



ANNUAL REPORT 2018

COMMUNITY SERVICES WITH COMPASSION

“I invite you to read this special edition which provides a vibrant picture of the many different activities which Mfesane was able to pursue in the Western and Eastern Cape provinces. What you read here are examples of our efforts to put our “Christianity into Action”.

Let me pay tribute to all those who played a role in the reports and stories as well as to the unsung heroes who are not mentioned by name. I would like to pay tribute to the people of Netherlands, the many South African funders including individuals and the different State departments who joined hands with Mfesane to enable our sick, the unemployed, the less educated citizens, orphans and vulnerable ones to put into action their hopes and visions. My wish and prayer is that you will be inspired by what is reported in this annual report, to extend and strengthen these partnership.

May you who read this, and all those who show God’s mercy through your gifts and other means of support to Mfesane, receive God’s richest blessing for all that you do.

Hearty congratulations to the Mfesane teams at Nelson Mandela Bay, West Coast, Khayelitsha and Crossroads for your work – we have come this far by faith.”

- Mrs Nomvuyo Baba, CEO

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Working to strengthen communities

Mfesane is a Christian development non-profit organisation working to eradicate poverty.

Our vision is to be a leading Christian Development Agency in empowering communities.

We reach out to communities in the Western Cape, Eastern Cape and Cape West Coast.

By serving local communities we aim to build the capacity of communities to respond to their own needs sustainably.

Our focus is on using internal and external knowledge and resources, and facilitating networks and partnerships with the community and other development organisations.

Fighting poverty through 3 key focus areas

CARE AND SUPPORT OF CHILDREN, YOUTH AND FAMILIES



Our teams offer family counselling, family strengthening, positive parenting and fatherhood workshops, as well as youth camps, life skills training in schools, after school programmes, Safe Parks and support of young mothers.

COMMUNITY HEALTHCARE SERVICES



Mfesane's west and east coast programmes provide TB and HIV testing, counselling, social work, home based care, health education, community interventions and medical support.

TRAINING, DEVELOPMENT AND PLACEMENTS



Mfesane offers a comprehensive skills training programme with both accredited and non-accredited courses.

AREAS OF OPERATION

The Nelson Mandela Bay Metropolitan Municipality is a Category A municipality, established on 5 December 2000, with a geographical footprint of 1,957km².

Nelson Mandela Bay was the first city in South Africa to establish a fully integrated democratic local authority and the only city in the world named after Nelson Mandela, who was born and spent his formative years in the Eastern Cape.



Nelson Mandela Bay is a major seaport and automotive manufacturing centre located on the south-eastern coast of Africa. It is the economic powerhouse of the Eastern Cape Province and one of eight metropolitan areas in South Africa. Its boundaries are formed by Cassie Mountain View in the north, Cape Recife in the south, Sundays River Mouth in the east, and Van Stadens River Mouth in the west.

The city is a holiday hot spot for both national and international tourists. The predominant languages spoken are English, Afrikaans and isiXhosa.

Cities/Towns: Despatch, Port Elizabeth, Uitenhage and surrounds.

Main Economic Sectors: Manufacturing (25%), community services (23%), finance (23%), trade (13%), transport (13%)

Population: Estimated 2016 to be 1 263 051 of which 30% are under the age of 15. It's estimated that the dependency ratio per 100 adults aged 15-64 is 57.3%.

Employment: Current stats on unemployment are unavailable; the 2011 census put unemployment among youth aged 15-34 at 47.3%.

The Saldanha Bay Local Municipality is a Category B municipality located in the West Coast District, approximately 140km north of Cape Town, in the Western Cape Province. It covers an area of 2,015km².



Saldanha has the largest natural port in Africa and the area is earmarked as a regional motor for the development of the Western Cape Province.

Cities/Towns: Hopefield, Jacobs Bay, Langebaan, Paternoster, Saldanha, St Helena Bay, Vredenburg

Main Economic Sectors: Finance, insurance, real estate and business services (31.7%), general government (17.7%), manufacturing (13.3%), wholesale and retail trade, catering and accommodation (10.1%), transport, storage and communication (9.3%), agriculture, forestry and fishing (7.9%), community, social and personal services (5.1%), construction (3.3%)

Population: estimated to be 111 173 in 2016 with 26% of the population under the age of 15.

Employment: The 2011 census put unemployment among youth aged 15-34 at 30%. This number is estimated to have grown substantially.

Education: Only 30% of adults have a matric; 6% of adults have higher education qualifications.

Building our nation

The City of Cape Town Metropolitan Municipality is a Category A municipality and is situated in the southern peninsula of the Western Cape Province. It has a coastline of 294km and covers an area of 2,446km², stretching from Gordon's Bay to Atlantis, including the suburbs of Mitchell's Plain and Khayelitsha.



Cape Town is South Africa's second largest economic centre and second most populous city after Johannesburg. It is the provincial capital and primate city of the Western Cape, as well as the legislative capital of South Africa, where the National Parliament and many government offices are located.

The City is famous for its harbour, as well as its natural setting in the Cape Floral Kingdom, including such well-known landmarks as Table Mountain and Cape Point. It is hailed as one of the most beautiful cities in the world and is also Africa's most popular tourist destination. Being the oldest city in South Africa, it is affectionately known as 'The Mother City'.

Main Economic Sectors: Finance and business services (36.1%), manufacturing (16.1%), community services (15.6%), trade and hospitality (15.6%), transport, storage and communication (11.2%), agriculture (9.7%), construction (4.1%).

Population: estimated 4,005 016 in 2016, 26% of which are under 15 years old.

Employment: The 2011 census put unemployment among youth aged 15-34 at 32%. This number is estimated to have grown substantially.

Education: 2016 stats state that 34% of adults have a matric; 14.4% of adults have higher education qualifications.

