and that they now understood each other a lot better. She was also expressed her gratitude for the fact that her Granddaughter was going to participate in one of Thandanani's Children's Support Groups.

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Health Outreach Project Report

OVERVIEW

Thandanani's Health Outreach Project involves implementation of a comprehensive HIV combination prevention program in two Local Municipalities in the Umgungundlovu District (Richmond and uMsunduzi Municipalities). Thandanani is one of four organisations in the Umgungundlovu District that are in partnership with the Aids Foundation of South Africa (AFSA) in the implementation of this program which is funded by the United States' Centre for Disease Control (CDC).

The program is focused on three core HIV prevention intervention areas:

- ✔ **Biomedical Interventions:** Including voluntary counselling & testing (HCT); voluntary male medical circumcision (VMMC); the prevention of mother to child transmission (PMTCT); and facilitated access to Anti-Retroviral Therapies (ART) via local clinics and hospitals.
- ✔ **Behavioural Interventions:** Including general health and HIV education; condom distribution; and education on condom use.
- ✔ **Structural Interventions:** Including addressing issues such as Gender Based Violence (GBV), Drug and Substance Abuse, Men having Sex with Men (MSM), and People Living with HIV/AIDS (PLWH) through dialogues and targeted support groups.

All the activities involved in the implementation of this project are provided on an "Outreach" basis with services being delivered directly to community members within their community. The core activities include:

- ✔ **Door-to-door campaigns** where HCT, VMMC promotion and Health Education is undertaken, free of charge, within the home
- ✔ **Health Days** where general and sexual reproductive health education; general health assessments and screening; HCT, and VMMC promotion are provided at a central venue free of charge to community members.
- ✔ **Community & Support Group Dialogues** where we engage with targeted participants addressing issues such as Gender Based Violence (GBV), Drug and Substance Abuse, Men having Sex with Men (MSM), and Living with HIV/AIDS in order to educate people on associated risk factors and risk reduction.

ACTIVITIES & BENEFICIARIES REACHED

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

Activity	Outcomes for 2013/14	
Engage individuals in age appropriate health and HIV awareness and education during health days, home visits & Dialogues (VMMC & SRH)	Number of health days held	26
	Number of people attending health days & dialogues	2166
	Number families where health education has been completed	348
	Number of people receiving health education during home visits	1409
Provide basic health screening & HCT services to individuals during health days, home visits & Dialogues (VMMC & SRH)	Number of children offered HCT	1647
	Number of adults offered HCT	1928
	Number of children who undertake HCT	738
	Number of adults who undertake HCT	907
	Number of children who test positive	11 (1.5%)
	Number of adults who test positive	42 (4.6%)
Refer individuals to public health facilities for necessary follow up services	Number of general health referrals made	381
	Number of boys (<18) who complete VMMC	277
Males completing voluntary male medical circumcision (VMMC)	Number of men (18+) who complete VMMC	25

Strengthening families caring for orphans and other vulnerable children

Highlights

- ❑ The HIV/AIDS Prevention Program we are implementing is community based, and involvement of different community stakeholders as well as collaboration with other government stakeholders involved in HIV/AIDS Prevention, plays a pivotal role in ensuring the success of the program. Thandanani's interactions with these stakeholders has been positive for the reputation of the organisation. It has increased awareness about our activities and services amongst Department of Health representatives and participants within the various district, local and ward based Aids Committees, and by representatives from other community based non-profit and faith based organisations and civil society as a whole. As a result, we often receive requests from local organisations and community structures to conduct HCT and VMMC within their respective communities and organisations.
- ❑ The expansion of the Health Outreach Project to the Richmond Municipality during 2013 necessitated our opening of a satellite office in the town and the appointment of additional Lay Counsellors from the area. This created five new job opportunities within the area which has very high levels of unemployment.
- ❑ We have reached 711 boys with HIV education through our VMMC dialogues at schools. 39% of these boys have then tested for HIV in preparation for circumcision and all have then undertaken circumcision. As a result, we are now receiving numerous invitations from schools requesting us to come and provide VMMC services at their schools.

