



THANDANANI
CHILDRENS FOUNDATION



Annual Report 2010 / 11

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



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Terms & Abbreviations

Term / Abbreviation	Description
TCF	Thandanani Children's Foundation
OVC	Orphan or vulnerable child under the age of 18
OVC Household	A household that includes one or more OVC's
CHH	A child headed household or a child head of a household
ELC	Early Learning Centre (Pre-school)
Caregiver	The adult head of an OVC household
Home Care Volunteers or HC Volunteers	TCF's community based volunteers whose primary task is the provision of care and support to a number of OVC households
Food Security Volunteers or FG Volunteers	TCF's community based volunteers whose primary task is the development and management of food gardens for the benefit of OVC households
Early Learning Centre Volunteers or ELC Volunteers	TCF's community based volunteers who are involved in the provision of care and support to OVC's at the ELC's we support
Life-skill Volunteers or LS Volunteers	TCF's community based volunteers whose primary responsibility is the facilitation of community based therapeutic and support programs for OVC's and their caregivers
Wellness Volunteer	TCF's community based volunteers whose primary responsibility is the undertaking of health education & assessments with families
Development Facilitator (DF)	A staff member of TCF whose primary responsibility is the coordination and supervision of our volunteer teams & community development activities
Child Care Worker (CCW)	A staff member of TCF whose primary responsibility is the coordination and supervision of our ELC volunteers & activities.

Overview

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

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

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

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

-  Assisting families in the establishment and maintenance of household food gardens
-  Facilitating access to school fee remissions.
-  Conducting regular school visits to monitor the attendance and performance of OVC's
-  Accessing (via Thandanani) and distributing school uniform items to OVC's.
-  Conducting health assessments, providing health education and undertaking treatment adherence monitoring

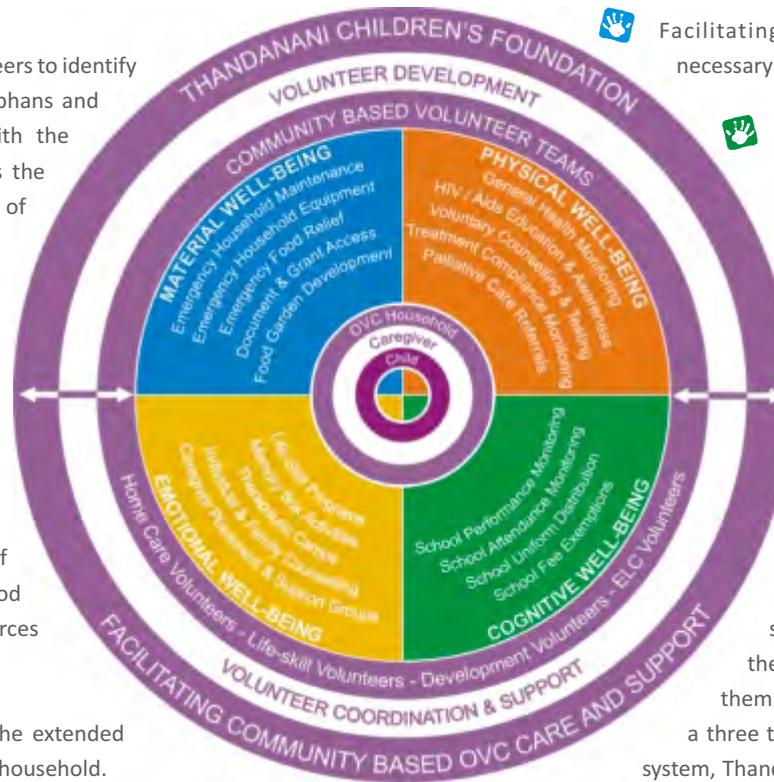
-  Facilitating access to local primary health care facilities whenever necessary

-  Facilitating access to voluntary counselling & testing provided by Thandanani

-  Facilitating access to Thandanani's professional welfare services and counselling

-  Facilitating Life-skill and therapeutic programmes for OVC's; and

-  Facilitating support groups for Caregivers



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

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Chairperson's Report

This last year has been a significant one for Thandanani.

Financially, with the help of our donors, we have managed to pull out of the funding slump that we and many other NGOs suffered from at the peak of the recession. Organisationally, we have restructured so as to develop our staff and strengthen Thandanani from within. Operationally we have undertaken to deliver new health services to households. These services allow for a more holistic intervention with the caregivers and children in our households, providing for HIV testing that allows for earlier detection of the virus and the necessary support for those who test positive.

Thandanani's purpose is to develop community based volunteers to identify children in need and to support and connect their caregivers to resources so that they can effectively look after the children in their care. It is the job of the Thandanani Board to ensure that this vision is implemented and sustainable. We are concerned with service delivery and the development and well being of our caregivers, children, volunteers and staff.

Service Delivery

Thandanani is largely effective in delivering services to communities. Our model is sound. We work with households, taking them through stages from initial reliance on Thandanani to greater self-reliance. Households are connected to available state resources and the basic needs of caregivers and children are addressed. Volunteers interact with households regularly. Life skill groups, caregiver support groups and counselling are made available to encourage development. Basic HIV health services are provided. Ultimately households transition to a point where they no longer need Thandanani's interventions and we are able to move on to deliver services to others who are in need.

The model works well, but we acknowledge that there are certain areas where we can do better. In particular, a critical step in enabling households is to ensure they receive state assistance where this is indicated. This gives caregivers a small income to provide for basic household needs. This is essential, as it is the starting point for a household in finding its feet. It is important that we engage the state quickly and effectively to alleviate the suffering in households. Changes have been made in our welfare team to facilitate this process and are being monitored to ensure an improved throughput in this critical area of service delivery.

Development

I have mentioned above how households are developed. What of our volunteers and staff?

Our volunteers undergo fairly extensive in-house training, first a general training and then more specifically in the area of their chosen focus. They meet regularly with and are mentored by our staff. Our volunteer model, which is at the heart of how we interact with our communities, works well but may benefit from some revision to ensure that we respond to the ongoing developmental needs of our volunteers. For example, from time to time we have discussed having a process for facilitating further development of volunteers who have shown noteworthy leadership and acknowledging them through giving them greater responsibility and remuneration.

Regarding staff, Thandanani underwent a considerable restructuring during the course of last year. We have seen a number of staff promoted to positions of greater responsibility and now have a structure that incorporates a management team. The Thandanani Board believes that this will promote the sustainability of the organisation as this has encouraged growth in staff, spread organisational knowledge, and introduced a broader managerial approach. The sharing of the management of Thandanani also allows our Director to dedicate more time to strategic matters.

Relationships

Any human enterprise rises or falls on the strength of the relationships of the people involved. Over the last year we have had some internal difficulties as occurs from time to time in any organisation. These have required us to pause, to listen, to understand one another and then to find a positive way forward together. During the course of the year we had two sessions of facilitation to enable a process of dealing with internal issues. The process was at times painful, but we were able to be honest, work through the issues and come through the other side positively. It is, I believe, a real strength of Thandanani that people, at all levels of the organisation, are prepared to engage constructively in such a process.

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Conclusion

Thandanani is a dynamic organisation. It is always in a process of change. We frequently ask ourselves how we can do better. Our volunteers and staff grow and develop and bring new ideas or challenge old ones. The board considers new possibilities and we take on new projects to implement or extend the Thandanani vision. This change process works because it is embedded in a solid foundation – our tried and tested models. As a result of solidity on one hand and openness to change on the other, I believe Thandanani is a vibrant and effective organisation. We sometimes make mistakes but do not remain stuck in them. We learn and develop – the same process that we ask of the households and children who are our beneficiaries.

It has been my pleasure and privilege to be chairman of Thandanani for the last 6 years. I will be handing over to Lisa Strydom and remain on the board as a board member. I have every confidence that Lisa will take Thandanani from strength to strength.

It remains for me to offer my warm thanks to all who are involved in Thandanani's valuable work – our hard working and caring volunteers who are at the coal face, our staff and director who are dedicated, imaginative and committed to the cause, members of the Board who have proved time and again that they approach their role of governance seriously and thoughtfully and our funders who provide the means for us to fulfil our vision. May Thandanani long continue to provide a way forward to a positive future for children in need!



Larry Tooke - Chairman



Director's Report

Although not without its challenges, 2010 has been a good year for Thandanani Children's Foundation.