Port Elizabeth



Saldanha Bay



Cape Town



COMMUNITY HEALTHCARE SERVICES



Building healthy communities

Background

According to the World Health Organization's recent report, South Africa continues to have one of the highest rates of TB infections in the world. Once the seventh highest in 2001, South Africa has improved in its world TB ranking, yet the TB burden still continues, coupled with HIV prevalence. A key reason for this is the rise in the number of informal settlements which come with unemployment, poverty and overcrowding; conditions which give power to TB.

There has also been a rise in the number of people with MDR and XDR tuberculosis and a rise in the number of key populations i.e. those groups of people more likely to transmit TB and who lack access to services and inadequate human rights protection (National Strategic Plan on HIV, STI and TB 2012 -2016).

Mfesane has been involved in TB work for more than nine years and has, over that period of time, made great strides in contributing to the fight against TB. We have learnt many lessons along the way and also identified new factors that contribute towards the spread or lack of improvement in the treatment of TB.

We have observed how smoking also plays a part in TB and how people diagnosed with HIV and diabetes are prone to contracting TB and therefore need to be screened for it too. We have also observed how young children who are in contact with people on treatment are neglected by not being screened themselves or put on prophylactic treatment as soon as possible. These lessons were crucial to us as we received more opportunities to be involved in TB projects.



COMMUNITY HEALTHCARE SERVICES

Healthcare in Nelson Mandela Bay

Mfesane's team provided an integrated approach to tuberculosis and HIV detection and care. Through the "Together we can beat TB" project, Mfesane supported seven health facilities in Sub District C of the NMB Health District, ensuring patients take their treatment daily. Every action by the team was documented and many lessons have been learnt, resulting in a dynamic plan that ensured that good outcomes were achieved in all circumstances.

Providing continuous training for community care workers and Mfesane staff on advocacy, communication, social mobilisation (ACSM) and TB management

An initial TB management training was conducted by URC staff in the first week of April 2017. It was attended by the fourteen staff members involved in this programme.

Two additional trainings were conducted by URC for the team on sputum collection and interpersonal communication.

In the following months all the staff received in-service education based on identified needs and problems encountered during their work. They also received training on additional information like treatment adherence, communication and counselling skills, sputum collection, infection control, recording and reporting, TB diagnosis, patient education and counselling. The programme manager, who is a professional nurse, facilitated most of the in-service training with the support of the DOT co-ordinator who is an enrolled nurse. Some of this training involved going through leaflets and ensuring that staff understand material before they give it out.



Intensifying TB management in the community

This was achieved through the rendering of DOT services for Drug Sensitive TB (DSTB) as well as Drug Resistant TB (DRTB) patients. The target number to reach for both categories of patients together was 150 patients per month, however we managed to exceed this target from the first month and throughout the duration of the project. This ensured that a greater number of patients were reached and supported on treatment on a daily basis. A total of 304 DSTB patients and 197 DRTB patients were supported for the year. Our team made a total of 58,626 DSTB and DRTB DOT visits during this period.

Sputum collection also proved to be a crucial activity in ensuring that treatment outcomes were achieved in time. When patients sometimes struggled to go to the clinic for sputum collection, the Community Health Care workers ensured that they either organized transport for patients to go or collected their sputum at home and took it to the health facility. The sputum results were also given to the patients immediately.

Sputum collection at 7th week - 228 sputums were collected for the 7th week and 182 converted whilst 30 remained positive at two months. This number of positive sputa was high in the initial few months of the programme but went down as the months went by and new strategies were developed to deal with the reasons for the positive sputa as well as their late submission.

Sputum collection at 5 months – 209 sputums were collected; 196 were negative and 13 positive.

Seven treatment adherence clubs were held in the different areas where the supported health facilities are situated and 104 patients attended. These groups ensured that the patients came together for more information on their illness and provided social support and a place for individuals to share their knowledge about TB based on their own life experience.

Nelson Mandela Bay

Intensifying contact management for both DOT Support and Drug Resistant TB

The number of new index patients guided the team in ensuring that all the TB contacts were traced, screened and referred to the health facility when they had a TB symptom. Adults and children alike received the TB screening to ensure 100% screening of all TB contacts. DSTB contacts were screened again at three month intervals and DRTB patients rescreened at six month intervals.

A total of 366 new index patients for both DS/DRTB patients were admitted into the programme. Mfesane teams screened as many of their contacts as possible; 1054 contacts aged 5 years and above were reached and all of them were screened for TB. 166 had signs and symptoms of TB and were referred to the health facilities for testing. 134 had their sputum tested and 21 were confirmed positive for TB and all were initiated on treatment.

Mfesane's teams also traced children as part of the contact management for the TB patients – in the

“under 5” age group 138 children were identified and referred to the health facilities for further testing. Ten tested positive for TB and were started on treatment; 45 tested negative for TB and were initiated on Isoniazid Preventive Therapy or IPT, a treatment that prevent them from contracting TB.

Increasing TB / HIV collaboration

More than half of the patients that we supported were co-infected (i.e. they had both TB and HIV). This necessitated that we made sure that they had the correct medications and that they took their medication on a regular basis at the correct times. This helped our staff to also identify the number of patients that were on cotrimoxazole treatment, however this was a complex process as not all the patients that were supposedly on CPT had the treatment in their possession.

785 patients were coinfectd (having HIV, DSTB and DRTB) and 777 patients were taking anti-retroviral treatment. There were 202 CPT patients.



COMMUNITY HEALTHCARE SERVICES

Increasing community TB/HIV awareness and prevention through advocacy, communication and social mobilisation activities

Our World AIDS Day campaign happens annually. This year we decided to hold several TB/HIV awareness events leading up to the specific day in order to market the event. Door-to-door screening was one of the activities.

The actual awareness event was held at a community hall in Booysen Park, where 130 people were reached, 73 screened, 15 presumptive and all tested. There were no positive TB results.

The TB Day campaign also had several activities planned but the weather was bad with heavy rains whenever we planned to go out on door-to-door campaigns. The actual event was held at Qunu in an open field where there were talks on TB and HIV prevention and awareness. Some team members did door-to-door visits whilst others conducted comprehensive health screening at the Mfesane caravans.