Challenges

- ❑ Because of the demands of the other health outreach activities, Lay Counsellors were unable to reach all Thandanani supported households who had not yet received health services as had been planned. However, the appointment of two dedicated Lay Counsellors within the reorganised OVC Family Strengthening Project in January 2014 has addressed this challenge with significant in-roads in the delivery of these outstanding services having now been made.
- ❑ We are still finding practical difficulties and resistance in getting couples to test together. At the practical level, we often find one partner is absent when visiting households because of work commitments. On the other hand, even when couples are at home together when a health visit is conducted, we often experience significant resistance to their testing as a couple. It is not clear what the underlying cause of this resistance is.

- ❑ Similarly, we have also noticed higher levels of resistance to HIV testing amongst sexually active females. Again the reasons for this are not entirely clear but could possibly be ascribed to an awareness of the fact that being sexual active does place them at risk and a resultant fear – given that they have been sexually active and may have engaged in unprotected sex – of discovering that they have been infected.
- ❑ We have observed some instances where the caregivers of HIV positive children are not diligent in ensuring compliance with treatment regimens. This then compromises the health of the child. In these instances we have provided additional education to the caregiver and, whenever possible have conducted additional treatment support & compliance visits.
- ❑ Similarly we have come across instances where a HIV positive child is on treatment but is unaware what the treatment is for because their caregiver has not had the courage to tell the child about his/her status. Sometimes this leads to the child defaulting on their treatment because of lack of knowledge about his/her condition.

Future plans

- ❑ We are planning to try a more strategic approach to “couple counselling & testing” by conducting Health Awareness presentations in social spaces where couples congregate such as churches and shopping malls. In this way we hope to promote “couple counselling & testing” and be able to test more couples.
- ❑ To encourage disclosure between caregivers and their HIV positive children, we are planning to form time-limited support groups for the caregivers for HIV positive children. These groups will focus on providing caregivers with education and skills to help them better manage their child's condition and assist them in addressing the issues of disclosure.
- ❑ In order to increase the uptake of VMMC amongst older men, we plan to mobilize and conduct men's “Imbizos” or dialogues where we will educate men about the importance of circumcision and the role it plays in the reduction and prevention of HIV infection.

Strengthening families caring for orphans and other vulnerable children

Case studies

- During a health visit to a household in Slangspruit on 02 August 2013, we found 64 year-old Mrs Mathaba* lying on the bed complaining of painful big toe. Upon examination we discovered that Mrs Mathaba had developed gangrene on her right toe. Upon further investigation she informed us that she is diabetic and on treatment but that she had missed her appointment at the clinic because she did not have enough money for her taxi fare. Thandanani immediately transported Mrs Mathaba to the clinic and she was then transferred to hospital to undergo an amputation of her lower leg. Despite having to have the amputation, Mrs Mathaba is very grateful to the staff of Thandanani for assisting her when she was in need of help. She is now recovering well in her home and attends physiotherapy to prepare her to receive a prosthesis.
- During a Voluntary Male Medical Circumcision campaign in Willowfontein on 19 September 2013, we met a 13 year-old boy who was wanted to get circumcised. Unfortunately, the young boy tested positive for HIV during his pre-circumcision screening. When our health staff explored his history in more detail they were informed by his mother that the child had tested positive in taking from 2010 but had not accessed treatment. Consequently, health staff referred him to the local clinic for a CD4 count and further management. His CD4 was still high and so health staff arranged for him to be circumcised as initially requested. Health staff have also engaged him in further health education regarding his positive status during their follow up sessions with him.
- During a community dialogue on teenage pregnancy that was held in Dambuza with a group of women, Thandanani was made aware of the fact that many caregivers from the area were struggling with substance abuse amongst their teenagers and young adults. During the dialogue one woman was complaining about abuse she was experiencing from her grandson. She reported that she was raising 2 teenagers, a grandson who is 18 years old and a granddaughter who is 16 years old. She reported that the grandson was smoking “whoonga”, a drug that is fairly common in almost all South African Black communities. The caregiver reported that her grandson was so addicted to the drug that he often aggressively demanding money from her to go and buy the drug. She reported that he even tried to burn her with boiling water on one occasion. As a result of this sharing some of the other women in the group expressed similar concerns and experiences. Some teenagers were reported to have dropped out of school as a result of their drug use while others were reportedly stealing from neighbours in order to be able to buy drugs. As a result of these revelations, some of the incidents have been reported to the police while, at the same time, Thandanani has informed SANCA of the situation and asked them to intervene by conducting talks about drug and substance abuse in the area and directly engaging with families and individuals grappling with these issues.



