



THANDANANI CHILDRENS FOUNDATION

Mid-Year Donor Report
April – September 2016



**THANDANANI
CHILDRENS FOUNDATION**

Strengthening Families - Caring for Orphans & Other Vulnerable Children



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DIRECTOR'S REPORT

Thandanani got off to a good start in the first six months of this financial year. Our new Programme Manager who joined us towards the end of 2015, Nokuthula Mpofu, has settled in and is providing both our project teams with “hands-on” support. Her focused availability has already begun to positively impact on our programs. This is evident in the service delivery statistics for the first six months.

In our Family Strengthening Project, we have reached almost all of our mid-year targets and are well on our way to achieving our targets for the year. We have also seen our new Early Childhood Development and our Self-help Group activities expand in the last six months. Both these activities are relatively new additions to the service package we offer via our Family Strengthening Project and their expansion adds significantly to the impact of our model.

Our COP Health Outreach team has also exceeded all their targets for this period. This program concluded in September after 5 years of implementation. In this time, we have provided health education to 55,662 individuals, tested 35,573 of these for HIV, and screened them for TB. During the last 6 months, we also initiated a new Health Outreach project called DREAMS that specifically targets female youth between the ages of 10 and 24 with in-depth Sexual Reproductive Health & Rights education and related screening and testing services. Although, the initial roll out of this new program was a little slower than expected, the outreach teams have now settled and delivery of the program has picked up.

The introduction of a Programme Manager has also relieved the Director of the responsibility of “day-to-day” program oversight and has allowed him to focus on other areas of Thandanani’s operations. One of these has been oversight of our database. This responsibility fell to a dedicated Database Administrator until March this year when they left the organisation. Oversight of the database has since reverted to the Director who has been reviewing the database itself and the data it contains to ensure both structural and data integrity. This process is still underway but is expected to be completed in the next few months. Once this happens, the organisation will again consider the option of a dedicated Database Administrator to relieve the Director of these responsibilities.

Currently, the organisation is also in a good financial position. We have secured almost all the funds we need to implement our planned activities in the present financial year. At the same time, Thandanani has continued to identify and build relationship with potential donors and supporters over the last few months. In this regard, we recently ran an extremely successful “Get Spotted 4 Kids” campaign, in partnership with *The Witness* newspaper, aimed at raising our local profile. This campaign incentivised members of the public to place “Thandanani: We Care 4Kids” stickers on the cars to stand a chance of winning some great prizes sponsored by local companies. This has significantly increase our local profile and has resulted in a noticeable increase in goods-in-kind donations and an increased interest from local schools, a number of which have rallied their pupils to provide support for Thandanani in a variety of different ways.

Interest and support has also been evident from within the communities in which we work. Thandanani works hard to ensure that community leaders and other stakeholders are informed and supportive of our work, and regularly updates them on activities undertaken within their communities. This awareness and support of our work in the local communities resulted in us receiving a formal request to expand our services to a community in which we do not currently operate. We believe, this is reflective of the good standing and reputation we have amongst local leaders and community structures.

As a whole then, Thandanani is doing well. Our programming is on track, our finances are in place, and our donor, public, and community relations are strong. Once again; Thandanani’s Board, Staff and Fieldworkers deserve credit for this as it is their tireless efforts to ensure good governance and effective service delivery that have positioned Thandanani as valued asset and partner within the local community and amongst our many donors and supporters. Not forgetting of course, that it is our many Donors and Supporters whose generous support makes our work possible in the first place. As such, we would like to extend our appreciation to all our Donors and Supporters. We hope that this report honours your trust in us and illustrates the tremendous impact that your support has enabled us to have.

Sincerely

Duncan Andrew
Director

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 over three years. 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		Household baseline re-assessment
Volunteer assignment & fortnightly home visits	Monthly home visits	Quarterly home visits
Foster Care placements and Document & Grant application (needs based)	Grant access & grant usage monitoring	Grant usage monitoring
Emergency food relief (needs based)	Emergency food relief (needs based & until grant secured)	
Provision of critical furniture & equipment (needs based)	Food garden development & support (voluntary)	Food garden monitoring& phasing out
School attendance & performance assessment	Access to Self-Help / Micro Finance groups (voluntary)	
	School attendance & performance monitoring	School attendance & performance monitoring
	School uniform provision (need & criterion based)	
	Home Based Early Childhood Development for Caregivers of children under 5 (Voluntary)	
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 OVC life-skill program (voluntary)	
	Access to Children's support group (voluntary)	
	Access to Caregiver support groups (voluntary)	

ACTIVITIES & BENEFICIARIES

As at 30 September 2016, Thandanani was providing support and empowerment, via this system, to 1488 children, 447 caregivers and 1056 other adults (indirect beneficiaries) in 447 active households across 7 historically disadvantaged communities.

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

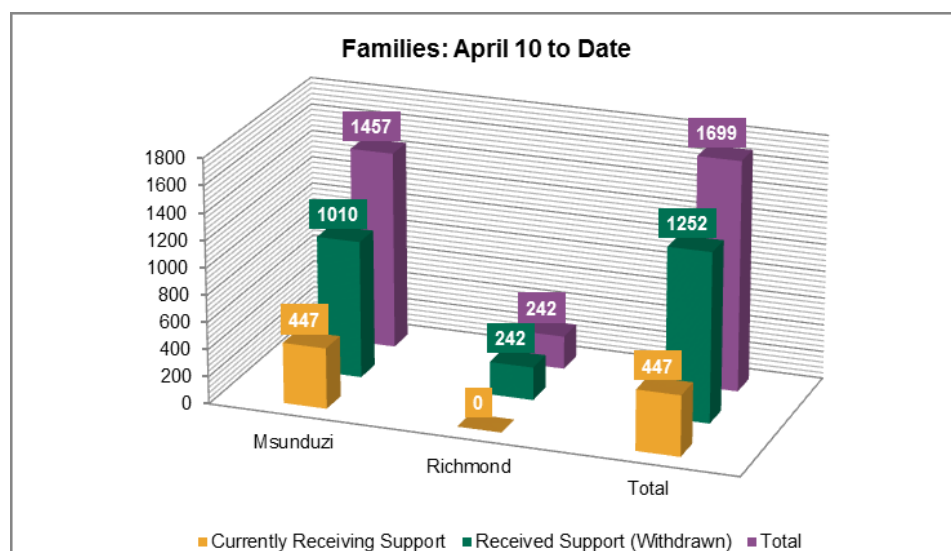
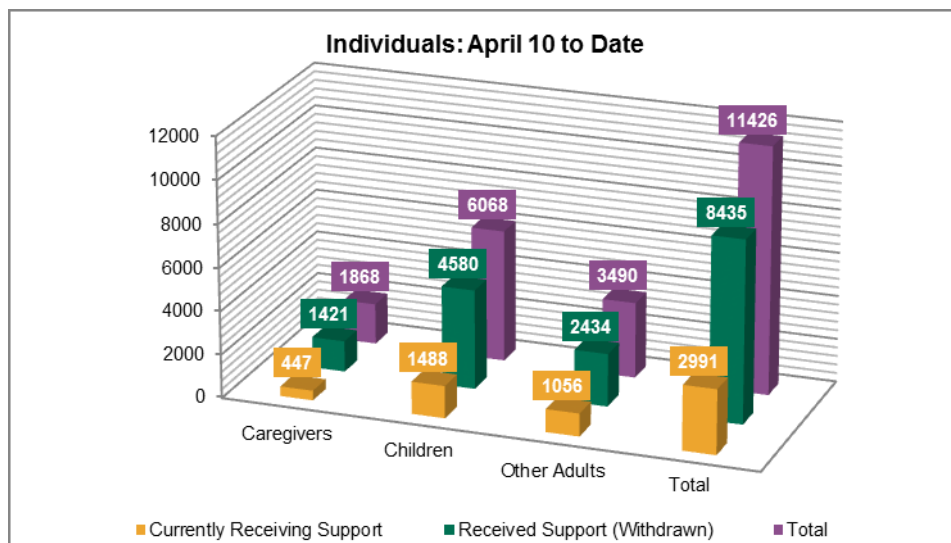
Beneficiaries: April 2016 to September 2016

