



**Malamulele  
Onward**

Possibilities for Africa's Children with Cerebral Palsy

# ANNUAL REPORT

2015



# WHY WE EXIST

We exist to challenge the current outcome for children with Cerebral Palsy living in rural areas. We acknowledge that we do not have all the answers but are committed to challenging the effectiveness of rural CP services through a systems approach that combines training, intervention and ongoing support.

## WE ACHIEVE THIS BY...

- Identifying and reaching children with Cerebral Palsy living in remote rural areas.
- Through intensive therapy we improve the quality of life of children with Cerebral Palsy by meeting their physical and emotional needs.
- Supporting and empowering those involved in the rehabilitation and care of children with Cerebral Palsy. This includes the children's families and the rehabilitation staff responsible for providing services to the children.
- Engaging with relevant role players and stakeholders, thereby mobilising resources for the needs of the children and their families.
- Partnering with local, regional and national authorities, local communities and community-based organisations in the ongoing needs of the children and their families.
- Constantly monitoring and evaluating outcomes and conduct research to determine "what works best" in terms of rehabilitation services for children with Cerebral Palsy living in underserved, rural areas.



# CONTENTS

---

Chairman's Letter .....	2-3
Executive Director's Report .....	4-7
What We Do .....	8-9
Our Organisation Tree .....	10-11
Our Impact .....	12-13
<b>Resourceful Parents</b> .....	14-19
<b>Enriched Skills</b> .....	20-23
<b>Efficient Services</b> .....	24-31
<b>Able Children</b> .....	32-37
Audited Financial Statements .....	39-41
Thank You .....	42
Volunteers .....	43
In Kind Donations .....	44
Financial Support .....	45

## 2015 Chairman's Letter

To all our stakeholders

Dear friends

The media today regularly present desperate human situations of socio-economic hardship, crime, violence and corruption. The age of electronic media brings home the immediacy of such events on a global scale, which can make one feel overwhelmed and sometimes despondent.

In the world of rural communities in Southern Africa who have been impacted by the burden of cerebral palsy life has to go on regardless. As we, at Malamulele Onward come to review and report on our work for another year, we once again find inspiring stories of courage, perseverance, hope, commitment and devotion by the unseen and unsung heroes in these communities. It is again our privilege to share some of these with you through our annual report.

It is pleasing to report that during the year under review, Malamulele Onward made further inroads into the difficult terrain of children in rural communities afflicted with cerebral palsy. Our ever-evolving intervention model still aims to empower as many as possible and as cost-effectively as possible as we place more and more emphasis on training and information sharing.

Of significance here has been the production of our Carer-2-Carer training manual and I am pleased to report that it is now freely available online. Our partnership with the hospitals that are responsible for managing the programme and covering costs, determines much of the success achieve.

Feedback and monitoring information is vital in enabling us to continuously measure our impact. A priority we now face is to up-scale the Carer-2-Carer Training Programme through a replicable and sustainable model that can work in any rural site. The largest challenges are the financial requirements, covering the costs of workshops and remuneration of the facilitators.

Our new home at the Children's Memorial Institute, Braamfontein, has proved to help us in our objectives in ways we never fully appreciated at the start. It has become a resource and treatment centre for cerebral palsy on a scale we never imagined, especially through our residential 'blocks of therapy' programme, where caregivers and their children come to Johannesburg for two weeks of training and treatment.

Once again, I would like to thank all our donors, volunteers and partners for their contributions and support. Your interest and commitment is deeply encouraging for us. I believe the value proposition offered by Malamulele Onward not only to rural communities but to South Africa as a whole in providing meaningful interventions for children with cerebral palsy will reward the confidence you have placed in us.

Special thanks to Gillian Saloojee, our Executive Director and her team of staff and volunteers for their tireless efforts in bringing change into lives and situations often neglected and viewed as hopeless.

To my board colleagues, once again thank you for your time, wisdom and support.

John Whitter

31 July 2015

# DIRECTOR'S REPORT

What difference are we making? What impact have we made over the past year? Over the past five years? And as we approach our 10th anniversary, we will be asking – what about the last 10 years?

