



ANNUAL REPORT  
2014/15

In Xhosa,  
when we talk about compassion,  
we say Mfesane.



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## MESSAGE FROM THE CHAIR PERSON

Dear friends

It seems not so long ago when the founding fathers of Mfesane started this organization in 1975 as a vehicle for showing what the love of Jesus Christ is all about. Showing what Jesus meant when he said we must love "our neighbour as much as we love ourselves". It was during the dark days of apartheid when there was a big gap between the blacks and the whites. It was the year that Steve Bantu Biko was under the banishment order at Ginsberg location. The year that the black press was banned. Yet the white ministers of the Dutch reformed church and their spouses believed they had a responsibility to their fellow human beings. Then it was not fashionable to associate with the black people, yet this is what they did, identifying with the poor and the oppressed. Today as we read this annual report we must not lose sight of the fact that we are standing on the shoulders of those Giants. They were the pathfinders in order to make our task easier.



2015 has not been an easy year for South Africa. I write this as we watch students marching to demand that fees must fall and in a time where our currency is weakened.

Mfesane has a beautiful story to share. We were amongst the pioneers who were advocates of enabling the poor to reach their goals. Even after 40 years we must not lose sight of our objectives and vision as Mfesane: our mission must always be to empower the poor, the marginalized and the vulnerable.

I like to believe that the work of our organization is strategically aligned and so our core values in conjunction with other structures, internal and external, continue to secure support for those projects and programmes that materially and spiritually make a difference in the lives of our beneficiaries.

I wish to thank our CEO, Nomvuyo Baba, and our stewards in finance, led by Rowan Abels, for steering the ship over troubled waters. Our goal together must be to make this gallant movement relevant and vibrant for the next 40 years. Hence I now wish to thank our staff members for working tirelessly. If it were not for your sacrifices and selflessness we would not be here today.

There is no doubt in my mind that Mfesane is a superb organization. In my own interaction with our staff and benefit rides I have become convinced that we still have a glorious future ahead. May the Almighty God guide us as we plan and dream for the next forty years. We dare not fail the next generations. I thank you.

- Rev. Otto Ntshanyana

## CEO'S REPORT

2014 has been a year of community empowerment and partnerships. In the year under review Mfesane succeeded in strengthening ties with a variety of relevant stakeholders that has seen the fruits of our seven Strategic Options coming to the fore. Just one example is the partnership formed with the Department of Health in the Western Cape and Eastern Cape, through which Mfesane provided a range of services to the sick at home, and additionally offered family members structured training to take care of their loved ones should Mfesane exit those communities.



Similarly, marginalized women and children in five communities in Nelson Mandela Bay (Eastern Cape), Khayelitsha and Saldanha Bay on the West Coast were protected against violence and abuse through training interventions on Human Rights, Lobby and Advocacy.

Our people are our greatest asset. Capacitating our management team, working towards building an active citizenry and showing inspirational leadership have been vital priorities at Mfesane. Since 2010 we have been working to make key parts of our organisation more business-orientated whilst not losing sight of the heart of the organisation.

I still feel tremendously inspired by what I see happening at Mfesane as we stand strong and inspired to be part of a leading Christian organisation in empowering communities despite the challenges we face in the process of our work.

A big thank you to our funders, our staff and our Board for supporting us to reach out to so many deserving children and adults, and make a difference in their various communities.

- Mrs Nomvuyo Baba



The Mfesane team 2015

## ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
ART	Anti-Retroviral Treatment
CBAS	Community Based-Adherence Support
CBR	Community Based Response
CDU	Chronic Disease Unit
CYCW	Child and Youth Care Worker
DOH	Department of Health
DSD	Department of Social Development
HBC	Home-Based Care
HCT	HIV Counselling and Testing
HIV	Human Immune Virus
IMCI	Integrated Management of Childhood Infection
M&E	Monitoring and Evaluation
NACCW	National Association for Child Care Workers
NACOSA	Networking Aids Community of South Africa
NDA	National Development Agency
NEET	Not Employed, Educated and Trained
NPC	Non Profit Company
NPO	Non-Profit Organization
ODS	Organizational Development Services
OVC	Orphans and Vulnerable Children
TB	Tuberculosis
URC	University Research Company
USAID	United States of America International Development
VEP	Victim Empowerment Programme



## ABOUT MFESANE

The word “Mfesane” means “compassion” in IsiXhosa. Mfesane is an independent, ecumenical development organization which is registered as a Non-Profit Company (NPC) and has a tax exempt Section 18A status.

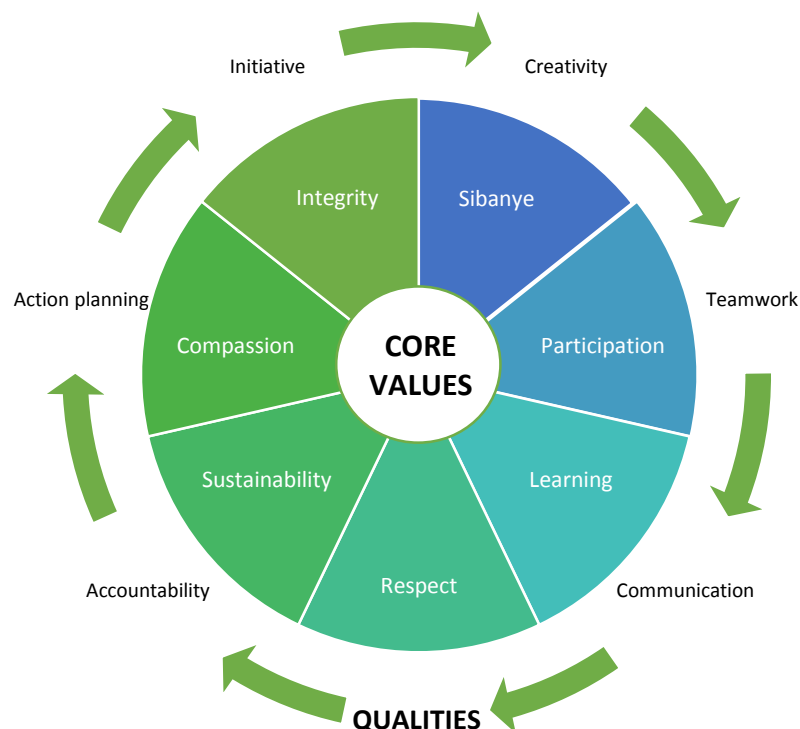
Mfesane’s motto is “Christianity in Action”.

## VISION AND MISSION

To become a leading Christian Development Agency in empowering communities, through:

- piloting new development initiatives by using internal and external knowledge and resources,
- building the capacity of communities to respond to their own needs sustainably, and
- facilitating networks and partnerships.