343 people were reached and 286 were screened for TB, HIV, diabetes and hypertension. 41 sputum results were received and two of them were positive for TB; the two people were referred to the local Booysen park clinic for TB treatment.

Community dialogues proved to be a very effective means to educate the community on TB and HIV. Community members were able to ask questions, engage in discussions and discuss local problems with the local councillor as well as the local community health care workers and clinic staff. The environment of a small group allowed for openness and gave the community members a voice and knowledge about



Some young Qunu children were able to answer questions on TB and received "Beat TB" jackets from USAID.

TB and HIV as well as the diseases' management.

Community dialogues were held at different localities based on the local health facilities suggestions and request, also on the indications made by the community health workers of areas that have large numbers of patients that they support. Three community dialogues were held reaching 335 people.

Wellness days at University and college campuses, incorporating prevention and awareness activities, were hosted at the Nelson Mandela Metro University and Port Elizabeth college campuses during their bi-annual Higher Education AIDS Programme. We discovered that some of the students had TB contacts from home and had not been screened for TB.

Mfesane attended seven days of this programme at the different campuses to educate and screen the students for TB, HIV and STIs. The total number of youth reached was 370 of which 312 were screened. Students were not keen to do sputum samples and promised to visit the college clinics for further testing.



Door-to-door campaigns ensure that health services are taken to the communities and made easily accessible.

Three campaigns were held in different areas: Gqeberha in Walmer, Qunu and Timothy Valley.

In total 580 people were reached; 463 people were screened for TB and 44 were found to be TB presumptive. Sputum was also collected from 33 people on the spot and several people were referred to the local clinic for sputum collection.

It's not always easy to do door-to-door work as the communities are often quite wary of health care workers and often make excuses to avoid TB testing on the spot, citing the need to go to work or having to look after a sick family member.

Nelson Mandela Bay

Challenges the NMB team faced

A few challenges occurred at the beginning of the project and were soon dealt with, however some challenges persisted throughout the project period. These included the following:

Transference of patients from the health facilities to the URC community health care workers for the TB DOT service: initially the health facilities would transfer patients without first informing them that they were to receive DOT services. Some of the patients were surprised when the workers knocked at their doors to offer the services. Other patients were at work and still others had not told their families that they were on any treatment yet. This was discussed and sorted out with the clinic staff.

It was very hard to find allocated patients due to incorrect addresses and no telephone numbers on files. Staff were chased away by patients who did not wish to receive DOT services. This was reported to the relevant clinics and a report also kept in our files.

TB contact children under five years of age were not tested as there was no TB nurse in the Gqebera facility for a whole month so children had to be taken to another facility for testing. Other clinics did not have the Mantoux test and the children were diagnosed by x-ray. This took time for referred children contacts to be initiated on treatment.

Adult presumptive TB contacts took time to go to the clinic for testing and were better targeted with door-to-door awareness and sputum collection.

A number of DRTB patients had no visible means of support and therefore did not always have food to take with or after their treatment. Mfesane gave these patients food to complement their nutritional needs and will engage with the Department of Health for regular supply of soup/food. Those that qualified for social security were referred to the relevant social development offices.

Initially it was very difficult to find patients at home for DOTS during weekends, no matter how early the community health care workers visited the patients'

homes. Even when the patients were found at home, they would be difficult and argumentative about taking their treatment either because they were already under the influence of alcohol or because they were in a rush to go out. This behaviour and attitude necessitated that community health care workers and the registered nurse spend time building rapport with their patients, discussing weekend visits as well as dealing with the substance abuse problems.

Booyesen Park clinic was very short staffed in the TB room for a few months. As a result patients' blue cards were not completed and it appeared that patients were defaulting treatment when they did have their tablets and were receiving the DOTS. The project's registered nurse and co-ordinator spent time in the clinic for a while to ensure that the files had correct information for the community health care workers.

There were repeated gang shootings in the Booyesen park area during the year. Community health care workers were traumatised as they observed robberies happening in front of them and even inside the clinic.

Discussions with the clinic staff as well as the local Councillor resulted in open talks with the community in this regard and security was placed inside the clinic and a local neighbourhood vigilance attitude was adopted by community members and the local police.

The violence continues but is more sporadic. Community health care workers now walk in pairs, leaving all valuables at home and are extra vigilant whilst doing their daily visits.

A high turnover in the URC community health care workers affected the outcomes achieved in certain areas as new staff had to be employed and trained.

There was a national laboratory strike for about two months which affected collection and sending of sputa as well the receiving of results. Patient outcomes were also delayed. However this was sorted out and the service was back to normal in the second quarter of the financial year.



COMMUNITY HEALTHCARE SERVICES

Plans for sustainability

Continuous training of staff on the management of TB brings good outcomes for patients and this was achieved through going through the standard operational procedures for TB every month and attending training offered by URC.

Weekend work is unsafe in certain residential areas and it is important that the staff feel safe and acknowledged by dealing with safety problems immediately. We need to ensure that the community health care workers work in partnerships to feel safer.

Mfesane has experienced the value of having a social worker in the team and this has greatly helped with difficult patients that were interrupting treatment, some literally running away from it. Because of the social worker's intervention, some patients have come back and are co-operative with the treatment support that is offered to them.

Continuous training of communities is essential. Mfesane has trained many community members on TB and its management as well as on HIV in the last year. This ensures that the community as a whole is enlightened about these diseases and can take an



active part in supporting their own family members and other community members.

Mfesane's health care workers in the Nelson Mandela Bay Municipality, in partnership with the Department of Health, provided support to people living with TB, HIV/AIDS and chronic diseases in the Shamrock and Fairview communities. Treatment adherence as well as prevention of new infection was key.



Saldanha Bay

Healthcare in Saldanha Bay

Mfesane's team - working in the Saldanha Bay Municipality and surrounds - provided integrated community and home based care to people living with HIV/AIDS, TB and chronic illnesses.

Other focus areas in community health included maternal and newborn health, child and adolescent health to reduce morbidity and mortality due to preventable causes, men and women's health (especially sexual and reproductive health) and promotion of healthy lifestyles.