Each encounter with a parent and child, each home visit, each outreach visit to a rural facility, each training course produces the same refrain – have we made a difference? And if so, what? And how do we measure this? The result of this constant questioning and evaluating what we do has helped us to reshape and refine our projects and how we work.

This reflection is seen in how our model of care has evolved over the years. Our initial focus was on the children themselves and most of our time and energy was spent on providing direct “hands on” therapy and then training the caregiver to continue this at home. Although this approach produced amazing results in the short-term, as we followed the children up over time we soon realized that the results were difficult to sustain as we were working in a vacuum. Unless caregivers had access to ongoing support and encouragement and had a deeper understanding of the nature of the condition itself, simply teaching mothers how to work with their children was meaningless and resulted in poor carry over into everyday life.

We also struggled to cope with the growing number of new mothers who were coming to the CP clinics. Our short intensive blocks of therapy, conducted at rural hospitals resulted in an unanticipated influx of children arriving for therapy. Therapists at the already understaffed hospitals felt overwhelmed.

And so the Carer-2-Carer Training Programme (C2CTP) was born – where parents themselves become the trainers. The process of developing this programme together with

the emerging results of this kind of training was a turning point for Malamulele Onward and had a strong impact on our strategy. Not only did we learn about the value of harnessing the experience and resilience of mothers, but we were also given a unique insight into a mother's world. Because the mothers themselves were part of the process of developing the training material, we were able to reach a deeper level of engagement and insight with parents and caregivers. We began to understand the triangle of hopelessness that mothers found themselves in – blaming themselves for their child's condition; ignorance about the causes and long term effects of CP and the struggle to accept their children in the face of cruel comments and negative attitudes from their families and communities. Many mothers were left feeling that there was no future for themselves or their children.



As the C2CTP was rolled out, we saw a familiar pattern emerging from the workshops – where mothers described how they were moved from a place of darkness, ignorance

and hopelessness to a place of light where they understood the nature of CP and that there was a future for themselves and their children if they could embrace the idea of CP as a way of life. Participation in these workshops were a



crucial moment for mothers themselves as they came to realise that CP was not a condition which could be “fixed”. They had an opportunity to share their heartache and pain in a safe space with other mothers who understood their journey. Knowing that they were not alone and armed with information and the skills to cope, mothers emerge from these workshops stronger and even more resilient, with a sense of realistic hope.

The insight we have gained into the journey that mothers trudge through has shaped how we run our programmes. We now place far greater emphasis on training mothers and preparing them for what lies ahead. This means that we have decreased our emphasis on the therapists doing most of the handling and therapy when we work with the children and rather focus on enabling mothers to do it themselves, with the objective of helping them to understand how handling their own children in a different way will make a difference in the long term.

However, for anything to be sustainable we had to relook at our relationship with the hospitals. Our attitude towards the hospitals has changed since the beginning of this year – rather than seeing the therapists and hospitals as our beneficiaries, we now view them as our partners, working together towards a common goal – offering the best quality services to children with CP so that they thrive within a supportive environment and caregivers feel competent and empowered.





What has emerged from this reflection is a systems model of thinking and a systems approach to strengthening rural services. We recognize that in order to have a long-term and sustainable impact on services for children with CP living in rural areas, we needed to identify and address all levels and elements through a combination of training, service delivery and ongoing support. Hence this year, our various programmes have worked much closer together with greater alignment and overlap and this is visually reflected in the model on the opposite page.



And so it is with pride and with pleasure that we present this year's annual report to you. I hope you will enjoy reading it and sharing our journey. Challenges are part of every journey, but it is a journey which never fails to satisfy and excite us. Together with you, our donors, partners, colleagues, volunteers, parents, family, friends, know that we need and appreciate your support and that together we have been successful in making a meaningful difference to the lives of children and their families.

The annual report also provides the opportunity to acknowledge the support I have enjoyed and valued from the Malamulele Onward team and the management committee as well as colleagues, friends, family and of course, the unwavering support of the board members. We are really fortunate to have the faithful support of a board which both challenges and champions us and I am particularly grateful to the quiet wisdom and leadership of John Whitter, our Chairperson.