Households Supported:	Total
Active Households (At the start of the Period)	469
New Households (During the Period)	73
Withdrawals from Households (During the Period)	95
Active Households (At the end of the Period)	447
Total Number of Households Supported (During the Period)	542

Individuals Supported:	Males	Females	Total
Number of Caregivers	19	428	447
Number of Children	771	717	1488
Number of Other Adults (Indirect Beneficiaries)	524	532	1056
	Males	Females	Total
Children 0 - 5	243	194	437
Children 6 - 10	240	215	455
Children 11 - 15	198	233	431
Children 16 - 18	90	75	165
	Males	Females	Total
Caregivers 16 - 18		1	1
Caregivers 18 - 35	11	112	123
Caregivers 36 - 55	7	175	182
Caregivers 56+	1	140	141
	Males	Females	Total
Other Adults (Indirect Beneficiaries) 18 - 35	379	398	777
Other Adults (Indirect Beneficiaries) 36 - 55	97	77	174
Other Adults (Indirect Beneficiaries) 56+	48	57	105

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 three-year period; 95 households reached independence in the current reporting period. However, we also took on 73 new households during the same period. The net effect being that the number of families supported by Thandanani has decreased from 469 on 1 April 2016 to 447 by the end of the current reporting period.

This means that, since April 2010 Thandanani has supported 11426 beneficiaries across 1699 households via our OVC/Family Strengthening Project. A detailed breakdown of these beneficiary numbers is provided in the accompanying graphs.



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

	Activity	Targets for 2016/17	Indicators	Actuals to Date	% of Year-to-Date Target Achieved
MATERIAL WELL-BEING	Allocate a community fieldworker to care for and support each household	Between 450 & 500 families per annum	No of HH at start of period	476	
			No of new HH's during period	52	
			No of Withdrawals during period	81	
			No of Active HH's at end of period	447	89%
			Total No of HH's supported during period	528	
			Number of Caregivers receiving support	447	89%
			Number of Children Receiving support	1754	117%
			Number of other adults receiving support	1265	127%
			Number of home visits by Fieldworkers	2218	148%
	Number of monitoring home visits by Staff	266	107%		
	Facilitate emergency equipment of OVC households	Up to 100 households per annum	Number of households provided with basic household equipment	50	100%
			Number of children benefiting from equipment provision	159	106%
			Number of adults benefiting from equipment provision	169	113%
	Provide emergency food assistance to households identified as being in dire need	Up to 100 households per annum	Number of households issued with food vouchers	60	120%
			Number of food vouchers issued to households	126	63%
			Number of children benefiting from food vouchers issued to households	236	158%
			Number of adults benefiting from food vouchers issued to households	206	138%
	Facilitate access to ID documents / Birth certificates	Needs based	Number of ID documents / Birth certificates secured	5	Need Based
			Number of Full-Birth certificates secured	6	Need Based
	Facilitate access to foster care grants	Between 20 and 40 applicants per month	Number of intake interviews conducted	36	Need Based
			Number of home visits by Welfare Staff	63	Need Based
			Number of new grant applications submitted	55	65%
			Number of renewal applications submitted	92	
			Number of new grants approved	35	Court Determined
	Number of renewal grants approved	53			
	Undertake grant usage monitoring	50% of all HH visits conducted	Number of visits involving grant usage monitoring (Fieldworkers)	1236	165%
	Facilitate the establishment / support of household food gardens	Up to 100 new household food gardens per annum	Number of new household food gardens established	43	86%
			Number of support visits to new food gardens	185	53%
Number of existing food gardens supported			127	255%	
Number of support visits to existing food gardens			303	152%	
Facilitate Access to self-help / Micro Finance Groups	1200 participants. 20% from TCF supported HH's	Number of active Self-Help Groups (SHG's)	57	150%	
		Number of active Self-Help Groups Participants	1164	148%	
		Number of children benefiting from adult participation in SHG's	3485	127%	
		Number of other adults benefiting from adult participation in SHG's	3274	139%	
		Number of adult members of TCF supported households participating in a SHG	243	152%	
		Number of children benefiting from adult participation in SHG's (TCF HH's Only)	854	153%	
Facilitate access to school fee exemptions	Needs based	Number of fee exemptions secured	1	Need Based	
		Number of OVC's receiving school uniform items	115	231%	
COGNITIVE WELL-BEING	Facilitate the distribution of school uniform items to qualifying OVC's	At least 100 OVC's who meet TCF's school uniform item replacement criteria	Number of school visits by Fieldworkers	419	105%
			Number of school visits by Staff	27	54%
	Facilitate monitoring of school attendance and performance	All school going OVC's (850 to 1000 OVC's)	Number of children benefiting from school visits	264	66%
			Number of Caregivers of children <5 participating	58	97%
Facilitate Home Based ECD groups	30 Caregivers	Number of Children <5 benefiting	87	145%	
	30 Children <5				
EMOTIONAL WELL-BEING	Emotional Well-being Monitoring	50% of all HH visits conducted	Number of visits involving Emotional Well-being monitoring (Fieldworkers)	809	108%
	Facilitate memory work with OVC households	At least 200 households per annum	Number of households where memory work has been completed	88	88%
			Number of children benefiting from Memory Work	305	102%
	Facilitate Life-skills programs for OVC's	180 OVC's between the ages of 11 and 17	Number of OVC's completing Life-skills groups	53	59%
	Facilitate Children's groups for OVC's	120 OVC's between the ages of 7 and 10	Number of OVC's completing Children's Support groups	55	92%
Facilitate Support Groups for Caregivers	120 caregivers per annum	Number of Caregivers completing Caregivers Support groups	80	134%	
PHYSICAL WELL-BEING	Undertake general health monitoring of OVC's & caregivers	50% of all HH visits conducted	Number of home visits involving Physical well-being monitoring (Fieldworkers)	1800	88%
	Engage caregivers & OVC's in general health and HIV/AIDS awareness & education	At least 100 households per annum	Number of families where health education has been completed (Lay Counsellors)	65	241%
			Number of children undergoing basic health assessment	153	130%
			Number of adults undergoing basic health assessment	109	102%
	Facilitate access to VCT services	At least 486 individuals are tested per annum	Number of children offered VCT	151	73%
			Number of adults offered VCT	104	112%
			Number of children who undertake VCT	151	77%
			Number of adults who undertake VCT	107	125%
			Number of children who test positive	5	88%
			Number of adults who test positive	7	111%
			Children referred for CD4 Count /TB screening	5	117%
			Adults referred for CD4 Count /TB screening	8	125%
			Children started on ARVs (via Clinic)	0	Need Based
Adults started on ARVs (via Clinic)	2	Need Based			
Undertake treatment monitoring & support	Needs based	Number of children receiving regular treatment monitoring & support visits	0	Need Based	
		Number of adults receiving regular treatment monitoring & support visits	0	Need Based	

Overview:

During the current reporting period, our Family Strengthening team has continued to work hard to ensure delivery of services to households supported by Thandanani.