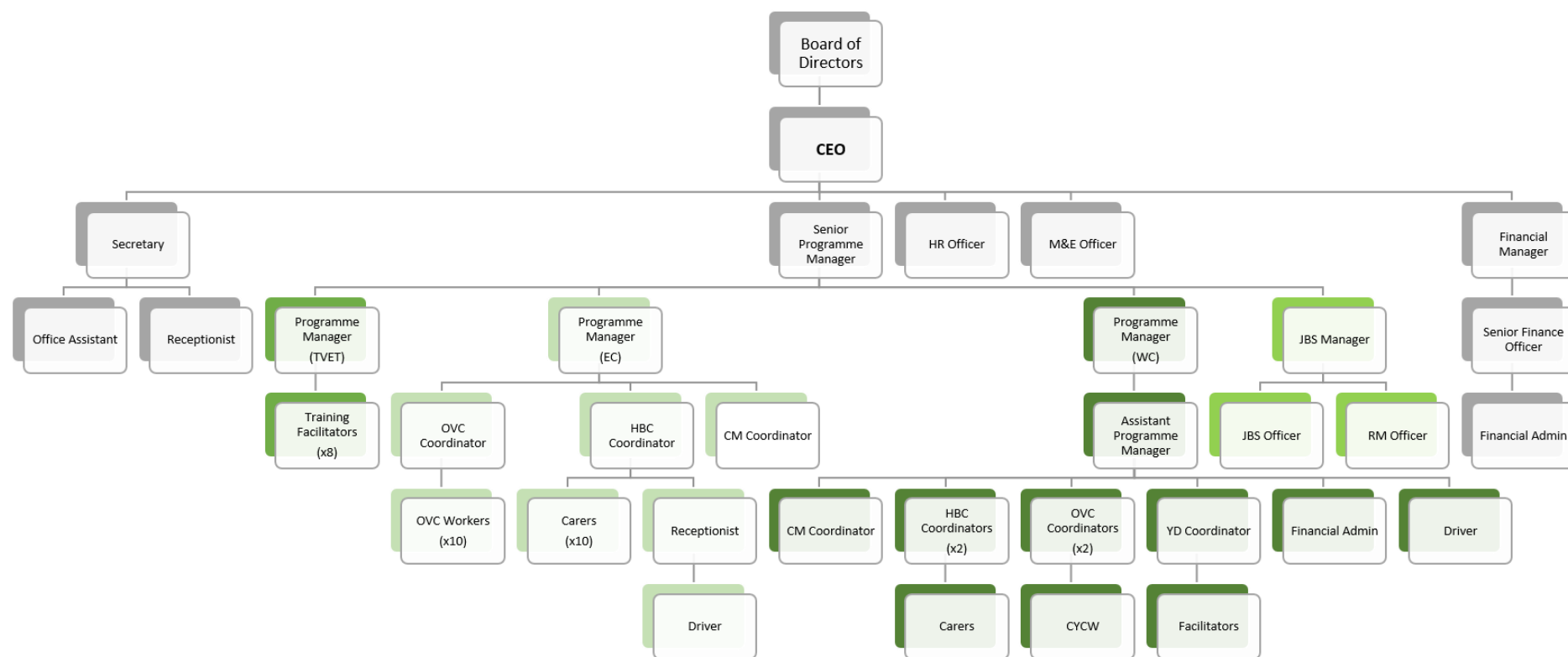
## VALUES & QUALITIES



## BOARD OF DIRECTORS

Mrs NL Baba, Rev EZ Myeko, Rev. O Ntshanyana, Mr N Pretorius, Dr N Bowers du Toit, Mrs N Walker-Woodard, Mrs NL Sopotela

# ORGANIZATIONAL STRUCTURE





# PROGRAMMES AND PROGRAMME PERFORMANCE

## COMMUNITY SERVICES

The primary goal of the Community Services programme is to improve the quality of life of communities in the Saldanha Bay Municipality (West Coast) and the Nelson Mandela Bay Municipality (East Coast) of South Africa by increasing their access to primary health care services. These services include HIV/AIDS, STI and TB; adherence support; health promotion; counselling and testing; and other chronic illness care and support.

## Objectives

Ensure that appropriate and standardised HIV/AIDS, STI and TB prevention services are provided in communities.

## Beneficiaries

Seven communities within the Saldanha Bay Municipality (West Coast) and four within the Nelson Mandela Bay (East Coast).

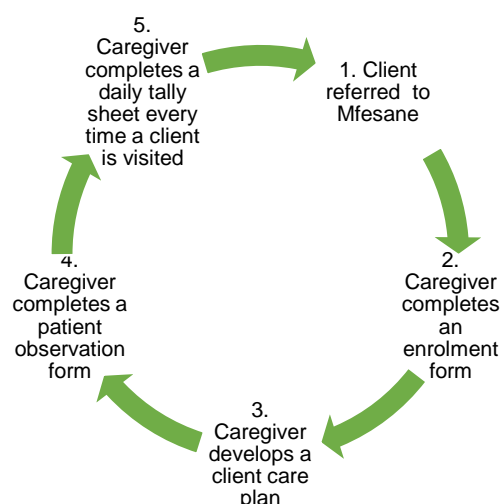
## Background

Since the inception of the Community Services programme, Mfesane has been committed to working towards an HIV-free and empowered society. The organization is passionate about ensuring that everyone living in South Africa has access to compassionate, effective and targeted information and support in the fight against HIV and AIDS. As a result, every effort is made to ensure appropriate training and support is given to those working in and around the targeted communities in their approach to the prevention and treatment of those infected and affected by HIV and AIDS.

## Community Based Adherence Support (CBAS)

The Community Services programme aims to ensure high-quality standardisation and accessibility of Primary Health Care services at community level, leading to increased numbers of HIV-positive clients being cared for and supported.

In partnership with the Western Cape and Eastern Cape Department of Health, Mfesane provides services to sick people at their homes through teams of healthcare workers, and also trains family members to take care of their ill family members.



## Results

In the year under review, Mfesane succeeded in strengthening the relationships with Woord en Daad, DOH, NACOSA and DSD with the following highlights and achievements to report on:

- Home visits were provided to patients on ARV therapy to ensure compliance with their treatment.
- TB DOTS were made available at the homes of patients on a daily basis, and defaulters were traced. Mfesane offered adherence support to stabilized mental health patients at home to ensure compliance with their treatment.
- Mfesane held weekly Chronic Disease Unit (CDU) support groups for chronic disease patients who received medication and care, including blood pressure tests, diabetes scanning, eye testing and weighing of patients.

Mfesane Community Health Care Workers also conducted health promotion and prevention awareness campaigns that included breast examination, cervical smears, family planning, health promotion talks about mental health issues, chronic disease management, HIV and AIDS, Medical Male Circumcision and IMCI (Integrated management of childhood infections).