Strengthening families caring for orphans and other vulnerable children

Special Projects

SCHOOL MAKE-OVERS

As a Child Focused NGO, Thandanani has longstanding relationships with schools and crèche's in the areas in which we work. As such we are well position to identify under resourced schools in these areas and to facilitate "School Make-over" projects at these schools.

For several years Epworth Independent High School & Deloitte (Pietermaritzburg) have partnered with Thandanani to implement a number of School Make-Over Projects with the aim of improving the environmental circumstances for learners at less "well off" schools while providing Epworth learners with exposure to learners and environmental circumstances of less fortunate peers.

In 2013/14 School Make-Overs were undertaken by Epworth learners at Snathing Primary School and Nkanyiso Crèche.

Snathing Primary School has an enrolment of 687 learners from Grade R to Grade 2. The school itself is a "fee exempt" school which is dependent on state funding to cover all its staff, maintenance & resource needs.

Nkanyiso Crèche has an enrolment of 140 pre-school children. The crèche receives its funding through state subsidies and fees both of which are limited.

The activities undertaken at each site included the following:

Snathing Primary School:

- ✓ Revamping of the school's play area
- ✓ Cleaning and painting of classes from grade R to grade 2
- ✓ Installation of a water tank (Jojo tank)

Nkanyiso Crèche

- ✓ Building of a Jungle Gym
- ✓ Revamping of the Crèche's play area
- ✓ Painting of the Crèche

In 2014/5 Epworth, Deloitte & Thandanani plan to undertake another School Make-Over Project at the Nqoba Crèche which is situated in Dambuza, Edendale. The Nqoba Crèche has a current enrolment of 189 children and, like all the schools and crèche's involved in these projects is under resourced and in need of significant maintenance. Amongst other things, the Crèche needs its play area, jungle gym, class rooms and roof to be repaired and revamped.

Our sincere appreciation to Epworth School, Epworth Learners and Deloitte for making these projects such a huge success!



Strengthening families caring for orphans and other vulnerable children

HOUSE BUILDS

Occasionally, thanks to the support of caring individuals who agree to sponsor these projects, Thandanani is able to assist families in dire need to repair or rebuild their houses.

The Phungula family

At the time Thandanani was notified of the plight of the Phungula family it was being headed by Mlindelwa, then 18 years old. He was caring for his younger brother Mbuyiselwa who was 14 at the time. Despite having lost both their parents and having no source of income as a result of this loss, the boys were both still attending school and trying to make ends meet. However their house was in desperate need of maintenance. Then Mr R Jacobs stepped forward and agreed to sponsor a basic but new house for the boys.

The difference between the old and the new house is evident in the pictures below and, with a new roof over their head and state grants providing an income, the boys are now able to meet their own basic needs. So thank you to Mr Jacobs for making this possible! It has made a real difference in the lives of these boys!