Apart from the delivery of our existing core services in the current reporting period, we have:

- a) Capacitated a second group of Fieldworkers in Home-based Early Childhood Development and they have begun implementing this program with a new group of 33 caregivers and 40 children.
- b) Expanded our Self-help group program to two new communities Mpumuza and Dambuza, and
- c) Introduced a new outreach initiative to identify and capacitate potential foster families for the placement of children in need of care.

These initiatives have been well received and extend our work both programmatically and geographically.

Other highlights of our service delivery to beneficiaries over the past 12 months are provided below.

Highlights:

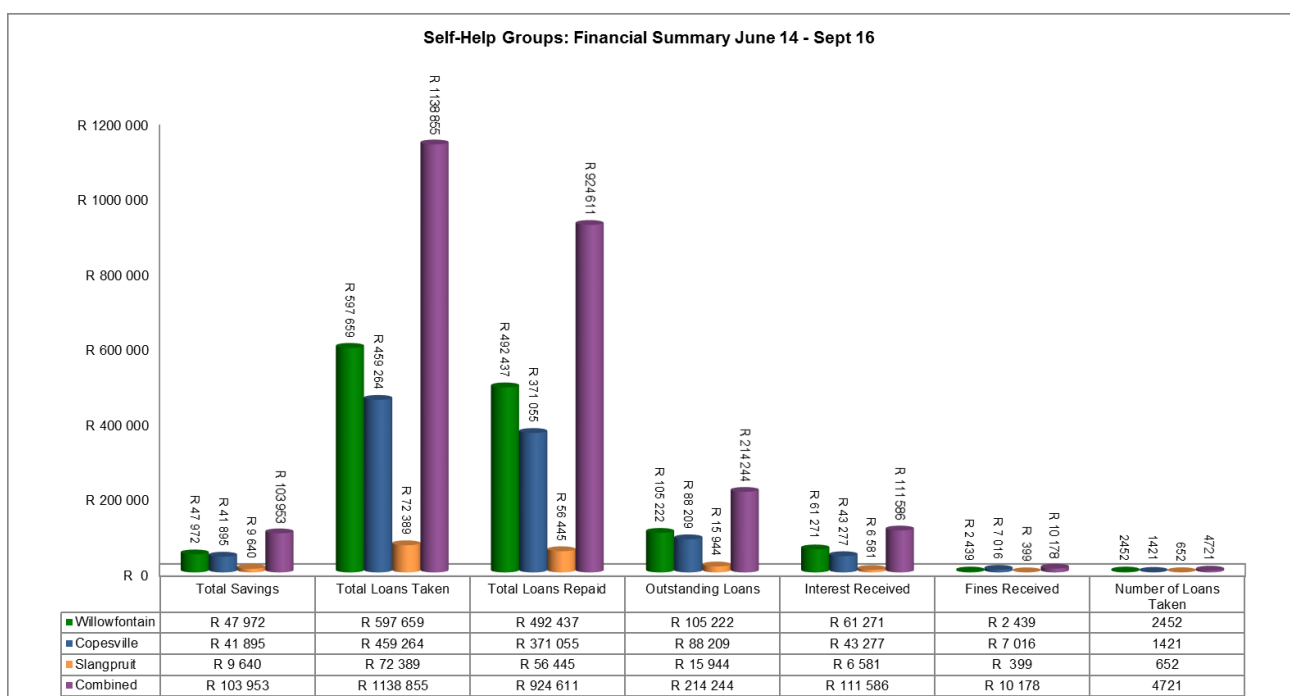
Material Well-being:

Emergency Household Support: Thandanani continues to provide basic household equipment and emergency food relief to newly identified households who are not yet in receipt of grants and who are struggling to meet their basic needs. During the current reporting period, we provided basic household equipment to 50 households and emergency food vouchers to 60 families. This helps ensure that children in these families have at least one meal a day and a warm bed to sleep in while we assist their family to access the state grants for which they qualify.

Grant Access: Our Social Workers submitted 55 applications for new grants and 92 applications for the renewal of existing grants during the current reporting period. Grant access is important as it provides families on our database with a regular income to meet the basic needs of their family.

Food Garden Development & Support: Thandanani continues to assist families to establish food gardens to increase their food security. During the current reporting period, 43 families were assisted in the establishment of new food gardens and ongoing support was provided to a further 123 existing food gardens.

Self Help Groups: The roll out of Self-help (micro finance) groups within the communities in which Thandanani operates is continuing well. These groups provide participants with access to funds for emergencies and capital to initiate small income generating activities for themselves and their family. Since the inception of SHG's in June 2014, the groups have saved a combined total of R103,953 and have recycled these savings in the form of 4721 short-term, interest bearing loans to a total value of R 1,138,855. These figures are represented in the graph below.



What is very encouraging is that many participants have started taking loans from their group to begin micro enterprises. Some of these have also been provided with basic training in micro enterprise management. These members have, in turn, started capacitating other members of their group who are engaged in micro enterprises.

Physical Well-being:

Health Education, Assessments & Monitoring: The Lay Counsellors in our Family Strengthening team continue to undertake health education and assessments with families on our database. In the current reporting period, they have undertaken health education with 65 families and have conducted basic health assessments with 153 children and 109 adults. Of these, 151 children and 107 adults underwent HIV testing as part of these assessments with 5 children and 7 adults testing positive.

Cognitive Well-being:

School Uniform Distribution: Many of the families we support cannot afford to purchase school uniforms for those children attending school. As a result, these children often attend school in old “hand me down” uniforms. This often sets them apart and makes them vulnerable to stigmatisation and ostracism. Consequently, at the start of each school year, Thandanani assesses the condition of the school uniforms of the children on our database and, where necessary, facilitates the purchasing of uniforms for those children whose uniform requires replacing. This helps prevent the child from being stigmatised at school and helps foster acceptance and encourage school attendance. In the current reporting period, we have already distributed school uniform items to a total of 159 children thanks to a special donation of school shoes from BP staff in Gauteng.

School Attendance & Performance Monitoring: Thandanani fieldworkers check quarterly school reports for all children on our database and conduct school visits for all new household and for those children where changes in school attendance or performance are evident. In the current reporting period, fieldworkers and staff conducted 446 school visits on behalf of 264 children. This is important as changes in school attendance or performance often signal other difficulties.