Health education talks were given at schools, taxi ranks, crèches and homes about the importance of personal hygiene, hand washing, the treatment of diarrhoea and active and passive case finding of TB.



Mfesane Community Health Care Workers conducting an awareness campaign in the town of Vredenburg on the West Coast.

Mfesane has over-achieved the set target for the year under review. This could be attributed to the fact that the Department of Health decentralised the CDU (Chronic Disease Unit) to NGOs, meaning that patients with chronic illnesses were referred to Mfesane for medication distribution, vital signs and awareness.

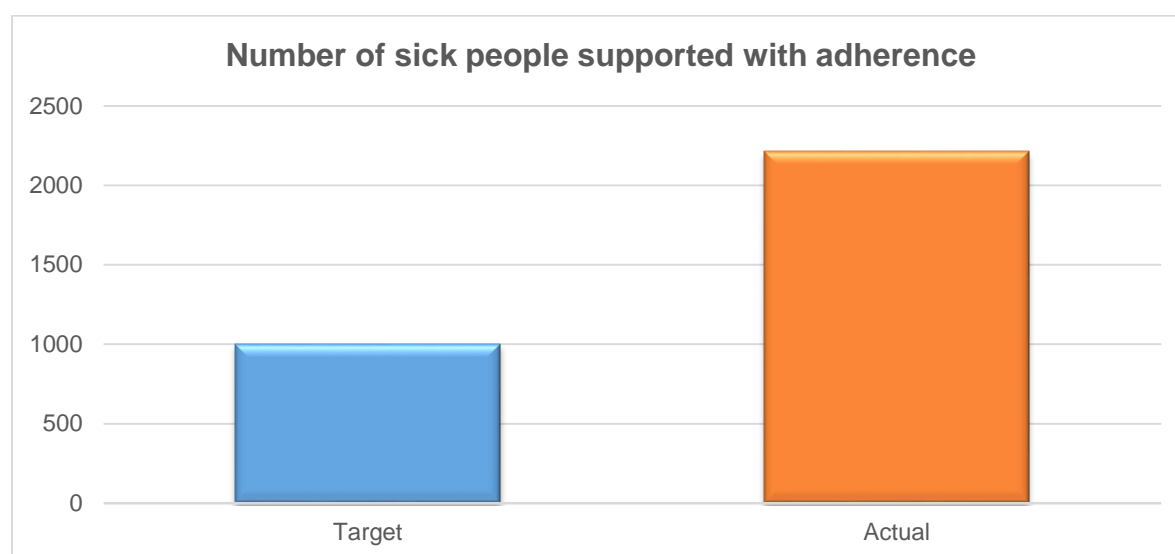


Figure 1: People supported with adherence (Source: Monthly Reports)

The HIV Counselling and Testing has also exceeded projected targets - the service is widely available in 13 health facilities in SBM where thousands of people access services on a daily basis, hence they are easily reached by the HCT team for testing and counselling.

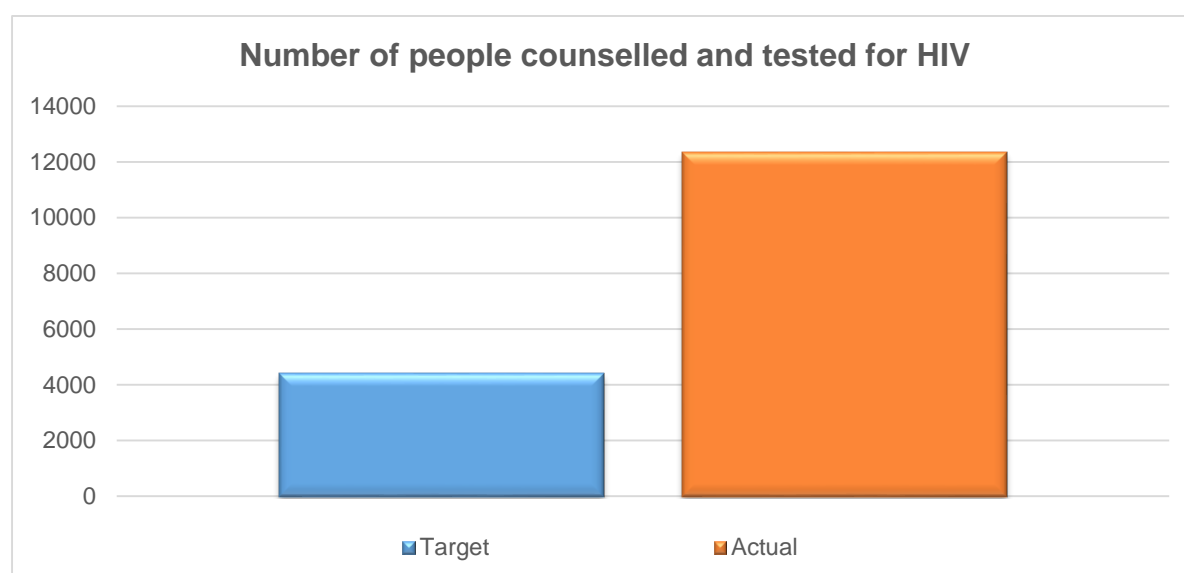


Figure 2: People counselled and tested for HIV (Source: Monthly Reports)

## USAID TB CARE II SOUTH AFRICA

The purpose of this project is to provide technical assistance to the TB Programme in South Africa by implementing the “Together We Can Beat TB” programme, thereby contributing to the fight against TB by promoting early detection and case finding as well as facilitating improved access to treatment and follow up.

### Objectives

- To intensify TB case detection in the community in Sub-District C by end of the project period
- Improve TB treatment adherence in the Nelson Mandela Bay clinics in Sub-District C by end of the project period
- To increase TB/HIV collaboration by end of the project period
- To manage TB in children by end of the project period
- To increase community awareness and involvement in the prevention of TB and HIV through various ACSM communication media

### Beneficiaries

Mfesane supports 10 healthcare facilities in Sub-District C of the Nelson Mandela Bay Municipality:

Walmer Gqeberha, Walmer 14, Empilweni CHC, Korsten CHC, Hellenvale, Gelvandale, West End, Chatty, Booysen’s Park and Goven Mbeki.



### Background

The USAID TB Care II South Africa grant has helped strengthen and improve communities' health systems. We created appropriate advocacy, communication and social mobilization strategies to increase awareness about TB. Likewise, we developed innovative service delivery models that include public private mix models for the rapid expansion of DOTS for the control of TB.

Mfesane enjoyed solid working relationships with DoH structures and clinics and made good progress in DOT support, defaulter and contact tracing and referrals. These relationships have helped to relieve the burden of under-resourced and under-staffed primary health facilities, filled in record-keeping gaps when necessary, built capacity of health workers and acted as a key link between communities and healthcare services.