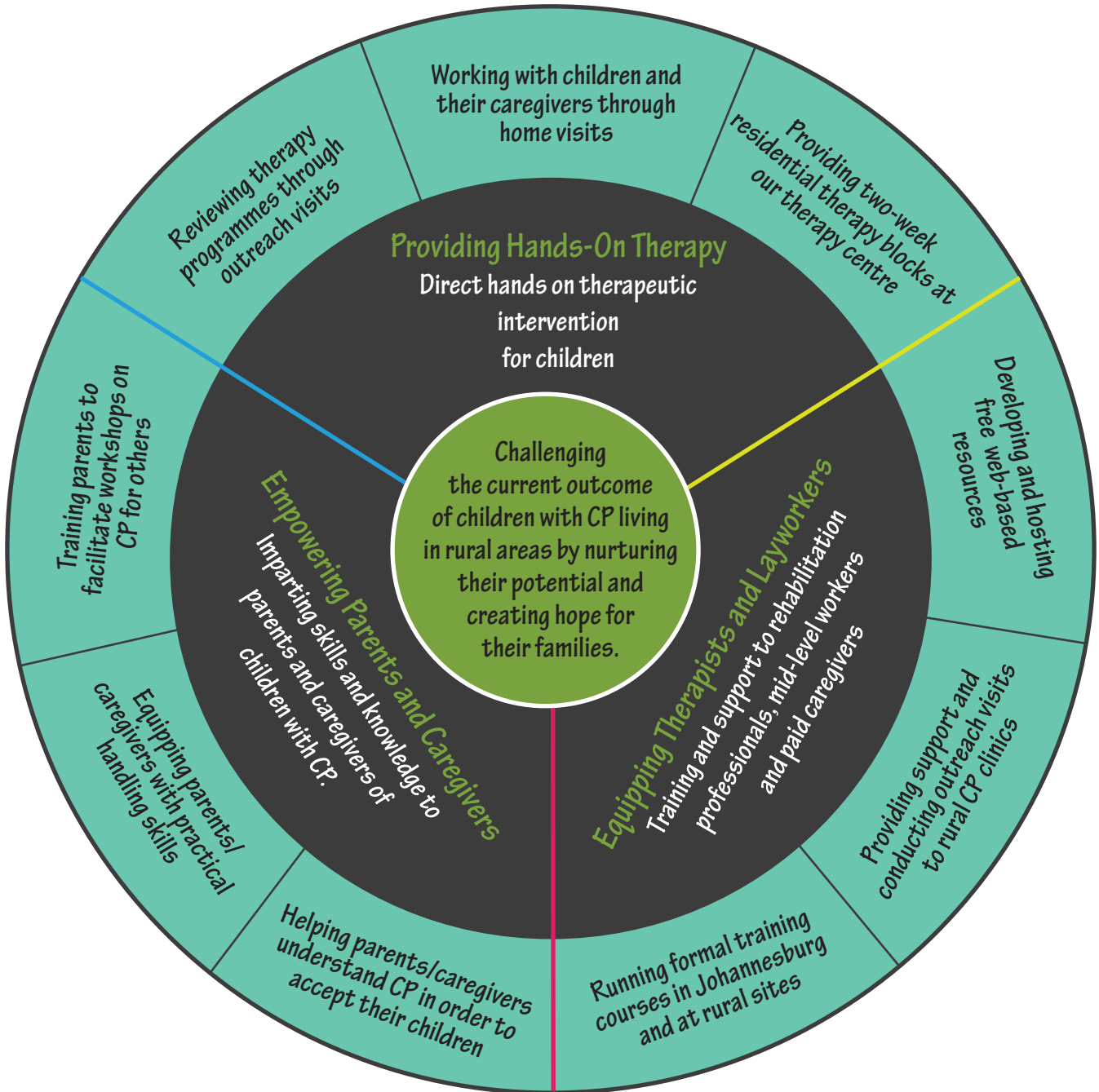
Gillian Saloojee

31 July 2015

# WHAT WE DO...

*Malamulele Onward has adopted a systems approach to challenging the current and potentially devastating outcome for children with Cerebral Palsy living in rural areas.*