The Nzimande Family

At the time Thandanani was notified of the plight of the Nzimande family, it was being headed by Ntombenkosi, then 20 years old. She was caring for 5 children; two her own and three of her nieces and nephews who had been orphaned. At the time the youngest child was just 3 and the eldest 15. The family had no regular income and did not have any funds to maintain their house or even meet their basic needs. As with the Phungula Family, this family were also in need of a new house and once again Thandanani was fortunate enough to secure a sponsor in the form of Ms Y Spingler & friends who made this possible.

The Majozi's new house is now complete and the family are feeling much safer and secure. They also now have adequate space to sleep and to cook their meals. They have expressed their gratitude to sponsor for giving them this new house and to Thandanani for its ongoing support.



The Majozi Family

At the time Thandanani was notified of the plight of the Majozi family it was being headed by Mrs Dumazile Majozi, then 70 years old. She was caring for three of her orphaned grandchildren: Mduduzi (18), Nokwazi (17) and Zwelihle (13). The family were living off Gogo Majozi's pension and did not have any funds to maintain the house or even meet all of their basic needs. They were living in a small wattle and daub house which was in a bad state of disrepair. Once again Thandanani was fortunate enough to secure funding from the Bishop family and these funds enabled us to put a new roof on the house, fit new doors and windows and repair & plaster the walls of the house.

Once again, the difference between the old and the new house is evident in the pictures below. So thank you to the Bishop family for making this possible and changing the lives Gogo Majozi and her Grandchildren!



Strengthening families caring for orphans and other vulnerable children

'SUBZ DIGNITY PACK' DISTRIBUTION

In August 2013 the Old Mutual Foundation sponsored “Subz Dignity Packs” which were distributed to 229 teenage girls that Thandanani works with. The “Subz Dignity Packs” consist of panties and washable sanitary pads which the girls all loved!

As these packs were distributed Thandanani volunteers conducted information sessions which engaged the girls in sexual health and reproduction discussions and education. The whole programme was very well received and, as the accompanying letter illustrates, the young women who benefited were extremely grateful.

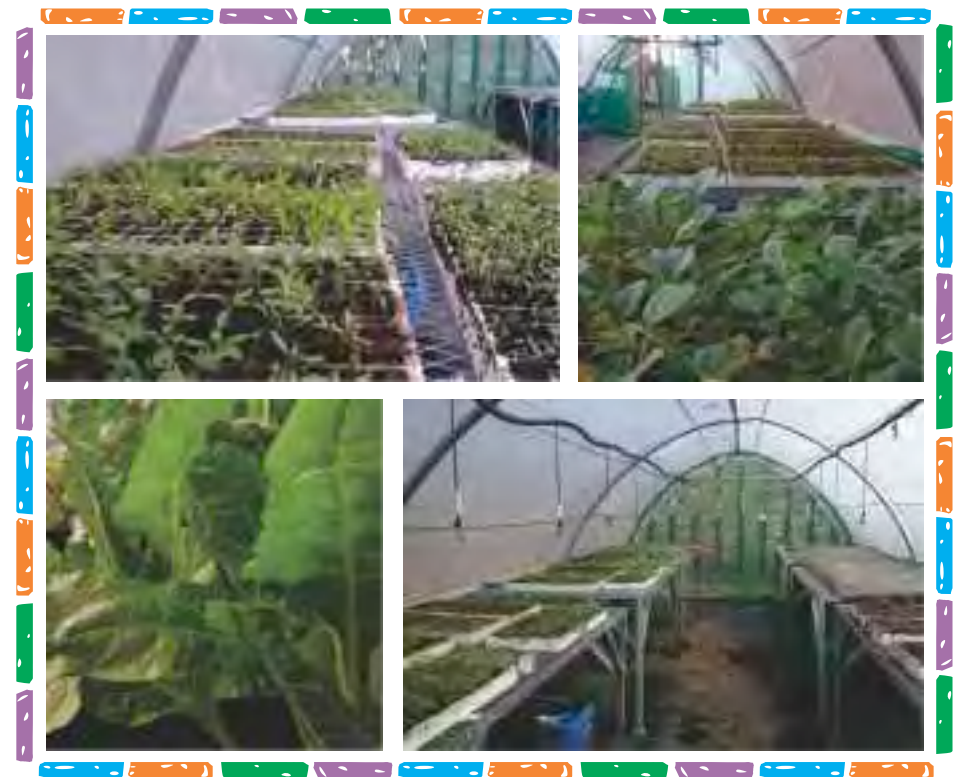
Also exciting was the fact that one of our volunteers, Nomthandazo, was invited by Old Mutual to assist them to distribute packs to some of their other beneficiaries in Nelspruit and by all reports she did a fantastic job. Well done Nomthandazo!