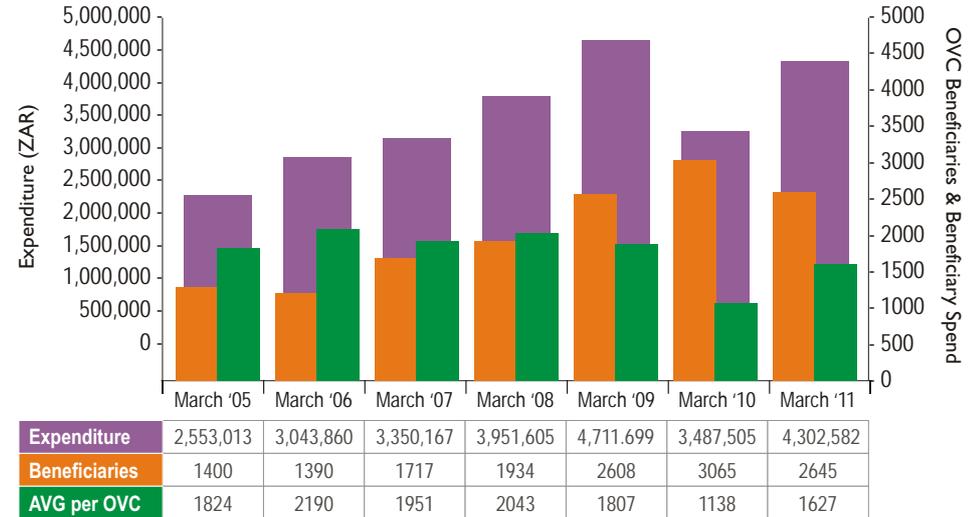
During the course of the year we have:

-  Stabilised our financial situation and returned to a normal 5 day working week;
-  Affirmed our focus on providing support to OVC households and terminated our support to Early Learning Centre's;
-  Withdrawn from a number of households as they achieved stability and greater self-reliance;
-  Reviewed our volunteer numbers and increased the stipend paid to volunteers;
-  Restructured the organisation to strengthen both our management and service delivery capabilities;
-  Introduced a range of new health services; and
-  Achieved almost all of the service delivery targets we set for ourselves.

The stabilisation in our funding was a huge relief for the organisation. In securing adequate funding for the year we were able to return to normal working hours and normal service delivery levels. This "normalisation" is represented in the accompanying graph below which compares annual expenditure to child beneficiary numbers and spend on a year-on-year basis.



Comparison of Annual Expenditure to Beneficiary Numbers per Year



As should be evident in the graph above, the "shortfall" of funding to child beneficiaries experienced in the financial year ending March 2010 is starting to be reversed and we have seen a return to a more typical ratio of expenditure to child beneficiary in the current financial year.

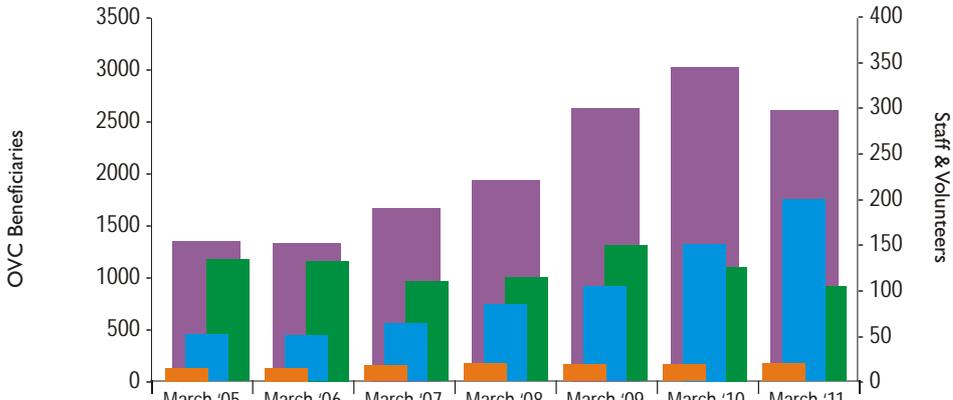
In this regard, we hope to reach our target of supporting 800 households (approximately 2300 children and 800 caregivers) at any given point of time in the coming financial year. This capping in our beneficiary numbers will enable us to further improve our ratio of expenditure to child beneficiaries and provide greater control and predictability in the associated costs of service delivery to these beneficiaries from year to year.

This capping in our beneficiary numbers will also provide stability and predictability in the number of staff and volunteers required to deliver services to these beneficiaries. In 2011 Thandanani anticipates supporting approximately 100 volunteers who will volunteer for a minimum of 30 hours each month and will receive an increased monthly stipend.

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These changes are reflected in the graph below, which shows the change over time in beneficiary numbers; staffing, volunteer numbers and volunteer stipend levels.

Comparison of Number of Beneficiaries to Staff and Volunteers per Year



Beneficiaries	1400	1390	1717	1934	2608	3065	2645
Staff	15	15	19	21	20	20	21
Volunteers	138	137	114	122	151	127	105
Monthly Stipend	50	50	65	85	100	150	200

During 2010

Thandanani also introduced a number of changes to its management and staffing structures to increase capacity in critical areas and ensure greater efficacy in service delivery and “turn around times” in relation to our recently introduced system of staged household support and development.

At the management level we have promoted Nhlanhla Ndlovu, our previous Development Coordinator, to the position of Programme Manager. This is aimed relieving the Director of the responsibility for the oversight of our various programmes and strengthening coordination across our various programme areas. With this promotion the organisation now has a management team that comprises the Director, the Finance & Administration Manager and the Programme Manager who now work together to ensure effective oversight of the organisation as a whole.

We have also strengthened our capacity at the programme level. In our Development Team we have promoted Bheki Madide, our previous Database & Sponsorship Administrator, to the position of Development Coordinator; promoted Agnes Mkhize, a previous Development Facilitator, to the new post of Senior Development Facilitator in Pietermaritzburg; and have appointed a new Database & Sponsorship Administrator and Development Facilitator to fill the vacancies resulting from these promotions. These changes have been introduced to strengthen the Development teams capacity to timeously and effectively deliver care and support services to households in accord with our new staged model of household support and development.

In our Welfare Team we have recruited a new Social Auxiliary Worker in Pietermaritzburg to relieve the Welfare Coordinator of some of the day-to-day demands of service delivery at the household level so that she has increased capacity to attend to monitoring and coordinating the various activities of the Welfare Team. The activities undertaken by the Welfare team have increased significantly over the last few years and now include Life-skill groups, Life-skill camps, Children's support groups and Caregiver support groups in addition to the core professional responsibilities of the Social Workers. Further, we have redeployed Fikile Zungu, our previous Trainer, to the newly created post of Group Work Facilitator to ensure adequate capacity within the Welfare Team in the roll out of the various Life-skill activities and Support Groups across all the communities in which we work.

In this regard, we have also devolved responsibility for volunteer training to each programme team. Staff within each team have now taken on the responsibility of volunteer training & supporting the volunteers within their particular team. This not only spreads the responsibility for training across a larger number of staff but also ensures that training is aligned and relevant to the actual needs and demands on the ground.



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Finally, in March 2010, we introduced our new Health Services and so have a new team of Health Service staff and volunteers as part of the organisation. Although we are in the early stages in the roll out of these services, indications are that the services are being well received and are having a significant impact. In just six months our Health staff and volunteers have undertaken health assessments and education at 177 households. During this process they have engaged a total of 669 adults and children. 49% of these adults and 53% of the children consented to HIV testing with 14% of adults and 8% of children testing positive and receiving appropriate support and treatment.

These new health services now form an integral and important part of our structured system of household intervention that is designed to address the basic material, physical, cognitive and emotional needs of our beneficiaries and move them from a state of vulnerability to increased stability and self-reliance over time.

In this regard, credit needs to go to all Thandanani staff and volunteers for their continued commitment to improving the lives of the families we work with. As should be evident in the remainder of this report, their efforts do change the lives of those we work with and they have done Thandanani proud in 2010!

Sincerely,



Duncan Andrew
(Director)



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

Beneficiaries

current Beneficiaries

With a staff of 21 and a team of 105 volunteers, Thandanani provided support to 2645 children and 998 caregivers in 998 households across 15 historically disadvantaged communities in the current reporting period. A detailed breakdown of our beneficiaries for the year is provided below:

April to December 2010

Summary Table	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of Households			642			356			998
Number of Caregivers	51	591	642	20	336	356	71	927	998
Number of Children	914	919	1833	369	443	812	1283	1362	2645
Number of Volunteers	6	44	50	3	52	55	9	96	105

Breakdown of children by Age Category	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Children 0 - 5	148	145	293	66	84	150	214	229	443
Children 6 - 10	216	231	447	87	110	197	303	341	644
Children 11 - 15	325	338	663	117	151	268	442	489	931
Children 16 - 18	225	205	430	99	98	197	324	303	627

Breakdown of Volunteers by Type	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Home Care Volunteers	1	21	22	0	23	23	1	44	45
Food Garden Volunteers	4	7	11	2	13	15	6	20	26
Life-Skill Volunteers	1	5	6	1	4	5	2	9	11
Wellness Volunteers	0	11	11	0	12	12	0	23	23

In March 2011 Thandanani finalised the withdrawal process from households who had progressed to the final stage of TCF's support. The table below illustrates the reduction in beneficiary numbers during the 4th Quarter of this reporting period:

January to March 2011

Withdrawal Statistics	Msunduzi			Richmond			Combined		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of Households			184			186			370
Number of Caregivers	21	163	428	11	175	186	32	338	370
Number of Children	213	215	428	139	218	357	352	433	758

With the withdrawal process now having been completed, the number of households on our database has decreased to 628. This will enable us to take on 170 new households during the course of 2011 and to cap the number of households on our database at any one point in time at 800.