Mfesane was able to show the feasibility of implementing integrated TB and HIV management in remote and poor settings. However, the model requires time and support in the form of resources to replicate in other locations.

## Process

In implementing this programme, Mfesane employed community-based members within the areas of operation as community health workers; the new community health workers were trained in TB Dots and now have the skills to support their communities in treatment adherence and prevention.

Although the project has come to an end, the need in the NMB communities is still very evident.

Most of the community health workers have committed themselves to continue volunteering to ensure clients who are still on treatment will complete their course of treatment, thus preventing further defaulting. One community-based task team was established after a community dialogue; the team is motivated to continue working with the community to promote prevention of TB and treatment adherence.

Through its Church Mobilization Programme Mfesane has a cadre of volunteers who have been trained in Community Home Based Care and TB DOTS who will be approached to assist with supporting clients who are still under DOTs to complete their treatment.

Proposals have been submitted also to other possible funders (including DOH) to support the continuation of this programme to meet the needs in the NMB Municipality.



Left: A Mfesane Community Health Worker assists a TB Patient to adhere to treatment during her regular home visit for adherence support.

## Results

The following activities were carried out to meet the programme objectives.

### Objective 1: To intensify TB case detection in the community of Sub-District C by the end of August 2015

Activities undertaken to achieve the objective:

- Mfesane CHW's participated in DOT training: all of our CHWs were trained in TB and HIV management
- 15,922 people were screened and 1,263 suspects identified
- Out of 1,236 suspects, 136 were confirmed to be have TB and they started with treatment immediately
- 801 people with symptoms of TB contacts were referred to the clinic for TB testing

### Objective 2: Improve TB treatment adherence in the Nelson Mandela Bay clinics in Sub-District C by August 2015

Activities undertaken to achieve the objective:

- Provision of DOT support to TB patients receiving treatment and TB patients registered under NGO DOT Programme
- Follow up on TB patients under DOT (2-3 months) and end of treatment
- 3 support groups were established with 102 people participating in the support groups
- TB treatment interrupters were traced and referred back on treatment

### Objective 3: To increase TB/HIV collaboration by June 2015

Activities undertaken to achieve the objective:

- 290 TB positive patients were counseled and tested for HIV
- 15 HIV positive patients were put under TB DOTS

### Objective 4: To manage TB in children by June 2015

Activities undertaken to achieve the objective:

- 281 children contacts were traced
- 281 children under 5 years were referred for testing
- 109 children were infected with TB and they started treatment immediately
- 215 children were referred on INH

### Objective 5: To increase community awareness and involvement in the prevention of TB and HIV through various ACSM communication media

Activities undertaken to achieve the objective:

- 43 Mfesane TB programme staff were trained on ACSM activities
- 8 public awareness campaigns were conducted: these included awareness at schools, taxi ranks and public at large, reaching 636 people
- 3 community dialogues were conducted, reaching 219 people
- 6,030 door to door/home visits were conducted, reaching 15,143 people
- 6 health events were conducted, reaching 581 people

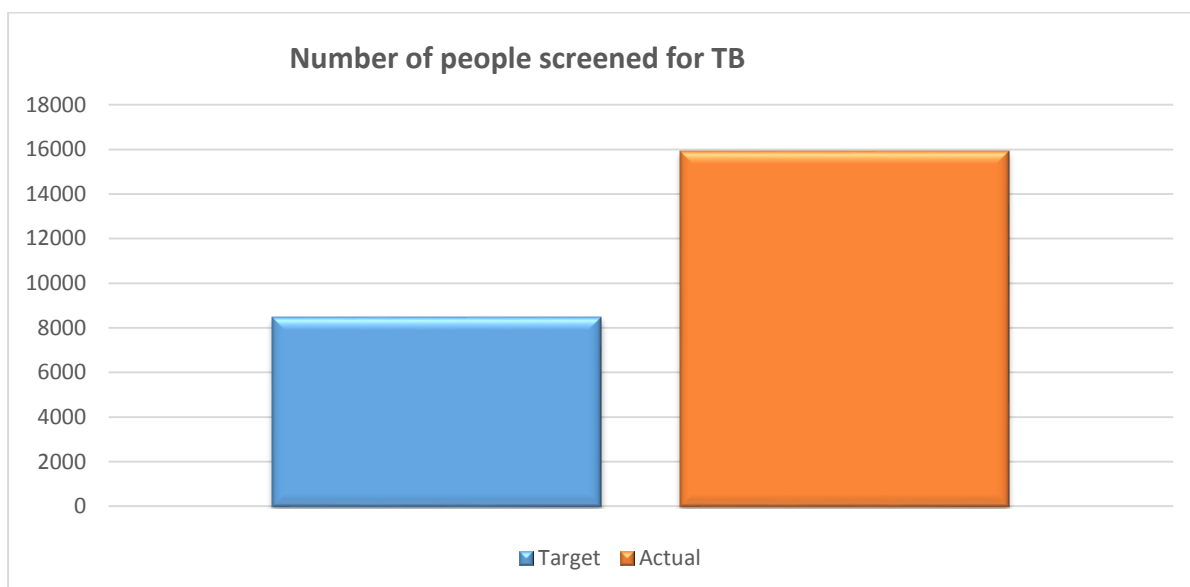


Figure 3: People screened for TB (Source: Monthly Reports)

Mfesane was able to screen more than 15,000 people for TB in the Nelson Mandela Bay's Sub-District 6 in partnership with ten primary health care facilities.

## USAID TB CARE

### Stories from the field

Meagan F., a 17 year old girl, was one of our contact clients. One of our Mfesane carers was doing contact tracing and screened Meagan for TB signs and symptoms. She gave Meagan sputum bottles to cough into and the results came back positive. The Mfesane carer started to DOT Meagan, who converted and is now cured.

Another of our Mfesane carers met a young man lying on a bed unable to walk and coughing a lot while she was doing door-to-door visits. The carer screened Luyanda and educated him about health issues. As he had TB signs and symptoms, sputum samples were taken and tested, with a positive result.

The carer started to DOT Luyanda and he converted. Luyanda is now up and moving around, and is progressing with his treatment. He is very thankful towards the Mfesane carer and recovering quickly.



# CHURCH MOBILIZATION PROGRAMME

The primary goal of the sub-programme is to reach churches and church congregants with preventive messages about HIV and AIDS through facilitation and dialogue.

## Objective

Ensure that appropriate and standardised HIV/AIDS, STI and TB prevention services is provided in communities.

## Beneficiaries

Seven communities within the Saldanha Bay Municipality (West Coast) and four within Nelson Mandela Bay Municipality (East Coast).