# Malamulele Onward

Possibilities for Africa's Children with Cerebral Palsy

Training  
Misty Weyer  
Lydia Ngwana

Research  
Dr Gillian Saloojee  
Emma Jenkins

Residential Therapy  
Kabi Krige  
Emma Jenkins  
Taryn Camden - Smith  
Lindiwe Nxumalo

## Regular Outreach Therapists

Fiona Semple  
Ingrid Vriend  
Phillipa Spooner  
Elbe Griesel  
Shelley Broughton

Executive Director  
Dr Gillian Saloojee



OUR ORGANISATION  
TREE

Outreach  
Tamsyn Brown  
Taryn Camden-Smith  
Evelyn Shongwe

Support Services  
Thulisile Hlungwane  
Communications  
Morongwa Boikanyo  
Administrator

Associated Services  
Keith Viljoen *accountant*  
Samantha Bartlett *admin assistant*  
Tobias Mushroom *caretaker*  
Ethel Kubisa *cleaning*  
Victoria Zwane *cleaning*  
Moses Mahuhushi *driver*  
Mark Whitter *driver*

BOARD OF  
DIRECTORS



# OUR IMPACT

## *Challenging the current outcome for children with CP through.....*

Malamulele Onward's research and experience over the past nine years has revealed what happens to children over time as they become teenagers and then adults. Despite the interventions that exist for children with CP living in rural areas, a very negative outcome awaits them and it involves a long journey of deformity, pain and suffering.

In response to this, Malamulele Onward has adopted a systems approach to challenge the current outcome for children with CP living in rural areas. Through mobilising parents as resources, enriching the skills of rehabilitation workers and restructuring the way that CP clinics are run, Malamulele Onward is able to influence this outcome and ensure that children with CP are able to grow, play and learn within a supportive environment.





## Resourceful Parents

*Mobilising untapped  
resources in impoverished  
communities*



## Enriched Skills

*Raising the clinical expertise  
of rehabilitation  
professionals and lay workers*



## Efficient CP Services

*Expanding the capacity  
of existing resources*



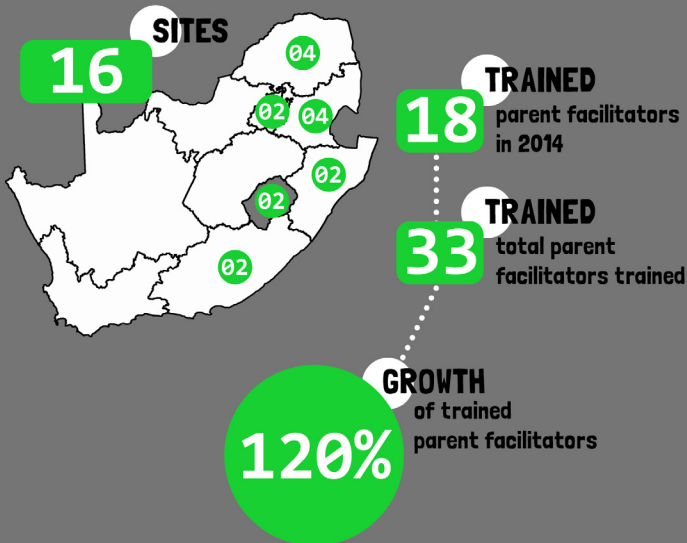
## Able Children

*Ensuring that children with CP are ABLE to grow, play and learn*



# RESOURCEFUL PARENTS

## Training of Parent Facilitators



## Carer Feedback

"I now understand what CP is, and how I must take care of my child"

"CP is a way of life, I can help my child with everyday things I do."