Home Based Early Childhood Development Activities: The implementation of our pilot home-based ECD program is proceeding well. The first group of six fieldworkers that were trained have now completed the program with their first groups comprising a total of 25 Caregivers and 47 children. A second group of nine Fieldworkers have now also completed their training and have begun to implement home-based ECD activities with a total of 33 caregivers and 40 children within their communities. The final group of Fieldworkers is scheduled to commence their training in October.

The program is exciting as it involves teaching caregivers the importance of play and demonstrating how they can use play to enhance their child’s development. Also exciting is the fact that the program teaches caregivers how to make educational toys and games using waste materials and everyday objects they have in the home.

Emotional Well-Being:

Psychosocial Support Activities: Thandanani’s Caregiver Support Groups, Life-skills groups and Children’s Support Groups are important as they provide a contained space for caregivers and children to reflect on and process challenges and hardships that they have experienced. These groups also provide Thandanani with an opportunity to introduce Memory Work to family members. Memory Work is facilitated by Thandanani’s Life-skill Fieldworkers over a number of sessions during which the family compiles a “Memory Box” to honour family members they have lost. During this process, family members share stories and memories about those that they have lost. While sometimes difficult, this sharing often brings family members closer together through the grieving and healing process involved.

In the current reporting period 80 Caregivers participated in a Caregiver Support Group, 55 children (7 to 11) participated in a Children’s Support Group, 53 teenagers (12-15) participated in a Life-skills program, and memory work was completed with 88 families.

Challenges:

Material Well-being: In June, one of our caregivers, 79-year-old Gogo Mncube, collected her pension from SASSA and then went into town to buy groceries. As she was walking along, she saw R100 notes lying on the street. As she went to pick up the notes a woman came up to her and said they should take the money and share it but that they should go to private place to divide it up. Gogo Mncube agreed hoping that it was her lucky day. They went to around the corner where two other people became involved. They suggested that Gogo Mncube should give them all her grant and pension money and they would put it in an envelope with her share of the money they had found on the street. “In case the police come,” they said. She agreed and gave them her money, which they put in an envelope. They then gave her an

envelope and told not to open it until she got home. However, Gogo Mncube felt uneasy and so opened the envelope while she was still in town only to discover strips of white paper and no money! Because of the unscrupulous actions of these three individuals, Gogo Mncube was left without any means of providing for her family and Thandanani had to assist by providing Gogo Mncube with food vouchers to see them through the month.

Food Gardens: The lack of rain and water restrictions and cuts continues to be a challenge for our food garden program. Given the low rainfall, Thandanani has introduced caregivers to the concept of mulching to help minimise water usage by maximising moisture retention in the soil.

Grant Processing: Long delays in the processing of foster care grants by the local children's court continue to be a problem. This has been exacerbated by the appointment of the new Magistrate, who has introduced new procedures and reporting requirements, which have caused further delays. Unfortunately, these matters are beyond our control.

Case Studies: * Names have been changed to protect the identity of the individuals concerned

Material Well-being:

- **Food Garden Development:** Buyisile, who is 42 years old, lives with her foster child in Ezinketheni in Copesville. In 2015, one of Thandanani's Food Garden Development Fieldworkers approached her about establishing a food garden at her home but Buyisile showed little interest at the time. Earlier this year, the Fieldworker visited her again and this time Buyisile indicated that she would like to try a food garden. Although a little sceptical, the fieldworker visited her again bringing fencing materials and seedlings. He then worked with her to prepare the soil and get the garden going. Since then he has been amazed to find that Buyisile has diligently maintained and developed her garden to the extent that she is now selling vegetables to her neighbours. Her garden is so productive that it has inspired a number of people in the area to start their own gardens.
- **Self-Help Groups:** Sthombe Mkhize, who is 51 years old, and Margaret Mdletshe, who is 65 years old, are both members of the Hlanganani SHG in Ezinketheni. They noticed that community members had to walk long distances if they wanted to buy fresh vegetables from the local store and so they decided to take a loan from the group to buy seedlings in order to start a vegetable garden so that they could sell to local residents. Since starting their garden they no longer have to buy vegetables for themselves and they are producing excess produce which they sell to generate around R400 in profit each month.

Physical Well-being:

- **Child Protection:** One of our staff members was returning from a community visit after our offices had already closed for the day when she found a young mother and her child sitting on the pavement. Upon enquiring if she could assist, the young mother explained that she was struggling to care for her baby and wanted Thandanani to care for the child. As it was already late, the staff member arranged temporary accommodation for both the mother and the child and the case was then dealt with by our Social Workers the next day. When exploring further, our Social Workers recognised that this young mother was completely overwhelmed and lacked income and support in caring for her child who was clearly undernourished. Consequently, in consultation with the mother, a decision was made to place the child into foster care with a family on Thandanani's database of potential foster families. Since the placement, the child seems to be doing well and his health has improved significantly. Our Social Workers continue to monitor the placement and the child's progress. Unfortunately, the biological mother disappeared after the child was removed from her care. Our Social Workers have tried several times to locate the mother through advertisement in the local newspaper without success.
- **Health Education, Assessment & Testing:** During a health-monitoring visit to a young family comprising of 16-year-old Siphesihle, his sister 23-year-old Nobuhle and her 24-year-old boyfriend; our Lay Counsellor discovered that Siphesihle, who is HIV+, had defaulted on his treatment. When exploring this Siphesihle said, "*he did not see why he should take his medicine as he was going to die anyway*". Our Lay Counsellor then engaged Siphesihle around his feelings and encouraged him to take his treatment correctly and on time. She also referred Siphesihle to one of Thandanani's Life-skill Groups and gave him *Future life* porridge as he reported that he has lost a lot of weight and did not have much of an appetite. After the counselling, Siphesihle thanked the Lay Councillor for her support. Since then, follow up visits have been conducted and Siphesihle seems to be doing well. Siphesihle's sister praised Thandanani for its assistance, saying that Siphesihle's attitude has changed and that he is now taking his treatment and seems more accepting of his situation.

Cognitive Well-being:

- **School attendance and performance monitoring:** 14 years old Sbusiso came home one day and told his foster parent, Naledi, that he was not going to go to school anymore. Sbusiso had always struggled at school and had failed several times resulting in him being the oldest in his class. He said that all his friends were in higher grades now and that the kids at school teased for being so “old”. Not knowing what to do, Naledi approached Thandanani for assistance. In following up on the case, Thandanani’s Social Worker visited Sbusiso’s school, and when speaking to the teachers, discovered that Sbusiso has significant learning difficulties and that he was not coping at school at all. As a result, the Social Worker arranged for Sbusiso to be placed in a special school where he is reportedly doing well. Naledi says he has settled in and is very happy at his new school.