## Background

It is Mfesane's strategy to strengthen and build the capacity of existing churches. The Church Mobilisation programme targets 80 church members from four churches to be trained to become agents of change in their communities by March 2016. Good relationships were built last year and churches are sensitized with regards to HIV and AIDS.

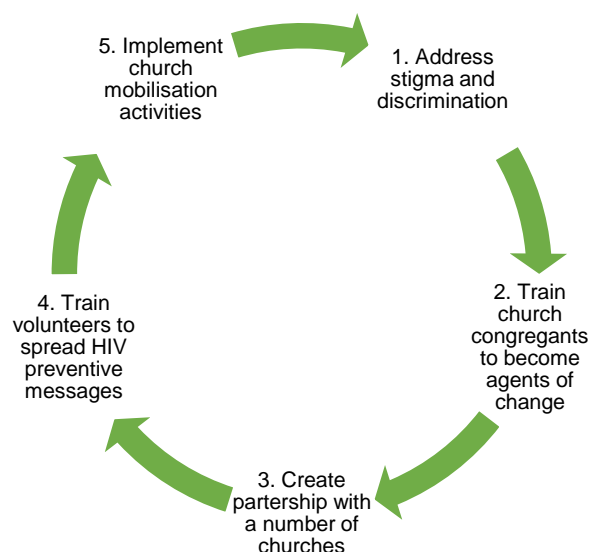
## Results

Mfesane met with **Sharon Pentecostal Ministries** regarding a Men's March, which addressed the challenge of abuse that women and children are facing.

**Elpetra Ministries** has implemented the CABSA manual and congregants meet regularly. A male support group was started in April 2014 with the first session on "Stigma and Discrimination", taken from the CABSA curriculum. This group is constantly changing due to the nature of the busyness of Elpetra Ministries. A meeting was arranged with Pastor Maarman of the Church's Forum.

In May consultations with **Assemblies of God** took place with regards to starting a project since they do not have any yet. The congregants were happy to be part of the project and on the 4th of July five congregants were trained as change agents and introduced to the ABCD approach.

**New Hope Church** hosted a session on "Communication" on Father's Day; 19 congregants participated in the intervention.



# MOBILISE THE CHURCH

## Dewalt's Story



Partnering with Mfesane, Elpetra Ministries runs a male support group with a focus on health and parenting issues. The group meets for an hour, twice a month.

Dewalt A. was one of the participants. At just 19 years old, Dewalt was a reformed drug abuser.

This is what Dewalt told us:

“My six months at Elpetra Ministries was so far the hardest experience but also the best, ever. I enjoyed learning about the day to day running of the farm but also very important for me was the making of new friends. What stood out above all was learning about God and having his blessings rain down on me and my family. Then there were guests that came to us, to share and teach us a variety of things. The farm taught me lots of things which helped me find myself.

Mfesane, on the other hand, taught me how to deal, talk and be a father to my child, still to be born.

With the help received from both these institutions I became a better person and as I am about to leave the farm, I promise to be supportive towards my girlfriend and child.”

# ORPHANED AND VULNERABLE CHILDREN (OVC)

The primary goal of this programme is to take care of Orphans and Vulnerable Children.

## Objectives

To provide support to 800 OVC in four communities in Saldanha Bay and Nelson Mandela Bay by end of 2016.

## Beneficiaries

To date, Mfesane is reaching out to and caring for 1,048 OVC in the four geographical areas that Mfesane serves.

## Background

Orphans, vulnerable children and youth (OVCY) in South Africa experience severe negative outcomes from the effects and impact of HIV and AIDS at higher rates than their peers, including morbidity, malnutrition and the loss of education opportunities. According to the 2011 mid-year population estimates from Statistics SA, there are 2.01 million orphans and 63,600 new HIV infections in children aged 0 - 14 years in South Africa.

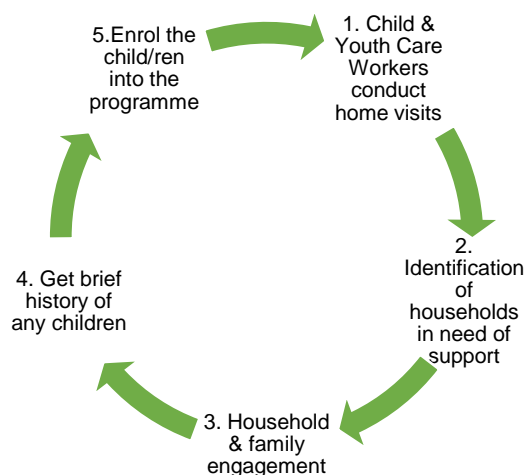
While significant progress has been made by the South African government at a legislative and policy level, there is still much more to be done to address the substantial gap between children in need of health, social and educational services and those receiving them, particularly in marginalised and vulnerable communities.

Mfesane's OVC programme, funded by NACOSA and the Department of Social Development, aims to support the NACOSA and Department of Social Development's community-based model of care by taking care of the children in identified communities, focusing on the areas of health, nutrition, child protection, household economic strengthening, psychosocial care and support, HIV and TB as well as strengthening adolescent programming at community level.

The National Department of Social Development advocates the Isibindi Model for OVCs. Mfesane is implementing this Model in the West Coast; a piece of land is formally allocated by local authorities and the facility (known as a Safe Park) is equipped with equipment to address the needs of children.

Activities that take place in the Safe Parks:

- Sports and organised games such as soccer, whereby children gain respect, teamwork, physical exercise and life skills
- Reading clubs – improving reading skills



- Homework supervision and study groups for matriculants
- Toy libraries for younger children
- Life skills programmes: adolescents have the opportunity to discuss and debate issues facing their developmental stage, including HIV/AIDS, teenage pregnancy and substance abuse
- Holiday programmes to keep children busy during school holidays
- Celebration of public holidays to raise awareness amongst young people

## Results

A total of 1,048 OVCs were reached on a daily basis, with a basket of services including psychosocial support, educational and nutritional and emotional and spiritual support.

Furthermore, a fourth OVC site was established in NMB during this period. In total the organisation has four OVC projects in four different geographical areas.