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Training

overview

Thandanani's mission is to build the capacity of families to care for and support their orphans and vulnerable children (OVC). A critical element in this is the training of local volunteers in the provision of a variety of care and support activities to OVC households within their communities. Until recently, this capacity building was the responsibility of Thandanani's Training team. However, during the course of 2010, Thandanani decided to devolve responsibility for training to each of its programme teams. This was done as part of our restructuring process and was aimed at enhancing the relevance of the training as it is now being conducted by staff within each team who are more familiar with the needs of our beneficiaries and the issues and challenges faced by our volunteers in providing support and care to them.



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

The training activities undertaken in the current reporting period are outlined below:

OBJECTIVE: To develop the capacity of community based volunteers to provide effective care and support to OVC's and their caregivers

Activity	Output	Beneficiaries	Outcomes to Date
Train Home Care volunteers	The Training Team & Development Staff facilitate the training of Home Care volunteers in critical issues related the material, physical, cognitive and emotional well-being of OVC's	Between 15 and 25 volunteers	<p>Between April to September 2010, the Thandanani Trainer conducted the following training before her redeployment was finalised:</p> <p>18 volunteers (17 females and 1 male) from both PMB and Richmond successfully completed Emotional Well-being level 1 training.</p> <p>19 volunteers (18 females and 1 male) from both PMB and Richmond successfully completed Cognitive Well-being level 1.</p> <p>10 volunteers (all females) from both PMB and Richmond successfully completed Emotional Well-being level 2.</p> <p>18 volunteers (17 females and 1 male) from both PMB and Richmond successfully completed Cognitive Well-being level 2.</p> <p>At the completion of these modules all participants were assessed on theory and in practice with volunteers being observed by staff as they delivered services to the OVCs they support.</p> <p>Following the devolution of training to TCF's respective programme teams, Development team conducted Induction Training for 4 new volunteers in the first quarter of 2011.</p>
Train Food Garden Volunteers	The Training Team & Development Staff facilitate the training of Food Garden Volunteers in food garden Development & Maintenance	Between 4 and 6 volunteers	The TCF Food Security Development Facilitator trained a total of 15 food garden volunteers in Basic Food Garden Development and Maintenance. After successfully completing this training, volunteers were provided with ongoing mentorship and support as they facilitated the development of household food gardens at TCF supported households.
Train Life-skill Volunteers	The Training Team & Welfare Staff facilitate the training of volunteers specialising in the facilitation of OVC life-skill programs and caregiver support groups	Between 15 and 25 volunteers	<p>11 volunteers (7 from PMB, 4 from Richmond) attended a Life-skills Refresher Workshop. These 11 volunteers also took part in a focus group to review TCF's Life-skills program and materials.</p> <p>2 existing Life-skill volunteers continued training in the implementation & facilitation of Caregiver & Children's Support Groups provided by our partner organisation dlanathi.</p> <p>Towards the end of this reporting period, the Welfare team also conducted 4-day residential training workshop in group facilitation skills for 10 existing Life-skill volunteers to enhance their capacity in facilitating life-skills groups.</p>
Train Health Care Volunteers	The Training Team & Health Staff facilitate the training of volunteers in the conducting of basic health assessments, health education & awareness, VCT, and Treatment Compliance monitoring & support at the household level	Between 15 and 25 volunteers	<p>During the current reporting period Health staff trained a total of 23 volunteers (10 females and 1 male in PMB and 12 females in Richmond) in the conducting of basic health assessments, health education & awareness, and Treatment Compliance monitoring & support at the household level.</p> <p>In addition, 2 volunteers attended advanced training in HIV counselling & testing for Lay Counsellors conducted by SAHECO</p>

Achievements

 Despite the restructuring that took place with the devolution of training responsibilities to each programme team, Thandanani successfully facilitated the bulk of the training planned for the year and staff have generally responded positively to this change. All teams have completed a review of their training programmes and materials and most have independently conducted at least one training workshop during the current reporting period.

 With the introduction of Thandanani's new health services, Thandanani's health staff were tasked with the development of new training modules for TCF's new wellness volunteers. Wellness Volunteers have responded well to this training. Those who have completed their theoretical and hands-on training are demonstrating significant progress in the delivery of basic health care services to TCF households. Two volunteers who have just completed training in HIV counselling & testing are also showing a lot of enthusiasm and a high level of skill in service delivery.

Challenges

 Due to challenges associated with the recruitment of new volunteers; the public servants strike; and the devolution of training responsibilities to programme teams, delays were experienced in the delivery of training workshops through the year. Nevertheless, by the end of the reporting period, Thandanani had been able to provide adequate training to its new volunteers to allow them to begin providing services to TCF supported households.

Future Plans

 Programme teams will be conducting practical assessments for new volunteers during the early part of the new financial year. Once these volunteers have successfully demonstrated competency in performing their tasks, they will undergo more advanced training.

 An additional 4 Wellness volunteers will receive advanced training in HIV Counselling & testing. After completing this training they will work under the supervision of TCF's nursing staff who will assess their readiness to work more independently. Once ready, these volunteers will assist health staff in the roll out of health services to TCF beneficiaries.

 An Ethics and Values training workshop will be held for all TCF volunteers. This training is aimed at developing ethical awareness on the part of our volunteers who constantly encounter household issues that demand high ethical practices and value-based service delivery.



Direct child & Household Support

overview

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

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

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

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

Similarly, Thandanani has a Development Facilitator on its staff who specialises in food security. It is this staff member's responsibility to recruit and train volunteers in the establishment and maintenance of food gardens within each community. These Food Garden Volunteers are then tasked with the development and maintenance of food gardens at households supported by Thandanani.



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

OBJECTIVE: To enhance the material and cognitive well-being of OVC's and their caregivers through a structured system of volunteer driven home based care and support			
Activity	Output	Beneficiaries	Outcomes to Date
Allocate a community volunteer to care for and support each household.	Home Care Volunteers are each allocated responsibility for a minimum of 5 and a maximum of 10 households on an annual basis and regularly visit these households to provide care and support (in accord with the TCF's staged model of household support and development).	All households on TCF's database (800 – 950)	Home care volunteers conducted a total of 2309 home visits during the current reporting period.
	Development Facilitators monitor the care and support provided by volunteers through independent home visits to at least one household per volunteer per quarter.	Between 100 – 150 households on TCF's database.	Development Staff conducted a further 842 independent home visits for the purposes of monitoring & support.
Facilitate emergency maintenance or equipping of OVC households	Home Care Volunteers report houses requiring emergency maintenance or basic household equipment and the Development Facilitator formulates and implements a response plan.	Maintenance on up to 10 OVC households per annum and basic equipment provision to between 50 and 100 households per annum	Household repairs and maintenance were undertaken at three TCF supported households during the current reporting period. Two of these involved the building new houses for the families concerned. A total of 150 blankets and 60 beds that were donated by the Rotary Club of Pietermaritzburg and Saint Charles College respectively, were distributed to household in both Richmond and Pietermaritzburg. In addition, 31 households were supplied with basic household equipment.
Provide emergency food assistance to households identified as being in dire need.	Home Care Volunteers identify households requiring emergency food support and report these to their Development Facilitators. Development Facilitators conduct a home visit to verify the need and issue food vouchers accordingly.	Between 10 and 20 households per month	During the current reporting period, 91 households received emergency food relief via Thandanani.
Facilitate access to documents, social grants and other forms of government support.	Home Care Volunteers determine which of their households qualify for grants and facilitate appropriate document and grant applications within 3 months of having been allocated responsibility for a household.	Between 100 and 150 Caregivers not yet in receipt of grants	Home Care volunteers assisted a total of 21 caregivers and children to secure documents necessary for them to apply for social grants and also assisted in securing Child Support Grants for a total of 44 children.
Facilitate memory work with OVC households	Home Care volunteers undertake Memory box work with OVC households allocated to them	At least 5 households per quarter per community	During this reporting period, memory work has been started with 101 new households and completed with 18 households.
Facilitate access to school fee exemptions	Home Care Volunteers identify qualifying OVC's in their area and assist caregivers to apply for fee exemptions from the relevant schools. DF's monitor and report back on the outcome of these applications at the end of the first quarter each year.	Between 1000 & 1250 OVC's who meet DOE criteria	Due to an increased number of schools being granted a no-school-fee status by the department of education, only 91 children (all from Pietermaritzburg) were identified as being in need of school free exemption. All but one school in Richmond now have been granted a no-school-fee status.