Integrated community home-based care

Mfesane's community health care workers made 4,078 household visits over the course of the year, with a nursing sister paying 207 visits. Through the home visits treatment defaulters were traced; 126 adults suffering from HIV and 27 adults with TB were encouraged to take their medication again.

The community health care workers also liaised and consulted with local health care facilities, clinics, the ARV clinic and hospitals in terms of referrals and feedback. It was encouraging to receive feedback from clinics and medical facilities on actual referrals as proof that the person has made their way to the clinic and is taking their health more seriously.

Mfesane workers were also able to refer seven individuals to the Department of Home Affairs for critical documents.

Care and support for people living with HIV/AIDS, TB and chronic illnesses

Home visits to 11,142 households provided home community care including monitoring of opportunistic infections. A minimum of three school visits were done each quarter.

During the home visits 6,152 people received support and counselling on treatment adherence and health education. Support groups were formed for people living with HIV, AIDS and TB and saw 168 people attending.

Nutritional supplements were provided where needed and nutritional support was offered through soup kitchens at the support group meetings. Home gardens also assisted to relieve food insecurity, despite the drought in the Western Cape.



Community Health Care Workers (West Coast)

Promoting treatment adherence

Through home visits, community health care workers supported 1128 individuals in taking their medications correctly and not defaulting.

Addressing child and teen morbidity and mortality

Three awareness campaigns were run in Hopefield, Langebaan and Vredenburg targeting 1740 children and adolescents. Facilitators spoke about hygiene, illnesses and relevant topics like drug and alcohol abuse.

In addition, 7,761 children were reached with basic health education through home/creche visits and at the support groups.

COMMUNITY HEALTHCARE SERVICES

Providing maternal and newborn health interventions to make pregnancy safer and improve health and care for mothers and babies

Community health care workers ran pre- and post-natal support groups and awareness campaign which promoted timely care-seeking behaviour and appropriate antenatal care. The facilitators shared information on healthy lifestyles, including the harmful effects of smoking, alcohol and drug use. In addition, they dealt with the promotion of and support for self-care, nutrition, safe sex, contraception, ante- and post-natal mental health, birth preparedness and emergency readiness plans. Exclusive breastfeeding, hygienic cord and skin care as well as basic post-partum health were all discussed with workshop participants.

The community health care workers also made home visits to all new mothers in the programme, within six days after discharge from hospital and with follow-up visits over the first 6 weeks after birth. They promoted routine immunisation, vitamin A supplementation for young children and exclusive breastfeeding for the first six months of a child's life.

In total 2,223 babies and mothers received care; a total of 2,913 home visits were made (one per week for 6 weeks each).



Sexual and reproductive health; with a focus on men's health and women's health at all ages

Mfesane's ongoing activities included the following:

- Promotion of timely care-seeking behaviour and appropriate wellness care (for example cervical screening).
- Promotion of and support for HIV testing, counselling and prevention.
- Information about safe sex, contraception, unwanted pregnancy, consequences of unprotected sex and safe abortion services.
- Prevention of sexually transmitted illnesses including mother to child transmission (MTCT) of HIV and Syphilis.
- Promotion of MMC and information and referral for MMC procedures.
- Health talks in the clinics and at the different support groups.

It is essential that communities work towards healthy adults and ageing; Mfesane promotes integrated models of care for the chronically ill and better coordination of care to combine interventions that support healthy lifestyles, enabling people to maintain their independence where possible and to support them where necessary.

Eleven awareness and sexual reproductive health campaigns were held during the year, reaching approximately 1500 individuals per quarter.

4,329 patients participated in CDU groups.

Community health care workers made 11,142 home visits providing monitoring of vital signs, wound care, pressure care and ulcer management, psychosocial and bereavement support and spiritual understanding.

59,500 condoms were distributed with health talks and education, and staff exceeded their targets by putting in extra hours doing awareness and education at Saldanha Bay Municipality, factories, West Coast College and the broader community through door-to-door interventions.

Mfesane's team worked closely with the Department of Health (Western Cape).

Healthcare in Saldanha Bay

Project implementation highlights and challenges

Highlights

Ten carers completed the NQF Level 3 training and await their certificates.

Upskilling training was completed; carers felt empowered and better equipped to do their work.

The staff debriefing and wellness day was enjoyed and well received by Mfesane staff.

Hannah Coetzee Clinic also started a CDU support group which is working well.

Challenges

Vredenburg patients still give wrong addresses and telephone numbers.

CDU patients do not always adhere to their treatment. Clinics are short of staff to help with CDU support groups.

Simon Masala, a community health worker, was attacked and assaulted on his way to an outreach event.

Lack of office space is a challenge for the Louville team.

Staff training and development

It was good to see our staff taking advantage of the opportunities to increase their skills. Ten community health workers completed the Accredited Training with Ukuphela.

Twelve community health care workers completed the upskilling training and another twelve community health care workers received First Aid in-house training.

Networking and partnerships

Mfesane has worked closely with the Department of Health this year and met with health facility managers, held networking meetings with the Multi-Disciplinary Team to plan integrated health awareness days and school health interventions.

It was good to work with West Coast College to create awareness of the value of a healthy lifestyle and conduct blood pressure and HGT testing.

A key factor to the success of the health care work in the local communities was regular meetings with all the Mfesane coordinators and team members.



CHILDREN, YOUTH & FAMILIES



Strengthening communities

Part of our responsibility to the communities we serve is to ensure that the communities are themselves empowered to grow and be self-sustaining. Our projects focus on providing opportunities to grow personally and develop individually.

Communities are made up of many parts. At Mfesane, we realise the need for a holistic approach to the whole person. For example, a hungry child can't learn. We cannot focus on just one part of a community to the exclusion of another. We believe the family is the key building block to strong communities. To this end we work with individuals so they can strengthen families and thus build true "community". We utilise an asset based community development approach. The communities own our projects. We don't.

Orphans and vulnerable children

Our programmes provide care and support for orphans and vulnerable children through a number of community services, including nutritional support, educational support and help with their homework, psychological support, play and family strengthening activities.