Emotional Well-Being:

- **Psychosocial Support – Children’s Support Groups:** Nine-year-old Zonke was invited to join one of Thandanani’s Children’s Support Groups. Zonke had been orphaned at a young age and was living with his grandmother, aunt, uncle, and cousin. Zonke’s grandmother says that Zonke was still very young when his mother passed away and the extended family brought him up from Durban to live with them in Pietermaritzburg, as there was no one else to care for him in Durban. When Zonke first joined the group, he was very quiet and shy. While he participated in the activities, he was reserved and did not say much. Then, during one of the sessions, the facilitator read a story to the group and invited the children to share their feelings about the story. Zonke started to cry. He was visibly upset and struggled to share his feeling, so much so that other members of the group also started to cry. Eventually Zonke was able to explain to the group that he felt sad and lonely because he could not remember anything about his mother, as he was so young when she passed away. That was when some other members of the group also said that they too could not remember their mothers. The facilitator helped the group share their feelings and experiences with each other and, in the session the next day, Zonke asked the facilitator if he could say something to the group. He told the group that he had felt very lonely before because he thought he was the only child who had never known his mother. Now he knew he was not alone and that other children also felt sad and lonely because they had lost their mother. He thanked the group for the comfort and support they had given him and said that he did not feel so alone anymore. He said although he still wished that he had known his mother, he also wished that he had joined this group and shared his feelings earlier. Then he smiled and said it felt good to have shared his feelings with his new friends and that he was now at peace.
- **Psychosocial Support – Caregiver Support Groups:** Nonkululeko, who is caring for her nephew Andile following the passing of his parents, joined one of Thandanani’s Caregiver support Groups. Amongst other things, these groups provide caregivers with an opportunity to share and process their experience of loss. During the course of the initial sessions, Nonkululeko repeatedly indicated that she did not feel comfortable talking about the loss of her brother and his wife. She said she just found it too painful and that it actually made her feel physically sick. She said that at home they never talk about her brother and that she has even hidden all his photo’s so that the family is not reminded about his loss every day. The group facilitator respected Nonkululeko’s position and did not press her to share her feelings and experiences with the group. However, she continued to provide other groups members to share their experiences during the ongoing sessions. Many did share their experiences and how explained how talking about their loss with the group and with family members at home somehow made it easier. Then, in the last session of the group, Nonkululeko shared with the group that she had started to talk to Andile and other family members about her brother and even started looking at some of their photos together. She said it was hard and that they cried together but that, somehow, she felt better. She said that she was glad she had joined the group because, if she had not, she would still be feeling the pain.
- **Memory Work:** After consultations with the family, one of Thandanani’s fieldworkers began Memory Work with the Jilla family. The Jilla family consists of Gogo Jila, 4 of her own adult children and 5 of her grandchildren - 1 of which have been orphaned. At first, the family was cautious during the early memory work sessions. They said that it was unusual for them to talk about their feelings with each other and especially not with other people (the Fieldworker). Nevertheless, the family continued with the Memory Work process and they eventually started sharing their feelings and experiences with each other. Gogo Jilla was even able to tell the other members of the family that she had had two miscarriages earlier in her life and shared how this had affected her at the time. By the end of the memory work process, the family expressed their gratitude to the Fieldworker for facilitating the Memory Work process for them and helping them share with each other. They said that the process had helped them talk and share with each other and had brought them all closer together.

Future plans:

- To equip fieldworkers with relevant information on how to recycle and save water by using Grey water systems.
- To increase the uptake & roll out of memory work.
- To rollout Early Childhood Development activities in two additional areas of operation (Caluza and Willowfontain)
- To recruit 2 more Life-skill Fieldworkers in order to cover all our areas of operation (Dambuza and Copesville)
- To continue with community awareness with regards to utilizing the purple houses that serves as child friendly spaces

Special Projects:

School Make-Over: Each year Grade 10 learners from Epworth Independent Girls High, with sponsorship from Deloitte, partner with Thandanani to give an under resourced school or crèche a “Make-Over”.

This year it was the turn of the Inkululeko crèche in Mpumuza to receive a much-needed makeover. Before the makeover, the crèche had little in the way of equipment & resources and the building itself was in need of repairs. Several windows had been broken in a hailstorm earlier in the year, many of the doors needed repair, and the walls needed painting.

Once again, Epworth and Deloitte took up the challenge of transforming this crèche into a child friendly resource for the Mpumuza community. They spent four days on site painting, cleaning, fixing, and building under the guidance of African Exposure staff who handled all the on-site logistics. On one of the days, they were also joined by some boys from Merchiston Primary who also wanted to help.

The crèche was completely transformed in these four days. The learners painted the walls and then decorated them with colourful murals. They made bookshelves; toys from waste material, installed a jungle gym, swings, and slide; and even built, decorated and planted vegetable boxes for the crèche. Ultimately, they transformed the crèche into a bright and child friendly space.

Epworth and Merchiston learners also gained a great deal from the experience. Not only did they meet, play and do something for children less fortunate than themselves; they also went on a drive through the local community and were educated about some of the challenges and hardships faced by many families living in the area and how organisations, like Thandanani, were working to assist these families and address these challenges.

Thandanani would love to expand on this project and be able to target more schools and crèches in need. So, if you are a teacher at a local school or work in an organisation that would like to help, you can find out more about this initiative by contacting Jess McTaggart (4kids@thandanani.org.za) for more details.

Inter-school Exchange: During the course of the last few months, Seedlings Montessori School in Hilton “went purple 4Kids”. They organised and held several events to raise funds for Thandanani and collected toys, clothes and books to donate to children less fortunate than themselves. Thandanani then arranged a trip for them to visit the Inqoba crèche in Mpumuza. When organising the trip, Thandanani wondered how the children would cope given the fact that the children at Inqoba crèche speak isiZulu while those from Seedlings speak English. However, kids being kids, Thandanani need not have worried. The children immediately engaged each other. Together they unpacked the boxes of goodies that the children from Seedlings had brought with them and were soon playing together, teaching each other games. At the end of the day, they were hugging each other goodbye and were clearly sad to see each other go. Teachers from both schools said they were humbled by the experience and, at the same time, proud that they could be part of such an amazing exchange.

Goods-in-Kind:

Increased public awareness as a result of Thandanani’s 4Kids marketing initiatives has resulted in Thandanani receiving a number of goods-in-kind contributions. These include several donations of household items and clothing from numerous members of the public, schools, and organisations. These contributions are greatly appreciated and make a big difference in the life of the children and families we support! Caregivers constantly express their appreciation to Thandanani for the goods they and their children receive through this process.

Individuals or groups who have toys, clothes, books or basic household equipment in good condition that they would like to donate to families supported by Thandanani are invited to contact Jess McTaggart (4kids@thandanani.org.za) to make the necessary arrangements.

A Photo Collage of Some of Thandanani's Family Strengthening Activities:



HEALTH OUTREACH PROJECTS REPORT

Thandanani's Health Outreach Project currently involves the implementation of two concurrent programmes. The first involves implementation of a comprehensive HIV combination prevention programme referred to as COP to the general population within communities surrounding the Richmond and Msunduzi Municipalities. While the second, referred to as DREAMS, involves the implementation of a series of sexual reproductive health workshops with in- and out-of-school female youth between the ages of 10 and 24 within the same 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 these programmes. Both are funded by the United States' Centre for Disease Control (CDC). Summary details for each of these programmes are provided below:

COMPREHENSIVE HIV COMBINATION PREVENTION PROGRAMME (COP)

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 health education, screening & testing (including HIV testing & TB screening) are provided, free of charge, within the home;
- **Health Days** where sexual reproductive health education; general health assessments and screening (including HIV testing & TB screening) are provided at a central venue free of charge to community members;
- **Community Dialogues** where we engage in more in-depth discussions around Sexual Reproductive Health and Voluntary Male Medical Circumcision (VMMC) with targeted participants and, in the process, also address issues such as Gender Based Violence (GBV), Drug and Substance Misuse, and Men having Sex with Men (MSM).