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

Activity	Output	Beneficiaries	Outcomes to Date
Facilitate the distribution of school uniform items to qualifying OVC's	Home Care Volunteers identify qualifying OVC's in their area. DF's prioritise these and secure and distribute school uniform items accordingly.	Between 200 and 400 OVC's who meet TCF's school uniform item replacement criteria	168 children benefited from school uniform distribution during the current reporting period.
Facilitate the monitoring of school attendance and performance	Home Care Volunteer conduct school visits once every quarter to monitor the school attendance and performance of school going OVC's in the households allocated to them. Development Facilitators conduct a random unannounced school visits to schools in their area to verify volunteer compliance and reports.	All school going OVC's (Between 2000 & 2500)	365 school visits were conducted by volunteers during this reporting period while Development Facilitators conducted a further 22 school visits to 75 schools attended by our beneficiaries.
Facilitate the establishment / support of household food gardens.	Home Care volunteers facilitate the establishment & support of food gardens at households allocated to them.	80 OVC Households	During this reporting period 99 new household food gardens were developed and 123 existing gardens received ongoing support.
Facilitate developmental partnerships with existing community food gardens to supply OVC households with fresh produce.	TCF's Development Facilitator (Livelihood Security) establishes a developmental partnership with an existing community food garden and TCF develops the capacity of that food garden to supply an agreed number of OVC households in their community with regular fresh produce.	5 – 10 OVC households per community food garden	Continued support was provided to 4 existing community food gardens during the current reporting period. A total of 27 households benefited from regular produce from these gardens in the current reporting period.
Monitor and support Home Care Volunteers	Development Facilitators conduct random unannounced monitoring visits of households and hold regular planning & support meetings with their volunteer teams.	Between 80 – 100 home care volunteers	Six quarterly meetings (3 in Richmond and 3 in Pietermaritzburg) and 181 fortnightly volunteer team meetings were held with volunteers during the current reporting period. Development Staff conducted 842 independent home visits for the purposes of monitoring & support during the current reporting period.



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

Achievements

 Despite some challenges, Thandanani's development staff and volunteers achieved most of the targets set for the year. Particularly impressive were the number of food gardens established and supported during the current reporting period, which far exceeded the target set for the year. This is due to the efforts of our food garden volunteers who, with support from our Livelihood Security Development Facilitator, have worked diligently in ensuring the roll out of household food gardens during the current reporting period.

 The Development Team has also continued to ensure the timely distribution of donated goods in-kind. During the current reporting period they have distributed:

 Surplus stock donated by Jet Mart Stores in Richmond;

 60 beds and mattresses donated by Saint Charles College;

 150 blankets donated by the Rotary Club of Pietermaritzburg

 2490 muffins donated by Wimpy South Africa via Starfish Greathearts Foundation

 Over 300 new toys that were donated by Makro (PMB) and East Coast Radio through the Rotary Club of Pietermaritzburg as part of their annual Toy Story campaign

 Clothes and other household goods donated by members of the public.

 Despite a limited budget for household maintenance & repairs it is always rewarding when Thandanani is able to provide improved shelter for a family. In the current year the Development Team was able to build new houses for two families.

Through a partnership with Epworth School for Girls, Thandanani facilitated a school make over project in Malala Primary school. This provided a much need resources for the learners as this included the setting up of a library with hundreds of books and a TV set for the educators to play educational DVD materials. The girls also painted a mural wall along the ablution block and planted trees to create a child-friendly environment around the school.

 Thandanani also received sponsorship from the Rotary Club of Pietermaritzburg and The Rotary Club of Bromolla in Sweden to install water harvesting systems at 3 schools during the current reporting period. This was an unexpected bonus for Thandanani and not only did it allow us to provide 3 schools with a regular water supply but it also enabled Thandanani to strengthen our relationships with these schools. This helps to ensure greater cooperation when dealing with the schools in relation to any of our beneficiaries attending the schools.

 During the past year Thandanani has established new ties with Fort Napier's team of psychologists and, as a result, we have been able to refer a number of cases for cognitive assessments and counselling for bereavement and sexual abuse. This has further enhanced the range of professional services we are able to offer our beneficiaries.

 Thandanani's continual participation in the Richmond Mayor's Flagship initiative has also been positive for us. Not only have we been able to inform a number of Richmond stakeholders of our work, but we have also been able to secure support from some of these stakeholders. For example, Thandanani was able to secure a social relief voucher to the value of R3000 and a special order from the court to allow the processing of foster care grants for a family of 3 orphans who did not have the necessary documents required for such an application. Our contribution and value to this forum was acknowledged when Thandanani received a Certificate of Appreciation from the Mayor of Richmond.

Challenges

 There has been a slow uptake in the process of memory work activities at the household level during the current reporting period. The causes have been identified as 1) a fear and resistance on the part of caregivers to discuss difficult issues with the children in their care and 2) a skills gaps on the part of some of our new volunteers who have not yet been trained to undertake memory work with households. Thandanani intends addressing these issues by ensuring the training of new home care volunteers and providing additional support to our home care volunteers in the roll out of these activities in the new financial year. In addition, we intend making Caregiver participation in memory work optional so that volunteers can still engage the children in memory work activities even if the caregiver themselves is unsure of their own involvement.

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

 As part of a review and refinement of our services in 2010, Thandanani had decided to discontinue its support of community food gardens and to focus its efforts on establishing and supporting household food gardens. Since making this decision Thandanani has been assisting the community food gardens we currently work with to reach a stage where they can operate independently of us. We had hoped that these projects would reach independence by April 2011, the start of our new financial year, but unfortunately this has not happened. Some of those involved in the food gardens are still unsure of their ability to sustain these food gardens independently of our support and are concerned about the loss of their monthly stipend once we withdraw. In other groups the personal dynamics between the members is undermining their progress towards independence. For both these reasons Thandanani has decided to extend our support to these projects for a further 6 months during which we will be phasing out stipend payments while phasing in “income generating” opportunities for them by linking them to potential buyers of their produce. In this way we hope to be able to affect the withdrawal of our support as planned.

 In March 2009, the local councillor evicted one of the ELCs we were supporting from the council premises that they were using. At the time, Thandanani built a temporary shelter for them while we worked at raising funds for building new and proper facilities for the ELC. Unfortunately, our efforts to assist this ELC to secure tenure or usage rights to suitable land for the construction of new ELC facilities have not been successful. After several attempts to engage the municipality and its various departments on this issue without any success, we have made the painful decision to redirect the available funds to another ELC in need of support as donors were becoming more and more frustrated with the lack of progress. Although an ELC will still benefit from these funds, bureaucracy and red tape has meant that the ELC for which these funds were initially intended has not been able to benefit from these funds.

 An honest mistake by one of our household sponsors who communicated directly with the family they were supporting, outside of the involvement of TCF, resulted in suspicion on the part of the beneficiary and the sponsor who thought that Thandanani was withholding funds from the family. This led to difficulties for Thandanani that were only resolved when Thandanani's Development Team engaged the sponsor and provided a full and detailed report to them. Once this happened the sponsor was able to clarify issues surrounding funds she had contributed to the family and Thandanani was able to continue its work with the family. This incident highlights the need for Thandanani to manage the contact between sponsors and beneficiaries more closely in the future.

 In three areas in Pietermaritzburg, the Development Team have struggled to recruit new Home Care Volunteers to replace existing volunteers who chose to be re-trained as Wellness and Life-skills volunteers. This has led to an increased workload for the remaining home care volunteers. One of the reasons why we have struggled to recruit volunteers is the fact that the stipends we pay are significantly lower than that paid by comparable organisations. Thandanani has been aware of this difficulty for some time now and has been steadily working towards increasing its stipend levels.

Future Plans

 While the Development Team was able to meet almost all of its targets for the year, volunteer turnover did affect service delivery. The slow uptake of the memory work mentioned previously is a case in point. In 2011, Thandanani anticipates supporting approximately 100 volunteers who will volunteer for a minimum of 30 hours each month and will receive an increased monthly stipend.