"I am now able to love my child"

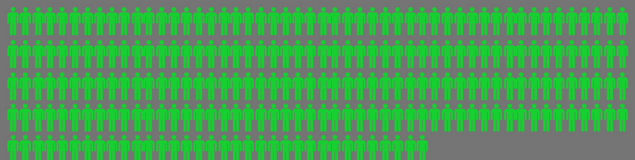
## Impact of Intensive Therapy Blocks

CARERS RECEIVING 1 on 1 INPUT **68**



## Impact of trained Parent Facilitators

CARERS WHO ATTENDED ALL 5 WORKSHOPS **233**





Parents have previously been an untapped resource in rural areas, however at Malamulele Onward, we have acknowledged them as valuable resources to be mobilised. We have achieved this through two strategies, the first of which is our Parent Facilitator Course.

In preparation for this course, we spent three years developing training material with a group of 20 parent facilitators representing five languages and cultures in order to produce the first CP programme in South Africa that can be taught by rural parents themselves. Each hospital selects two parents to be trained to run a series of five workshops for other parents and caregivers. Over three weeks, they are then trained at our centre in Johannesburg on CP, how to support other parents, facilitate peer-learning and report to their respective CP clinics. These parent facilitators operate as a third tier to the CP service and as a result minimise the demand on therapists for parent education, thereby allowing therapists to spend more time providing therapy. By training parents, we are able to influence CP



services at three different levels, where previously only one had been targeted.

Our second strategy to mobilise parents as valuable resources has been through the two-week intensive therapy blocks. All trained parent facilitators attend these therapy blocks as well as parents of other children from the same CP clinic. Parents finish these two weeks having gained a valuable skills that they can then teach other parents at their sites. In a number of our sites, these parents are then used





to assist with running practical groups at the CP clinics, which further extends the amount of time available for therapy.

As a result of equipping parents/caregivers to be resources in their own communities, for the first time in South Africa, parents have access to support from someone who understands them and information that is presented in a way that limits barriers to learning. Although therapists make every effort to assist parents in understanding CP, language and cultural barriers often prevent any information from being disseminated

and received actively without loss of meaning. Our work has proven that parents learn better from other parents and that those who feel hopeless and unable to accepted their children, struggle to learn about CP until their psychosocial and emotional needs are addressed.

Parents who are psychosocially well and who understand CP contribute to improving the effectiveness of the CP service. This is because parents who understand their children are more likely to comply with home programmes and continue what they have learned during treatment when they are at home with their children. They also become more realistic about their expectations of what therapy can achieve, as many parents attend CP clinics believing that it will cure



their child and tend to stop attending when these expectations are not met. Most importantly, parents/caregivers who are equipped with the necessary skills, are given the power to minimise the devastating effects of CP on their children, resulting in less strain being placed on the local health services.

Furthermore, in areas where high staff turnover is a common challenge, the presence of parents who are dedicated to supporting the CP service results in better continuity for others attending the CP clinic and allows the opportunity for parents/caregivers to support each other as a community.





## OUR INSPIRATION

Through our journey, we are constantly amazed at the power that both knowledge and love produce when they are combined. Over the past nine years, we have witnessed incredible growth in the mothers we interact with such as Makhosi Nxumalo, a mother to a child with CP. We met Makhosi and her son Simiso at the Charles Johnson Memorial Hospital in Nqutu, KwaZulu-Natal and they quickly became a new source of inspiration to us. Simiso was born on 5 May 2008 and due to complications at birth, he was diagnosed with CP.

At first he seemed the same as any other child, but as the months passed it became apparent that this was not the case. Simiso is a friendly child who is always smiling, but he struggles to sit and grasp or hold things with his hands. When Simiso and his mother first arrived at the Malamulele Onward Therapy and Training Centre in Johannesburg for the two-week residential intensive therapy block, Simiso's body was very stiff and Makhosi was reluctant to believe that her son could ever improve.

Like many families living in rural South Africa, Somiso's family is plagued by poverty. Each day begins with his mother having to bath and change him before placing him on the bed and preparing breakfast for him. Simiso cannot feed himself so he needs to be fed. During the beginning of the two-week intensive therapy blocks, his mother was very concerned about the stiffness in her son's body and his inability to hold objects in his hands.

During the therapy blocks, Makhosi learnt that Simiso had CP and what this meant for his future. For a long time she never understood what was wrong with him or that children





with CP could go to school or be accepted into a community. Makhosi used to believe that she had to hide her son away until he eventually passed away. When she finally learned about the condition and saw how Simiso had improved in two weeks, she was moved to tears. She realised for the first time that her son had the potential to change in a positive way and that she had the ability to make it happen.