Teams are comprised of social workers and child and youth care workers.

Youth development

South Africa's youth faces massive problems like unemployment, teenage pregnancy and substance abuse. By offering community services and access to resources to this at-risk group, at our youth cafes in the community, we can help develop adults who have strong values and a bright future.

Church mobilisation

Churches are uniquely positioned in communities. As a Christian development agency, we want to partner with local churches and give them resources they can use to even more effectively serve their people and the wider community.

Community food gardens

Another one of the ways in which we are empowering communities is by helping them become more food secure. A number of Mfesane staff have been trained by the Department of Agriculture to assist families in starting their own sustainable food gardens. So far we have helped establish over 100 food gardens in communities, schools and creches.

CHILDREN, YOUTH & FAMILIES

Reaching out to the next generation

One of the goals of the youth program is to improve the social functioning of young people both in Nelson Mandela Bay and Saldanha Bay Municipalities. We established a number of programmes designed to meet the societal needs of servicing young people. In its second financial year the programme has pushed boundaries in meeting and exceeding targets.

Mfesane's Asset Based Community Development and Family Approaches enabled facilitators to increase interventions for youth specifically. Platforms were created where youth could be reached individually and in groups as well as increased interaction with parents and guardians.

The team is comprised of four staff, one social work intern and two interns funded by the Department of Social Development.



Case studies & parent conferencing

Supporting parents to strengthen relationships

The programme assisted children and families with individual counselling, group counselling and family conferencing. Young people as well as their families were supported through psychosocial support and referrals.

Engaging parents gave them a safe space and opportunity to debrief. In return, parents shared the positive academic changes in their children's lives and expressed gratitude for their children's participation in the programme. In total, 55 parent conferencing interactions took place.

Providing opportunities to learn

Life skills sessions for 438 youth in school

Through our interaction with the youth we learnt more about the challenges they face like substance abuse, single parenting households, loss of parents, academic challenges and abuse by older peers and family members.

Our Life Skills sessions are aimed at building young healthy people that are independent and are able to transfer positive behaviour to their peers and families.

Peer pressure

There are positive and negative actions that flows from peer pressure. In our communities negative outweighs the positive.

More and more youth give in to negative peer pressure and substance abuse and school drop out is the main stream of these actions.



Creative spaces

Creating space to bring creativity and experiences of students to come up with innovative solutions to prevent and respond to the challenges in the community.



YOLO Campaign

The YOLO or You Only Live Once programme covered topics including sex education, personal hygiene, self-esteem, teenage pregnancy, drug and substance abuse, relationship, pornography, sexual violence, rape, human trafficking, child abuse, children's rights and academic success.

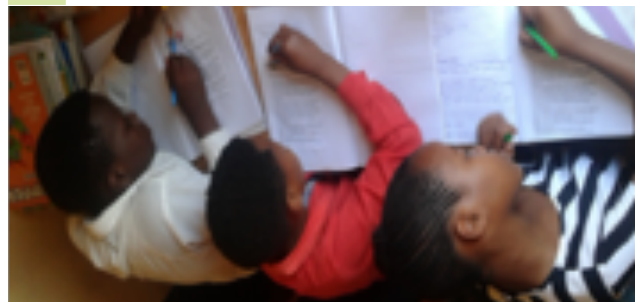


The Literacy Club

The literacy club is designed for grade 4 to grade 7 learners. We make use of different learning methodologies with the elements of fun.

The literacy programme is collaborated with Unako Based Movement in Port Elizabeth and works to improve reading and writing skills for primary school learners. Implementation took place in four primary schools around the townships in Port Elizabeth.

Through this project 70% of the participating learners from Grade 3 & 4 improved their reading and writing skills.



CHILDREN, YOUTH & FAMILIES

Educational excursions for 620 children

Community project: International Coastal Clean up at Tieties Bay, Paternoster

Education on protecting our resources and assets in nature is essential for us all. During these engagements we focused on rights and responsibilities, as well as saving and spending.



Girls' and boys' dialogues

Girls from different schools had the opportunity to share their thoughts on social issues in schools and communities. Partners involved were Department of Social Development, Saldanha Bay Municipality, RISE, Arcellor Mittal, St Helena Bay Primary, Weston High, Diazville High, Louwville High, Curro and West Coast Schools.

Carla Horn, social worker, facilitated the dialogue with the theme "It starts with me..." Topics highlighted entailed: Teenage Pregnancy, Substance Abuse and Personal Hygiene. 51 young girls attended this dialogue.



Youth indaba

After the Girls and Boys dialogue, two separate events were held where both groups attended the Youth Indaba.

Topics discussed at the Boys and Girls dialogues were followed up and added topics like Gender Based Violence and Why Teenagers Tell Lies.

Youth pledged that they will contribute towards the well-being of themselves and the community. 150 young boys and girls attended this Youth Indaba.



West Coast National Park

Learners from Panorama Primary went on a trip to the West Coast National Park and it was a lifetime experience. They were exposed to animals and plants that they had only seen in books. It was a real life experience for them.

It was heartwarming to see their facial expressions when they spotted an animal and could tick it off on the brochure they received. Afterwards they enjoyed free time on the beach.



Exploring the world around us

Leadership camp

A three-day Leadership camp was held in collaboration with Saldanha Bay Municipality, the Junior Mayoral Council, RISE, Department of Social Development and Siyabonga in Saldanha Bay.

The focus was on human rights. The attendance and participation of youth was awesome and inspiring.