Case Studies

Names have been changed to protect the identity of families

 The case studies below illustrate some of the impact of the work of our Development Team and the extent of vulnerability that can occur with the illness or loss of a parent. At the same time, they illustrate the effectiveness of the “safety net” that Thandanani provides in the communities in which we work and how engagement of the difficulties faced by many of our beneficiaries can result in positive changes and outcomes despite the adverse situations many of the families are faced with. (Names have been changed to protect the identity of families).

Sthabile, a 12 year old girl from a very poor household, stays with her grandmother, her younger brother and two other family members. Sthabile's grandmother started caring for her and her brother when their mother passed away when she was about nine years old and her brother was about three.

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 During the course of the past year Sthabile's teachers noticed a change in her behaviour and school performance and alerted us to their concerns. Thandanani's volunteers raised these concerns with Sthabile and her Grandmother and during this process a letter was found that Sthabile had written to a boy suggesting that they have sexual intercourse. In further discussions it emerged that Sthabile had been sexually abused around the time of her mother's death and it is suspected that this abuse continued for some time. In addition, it also emerged that she has been sexually active with a number of other boys and men since then and had even made sexual overtures towards her younger brother.

With the emergence of this information, Thandanani has facilitated access to therapy for Sthabile. She has started therapy with psychologists at Fort Napier Hospital while her grandmother will attend one of Thandanani's caregiver's support groups. Memory work will also be undertaken with the family to assist them to come to terms with the loss of their mother.

 The Mthembu family is a family of six staying in a peri-urban part of Pietermaritzburg. Thenjiwe, the 23 year-old sibling is caring for three orphans, an 18 year-old Zandile, a 15 year-old Thembisile and Silindile who is 13. She is also raising her own two children - 2 year-old Lindiwe and 4 year-old Sinethemba. When their father died after the mother had passed on two years earlier, the extended family evicted them a day after the funeral. They had to seek shelter in their late grandmother's mud house, which was falling apart. Since starting work with this family, Thandanani has secured funding from a private sponsor, and has constructed a new two-roomed house for the family. Although small our intention is to secure more funding for 2 additional rooms to create more space for the family in the future.

When TCF identified this household, Thenjiwe had already applied for grants through one of the social development agencies in Msunduzi. Thandanani supported them with emergency food vouchers while they were awaiting the approval of these grants, as they had no means to address their basic needs. Eventually the grants were approved in 2007. However, in November 2009, their grant was not renewed as the agency lost their renewal application forms. Another attempt to re-apply for the grants through Social Development was made but social workers again lost the file. During this period, the family managed to support themselves for 3 months as they had followed Thandanani's advice and had built up some savings while they had access to their grants. When their savings were exhausted, Thandanani again provided them with emergency food vouchers. After 7 months without a grant their grants have now finally been renewed.

To complicate matters, when Thandanani first started supporting this family we discovered that Thenjiwe, who is HIV positive, had started defaulting on her treatment because of a lack of regular food and nutrition. The only support they were receiving at the time was from their aunt who withdrew her support after she had heard that Thenjiwe was HIV positive. Apart from ensuring that Thenjiwe resumed her treatment we also started supporting her in dealing with the emotional challenges associated with her status and the burden of having to care for her teenage sisters.

With regard to their schooling, Zandile had dropped-out of school due pregnancy and the other children were threatened with expulsion for not being able to pay their school fees. Thandanani responded by providing school uniforms and ensuring that the three children had access to education by applying for a fee-exemption for them. The two younger siblings are now at school and are doing well. The 15 year-old Thembisile is in grade 9 while 13 year-old Silindile is in grade 7.

 The Zondi family is a family of eight (4 adults and 4 children), staying in a peri-urban part of Pietermaritzburg. Two of the children are orphans and the other two are cousins whose parents are still alive. Nokulunga the 12 year-old is HIV positive. They are being cared for by a 72 year-old illiterate grandmother who was a farm worker in a nearby farm before it was closed down in the early '90s. She has not been employed since. When Thandanani identified the household they were living in an unhygienic, overcrowded, 3 roomed mud house.

Thandanani started supporting the household in 2006 when the only source of income was grandmother's pension grant. During the process of grants application, TCF provided emergency food vouchers and ensured that the 4 children had access to education by providing school uniforms for them. To improve their living conditions we then secured funding to build the family a new concrete block house and assisted them in establishing a food garden at their new house. This included fencing, training and a supply of seeds. Despite having secured their grants the family still maintain their garden with an ongoing technical support from our Food Security Development Facilitator. This means that the family now have a regular income in the form of grants and a regular supply of fresh vegetables; an essential nutritional diet for people on medication, especially ART.

In May 2010 a TCF volunteer was informed by the school that Nokulunga is frequently absent from school. Upon investigation Thandanani discovered that she had been tested for HIV at the local



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

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

Activity	Output	Beneficiaries	Outcomes to Date
Provide access to professional counselling services	Welfare staff are available to provide professional assistance to OVC's & caregivers	Caregivers & OVC's (needs based)	In the current reporting period, 157 people received counselling related services. Of these people 77 were referred to relevant agencies for further support.
Identify and place (in consultation with extended family / community members) caregivers in each OVC household	Welfare staff place an adult caregiver in newly identified households where no adult supervision is present (i.e. Child headed households)	Child Headed Households / OVC's (Needs based)	There were no cases that necessitated the placement of an adult caregiver in the current reporting period.
Facilitate access to foster care grants	Welfare staff undertake the necessary assessments, secure the necessary documents and submit formal court applications for foster care	Between 100 – 200 OVC's	In assessing applications for foster care placement welfare staff conducted 117 intake interviews and 166 home visits. A total of 101 applications for foster care placements and grants were submitted and 115 were finalised by the courts in the current reporting period.
Facilitate Life-skill programs for OVC's	Life-skill volunteers facilitate community based Life-skill groups and camps for OVC's	160 OVC's between the ages of 11 and 14.	In the current reporting period we facilitated life-skills groups in 12 schools (14 sessions per group). 160 participants completed the programme. We then facilitated a 5 day Life-skills camp for 118 children who participated in the life-skills programme. The rest of the group will go on a similar camp in April 2011. 4 children's support group were co- facilitated by TCF's life-skill volunteers in this reporting period with a total of 53 children participating in these groups. In addition, Dlananathi our training partner in these activities, has facilitated a further 6 groups with 70 children participating in these groups.
Facilitate Support Groups for Caregivers	Life-skill volunteers facilitate community based support groups for caregivers	120 – 180 Caregivers per annum	6 caregivers support group were facilitated by TCF's life-skill volunteers in this reporting period with 67 caregivers participating in these groups. In addition, Dlananathi our training partner in these activities, has facilitated a further 6 groups with 64 caregivers participating in these groups.
Coordinate the delivery of therapeutic programs & groups by life-skill volunteers	Welfare staff hold regular planning & support meetings with Life-skill volunteer and undertake regular monitoring visits of volunteer facilitated programs	Between 25 to 35 Life-skill volunteers	TCF social workers and Group Work facilitator held 11 meetings with life-skill volunteers. They also conducted regular monitoring visits to different life-skills groups on a regular basis.

Achievements

 At the start of the current calendar year, Thandanani undertook a review of its OVC Life-skill programme and, with input from a focus group of TCF's life-skill volunteers, revised and modified the program and associated materials. A refresher course was then held with TCF's Life-skill volunteers to equip them to facilitate the revised program with OVC's in their community. Despite disruptions as a result of the World Cup and the strike by public servants (including teachers), this revised program has been rolled out in 12 schools in the current reporting period (6 in Richmond and 6 in PMB) with a total of 160 teenagers participating in these groups. These children then attended a 5 day residential Life-skills camp in the school holidays. The aim of these life-skill groups and camps is to engage teenagers on critical life issues in an attempt to increase awareness and enhance decision making with respect to issues such as gender, relationships, sexuality, sex, reproduction, reproductive health, contraception, pregnancy and HIV/AIDS & STI's.

Many of the schools at which we facilitated Life-skills programmes have asked us to run the programme again and to run it for more participants. They report that pupils attending the programme demonstrate positive changes in the attitude and behaviour following the programme. This is mirrored in the feedback we have received from Caregivers. In January one Caregiver came to the office to express her gratitude for allowing her grandson to participate in the programme. She reported that her grandson's attitude had changed significantly since attending the programme and that he is now much more cooperative and positive than he was before.

Similarly, feedback from participants themselves suggests that the programme is having a positive impact. In December one of the participants sent a text message to us thanking us for the opportunity to participate in the programme. She said: "... I want to say thank you for everything you have done for me. You have shown me the love I have always hoped for. Please continue to inspire young people to stay positive even in tough times. I will always love you and I will never forget your help."