Activities & Beneficiaries Reached (Current reporting period)

The COP activities and the beneficiaries reached in the current reporting period are outlined below:

ACTIVITY	OUTCOMES	
Engage individuals in age appropriate health and HIV awareness and education during health days, home visits & Dialogues (VMMC & SRH)	Number of health days & dialogues held	71
	Number of people attending health days	2294
	Number families where health education & assessments has been completed	169
	Number of people receiving health education & assessments during home visits	814
	Number of boys (<18) who attend VMMC dialogues	0
	Number of men (18+) who attend VMMC dialogues	0
	Number of Children (<18) who attend SRH dialogues	29
	Number of adults (18+) who attend SRH dialogues	42
	Target (People Reached)	2050
	Actual (People Reached)	3137
Difference (People Reached)	1087	
Provide basic health screening & HCT services to individuals during health days, home visits & Dialogues (VMMC & SRH)	Number of children offered HCT	1316
	Number of adults offered HCT	1792
	Number of children who undertake HCT	864
	Number of adults who undertake HCT	1234
	Number of children who test positive	35
	Number of adults who test positive	67
	Target (People Tested)	1025
Actual (People Tested)	2098	
Difference (People Tested)	1073	
Refer individuals to public health facilities for necessary follow up services	Number of referrals made	232

Highlights:

Thanks to their hard work, our Health Outreach team reached and exceeded all but one of their targets for the current period. This really is a tremendous effort and the team are to be congratulated for their commitment to the fight against HIV.

Their efforts were strengthened by our partnership with the District Office of the Department of Health and cooperation with other key role players like the EPWP Community Mobilisers, Youth for Christ, and Community Media Trust whose support made a significant contribution to our ability to reach and exceed our targets. These efforts were further

complemented by regular access to the Starfish Wellness Wagon (Mobile Clinic) all of which has helped increase the uptake of our Health Outreach services.

Challenges:

- The occasional lack of access to medical supplies because of a lack of stock on the part of the Department of Health.
- The age category of 20-24 males' beneficiaries was hard to reach with our services due to various dynamics of this population group.
- Student activities related to the "#Feesmustfall" campaign disrupted some of activities targeting students.
- The closure of the Expanded Public Works Program in one of the municipalities.

Future plans:

- To use lessons learnt from the project in future programmes.
- To undertake project close out and ensure safe archiving of project documents for auditing purposes at any time for the next five-year period.
- To conduct a program evaluation.

Case Studies:

- During one Health Day, a 12-year-old client tested positive for HIV. Her parent indicated that she herself was HIV positive and believed that her daughter was infected during her pregnancy (mother to child transmission). As the mother has a significant visual impairment, she asked Thandanani staff to accompany her daughter to the clinic for follow up assessments, which we did. CD4 counts were done at the clinic and, as the result was below 500, the child was initiated onto ARV's. Since then we have conducted follow up visits and the child is now back in school, is performing well and is now independently adhering to treatment.

Close out of the COP programme:

The COP programme outlined above, funded by the United States' Centre for Disease Control (CDC), ended in September of this year. The beneficiaries reached through this project over the last 5 years (October 2012 to September 2016) are reflected in the table and graphs below:

	Individual Reached			Individuals Tested			Individuals Testing Positive			Uptake			Prevalence		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Ave	Male	Female	Ave
Children (0-14)	6,424	6,252	12,675	3,996	3,944	7,939	77	112	189	62%	63%	63%	1.92%	2.83%	2.38%
Youth (15-24)	10,023	11,139	21,162	6,582	7,395	13,977	188	371	559	66%	66%	66%	2.85%	5.02%	4.00%
Adults (25 +)	7,563	14,262	21,825	4,944	8,712	13,657	287	560	846	65%	61%	63%	5.80%	6.42%	6.20%
Total	24,010	31,652	55,662	15,522	20,051	35,573	551	1,043	1,594	65%	63%	64%	3.55%	5.20%	4.48%

DREAMS PROGRAMME (Determined, Resilient, Empowered, Aids Free, Mentored & Safe)

All the activities involved in the implementation of this programme are provided on an "Outreach" basis with services being delivered directly to community members within their community. The primary target group for this programme is female youth aged between the ages of 10 and 24. The core activities include:

- **My Body, My Life, My Choice sessions (In School and Out of School)** where participants are engaged on health issues through a series of sexual reproductive health & rights education workshops that include topics such as relationships, values, GBV, teenage pregnancy, substance abuse, HIV prevention, STIs, and family planning.
- **Health Screening & Testing Services** where participants are offered pre and post-test counselling; HIV testing; STIs & TB screening services and, when necessary, linkage to appropriate treatment and care.

Activities & Beneficiaries Reached (Current reporting period)

The DREAMS activities undertaken and the beneficiaries reached in the current reporting period are outlined below:

DREAMS Y1				Combined Totals PMB & RICH			PMB Totals			Rich Totals		
Core Activity	Target Group	Age	Gender	Targets	Actuals	%	Targets	Actuals	%	Targets	Actuals	%
In-School: My Life, My Body, My Choice	In school	10-14	Female	1300	1102	85%	867	763	88%	433	339	78%
		15-19		1883	643	34%	1255	374	30%	628	269	43%
		20-24			85			26			59	
Subtotal				3183	1830	57%	2122	1163	55%	1061	667	63%
Out of School: My Life, My Body, My Choice	Out of School	10-14	Female		79			79			0	
		15-19			81			35			46	
		20-24			123			58			65	
Subtotal				0	283		172			111		
Condom Promotion & Provision	In school	10-14	Female	142	251	177%	94	169	179%	47	82	174%
		15-19		981	587	60%	654	137	21%	327	450	138%
		20-24			110			0			110	
Subtotal				1123	948	84%	748	306	41%	374	642	172%
Condom Promotion & Provision	Out of School	10-14	Female		39			39			0	
		15-19			688			468			220	
		20-24			687			507			180	
Subtotal				0	727		507			220		
HCT	In school	10-14	Female	40	746	1865%	27	517	1939%	13	229	1718%
		15-19		307	373	121%	205	194	95%	102	179	175%
		20-24			58			11			47	
Subtotal				347	1177	339%	231	722	312%	116	455	393%
HCT	Out of School	10-14	Female		48			48			0	
		15-19			52			22			30	
		20-24		988	84	9%	658	28	4%	329	56	17%
Subtotal				988	184	19%	658	98	15%	329	86	26%
Positive	In school	10-14	Female		9			5			4	
		15-19			13			5			8	
		20-24			1			0			1	
Subtotal				0	26		13			13		
Positive	Out of School	10-14	Female		2			2			0	
		15-19			3			1			2	
		20-24			4			0			4	
Subtotal				0	9		3			6		

Highlights:

- Parents are flexible to discuss sensitive topics such as HIV, sex and other related matters with their children because the children have a better understanding around HIV and sex.
- Children are able to share their challenges and life experiences through My Body, My Life, My Choice sessions conducted to them in groups

Challenges:

- Some clients do not have traceable contacts hence follow ups becomes a challenges.
- 20-24 age group (Out of school) are difficult to reach and those reached do not attend all sessions.
- When schools are closed its difficult to reach learners.
- Limited time to conduct our sessions in schools due to tight school calendar.