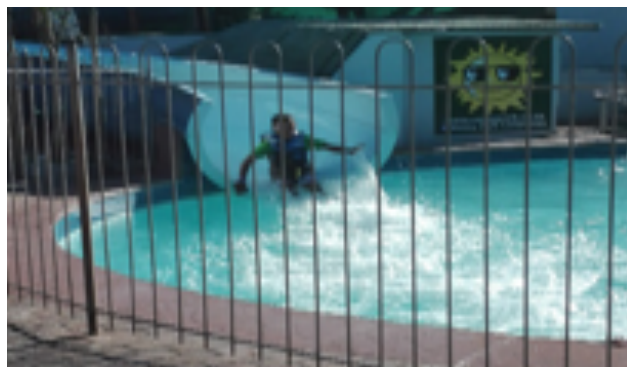


Heritage day - Sunny Park

The Grade 4 and 5 learners from Panorama Primary went to Sunny Park in Langebaan on Heritage Day. The focus was on Children's Rights and a discussion was held in the bus on their way to the play park.

It was the first time some of the children had ever visited a play park like this, with water slides, mini golf, trampolines, pedal carts and different play areas.

They had great fun and our discussions were very interesting and informative about their home experiences.



New Brighton Seventh Day Adventist Primary School camp: Willow Resort and Addo Elephant Park in Port Elizabeth

The excursion was themed "Building young Characters" and was aimed at building character through purposeful playing bringing into learning of the child something new and different.

Topics such as resiliency, decision making, leadership and self-love were discussed.



Demonstration to build resistance and courage: the tree illustrates no matter the storm the tree weathers the storm.



A visit to Addo Elephant Park, one of South Africa's most famous game reserves, was very special for the learners.

The game drive was two hours long and was themed leadership and good behaviour. Lots of discussions about the animal kingdom happened, and how we, as humans, can learn from their example.

Not only did the youth learn about leadership, good behaviour and respect for their environment, they also learnt a lot about elephants and our South African heritage in our wildlife.

CHILDREN, YOUTH & FAMILIES

Reaching out to 40 teen parents

In the communities we work in, we find that teen pregnancies are common and very often unsupported by families or the community. Our teen parenting programme reaches out to these young people, offering personal development, life and parenting coaching as well as skills training so that they can use their new skills to generate income for their new family.

Exploring

During our Personal Development training sessions participants created as many innovative and different solutions to their challenges.

They further explored and refined their ideas. The programme focused on re-motivating teenage parents, re-activating their dream and aspirations and building healthy life styles.



Life coaching

This session provided the participants with a deeper understanding of the challenges they face as teen parents which can include unemployment, being a single parent, the difficulty of absent fathers, depending on social grants, poverty mindsets, crime records and no place to live.

Groups came up with strategies to deal with these challenges creatively using available resources.



Materialise phase

In these sessions teenage parents were equipped with a skill: 30 teenage mothers learnt basic upholstery and 10 teenage fathers tried out rustic woodworking.

This skills training helps youth to generate an income to provide in their basic needs by making use of recycling material.



Giving young people direction

Youth cafes

Our Youth Cafes provide a safe space, in the community, for youth to meet and access education, participate in programmes and find tutoring help.



Education

Youth Cafes are a place where youth can apply for learnerships, apprenticeships and internships for in-school and out-of-school youth.

Our teams assist young people to access bursaries for further studies.

After School Game Changer

The Cafes also offer an After School Game Changer programme which provides tutoring for primary and high school students, as well as assistance with research and assignments.

Our staff work closely with the Department of Education.



Programmes

Youth Cafes offer different programmes. Music and art are a way that youth can express themselves. One of the cafes has a music recording studio that youth can use to mix their own music. Music is also used in the cafes as an outreach tool to encourage youth to visit.

Other programmes that Mfesane runs include Job Readiness, Leadership, Basic Entrepreneurship and car license training for Learner Licenses.

With access to the internet and a team of youth interns and supervisors, Mfesane also assists youth with CV writing, job application and job placement.



CHILDREN, YOUTH & FAMILIES

Care and Support to Families programme

The Care and Support to Families Program offers family preservation and support services to families and children.

This refers to all programmes and interventions that aim to preserve and strengthen families, including family counselling; couple counselling; mediation services inclusive of divorce mediation; family group conferencing; parental responsibilities and rights agreements. It also includes parenting skills programmes, support services, interventions aimed at family reunification and early intervention services.

Child and youth care services to children at risk

Mfesane offered direct Child & Youth Care Services to 576 children at risk in Middelpoos (Saldanha), Laingville (St Helena Bay) and Hopefield.

Mfesane implements the Isibindi model to ensure to all the aspects of professional child and youth care are present and that the children experience holistic development.

The program was expanded to the Hopefield area where another 225 children were reached.

Fatherhood workshops

Fatherhood workshops were conducted and reached out to 60 fathers.

Topics such as the role of the father in the home, the role of the father as husband, the father-son relationship, the fathers and his legacy and the role of the father in the community and church were keenly discussed.

Family counselling and positive parenting

Sixty six (66) families received family counselling. Families were referred by ACVV, BADISA, Call to Serve and the Department of Social Development. Positive parenting workshops were facilitated and 193 parents were reached with 6 sessions.



Drop-in centre

Mfesane again received a grant from the Department of Social Department to offer a basket of services to 40 children in Marikana Township in the Nelson Mandela Bay Municipality.

The children received food, assistance with personal hygiene, school attendance support and enjoyed being part of book clubs and school holiday clubs.



Isibindi Youth Forum

The youth in the programme also joined the Isibindi Youth Forum and attended forum meetings monthly at different Isibindi projects in the Western Cape.

The Isibindi Youth Forum also hosted a forum meeting in Middelpoos for other youth; the forum provided a safe platform where youth could learn and share about the challenges they face every day.



Junior Council members
Saldanha Bay Municipality

Strong families = strong communities



Safe Parks

Mfesane's three Safe Parks in Hopefield, Middelpoos and Laingville contributed to the increased number of children reached through this programme. The child and youth care workers successfully provided afterschool care for younger children whose parents work until late, homework help, games, meals and counselling.

They also provided support to matriculants through study groups, career guidance, motivational support and help with the matric farewell. 95% of the matriculants in the programme passed their matric exams.



CHILDREN, YOUTH & FAMILIES

Community food gardens

Food gardens are a self-sustaining way to eradicate extreme hunger in communities and aid overall health by helping beneficiaries to take their medication on full (not empty) stomachs, thereby ensuring less defaulting on chronic medication. For some, food gardens are a source of income as they sell or trade surplus produce. Over 100 food gardens were planted this year.