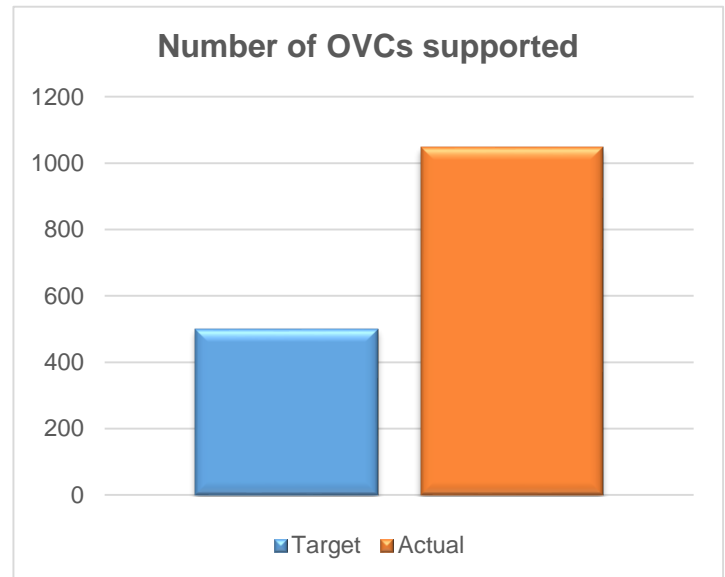


Figure 4: Number of OVC supported (Source: Monthly Reports)



Above: OVC playing whilst waiting for their daily meal served by Mfesane which provides “Emergency Nutritional Support”

## POLICY INFLUENCING

The primary goal of this programme is to lobby and advocate for the rights of the poor and the rights of marginalized individuals.

## Objectives

The primary objective of the programme is to ensure women, children and men in five communities are protected against violence and abuse through training on human rights, advocacy and cooperation with the government.

## Beneficiaries

Vulnerable women, children and men in Nelson Mandela Bay (Eastern Cape), Khayelitsha and Saldanha Bay (West Coast).

## Background

Since 1994 South Africa has continued to develop a progressive constitution and general policy framework that is conducive to a positive future for all in South Africa. However, large gaps exist between emerging policy development and its understanding as well how policies are integrated and asserted in the day-to-day experiences of most South African people.

The purpose of this programme is to lobby and advocate for the rights of our beneficiaries and marginalized communities. Mfesane is committed to advocate for those who are powerless and hopeless and cannot speak for themselves.

In 2014/2015 Mfesane trained 378 people on the content of the patients' rights charter in South Africa. 113 staff members were trained in assertiveness, and in turn are able to train community members about their rights.

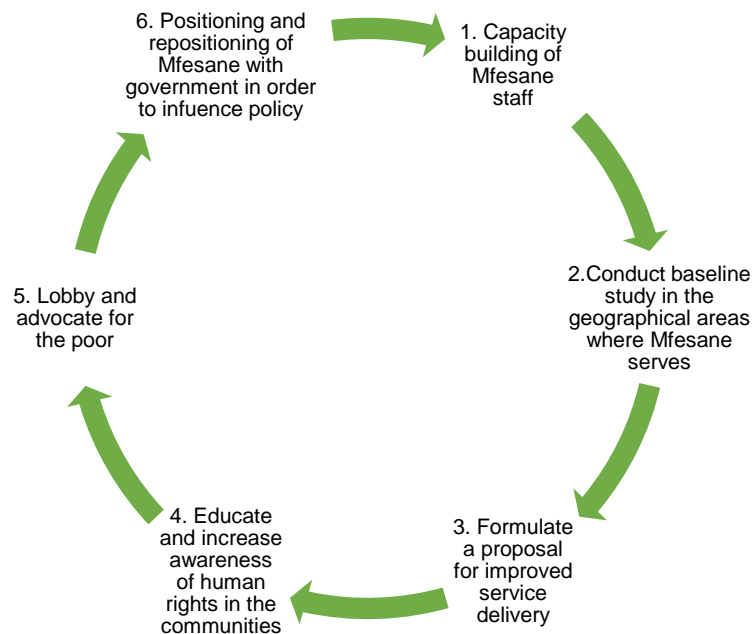


Left: Mfesane partners with the Treatment Action Campaign (TAC) in a march against domestic and gender based violence in the Nelson Mandela Bay Municipality during 2014.



## Process

The Policy Influencing programme broad overview is as follows:



## Results

The graph below depicts the number of people trained in the patients' rights and responsibilities charter of South Africa. The target for the year was 400 and Mfesane was able to train 545 people in patients' rights and responsibilities.

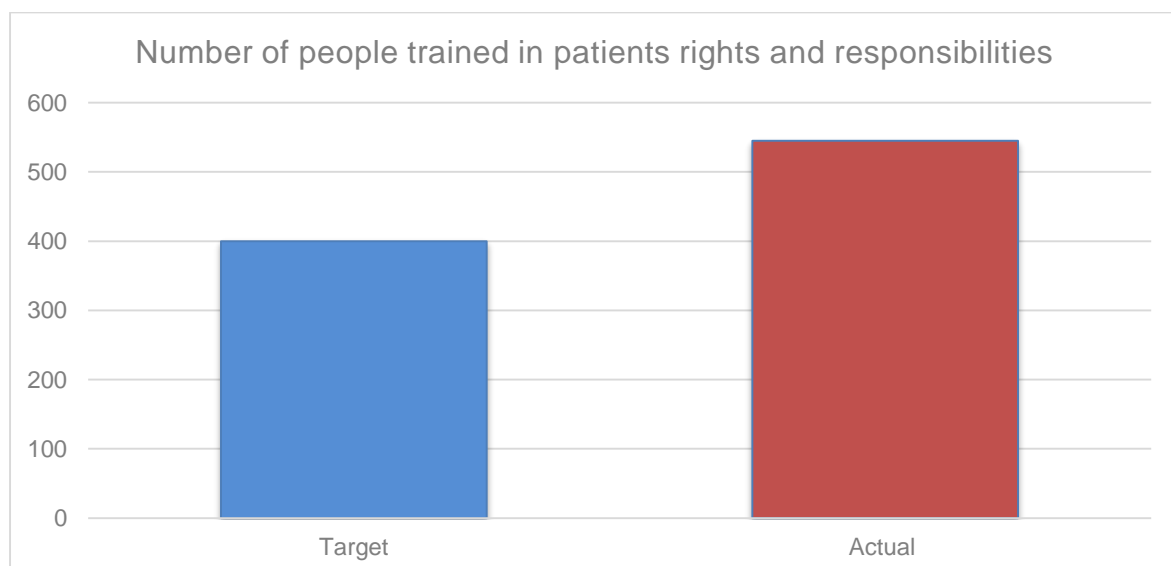


Figure 5: People trained in patients' rights and responsibilities charter in South Africa  
(Source: Monthly Reports)

## YOUTH DEVELOPMENT

This programme aims to empower young people between the ages of 14 and 25. It provides a balanced, non-competitive framework for self-development that will increase their self-esteem and enhance their capacity to achieve in whatever context they find themselves in, thereby enabling them to become responsible and active citizens within their communities.

### Objectives

The objective of this programme is to positively impact children with high risk behaviour through awareness via non-formal education sessions implemented at schools, life skills sessions and group sessions with parents.

Other objectives include promoting healthy lifestyles through life skills and youth training, and developing, educating, encouraging and motivating youth with social and financial life skills by empowering them to make a positive change in their lives and be financially educated and independent.