Future plans:

- To review partnership with partners that we work with in DREAMS Programme in order to ensure that there is no duplication of services and ensures that our clients access services provided by a variety of specialist service providers.
- To increase uptake of services by 15-19 and 20-24 year-olds.

Case Study:

- After conducting the My Body, My Life, My Choice at Hlelingomoso Primary School health screening and testing was offered to all the participants following receipt of written consent from the parents. During this process, an 11-year-old learner tested positive for HIV. Staff accompanied the child to her home so that they could inform her parents. During the conversation with the child's mother, she disclosed that she was HIV positive herself and that she already knew that her child was also HIV positive (mother to child transmission). She said she just did not know how to tell her daughter. Following this revelation, staff counselled the mother further and then assisted her to disclose her status to her daughter. Understandably, the young child was confused at first and had many questions. Fortunately, staff were on hand to assist in answering these. Eventually, the child understood the implications of her and her mother's status and agreed to visit the clinic for CD4 testing and further screening. This resulted in her being initiated onto treatment for both TB and HIV. Follow up visits indicate that the child is adhering to treatment and is in good health.

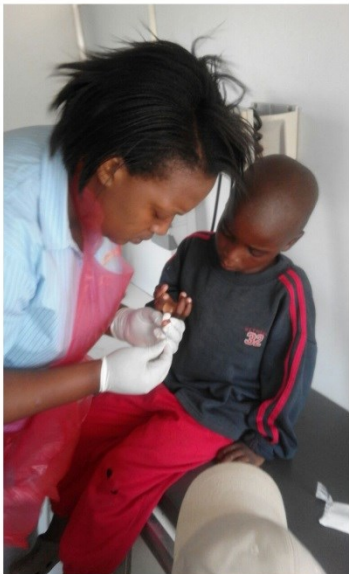
STARFISH WELLNESS WAGON:

A relatively recent addition to our service package has been access to the Starfish sponsored Wellness Wagon. This is a fully equipped mobile clinic, which is shared between four partners in KZN. Thandanani has access to the use of the Wellness Wagon for approximately 18 weeks in a year. The primary aim of the Wellness Wagon is to provide access to "top to toe" health screening and testing services for children under 18.

Case Studies:

- During one of our Wellness Wagon community visits, a parent brought two of her young children to be tested. She indicated that she had wanted her children to be tested for HIV for a long time as she is living with HIV and her children had been showing signs of HIV related opportunistic infections. However, she said she did not have the money to take the children to the clinic. The children were screened and tested by the professional nurse accompanying the Wellness Wagon on that day. Unfortunately, one of the children did test positive for HIV and was referred to the clinic. She is currently on treatment (ARTs) and has a good treatment compliance record.
- 18 year-old Zama had recently dropped out of school after she had discovered that she was pregnant. She presented at the Wellness Wagon when it visited the area in which she lives. She reported feeling unwell and screening suggested the possibility that, apart for being pregnant, she could be HIV+ and have STI infections. Testing confirmed her HIV status and Zama was then counselled on the implications of her status for both her and her unborn child. Despite the fact that Zama said she knew people working at the local clinic and was concerned about attending the clinic because of what they might say, she understood the importance of receiving proper care for both her and her child and so she agreed to attend the clinic. A week later, in a follow up by the Wellness Wagon Counsellor, Zama indicated that she had visited the clinic and that she had been initiated onto treatment for both the STI and for HIV. She thanked the Wellness Wagon counsellor for her compassion and support and said she wanted to refer a friend who was in a similar situation to her own.

A photo collage of some of Thandanani's Health Outreach activities:



FINANCES:

PROVISIONAL INCOME STATEMENT

For the period 1 April 2016 - 30 September 2016

PROJECT INCOME

OVC FAMILY STRENGTHENING PROJECT INCOME

4Kids Fundraising Income (Individual Donors)	23,318	
AphexHi	230,000	
Community Chest	30,000	
Corporate Income	150,858	
Charity Challenge	297,040	
Department of Welfare	168,160	
Health Research Chat	125,010	
Hulamin	120,109	
Kindermisshionswerk (Die Sternsinger)	257,209	
Kindernothilfe	341,184	
Old Mutual Staff Giving & Foundation Funds	608,925	
Starfish Greathearts Foundation	144,818	
Wiphold NPO Trust	1,501,797	
		3,998,428

HEALTH OUTREACH PROJECT INCOME

Aids Foundation of South Africa (AFSA)	1,341,406	
Aids Foundation of South Africa (AFSA)	498,888	1,840,294

INVESTMENT AND OTHER INCOME

Sundry Income	231,890	
Investment Income	76,880	308,770

TOTAL INCOME : Year-to Date

6,147,492

EXPENDITURE: FAMILY STRENGTHENING PROJECT

Staffing (Director)	106,809
Staffing (Finance Manager)	57,708
Staffing (Office Assistant)	29,954
Staffing (Fundraiser)	115,544
Staffing (4kids Coordinator)	61,316
Staffing (Programme Manager)	106,329
Staffing (Team Leaders-Social Workers)	185,004
Staffing (Project & Database Administrator)	20,875
Staffing (Social Worker)	103,209
Staffing (Auxiliary Social Worker)	60,218
Staffing (FS Facilitators)	148,512
Staffing (SHG Facilitator)	68,165
Staffing (FG Facilitator)	68,096
Staffing (Health Fieldworker)	33,397
Staffing (Driver)	54,284
Staffing (SHG Fieldworkers)	31,053
Staffing (FS Fieldworkers)	288,157
Material Well-Being (FG development)	27,224
Material Well-Being (Emergency Repairs)	18,527
Material Well-Being (Emergency Food)	82,400
Material Well-Being (Self-Help Groups)	-
Material Well-Being (Full Birth Certificates)	975
Cognitive Well-Being (Uniforms)	-
Cognitive Well-Being (Bursaries)	18,910
Cognitive Well-Being (Home Based ECD)	84,004

Emotional Well-Being (Household M/W)	12,004	
Emotional Well-being (Life skills program)	11,882	
Emotional Well-Being (Caregiver Support)	8,526	
Emotional Well-being (Children's Support)	8,450	
Physical Well-Being (Medical Supplies)	1,776	
Physical Well-Being (Wellness Wagon)	19,598	
Caregiver/Child Travel Refunds & Subsidies	598	
Sunfield Homes	16,232	
Special Projects (School Make Over with Epworth)	48,450	
Special Projects (Health Research - RAP)	5,226	
Special Projects (Health Research - CHAT)	20,399	
Special Projects (Charity Challenge - House Builds)	186,000	
Buildings & Equipment	56,173	
IT & Telecommunications	60,000	
Database development and management	18,141	
General Office Administration	2,784	
Auditing	28,509	
Finance & Accounting Charges	4,973	
Transport	30,074	
Staff development	2,991	
Marketing & Fundraising	18,876	
4Kids Fundraising Costs	55,739	2,388,069
OVC FAMILY STRENGTHENING PROJECT SURPLUS/(DEFICIT): Year-to Date		1,610,359