 Thandanani has also been in a working partnership with Dlananathi, a local organisation focused on using play to enhance communication between caregivers and children particularly in relation to bereavement. This partnership has been directed at training our life-skill

volunteers to be able to organise and facilitate Caregiver and Children's support groups in the communities in which we work. Volunteers in Copesville, who completed their training with dlalanathi in 2009, are currently running Caregiver Support and Children's groups independently in their community while volunteers in KwaPata are currently being trained by Dlananathi in the facilitation of these groups.

 Since Thandanani started introducing group based therapeutic programs in 2007 the range of therapeutic programs we run has significantly increased. We now undertake memory work with households; life-skill programmes (14 sessions per programme) and 5 day long life-skill camps with teenagers, support groups for Caregivers (9 meetings per group) and children's support groups (9 sessions per group). These programmes are not run in all the communities we currently work in as we are still in the process of phasing these in. Nevertheless, the introduction and expansion of these activities over the last few years has significantly increased the workload of our Welfare team. Consequently, as part of its restructuring in 2010, Thandanani has redeploy its Trainer to the newly created position of Group Work Facilitator within the organisation. With this redeployment the Welfare Team now has a staff member dedicated to the coordination and support of all TCF's group based therapeutic programmes.

Challenges

 In order to assess the impact of the life-skills programme the Welfare team formulated a questionnaire that was administered both before and after the completion of the programme. The questionnaire used a 5-point rating scale (Strongly Agree; Agree, Do not know; Disagree and Strongly Disagree) to elicit participant's responses (pre and post) to a variety of statements related to the content of the programme. Several statements were used to assess each core focus area of the programme and the statements were varied to include factual or knowledge based statements, attitudinal statements and behavioural statements.

After all the questionnaires were collected, Welfare staff analysed the data to assess the impact of the activities. In this process it became evident that some of the "shifts" from the pre-tests ratings to the post-tests ratings were often "negative" (i.e. in the opposite direction

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than what was expected) and often contradictory (i.e. an individual would rate two related questions completely differently). For example, in response to the statement “It is not right for girls to ask boys to be their boyfriends”; 42% of primary school participants “Agreed” or “Strongly Agreed” with this statement in the pre-test and in the post-test 53% of participants “Agreed” or “Strongly Agreed” with the statement. This after input and engagement on issues related to gender and gender equality.

This type of response was contrary to expectations. It was not only contrary to the tone of discussions in the groups sessions themselves but also contrary to feedback we received from participants, caregivers and teachers who are involved with these children on a regular basis. On the basis of this outcome and observation, Thandanani feels that the data gathered through the pre and post-test questionnaires cannot be relied upon to determine the impact of the life-skills groups that were conducted this year.

Consequently, Thandanani has decided to continue to run the life-skills programmes in 2011 and to take several actions to ensure a more reliable evaluation of the programme in the coming year – including a plan to engage the services of a researcher to assist in the development and administration of the questionnaire and in the analysis of the data. Based on our experience in the current year, Thandanani recognises that we do not have adequate expertise to properly formulate, administer and analyse a formal evaluation of this type

 The Public Servants strike also disrupted our Life-skill program as schools were closed for an extended period and it was very difficult to get children to come to groups during this period. However, our Life-skill volunteers ran two sessions in a week to make up the time lost during the strike and so successfully completed the planned life-skills groups on time. This strike also caused significant delays in the processing of foster care grants and applications for birth certificates and identity documents as all government departments were closed.

 Changes in legislation which now require the screening of prospective foster parents against the national register for sexual offences, and the lack of clear understanding of the procedure and exact forms to be completed by staff at the offices of the national register has caused significant delays in the processing of foster care grant applications in the current quarter. Thandanani's Welfare staff were informed of the forms to be completed and procedures to be followed and undertook the completion and submission of these forms only to be told that the forms completed were the wrong ones. This necessitated our recalling all the caregivers who

had completed these forms and working with them to complete the new forms. Not only did this cause significant frustration and delays but it also incurred costs as Thandanani refunds the travel costs incurred by Caregivers when accessing our services.



Future Plans

 The redeployment of Fikile Zungu (former trainer) to the newly created post of Group Work Facilitator will allow us to expand the rollout of Children and Caregiver support groups to Richmond in the new financial year. Once she has completed her training in the facilitation of these groups with our partner organisation, dlananathi, she will facilitate training for Richmond's Life-skill volunteers in the running of the groups and roll out will commence thereafter.

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

case studies

Names have been changed to protect the identity of families

 In recent months Thandanani's Welfare Team received a report of a “neglected child” in one of the communities in which we work. Upon investigation they found a young boy, who is HIV+ and on treatment and who has a colostomy bag fitted due to a bladder condition, in the care of his elderly grandmother. During the investigation Welfare staff established that the grandmother was not able to provide adequate and suitable care for the child both economically and medically and so, in consultation with the Grandmother, it was decided that the young child should be removed to a place of safety to ensure he receives appropriate care and medical attention. Subsequent to his placement he has been taken to a specialist who has indicated that his bladder condition can be surgically corrected but that the child first needs to gain weight and his CD4 count needs to increase before the surgery can take place. Although this is a somewhat unusual case for Thandanani as it involved the removal of a child from his biological family, it again demonstrates the effectiveness of Thandanani's volunteer network as a “safety net” for children in the communities in which we work. Community members were able to report the case to our volunteers who alerted our Welfare staff and, as a result of their intervention, the child is now receiving appropriate care and medical attention.

 When Thandanani's Health Services staff engaged the Dlamini household, their assessment established that both Ms Dlamini and her boyfriend were HIV positive and had defaulted on their ARV treatment. At the time of the assessment they were both very ill and were unable to provide adequate care and supervision to their 2 children and 3 grandchildren. As a result Thandanani's Health Staff referred the case to Thandanani's Welfare staff who have counselled the family. Although initially reluctant, through engagement with our social workers, the caregivers have decided to place their 3 grandchildren in a children's home to ensure that they receive appropriate care and support. This has significantly reduced the burden of care that these caregivers carry and demonstrates how professional assistance can assist caregivers make difficult decisions in the best interests of the children.



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One of the core focuses in Thandanani's model of Community based OVC care and support is the physical well-being and development of OVC's and their caregivers. In the current year Thandanani has introduced a range of new health services and established a specialist team of staff and volunteers focused specifically on health related activities. These activities include the introduction of health assessments; health education; voluntary counselling and testing; and treatment compliance monitoring for caregivers and children on our database.



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

Activity	Output	Beneficiaries	Outcomes to Date
Undertake general health monitoring of OVC's & caregivers	Home Care Volunteers monitor the Physical Well-being of OVC's during their regular home visits. If a child is found to be ill they should accompany the caregiver and child to the clinic to ensure appropriate treatment. Should monitoring indicate ongoing concerns these should be reported to TCF Health Care staff for further assessment and intervention.	All Caregivers (1000 – 1200) & OVC's (2700 – 3200)	A total of 220 accompanied clinic visits were conducted by homecare volunteers during the current reporting period.
Engage caregivers & OVC's in general health and HIV/AIDS awareness & education	Health Care Volunteers engage household members in age appropriate health and HIV awareness and education.	300 – 400 households per year	Health staff and Wellness volunteers have conducted health assessments and basic health education with 177 households (284 adults, 385 children) during the current reporting period.
Facilitate access to VCT services	Health care volunteers engage household members in VCT awareness & education and TCF's Health Care staff undertake VCT at the household or via accompanied clinic visits.	250 - 300 adults and 350 - 400 OVC's test per annum and an estimated 100 adults and 50 children who test positive receive post test support visits by Health Care volunteers & staff	Health staff undertook voluntary HIV counselling with 343 individuals (140 adults & 203 children) in the current reporting period. Of these 140 adults & 203 children were tested with 20 adults and 16 children testing positive. All were referred for CD4 counts. Seven adults and 5 children are now on ARV treatment and a further 13 adults and 11 children are receiving prophylaxis as per DOH guidelines.
Undertake treatment monitoring & support	Health Care Volunteers undertake weekly treatment compliance monitoring and support visits to those family members who are on antiretroviral treatments.	50 -75 adults and 20 - 28 children who are on ART receive weekly treatment adherence and support visits from volunteers	During the current period 34 individuals (13 adults & 21 children) who were already on treatment were identified and TCF has commenced treatment compliance monitoring with them. Two adults who defaulted on their treatment were taken back to hospital for re-screening and have been recommenced on a new ARV regimen.
Ensure referrals to palliative care when necessary	Health Care Volunteers facilitate access to palliative care services when necessary	Needs based	1 adult has been referred to the Red Cross for palliative care and another one was referred to Hospice by TCF's wellness volunteers.