The Environment Project on the West Coast helped set up food gardens, trained families, collected seaweed to set up a soap manufacture business and made paper and paper products (like beads) from recycled materials.

Using available resources

Church mobilisation

As a Christian development agency, we want to get the Church more involved in the lives of the community members they seek to serve. We invite local churches to be part of our programmes and try to mobilise them through opportunities to serve and by providing training and information to their members.

Agents of change

Building on the Christian values of care and compassion, Mfesane has helped build a base of hundreds of volunteers from over 11 churches who have been trained in helping to de-stigmatise HIV in their communities. These volunteers have also created care programmes for their churches to take care of the sick in their communities.

ABCD approach

As agents of change within their communities, an Asset Based Community Development approach, also known as ABCD, has been adopted to empower communities. ABCD encourages communities to use the resources they have at hand and encourages people to take charge of their own development and future.

Fatherhood focus

Mfesane has also helped local churches to facilitate fatherhood networks which focus on peer support for men as they explore the role of being a husband and father. The aim is to encourage and strengthen men in their important contribution to strong families and society.



CHILDREN, YOUTH & FAMILIES

Success stories

We always celebrate when we see young people overcome their personal challenges. We understand the courage it takes to make the choice to do things differently. Meet some of our Mfesane champions.

Asamahle: teenage mom

Asamahle is a teenage mother. She has chosen to go back to school and get her Grade 9.

With encouragement from the Nelson Mandela Bay Khusela Ikamva Lethu youth team who developed a Teenage Parents Journey Manual for teenage parents in her community, Asamahle found support and is tackling the job of being both a mother and a student with renewed hope and support.



Siyabonga: entrepreneur and business owner

Give Yourself a Job is a skills training where a participants are being equipped to start their own businesses or even those who have existing businesses but want to learn more.

Siyabonga is a young man from Salamntu St Johns Organisation who did the Give Yourself A Job Training. He started his own car wash business at Salamntu and he has applied the knowledge he gained on the training successfully.

Ruwayda: diligent learner

Ruwayda was constantly expelled from school for her actions. Through attending one of the Mfesane programmes, her behavior and attitude changed.

Ruwayda passed Grade 7 and attends school every day without being expelled.



Raymond: commended at school

Raymond was very aggressive before attending the programme. With support and being part of a group, his behavior changed from negative to positive.

Raymond passed Grade 7; today his school principal speaks very highly of him.

Odwa: an artisan

Odwa was successful in receiving his driver's license. He was one of the Expanded Public Works Programme Interns and is also busy completing his N6 in Business Management.

After attending the Basic Entrepreneurship training, Odwa discovered hidden skills and decided to start a Self-Help group making items out of recycling material like old pallets. His art is now being sold to local tourist shops and Odwa has encouraged other youth in his community to get involved.



Seeing evidence of positive change

Young men becoming leaders

Thabo Rongo: Saldanha Bay Municipality Junior Mayor

Thabo is a young man who has big plans for his life and deeply cares about the youth in his community. Thabo's passion for working with the youth and empowering them comes from his life experiences. He made wrong decisions and paid for them as he did not have someone to guide him. After realising that the path he was headed down was harmful, he decided to change and make something of himself and be a role model to others.

Thabo chose to get involved in projects aimed at developing young people to build a legacy for their lives and families. He has been a member of the RCL for the past four years, learning that he is a leader who can make a difference in the lives of those he comes across. Joining the Isibindi Youth Forum helped Thabo identify other skills and talents: he loves debating and finding solutions to problems facing the Youth and is involved in the Arts, performance, drama and music. Being part of the Isibindi Youth Forum has also helped Thabo learn to deal with people of all walks of life.

When asked about the future, Thabo's eyes light up. "I want to pursue law studies after matric. I believe the opportunities I've had are shaping me for my future as someone who advocates for others."

Simamkele Laleli: Youth Councillor

Simamkele first heard about the Isibindi Youth Forum from a Mfesane Youth Coordinator. He had nothing to keep him busy after school and saw this as an opportunity to be involved in something constructive.

Since joining the Isibindi Youth Forum in 2016, Simamkele has learned valuable skills that help him in his everyday life activities. He has learned to become a team player as the Forum is about working and learning together. He also learned to follow instructions and obey rules as there are leaders that he works with. Most importantly, Simamkele found out that working within the community to strengthen individuals and families benefits not only the community, but himself too.

Today Simamkele provides life-skills and coaching to other young people. He has learned to act professionally and maintain confidentiality as some of the youth and people he works with share information that is sensitive.

"Being a member of the Isibindi Youth Forum and Saldanha Bay Youth Council has helped me sharpen my communication skills," Simamkele says, "I can now address a number of people and I love public speaking. It's helping build my leadership skills and capabilities. I believe that being part of the Isibindi Youth Forum and Saldanha Bay Youth Council is my greatest achievement so far and getting to work with the youth and members of my community is shaping me for my future plans of studying."

When asked what he plans to study, Simamkele turns to look at the kids around him. His dream is to be a Social Worker.



TRAINING, DEVELOPMENT & PLACEMENTS



Technical vocational education & training

Dignified through skills

Our objective is to equip individuals from disadvantaged communities with employable skills, assisting them through job readiness and life skills training to be employed and self-reliant, thereby reducing poverty.

Target group

Mfesane's target group is unemployed, unskilled and under-employed people from the Eastern and Western Cape, not excluding other areas in South Africa, including female and male adults and youths who due to financial constraints are unable to access education and training at other training institutions.

Strategy and approach

During the implementation from April 2017 to March 2018 we used our strategy and approach to:

- Form partnerships and proposals to government in collaboration Exchange learning material with reputable association in the TVET sector
- Source facilitators as and when there was training, than retaining them throughout the year
- Hire out training space/workshops to government as a trade test center
- Approach organizations to render training for their personnel.
- Place target groups in sustainable wage- and self-employment.