### Beneficiaries

The project works with youth in school (14-18 years), unemployed youth (17-35 years), school drop outs and intellectually disabled young people.

### Background

The Mfesane Youth Development Programme implements the Aflateen Curriculum which focuses on the following topics/modules: Personal Understanding and Exploration, Rights & Responsibilities, Saving & Spending, Planning & Budgeting, and Social & Financial Enterprising.

The project focuses on the holistic development of young people. Beneficiaries are introduced to Aflateen where social and financial aspects are addressed, followed by "Give Yourself a Job" for unemployed youth, providing individuals with an



Youth Forum: Planning an awareness campaign



NEET Youth: personal skills development (teamwork)



NEET Youth: doing community mapping of buildings, human resources and brainstorming innovative ideas to create jobs



opportunity to identify their skills and talents in order to create jobs for themselves.

A Family Approach is followed and the principles of the Asset Based Community Development (ABCD) approach contributes meaningfully to the project innovativeness. This holistic approach gave therapeutic care that is unique to the project.

Mfesane aims to reach 500 youth aged between 14 – 35 years (including NEET, “Not Educated, Employed and Trained”) with HIV prevention messages and other life skills. The programme targets a different group of NEET youth to that reached in previous years.

## Results

During the year under review, 564 young people were reached with AB awareness and education sessions and training in method role plays. Individuals attended “Give yourself a Job” training for nine days. Mentoring of NEET Youth in establishing their business included leadership workshops. Creative skills workshops equipped youth with new skills that can contribute to their basket of skills.

Youth clubs/youth forums have been implemented in SBM, one at Diazville High School, one CBO youth group and another at the Isibindi OVC project in Middelpolis and Laingville. Youth development facilitators meet with youth forums every second week. Activities include life skills sessions, workshops, community projects, school visits, advocacy campaigns and awareness raising.



Christianity in Action... Mfesane celebrated 40 years of community services with compassion this year.

## SKILLS DEVELOPMENT

The aim of the programme is to equip people from disadvantaged communities with employable skills training, namely bricklaying, welding and health care. The training rolled out also has a compulsory aspect incorporating life skills, where trainees are taught labour laws, time management, interview skills and CV writing tips, thus assisting them holistically to be employed and economically self-sustaining, thus reducing poverty in our communities.

### Objectives

The objective of this intervention is to provide skills to unskilled, illiterate and unemployed individuals from disadvantaged communities in the Western Cape and Eastern Cape.

### Beneficiaries

This programme targets youths and adults (both male and female) who are heads of households and unable to afford the costs of training at public institutions due to financial constraints.

### Background

The TVET programme is designed around the provision of training, offering practical skills which can assist to eradicate poverty. The skills are varied depending on which opportunities Mfesane identifies as a potential for job creation. For example, when Mfesane hears of a programme wanting to hire health care workers, we offer training in that vocational skill in order for people to be employed.

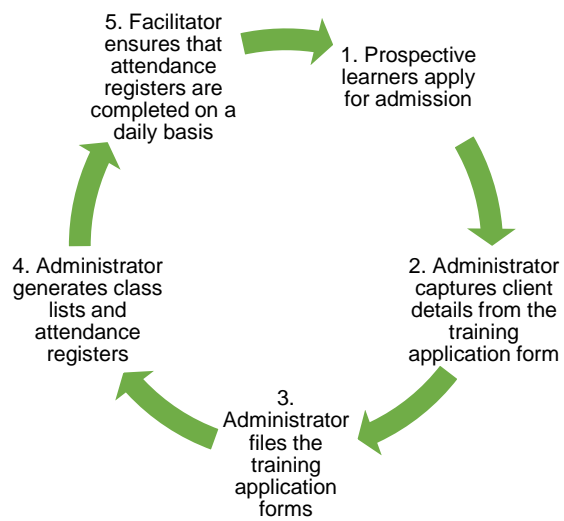
There are two training venues in the Western Cape. The Khayelitsha campus offers construction skills, foremost of which are bricklaying and plastering. The Crossroads campus houses welding training, consisting of a collection of different skills i.e. arc and gas, mig and pipe welding. These courses vary in length from 4 to 10 weeks.

Mfesane's Health Care training offering is made up of short courses like Home Based Care, Palliative Care and First Aid. The course commitments range from two weeks to one year, depending on which units clients require. These are mobile courses that can be delivered in various locations in the Eastern and Western Cape provinces.

Child and Youth Care is a skills programme that varies in duration from one week to a year, depending on which skills clients require. There is national priority around child and youth workers as South Africa does not have enough of these skills; the South African government is the primary source of jobs in this area.

## Process

The Skills Development Programme follows the following process:



Skills Development Training at the TVET Skills Centre



Bricklaying skills training



Plastering skills training



Welding skills training

## Results

During the year under review, the following programmes were offered:

- Technical Skills (welding and bricklaying)
- New Venture Creation
- Child and Youth Care Work
- Ancillary Health Care

In the said financial year, the Mfesane JBS department managed to place 196 trainees into employment, including on-the-job training as well as temporary workplace exposure. Milestones included the design and finalisation of a new in-house job readiness training manual, and the programme saw 93 trainees accessing one-on-one job readiness support which included CV writing skills, interview preparations and assistance in finding work placement as well as overall personal development support. The programme is proud to boast that 19 trainees were assisted to start their own small businesses through the support of the training programme.

Indicator	Planned	Realized
Number of TVET trainees/JBS clients who found employment	215	157
Number of TVET trainees /JBS clients who are now self-employed	15	19
Number of TVET trainees/JBS clients who continued in further education	30	38
Number of TVET trainees	430	400
Number of successful TVET trainees	409	400

Table 1: Programme performance. Source: Annual Indicator Report (Woord en Daad) 2014

This programme changed people's lives in terms of employment, self-employment and further education.

Another highlight for the year was forming partnerships with provincial government departments like the Department of Economic Development and Tourism to explore skills programmes and possible job opportunities for JBS graduates. The JBS department, under the lead of the TVET programme, saw 11 industry partnerships or relationship-building engagements taking place with like-minded organisations as well as role players such as SEDA and the Construction Seta.

## CAPACITY BUILDING

The primary goal of this programme is to capacitate emerging NPOs in the areas of Governance, Financial Management, Resource Mobilization and Project Management. This is done in an attempt to build the capacity of the NPOs in the day-to-day running of their projects.

### Objectives

The key objectives of this programme are:

1. To partner with provincial sector departments, chapter 9 institutions, and district and local municipalities to identify top priority programmes.
2. To develop interventions that will strengthen emerging NPOs within the province.
3. To formulate programmes that will contribute to provincial rural development strategy.
4. To ensure continued engagement with stakeholders to inform policy and programmes.
5. To facilitate strategic partnerships for development.