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Achievements

-  Despite early delays in health staff recruitment, and volunteer turnover during the course of the year, Thandanani's health Services team managed to achieve almost all of their targets for the year and outcomes suggest that these new services are being well received and are having a significant impact.
-  Preparations for the expansion of the programme to other communities are underway and have included information sessions in both Richmond and Pietermaritzburg. The response to these information sessions was good with 300 caregivers attending the sessions. A significant number of participants indicated that they would be happy for our health team to visit their families and engage family of healthrelated matters including HIV testing.
-  12 new Wellness volunteers were trained in the last quarter and they are demonstrating enthusiasm and passion in the roll out of these services. In addition, two previously trained volunteers received advanced training in HIV counselling and testing and these volunteers have now begun practical implementation of the skills learned under the supervision of Thandanani's professional nursing staff.
-  Wellness volunteers in communities where the roll out of these new services has commenced have demonstrated significant growth in their capacity to undertake the delivery of these services during the course of the year. TCF is confident that Health Staff can reduce the intensity of their support to these volunteers and redirect their capacity to the introduction of these services in other communities as planned.
-  Health services staff report a sense that awareness and education about HIV/Aids in the communities in which we are working is slowly being accepted and that people are gradually becoming more open to discussing the issue of HIV & Aids, including TB as the most common opportunistic infection associated with HIV in South Africa. This is also demonstrated by the uptake of these new services with 49% of adults and 53% of children who were engaged by TCF consented to HIV testing.

-  The noticeable success of Thandanani's new health services and the fact that these are closely aligned to the Department of Health strategic response to HIV, has resulted in the development of a new partnership with the local Department of Health who have donated 40 boxes of Home Based Care materials; 250 sets of rapid test kits; 450 confirmation test kits and 6 sharps containers to the organisation and assisted in the training of some of our Wellness volunteers in HIV counselling & testing.

Challenges

-  Volunteer turnover is again proving to be a challenge. This has meant that Thandanani has had to recruit and train a number of replacement volunteers during the course of the year and this has interrupted service delivery and the development of a trusting relationship between the volunteer and the household members when volunteer changes occur.
-  While the Health Team met most of its targets for 2010, the scale of the rollout will increased significantly in 2011 and there is some concern that the targets may be hard to reach within the time frames set particularly given practicalities like the lack of availability of some beneficiaries during work and schooling hours. To address this challenge Thandanani is hoping to be able to employ an additional staff member in the form of an Enrolled Nursing Assistant in the new financial year.
-  Even with additional staff, the lack of availability of some beneficiaries during work and schooling hours does pose a challenge in the roll out of these services. To address this Thandanani will request a days "leave of absence" from school for the children being visited by the health team on any given day. Despite not being ideal, Thandanani feels that this is justified given the impact of HIV in the communities we work with and the benefits of early identification and treatment.
-  The lack of some basic diagnostic resources for TCF health staff sometimes necessitated the referral to state health services for certain routine tests (e.g. when pallor and cyanoses [anaemia] is suspected) and this causes delays in ensuring that certain basic health problems are identified and addressed. To address this Thandanani hopes to be able to secure funding for the purchase of additional equipment in the new financial year.

Future Plans

-  To secure donor permission to employ an additional staff member in the form of an Enrolled Nursing Assistant to strengthen TCF's staffing capacity for the expanded roll out of health services in the new financial year.
-  To train more TCF volunteers in HIV counselling & testing through the Department of Health to further increase TCF's capacity in the roll out of these services.
-  To secure additional funding for basic diagnostic resources to ensure more comprehensive and time effective health service delivery.
-  To secure permission from the main donor of TCF's health services to reallocate some available funding towards the purchase food vouchers to issue to households where additional nutritional resources are needed to support treatment compliance and efficacy.
-  To design charts and formulate a reward system to be used as a tool to encourage treatment compliance.

Case Studies

Names have been changed to protect the identity of families

Since the introduction of TCF's new health services, and despite some challenges, we are starting to see the realisation of some of the outcomes we had hoped for. The case studies below clearly demonstrate the impact of the services we provide to the households we support.

-  In the Mchunu household both the caregiver and her husband had defaulted on their treatment but have been supported by Thandanani's health team and have recommenced their treatment. In addition the caregiver has also commenced treatment for TB after diagnosis by our health staff. Despite being back on treatment, the husband remains very ill and has been referred to the Red Cross for palliative care. The children in the family, 10 year old Sipho and 3 year old Thandi, have also tested positive and have commenced treatment. They are currently being cared for by a neighbour while their parents recover and Thandanani's Welfare team have formalised their temporary placement with the neighbour.

-  Towards the end of October one household from Snathing had a caregiver and a 19 year old daughter who tested HIV positive. The caregiver was very ill at the time and had a history repeated TB infections that were not healing. After the testing they were referred to hospital for CD4 counts. Sadly the caregiver passed away before ARVs could be commenced. However the daughter has been placed on a treatment monitoring programme where she receives prophylactic medication as a test of her adherence ability. Should she successfully complete this phase she will be placed on ARV's and we expect to see a significant improvement in her CD4 count and general health as a result.

-  Teachers at a local school referred a case to TCF's health staff where a nine year old child, who had already been diagnosed as HIV positive and placed on treatment, had defaulted on his treatment (as a result of a lack of care and support from his caregiver) and had a serious infection. After intervention by our Health staff the child was referred to hospital for treatment. Thandanani's Welfare Staff investigated this case and facilitated the placement of the child in a Place of Safety where he has recommenced his treatment and is reportedly doing well.



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Recent Activities in Pictures



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

Finances & Fundraising

Major Donors

Kindernothilfe
National Lottery Distribution Trust Fund (Lotto)

Core Donors

Belgium Embassy
CAFOD
Chevron SA
Community Chest - Pietermaritzburg
Department of Social Development
DG Murray Trust

Kindermissionswerk - Die Sternsinger
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Old Mutual
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Makro – Pietermaritzburg
Mondi - Richmond

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Rotary Club Of Bromella
- Jonas Gyllenberg

Rotary Club of Pietermaritzburg
- Richard Paine
Partners in Development
- Lindi Still

Household & General Sponsors

Bluff Methodist Church
Brittan Smith
C.E. Pretorius
Dena El-sayed
Dev Moodley
Evelyn Andrew
Jacek Brzozowski
James 127 Trust - Robert Botha
Jonathan Hallows
Karl Grutzner
Linda Löwer

Mary Goodenough
Nkosinathi Foundation - Carol Warnica
Shamla Naidoo
St Charles College – Tom Smith
Vidna Maharaj
HS Ebrahim School
UKZN student leadership development
- Marie Oodendaal
Zanele Maseko
Yvonne Spingler



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overview

We have audited the accompanying annual financial statements of Thandanani Childrens Foundation. The company's directors are responsible for the preparation and fair presentation of these annual financial statements in accordance with the South African Statement of Generally Accepted Accounting Practice for Small and Medium-sized Entities. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

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

In common similar organisations, we extended our qualification to include property, plant and equipment; the Association's treatment of property, plant and equipment is not in accordance with South African Statements of Generally Accepted Accounting Practice. Property, plant and equipment is not capitalised but written off as an expense at the date of purchase.

Qualified Opinion

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, the annual financial statements present fairly, in all material respects, the financial position of Thandanani Childrens Foundation as at 31 March 2011, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards for Small and Medium-sized Entities, and in the manner required by the Companies Act of South Africa, 1973.



EM Luiz



Directors' Responsibilities and Approval

The directors are required in terms of the Companies Act of South Africa, 1973 to maintain adequate accounting records and are responsible for the content and integrity of the annual financial statements and related financial information included in this report.

The directors acknowledge that they are ultimately responsible for the system of internal financial control established by the company and place considerable importance on maintaining a strong control environment. To enable the directors to meet these responsibilities, the board of directors sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the company and all employees are required to maintain the highest ethical standards in ensuring the company's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the company is on identifying, assessing, managing and monitoring all known forms of risk across the company. While operating risk cannot be fully eliminated, the company endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The directors are of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The directors have reviewed the company's cash flow forecast for the year to 31 March 2012 and, in the light of this review and the current financial position, they are satisfied that the company has or has access to adequate resources to continue in operational existence for the foreseeable future.