The letter, written in isiZulu, expresses gratitude for the 'Subz Dignity Packs' provided by Thandanani. It mentions that the packs contain sanitary pads and panties, which are essential for the girls' health and dignity. The letter also notes that the girls have learned a lot from the information sessions conducted by Thandanani volunteers, particularly regarding sexual health and reproduction. The letter concludes with a thank you and a signature.

ROTARY SPONSORED FOOD TUNNEL

Thandanani has undertaken household food garden development & support for several years now. However, feedback from some of our beneficiaries regarding the long time it takes for seeds to germinate and grow into harvestable produce suggested that we could improve the yields from the household food gardens we support if we supplied seedlings rather than seeds.

As a result, we approached the Rotary Club of Pietermaritzburg with the idea of installing a food tunnel on our premises that would allow us to germinate the seeds and supply families with seedlings rather than seeds. The Rotary club endorsed the project and provided funding support for the installation of a tunnel, water tank and irrigation system. We now supply seedlings to the families we support thus reducing the growing time and increasing the yields from their household food gardens. This ultimately assists in improving food security and nutrition in these households.



Strengthening families caring for orphans and other vulnerable children

Finances & Fundraising

DONORS

8 Mile Club
Alan & Judy Thomas
ApexHi Trust
Department of Welfare
Freshfields Bruckhaus Deringer LLP (UK)
IQRAA Trust
Kindernothilfe (KNH)
National Lottery Distribution Trust Fund (Lotto)
Old Mutual Staff Volunteer Fund Trust
Rotary Club of Pietermaritzburg
Wiphold NGO Trust

Aids Foundation of South Africa (AFSA)
Anonymous
Community Chest (Pietermaritzburg)
Epworth Independent High School for Girls
Hulamin
Kindermissionswerk-Die Sternsinger
Missio
Old Mutual Foundation
Operation Jumpstart
Starfish Greathearts Foundation

SPONSORS

Catherine Duff
Dev Moodley
Luxco Importers
Partners in Development
S McPhail

CHAT Health Research
J. Youngusband
My Village
Petrocall
Shamla Naidoo

4KIDS CHAMPIONS & SPONSORS

Afra Turton
Robert Haswell
Kim Ward
Lesley-Ann Colvin
Milagros Knight

Kim Ward
Lorenza Cowling
Zonke Phetha
Mputsana May Mkhize

DONATIONS IN KIND

Claudine & Mahen Singh
Dr Devesh Ramdhani
K Moodley c/o Ebrahim School
Lorenza & Mike Cowling
Mr Biggs/Debbie Harrison
Rotary Club
Vincent Mahlaba/Siwe Khoza

CPW Printers
Jade Buitendag
LN Thabethe
Mdlalose Family
N Sokhela
Sbongile Ngcobo



Strengthening families caring for orphans and other vulnerable children

Financial Reports

Extracts from Thandanani's Audit Report for 2013/14

Report on the financial statements

We have audited the annual financial statements of Thandanani Childrens Foundation NPC, which comprise the statement of financial position as at 31 March 2014, the income statement, the statement of changes in equity and cashflow 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 2014, and its financial performance and cashflows 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 2014

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 Generally Accepted Accounting Practice, and in the manner required by the Companies Act, 2008.