Despite his disabilities, Simiso is a very happy young man, a testament to his character and one of the many qualities that make him so special. Makhosi learned that although her son suffers from a debilitating disability, with the right knowledge and therapy input, he is not a difficult child to support! At the

end of the two-week intensive therapy block, Makhosi had this to say:

“ ..... I am very grateful to have been called to be a part of this two-week block, thank you for looking after my son. Before I arrived here (Johannesburg) I had no idea how to feed my son properly or how to loosen his muscles, I learned the importance of sharing my knowledge and skills with my family members.”





# ENRICHED SKILLS

## Courses Hosted



JHB



RURAL

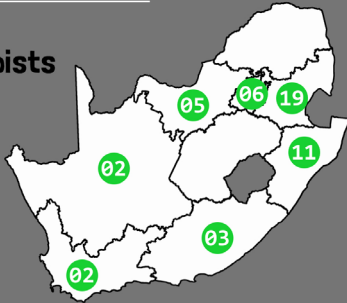
## Therapists Trained

**48**

Therapists

Sites

**29**



OT 19  
PT 19  
ST 10

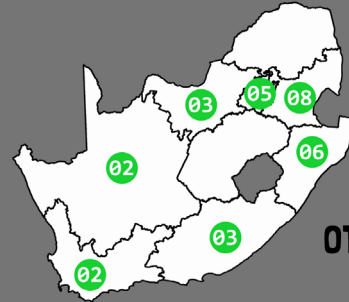
## Midlevel Workers Trained

**22**

MLW

Sites

**15**

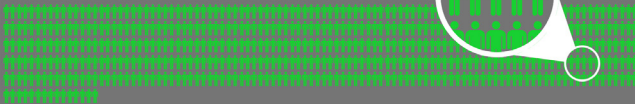


OTT 12  
PTA 02  
OTHER 08

## Online Resources

### PORTAL VISITORS

515

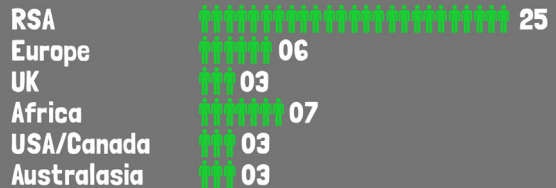


### REGISTERED USERS

47



### GLOBAL DISTRIBUTION



CP is a complex condition that leaves most therapists confused and fearful, especially when working in hospitals located in isolated areas. In South Africa many new therapists graduate without having touched a child with CP, which directly impacts on their ability to treat such children. In most CP clinics, therapists are limited to treating children with passive movements that are proven to be ineffective. CP becomes managed as if it is a short-term injury like a broken ankle rather than the lifelong condition that it is. In response to this, Malamulele Onward created two training courses over the past two years that have resulted in therapists and mid-level workers becoming more comfortable and effective at treating children with CP. Our five-day course for therapists is the only course on CP that is offered at rural hospitals designed for young rural therapists. This not only makes it more accessible to rural therapists by eliminating travel and accommodation costs, but also allows us to train many therapists from one area resulting in strong networks being formed between them.



Therapists who have attended the five-day course are then encouraged to send their assistants to our two-week mid-level workers course, which allows us to strengthen a second level of the CP service. As the only organisation that offers a course in CP to mid-level workers in South Africa, we enable these workers to become active agents in the CP service, where previously their role was limited and overlooked. Providing training to mid-level workers also ensures a greater level of sustainability and continuity as mid-level workers tend to stay at the same hospital for a longer period of time than a therapist would.



The impact that arises from training both therapists and mid-level workers is that all members of the CP service are treating children and teaching parents in the same way. Often parents are subject to high staff turnover at rural hospitals, which results in constantly having a different therapist with a different set of ideas treating their children. This makes the complexity of CP much greater for a parent to understand. By creating a strong team that treats children the same way, we have created continuity for parents and their children, as even when some staff leave, there is a strong enough culture of treatment embedded in the service to guide new staff.