Networking

A key part of training and development is networking with other organisations. Mfesane is part of several forums where members share and update each other on new developments and opportunities.

Mfesane is part of the following forums:

- Western Cape Training Providers
- QCTO providers forum
- HWSETA accredited providers workshops
- MERSETA workshop
- TVET provider's forum
- Northlink College
- Khayelitsha Small Businesses (sourcing providers)

Mfesane also met with private companies, TVET colleges and has set up an online database of contacts.

TRAINING GRADUATES

<i>Welding:</i>	<i>52</i>
<i>Bricklaying & plastering:</i>	<i>34</i>
<i>Child & Youth care:</i>	<i>49</i>
<i>Community health:</i>	<i>230</i>
<i>Give Yourself a Job:</i>	<i>62</i>
<i>Welding practice:</i>	<i>3</i>

Placements

Mfesane keeps in touch all its students and has tracked 300 students in the field of construction and welding.

68 trainees were placed in on-the-job training, and six trainees were placed under fair labour conditions.

Staff training

Over the course of the year the core training staff attended the following courses: Financial Consumer, Data capturing, Facilitation skills, HWSETA learning systems management, Skills Development Imperative workshop by SESTO (Cape Chamber), and Receptionist & Telephone Etiquette.



Community Health Care with Life Skills training at the Love to Give site - April 2017

TRAINING, DEVELOPMENT & PLACEMENTS



Community members of Khayamandi, in Stellenbosch practicing the bricklaying training with Phillip Kaseke as their facilitator - May 2017



Welding group outside site on a Company visit. 100% of the group found learnership immediately after completion of this training – June 2017



Welding with Life Skills training: Company Site visit by Chrysallis Academy group - June 2017



Child and Youth Care with Life Skills training at Chrysallis Academy - October 2017



Trainees in construction: photo taken during our site visit after their placement at NDP Development in Mfuleni, where Government were building RDP houses – with Caleb, Job Placement Officer

Success stories

Meet some of our training graduates

Lumka: Welder

I knew nothing about the welding, I attended a welding course at Mfesane in Crossroads. After the training I was assisted to get a job and successfully competed. Now I'm an independent lady!

Thank you Mfesane for changing my family life.



Ntombenene: Bricklayer

I'm Ntombenene, from Khayamandi and I'm 58 years old. I once heard that there was a bricklaying course taking place in our community of Kayamandi and I decided to attend the course regardless of my age.

Knowing that I had a plan of building my own house, today I have an idea of what I need to do to build my own house, I know that I'm old but now I have the skills when it comes to bricklaying and willing to do some small work at my house.

Thank you for the opportunity!



Roberto: Bricklayer

I'm Roberto from Khayelitsha. I came to attend a bricklaying course at Mfesane in 2016, in khayelitsha, without knowing anything in construction.

Today I'm running my own company named Tint Plastering & Construction and I was requested by Mfesane to do the tilling, windows and the painting of the new Khayelitsha workshop. I have 16 employees working for me and we run different projects in the Western Cape.

Thank you Mfesane for changing my life. Families are benefiting from the opportunity of training you gave me.



Xola: Plasterer

I attended a plastering course at khayelitsha Site B in 2012.

When I started my course in plastering I knew nothing but after my training I started getting some deals to plaster homes and I end up plastering 300 houses in Delft! I have managed to employ eight guys that I work with in Mount Estate Stellenbosch.

Thank you Mfesane, no words can explain my gratitude.



FINANCIAL OVERVIEW

Investing for maximum return

The directors present their annual report which forms part of the audited financial statements of the Company for the year ended 31 March 2018.

The current operations of the company include:

- a) Health education and Care services; that is health screening, health awareness and promotion, health rights as well as other health-related services
- b) Care, support, education of youth, children and families; that is child protection services, youth and family strengthening.
- c) Training, development and job links; including

community health training, child and youth care training, welding and construction training, victim empowerment training, job readiness and industry linkages as well as capacity development of other NGOs.

The external auditors Henri Grove are responsible for independently reviewing and reporting on the company's financial statements. Audited annual financial statements are available on request.

INCOME STATEMENT FOR THE YEAR ENDED 2018

INCOME	Rm	ASSETS	Rm
1. Donations	11.04	Non-current assets	15.29
2. Investment Income	3.69	Current assets	3.48
3. Other Income	0.62		18.77
	15.35		
EXPENDITURE	Rm	EQUITY & LIABILITIES	Rm
1. Other Expenditure	6.07	Non-Distributable reserves	14.25
2. Staff expenditure	4.25	Trust Funds	3.16
3. HIV Programs	6.01	Current Liabilities	1.36
	16.33		18.77



THANK YOU!

Thank you to the many dedicated Mfesane teams and volunteers who serve wholeheartedly and tirelessly. We appreciate your immense contribution!

MFESANE'S TEAM ON THE WEST COAST



Isibindi team Laingville



West Coast office team



*Community health care workers:
Hopefield & Langebaan*

Youth Development team and local partners



MFESANE'S TEAM IN NELSON MANDELA BAY



Nelson Mandela Bay office team



*Community health care workers:
Booyssens Park, Chatty & West End*



Child/youth care workers and Youth Development team at the Greenfields Drop In Centre



*Community health care workers:
Schauderville, Korsten, Walmer 14 & Gqeberha*



*Community health care workers:
Wells Estate*



Child and youth care workers at the Marikana & Booyssens Park Drop In Centre



BE PART OF THE MFESANE STORY

We invite YOU to join us on this amazing adventure of Mfesane. Through our combined generosity, together we can beat poverty in our nation. Donations can be made to:

Mfesane NPC

ABSA Bank, Acc: 340143280

Br: Santyger 630510, Swift code: ABSAZA

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Mfesane is an independent, ecumenical development organization.

Mfesane is registered as a Non-Profit Company (NPC) with a tax exempt Section 18A status.

Company Reg.no: 1975/000041/08 | PBO.NO: 130002098 | NPO NO003-685 | Vat Reg no: 443 010 5603