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



Lisa Strydom Chairperson

Strengthening families caring for orphans and other vulnerable children

DETAILED INCOME STATEMENT

for the year ended 31 March 2014

	2014	2013
	R	R
Project Income		
OVC Family strengthening project income	3 387 831	2 866 972
AphexiHi Trust	-	200 000
Community Chest	74 400	72 800
Department of Welfare	380 736	357 490
Freshfields	69 628	-
Hulamin	40 000	30 000
IQRAA Trust	75 000	-
Kindermissionwerk (Die Sternsinger)	314 491	160 212
Kindernothilfe	1 080 259	927 750
LOTTO	352 417	-
Missio	183 849	176 439
Old Mutual Staff Giving Funds	506 640	200 000
Stephen Lewis Foundation	-	287 849
Starfish Greathearts Foundation	208 689	227 828
Wiphold NPO Trust	-	34 286
Corporate income (Midmar Mile)	38 250	-
Corporate income (non contractual)	32 572	125 863
Department of Social Development Special Grant	-	46 355
Goods-in-kind	30 900	20 100
Health outreach project income		
Aids Foundation of South Africa	985 820	565 615
Families matter project income		
Aids Foundation of South Africa	69 843	-
Special projects income	72 212	81 002
Epworth School	45 000	46 740
Health Research (CHAT)	27 212	-
Creche Builds	-	10 692
House Builds	-	23 570
Total project income	4 515 706	3 513 589

	2013	2012
	R	R
Operating expenses	(4 693 602)	(3 538 319)
Family strengthening project	3 331 073	2 762 800
Health outreach project	982 517	565 486
Families matter project	69 843	-
Fundraising and marketing	264 118	134 444
Special projects	46 051	75 589
Project deficit for the year	(177 896)	(24 730)
Investment and Other Income	1 768 521	114 344
Sundry income	96 593	48 618
Wiphold NPO Trust	539 901	-
Dividends received	5 854	2 566
Interest received	111 509	63 160
SARS refunds and subsidies	1 014 664	-
Net surplus for the year	1 590 625	89 614

Strengthening families caring for orphans and other vulnerable children

2014

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Operating expenses

Family strengthening project

	(3 331 073)
Staffing: director	385 320
Staffing: programme manager	1 855
Staffing: finance and administration manager	204 650
Staffing: receptionist	65 672
Staffing: office assistant	58 618
Staffing: project coordinator	417 359
Staffing: family strengthening facilitators	290 620
Staffing: social workers	225 647
Staffing: auxillary social worker	252 034
Staffing: P/T fieldworkers	155 606
Staffing: SHG fieldworkers	9 205
Staffing: project and database administrator	131 221
Material well-being: food garden development	39 024
Material well-being: emergency repairs and equipment	29 451
Material well being: emergency food relief	52 009
Material well being: self help groups	9 000
Cognitive well-being: school uniforms	25 263
Cognitive well-being: bursaries	13 720
Emotional well-being: caregivers memory work	7 049
Emotional well-being: household memory work	9 126
Emotional well-being: life skills program	23 378
Emotional well-being: caregivers support groups	18 507
Emotional well-being: childrens support groups	17 073
Physical well-being: disposable medical supplies	6 676
Caregiver / child travel refunds	2 648
Sunfield Home	25 071
Building and equipment: rent, insurance and maintenance	194 981
IT and telecommunications	125 179
Database development and management	30 421
General office administration	42 992
Auditing	20 812
Finance and accounting charges	280 841
Transport	45 644
Staff development	34 402

2014

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Health outreach project

	(982 517)
Staffing: director	80 137
Staffing: finance and administration manager	61 980
Staffing: receptionist	2 965
Staffing: office assistant	2 721
Staffing: project coordinator / nurse	200 347
Staffing: senior lay counsellor - Richmond	36 868
Staffing: lay counsellors	352 951
Staffing: project and database administrator	20 416
Disposable medical / nurse supplies	6 994
Building and equipment: rent, insurance and maintenance	63 419
IT and telecommunications	70 489
General office administration	30 459
Finance and accounting charges	5 454
Transport	47 317