EXPENDITURE: HEALTH OUTREACH PROJECT

Staffing (Director)	143,232	
Staffing (Finance & Admin Manager)	82,956	
Staffing (Programme Manager)	103,782	
Staffing (Project & Database Admin)	50,886	
Staffing (Snr Lay Counsellor)	245,534	
Staffing (Community Linkage Officers)	93,418	
Staffing (Lay Counsellors)	270,122	
Medical Supplies & Materials	3,135	
Buildings & Equipment	57,275	
Rental (Additional Office Space)	53,238	
IT & Telecommunications	47,778	
General Office Administration	21,234	
Finance & Accounting Charges	10,590	
Transport	31,882	
Additional Health Equipment Purchases	21,453	
Additional Hire of Vehicle	150,000	1,386,515
HEALTH OUTREACH PROJECT SURPLUS/(DEFICIT): Year-to Date		453,779

TOTAL EXPENDITURE: Year-to-Date		3,774,584
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CONSOLIDATED SUMMARY	
OVC Family Strengthening Project Surplus/(Deficit): Year-To Date	1,610,359
Health Outreach Project Surplus/(Deficit): Year-To Date	453,779
Investment And Other Income	308,770
Nett Surplus/(Deficit): Year-To Date	2,372,908

Note : The expenditure reflected above is exclusive of VAT

ORGANISATIONAL DETAILS

As a Non-Profit Company, Thandanani Children's Foundation is governed by an independent Board of Directors.

Thandanani's Board for 2016/17 comprises:

Doug Seager (Chairperson)
Sboniso Nzuza (Deputy Chair)
Lisa Strydom (Treasurer)
Philippe Denis (Director)
Sipho Radebe (Director)
Andre' van der Hoven Comrie (Director)
Marijke Van Bosch (Director)

IT & Corporate Social Investment
Project Management & Community Development
NGO Management & Community Development
History & Community Development
Agricultural Management & Community Development
Health and Nutrition
Marketing

Thandanani's current staff comprises:

Management & Administration:

1. Duncan Andrew Director
2. Richard Moodley Finance Administrator
3. Nokuthula Mpofo Programme Manager & Snr. SW
4. Sthe Ngubane Receptionist / Data Administrator
5. Zandile Buthelezi Office Assistant
6. Jess McTaggart 4Kids Fundraiser (Part Time)

Programme Staff: OVC Family Strengthening

7. Nobuhle Madlala Team Leader & Social Worker
8. Queen Zondi Team Leader & Social Worker
9. Nonsikelelo Mkhize Social Worker
10. Nonkululeko Thusi Social Worker
11. Thobile Sokhela Auxiliary Social Worker
12. Agnes Mkhize Family Strengthening Facilitator
13. Jilleth Moyo Family Strengthening Facilitator
14. Thabani Ndlovu Food Garden Facilitator
15. Bheki Dladla Self-Help Groups Facilitator
16. Philisiwe Mdunge Snr. Self-Help Group Fieldworker
17. Nonduduzo Mncwabe Lay Counsellor
18. Nicholas Nene FS Driver
19. Khanyile Dali WW Driver

Programme Staff: Health Outreach

20. Mathews Mpeleka Senior Lay Counsellor (Pmb)
21. Nqobile Ngcobo Senior Lay Counsellor (Pmb)
22. Ntombiyenkosi Nzimande Senior Lay Counsellor (Rich)
23. Makhosi Mthembu Senior Lay Counsellor (Pmb)
24. Delisile Mchunu Community Linkage Officer (Pmb)
25. Doreen Dlamini Community Linkage Officer (Pmb)
26. Nonkululeko Mhlongo Community Linkage Officer (Rich)
27. Ndumiso Mlambo Lay Counsellor (Pmb)
28. Nontuthuko Sibisi Lay Counsellor (Pmb)
29. Celokuhle Latha Lay Counsellor (Pmb)
30. Ntombizonke Magoso Lay Counsellor (Pmb)
31. Sfiso Masikane Lay Counsellor (Pmb)
32. Mbuso Goge Lay Counsellor (Pmb)
33. Ayanda Mtolo Lay Counsellor (Pmb)
34. Nomthandazo Mkwena Lay Counsellor (Rich)
35. Ntombikhona Ngcongco Lay Counsellor (Rich)

Fieldworkers (Part-time)

36. Bongekile Thabethe Food Garden Fieldworker
37. Geli Mkhize Food Garden Fieldworker
38. Lindelani Madlala Food Garden Fieldworker
39. Nombulelo Methethwa Food Garden Fieldworker
40. Nombili Zuma Food Garden Fieldworker
41. Philani Thabethe Food Garden Fieldworker
42. Barbara Buthelezi Home Care Fieldworker
43. Mhlengi Khanyile Home Care Fieldworker
44. Mandisa Moloi Home Care Fieldworker
45. Smangela Zondi Home Care Fieldworker
46. Nokuphiwa Zondi Home Care Fieldworker
47. Sanelisiwe Memela Home Care Fieldworker
48. Sibongile Malinga Home Care Fieldworker
49. Eunice Thoko Tsoba Home Care Fieldworker
50. Thandeka Memela Home Care Fieldworker
51. Londiwe Phungula Home Care Fieldworker
52. Busisiwe Phiri Home Care Fieldworker
53. Nompumelelo Spencer Home Care Fieldworker
54. Basolani Ngcobo Home Care Fieldworker
55. Ngibonile Zama Ziqubu Home Care Fieldworker
56. Samukelisiwe Zondi Home Care Fieldworker
57. Nombulelo Ngcobo Home Care Fieldworker
58. Senzeliwe Hlongwa Home Care Fieldworker
59. Nompumelelo Dlamini Home Care Fieldworker
60. Gugu Zaca Home Care Fieldworker
61. Nokuphiwa Zondo Home Care Fieldworker
62. Londeka Magubane Home Care Fieldworker
63. Funeka Mzolo Life-Skills Fieldworker
64. Gugu Phetha Life-Skills Fieldworker
65. Mchunu Zanele Life-Skills Fieldworker
66. Lindiwe Mvelase Life-Skills Fieldworker
67. Nompumelelo Ram Life-Skills Fieldworker
68. Luthuli Thabiso Life-Skills Fieldworker
69. Bongiwwe Dlamini Self-Help Group Fieldworker
70. Nondumiso Dlamini Self-Help Group Fieldworker
71. Cindy ngcobo Self-Help Group Fieldworker
72. Nonjabulo Mbambo Self-Help Group Fieldworker
73. Thandeka Magubane Self-Help Group Fieldworker

Thandanani's current auditors are:

Colenbrander Chartered Accountants (SA) Registered Auditors
Phone: 27 (0) 33 343 0800
Fax: 27 (0) 33 343 0811
Postal Address: PO Box 456, Hilton, 3245
Physical Address: 28 Hilton Avenue, Hilton, 3245
Email: matthewb@colenbrander.co.za

Registration Details:

Non-Profit Organisation: Reg. No. 006-136NPO
Section 21 Company: Reg. No. 2002/005186/08
Section 18A PBO: 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, Chatterton Street
Account Number 052131327
Branch Code 05-75-25
Swift Code SBZAZAJJ

Contact Person:

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

Contact Details:

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