### Beneficiaries

To date, Mfesane has provided training and mentorship to more than 50 merging NPOs in the Eastern and Western Cape.

### Background

Mfesane is committed to capacitate emerging NPOs/NGOs via capacity-building initiatives offered in the following areas:

- Governance
- Financial Management
- Resource Mobilization
- Project Management
- Monitoring, Evaluation and Reporting
- Conflict Resolution

Mfesane's commitment to the NPOs is to capacitate, coach and mentor in such a way that clients can (and do) implement the lessons learnt.

### Results

During the year under review, Mfesane entered into an agreement with the National Development Agency (NDA) to capacitate Early Childhood Development Centres (ECDs) in the Eastern Cape (Nelson Mandela Bay and Cacadu Districts).

Eighteen ECDs were capacitated in different areas of managing their projects and in the day-to-day operational management of their organizations.

# MONITORING AND EVALUATION

Monitoring and evaluation is integrated into every project and activity undertaken by Mfesane. Monitoring takes the form of monthly, quarterly, bi-annual and annual reports, as well as site visits. Regular meetings take place with the organisation's management and project coordinators to maintain good stewardship of donor funding and track the progress of projects.

The internal and external evaluation reports of the impact of Mfesane's interventions are used by management to inform the annual planning process, as they offer recourse for remedial action and give the opportunity to improve future outcomes.

Each project has its own set of monitoring and evaluation criteria, as the factors for success vary with each type of project implementation. Most of our projects have stringent monitoring and evaluation systems as the agreement with our partners/donors makes provision for on-going monitoring of project activities and reports on progress that each project is making.

During the year under review, the Monitoring and Evaluation Unit played a vital role in coordinating a baseline study of the "new kid on the block" Family Strengthening Programme.

The purpose of the Family Strengthening Programme Study was:

- To measure the current situation of families (baseline) in relation to three assets (human; financial and social) as specified in the Logical Framework; and
- To identify family strengths and areas of improvement.

A key finding this year, learned through external evaluations and Mfesane's own experiences, is that programmes have a better long term impact when they no longer focus on individuals, but rather on the family as a whole. The current interventions, despite having positive outcomes for individuals, are not sufficient to break the intergenerational cycles of poverty. Up to now, most families have not felt responsible or able to contribute to their own development.

As a result of this study, Mfesane has developed a new programmatic approach to its work with communities, an approach which focuses on developing the human, financial and social assets of families.

The results of the study will be used to further inform the development of a new training manual which will address training in the human, financial and social aspects of families.



# ANNUAL FINANCIAL REPORT 2014/2015

## INCOME STATEMENT FOR THE YEAR 2015

INCOME	Rm	%
1. Donations	16.05	87.8%
2. Investment income	0.99	5.4%
3. Other income	1.24	6.8%
	<u>18.28</u>	<u>100.0%</u>

## EXPENDITURE

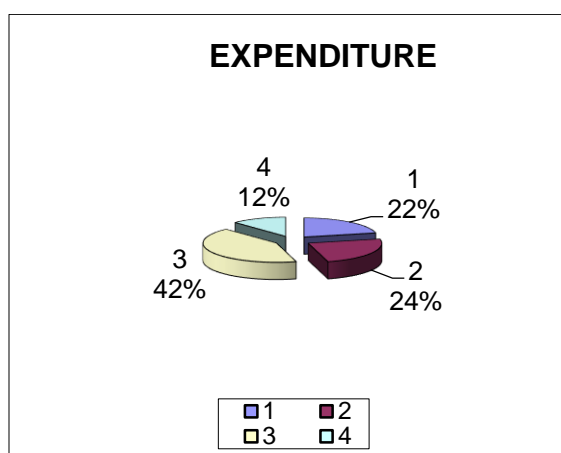
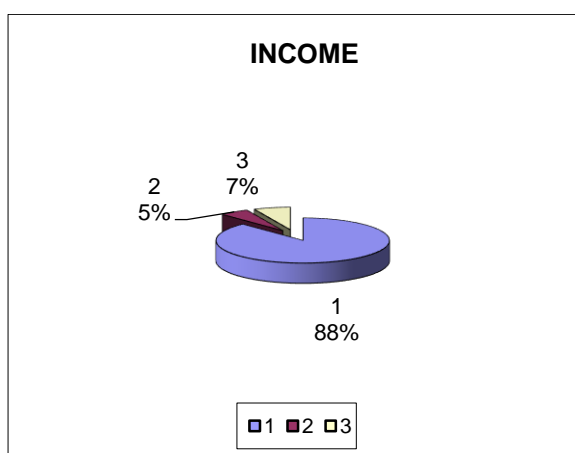
1. Other expenditure	4.33	21.5%
2. Staff expenditure	4.88	24.2%
3. HIV Aids programs	8.52	42.3%
4. Transfers to projects	2.43	12.1%
	<u>20.16</u>	<u>100.0%</u>

## BALANCE SHEET 31 MARCH 2015

ASSETS	Rm
Non - current assets	14.22
Current assets	4.39
	<u>18.61</u>

## EQUITY AND LIABILITIES

Non- distributable reserves	15.16
Trust funds	2.20
Current liabilities	1.25
	<u>18.61</u>



The audited Annual Financial Statements are available on request.



## CONTACT INFORMATION

### Mfesane Central Office

Physical address: No. 5 Old Klipfontein ext.  
Crossroads, Cape Town

Postal address: Private Bag X2  
CT International Airport, 7525

Tel: (021) 945 3992 / 5  
Fax: 086 292 4841

Email: [administration@mfesane.org.za](mailto:administration@mfesane.org.za)

Website: [www.mfesane.org.za](http://www.mfesane.org.za)

Facebook: [mfesaneza](https://www.facebook.com/mfesaneza)

### Nelson Mandela Bay Municipality

Physical address: Room 118, Nelson Mandela Tourism Centre  
Cnr Mitchell Street, Walmer Boulevard, South End

Postal address: P.O. Box 1051  
Port Elizabeth, 6000

Tel: (041) 582 2929  
Fax: (041) 582 3349

Programme Manager: Wendy Ndimma  
Email: [wendyn@mfesane.org.za](mailto:wendyn@mfesane.org.za)

### Saldanha Bay Municipality

Physical / postal address: 16 Voortrekker Road  
Vredenburg, 7380

Tel: (022) 713 2793  
Fax: (022) 713 2578

Programme Manager: Yolandi Valentyn  
Email: [yolandi@mfesane.org.za](mailto:yolandi@mfesane.org.za)

## THANKS TO OUR PARTNERS



And the many generous individual donors that support the work of Mfesane, without whom we would not be able to continue serving our communities.