Families matter project

	(69 843)
Staffing: project coordinator	49 843
Building and equipment: rentals and maintenance	20 000

Fundraising and marketing

	(264 118)
Staffing: fundraiser	125 838
General fundraising costs	14 675
4kids: coordinator	29 201
4kids: activity costs	94 404

Special projects

	(46 051)
Snatching LP and Inkanyiso Creche (Epworth)	39 475
Health Research (CHAT)	6 576
House and Creche Builds	-

Strengthening families caring for orphans and other vulnerable children

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
Philippe Denis (Treasurer)	Theology Lecturer
Bongi Zengele	Community Development Practitioner.
Sipho Radebe	Community Development Practitioner
Doug Seager	IT & CSI experience
Ian Smith	Teaching / Economics experience

Thandanani's staff for 2014/15 will comprise

MANAGEMENT & ADMINISTRATION:

1. Duncan Andrew	Director
2. Thulani Dlamini	Programme Manager
3. Sandra Naidoo	Finance Administrator
4. Barbara Khoza	Receptionist (Half Day)
5. Zandile Buthelezi	Office Assistant
6. Debbie Harrison, Rosanne Wilkins & Paul Anderson	P/T Fundraising Consultant(s)
7. Bheki Madide	Project & Database Administrator (M&E)
8. Slonden Dlamini	Assistant Database Administrator

PROGRAMME STAFF: OVC FAMILY STRENGTHENING

9. Sma Mngomazulu	Social Worker & Co-ordinator
10. Thobile Dlamini	Social Worker & Team Leader
11. Phindile Ngwazi	Social Worker & Team Leader
12. Zikhona Dladla	Auxiliary Social Worker
13. Thobile Sokhela	Auxiliary Social Worker
14. Agnes Mkhize	Family Strengthening Facilitator
15. Jillith Moyo	Family Strengthening Facilitator
16. Bheki Dladla	Self-Help Group Facilitator
17. Balungile Ngubane	Food Garden Development Facilitator
18. Makhosi Mthembu	Lay Counsellor (Family Strengthening)
19. Nondumiso Mncwabe	Lay Counsellor (Family Strengthening)
20. Nokholiseko Ram	Self-Help Group Fieldworker
21. Ncamisile Mthaleme	Self-Help Group Fieldworker

PROGRAMME STAFF: HEALTH OUTREACH (AFSA / CDC FUNDED PROJECT)

22. Ntombizakhe Xengxe	Nurse & Coordinator
23. Fikile Zungu	Assistant Coordinator
24. Delisile Mchunu	Lay Counsellor (PMB)
25. Mfundo Dlungwana	Lay Counsellor (PMB)
26. Ginger Dlamini	Lay Counsellor (PMB)
27. Nqobile Ngcobo	Lay Counsellor (PMB)
28. Nontsikelelo Mkhize	Lay Counsellor (PMB)
29. Ntombiyenkosi Nzimande	Senior Lay Counsellor (Rich)
30. Nonkululeko Mhlongo	Lay Counsellor (Rich)
31. Nomthandazo Mokwena	Lay Counsellor (Rich)
32. Ntombikhona Ngcongco	Lay Counsellor (Rich)
33. Ayanda Mtolo	Lay Counsellor (Rich)

Strengthening families caring 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

VAT Registration:

Reg. No. 4360260691

Banking Details:

Standard Bank, Longmarket (Langalibalele) 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

PostNet Suite 30

46 Langalibalele Street

Private Bag X9005

Pietermaritzburg

Pietermaritzburg

3201

3200

Phone: +27 (0)33 3451857

Fax: +27 (0)86 6143525

Web: www.thandanani.org.za

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

Strengthening families caring for orphans and other vulnerable children