The annual financial statements, which have been prepared on the going concern basis, were approved by the board of directors on 14 June 2011 and were signed on its behalf by:



L Tooke - Chairman



L M Strydom



Statement of Financial Position

	2011 R	2010 R
Assets		
Non-Current Assets		
Other financial assets	200,205	100,205
Current Assets		
Deposits and donation income receivable	33,927	33,576
Cash and cash equivalents	1,323,732	1,207,037
Total Assets	1,557,864	1,340,818
Reserves and Liabilities		
Reserves		
Contingency reserve and fair value adjustment reserve	946,462	-
Accumulated funds	21,713	794,580
	968,175	794,580
Liabilities		
Current Liabilities		
Accrued expenses and donation income received in advance	515,605	490,342
Provision for leave pay	74,084	55,896
	589,689	546,328
Total Reserves and Liabilities	1,557,864	1,340,818



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Statement of Comprehensive Income

	2011	2010
	R	R
Donation income	4,431,727	3,317,133
Operating expenses	(4,353,728)	(3,422,247)
Operating surplus(deficit)	77,999	(105,114)
Investment revenue	94,080	78,637
Surplus (deficit) for the year	172,079	(26,477)
Other comprehensive income:		
Available-for-sale financial assets adjustments	1,516	-
Total comprehensive surplus (deficit)	173,595	(26,477)



Supplementary Information - *The supplementary*

information does not form part of the annual financial statements and is unaudited

1. Donation/funding income per funder

International Donor Income

Belgium Embassy	408,958
Cafod	111,146
Kindemotilffe	807,889
Kindermissionwer (die sternsinger)	299,695
Missio	136,604
Stichting Kinderpostzegels Nederland	194,243
Stephen Lewis Foundation	242,893

Local Donor Income

Chevron	150,000
Community Chest	55,250
The D.G. Murray Trust	305,000
Old Mutual Foundation	150,000
Starfish Greatheart's Foundation	318,347
The National Lottery Distribution Fund	807,446

Government Departments & Subsidies

Department of Welfare	313,730
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Non-contractual Income

Corporate donations	5,515
My Village	759
Epworth: Malala School	5,000
Other general donations	45,015

Special Projects & Household Sponsors

Household sponsorships	45,142
Rotary: Water Harvesting	29,095

4,431,727

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2. Training and Advocacy Services (Richmond)

Staffing- Director	8,023
Staffing- Programme Manager	2,737
Staffing - Trainer	59,282
Training materials	3,128
Training coordination and delivery	34,385
	107,555

3. Training And Advocacy Services (Pietermaritzburg)

Staffing- Director	12,053
Staffing- Programme Manager	5,528
Staffing - Trainer	72,455
Training materials	3,655
Training coordination and delivery	15,772
	109,463

4. Community Development and Direct Child Support (Richmond)

Staffing - Director	72,316
Staffing- Programme Manager	31,472
Staffing - Development Coordinator	82,519
Staffing - Senior Development Facilitator	135,060
Staffing - Development Facilitator	224,189
Staffing - Development Facilitator (livelihood and security)	51,441
Staffing - Development Facilitator (household reporter)	44,303
Home care volunteer stipend and travel	96,237
Home care volunteer coordination and support	20,628
Material well-being - community household food garden	14,880
Material well-being - housing	8,675
Material well-being - food relief	13,368
Cognitive well-being - schooling	14,869
Transportation- goods and materials	10,500
Household sponsorship payments	1,200
	821,657

5. Community Development and Direct Child Support (Pietermaritzburg)

Staffing - Director	84,533
Staffing - Programme Manager	36,945
Staffing - Development Coordinator	100,706
Staffing - Senior Development Facilitator	84,151
Staffing -Development Facilitator	239,271
Staffing - Development Facilitator (livelihood and security)	62,872
Staffing - Development Facilitator (household reporter)	53,845
Home care volunteer stipend and travel	77,393
Home care volunteer coordination and support	19,400
Material well-being - household food garden development	24,877
Material well-being - ELC food garden development	4,496
Material well-being - housing	8,564
Material well-being - food relief	15,082
Cognitive well-being - schooling	16,150
Transportation - goods and materials	13,319
Household sponsorship payments	43,933
Sunfield Home	21,750
	907,287

6. Welfare Services (Richmond)

Staffing - Director	36,158
Staffing - Programme Manager	16,427
Staffing - Welfare Coordinator	84,502
Staffing - Social Worker	120,594
Staffing - Child Care Worker	22,399
Staffing - Intern Social Worker	4,718
Life skills volunteer stipend and travel	18,653
Life skills volunteer coordination and support	4,287
Emotional well-being- life skills program	21,108
Emotional well-being- life skills camps	59,751
	388,597

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7. Welfare Services (Pietermaritzburg)

Staffing - Director	44,193
Staffing - Programme Manager	19,157
Staffing - Welfare Coordinator	103,281
Staffing - Social Worker	155,233
Staffing - Child Care Worker	27,374
Staffing - Auxillary Social Worker	35,415
Staffing - Intern Social Worker	3,909
Life skills volunteer stipend and travel	26,586
Life skills volunteer coordination and support	5,969
Emotional well-being- life skills program	22,577
Emotional well-being- life skills camps	65,429
Emotional well-being- caregiver support	20,136
	529,259

8. Health Services (Richmond)

Staffing - Director	24,106
Staffing - Programme Manager	10,947
Staffing - Health Services Coordinator	73,817
Staffing - Nurse	55,513
Healthcare volunteer stipends	7,440
Health care volunteer coordination and support	5,143
Physical well-being - HIV Education and prevention materials	1,446
Physical well-being - VCT materials	6,103
Physical well-being - Caregiver/OVC clinic travel	124
Physical well-being - Adherence monitoring and materials	1,781
	186,420

9. Health Services (Pietermaritzburg)

Staffing - Director	32,140
Staffing - Programme Manager	13,683
Staffing - Health Services Coordinator	91,120
Staffing - Nurse	67,640
Healthcare volunteer stipends	13,885
Health care - Coordination and support	5,514
Physical well-being - HIV education and prevention materials	1,898
Physical well-being - VCT materials	6,670
Physical well-being - Caregiver/OVC clinic travel	630
Physical well-being - Adherence monitoring and materials	1,781
	234,961

10. General Operating Expenses (Richmond)

Staffing - Director	36,158
Staffing - Finance/Admin Manager	99,619
Staffing - Receptionist	26,627
Building and equipment	86,308
IT and telecommunications	83,790
Database development	22,436
General office administration	26,902
Auditing	13,895
Bank charges	12,403
Fundraising and marketing	31,920
Staff development	20,557
	460,615

11. General Operating Expenses (Pietermaritzburg)

Staffing - Director	52,228
Staffing - Finance/Admin Manager	121,757
Staffing - Receptionist	32,544
Staffing - Office Assistant	46,619
Building and equipment	103,267
IT and telecommunications	98,258
Database development	24,601
General office administration	31,220
Auditing	16,706
Bank charges	13,892
Fundraising and marketing	40,444
Staff development	26,378
	607,914



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organisational Details

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

Thandanani's current Board Comprises

Larry Tooke (Chairperson)	Systems Consultant, Software Developer and Clinical Psychologist.
Trini Krishnan (Treasurer)	Business Analyst
Philippe Denis	Theology Lecturer and Memory Box Project Coordinator
Bongi Zengele	Lecturer & Community Development Practitioner
Lisa Strydom	Non-Profit Consultant & Community Development

Thandanani's current Staff Comprises

Management & Administration:

Duncan Andrew	Director
Sandra Naidoo	Finance & Admin Manager
Nhlanhla Ndlovu	Programme Manager
Barbara Khoza	Receptionist
Zandile Buthelezi	Office Assistant

Development & Direct Child Support:

Bheki Madide	Development Co-ordinator
Agnes Mkhize	Senior Development Facilitator (Pietermaritzburg)
Jillith Moyo	Development Facilitator (Pietermaritzburg)
Nontsikelelo Dlamini	Development Facilitator (Pietermaritzburg)
Bheki Dladla	Senior Development Facilitator (Richmond)
Sibongile Sithole	Development Facilitator (Richmond)
Mampho Lieke	Development Facilitator (Richmond)
Thabani Ndlovu	Development Facilitator (Livelihood Security)
Slonoleni Dlamini	Development Facilitator (Database & Sponsorship Administrator)

Welfare & Early Childcare

Sma Mngomazulu	Welfare & Childcare Coordinator
Mthombisi Mlaba	Social Worker (Pietermaritzburg)
Siphume Dlongolo	Social Worker (Richmond)
Zikhona Dladla	Social Auxiliary Worker (Pietermaritzburg)
Fikile Zungu	Group Work Facilitator

Health

Zanini Mahlalela	Health Services Co-ordinator
Zolelwa Kwitshana	Nurse

Thandanani's current Auditors

E.M. LUIZ, Chartered Accountants (S.A.)
 PO Box 3143, Pietermaritzburg, 3200, South Africa
 Suite 8, Block B, Deloitte House, 181 Berg Street, Pietermaritzburg, 3201, South Africa
 Docex 21, Pietermaritzburg
 Tel : +27(0) 33 345 0282
 Fax : +27(0) 33 394 0746



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Registration Details

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

Banking Details

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

Contact Person

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

Contact Details

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



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