Training in isolation however, is not enough to achieve our desired impact on the CP service. Every CP clinic operates with its own embedded culture and this does not change as a direct result of training. Rather therapists' mindsets around how they conduct therapy needs to be transformed over time through the ongoing mentoring and support provided by Malamulele Onward in the form of regular correspondence, access to online resources and outreach visits that involve both workshops and clinical supervision.

On 13 October 2014, the Carer-2-Carer Training Programme was officially launched online, granting free public access to its training resources in five initial languages via the Malamulele Onward website. It exists as a resource that therapists can access to not only run workshops for parents/caregivers but to also educate themselves on the important information and handling principles relevant to children with CP.







# WHAT THE THERAPISTS HAD TO SAY.....

## I CAME TO THE COURSE BECAUSE.....

"I want to learn practical ways to help improve my treatment of children affected by CP."

"I am really keen on working with CP children, but feel I lack knowledge on this regard and would like to learn as much as possible about this."

"I want to learn more about management of CP children, group therapy and to be able to treat CP children effectively."

## I HAVE GAINED .....

*"I have a new understanding of CP with regards to its impact on the child's + mother's everyday life. My focus has been completely shifted from a physical impairment focus to understanding the importance of participation + function. The practicality + topics addressed were very appropriate for my rural context and I felt like I have sufficient knowledge + skills to manage CP holistically. My confidence has improved dramatically. In fact the course has surpassed my expectations by removing my fear / anxiety + replacing it with a love for CP."*

## WHAT I WILL DO DIFFERENTLY .....

*"I will definitely use the knowledge and skills I have gained to partner with caregivers, not only of CP children, but the caregivers of other children as well. This course has really enlightened me to how powerful caregivers are as a resource and support for their children. The practical handling skills that I have gained will also be invaluable in managing CP children at my clinic and hospital more effectively. The knowledge I have gained with regards to the importance of children's active participation in functional activities will also guide my assessment and intervention."*



# EFFICIENT CP SERVICES

## Therapy Opportunities

At most rural CP Clinics, children receive....

**4-5** HOURS of therapy per year.

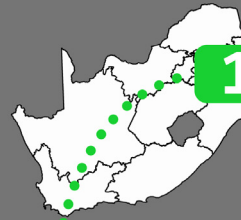


This means that therapists only have....

**7** YEARS of therapy before the child become too difficult to transport over long distances.

**35** HOURS to provide a child with therapy & equip the carer with the necessary skills to prevent the child from becoming worse over time.

## Outreach Opportunities



**15** SITES VISITED

**450** HOURS average time spent equipping therapists on outreaches



JHB

**17** LOCAL THERAPIST Attended intensive therapy blocks

**17** INTENSIVE THERAPY BLOCKS For carers & children from 15 sites.

## Our Solution

### Training & Ongoing Support

- Focus on long term impact
- Introducing group therapy
- Streamlining admin tasks
- Identification & usage of available resources
- Prioritising equipping carers

As a result, the amount of hands-on therapy each child receives is significantly increased without the need for more staff.

This places **LESS STRAIN** on the local health service, and significantly improves the **QUALITY OF LIFE** of both child and their family

CP is the a condition that makes a child's body deteriorate over time and this means services for children with CP need to be both accessible and efficient in order to prevent the devastating effects of CP on a child as they become older. In rural areas children tend to lose access to therapy services when they grow older and bigger because it becomes increasingly difficult to transport them to and from hospitals or clinics. Without adequate intervention, teenagers and adults with CP tend to have a very poor and painful future ahead of them.



Currently, at the CP clinics Malamulele Onward has worked with, the average amount of therapy each child receives is 4-5 hours per year. Children spend an average of 7 years receiving treatment at their local CP clinic before accessibility becomes too much of a challenge to continue attending. This means that therapists have an average window period of 35 hours to equip parents/caregivers with all the skills they need to control the devastating effects that CP has on their child's body and minimise the burden it places on the family.



Through Malamulele Onward's input, CP clinics are able to double or even triple the amount of therapy time that each child receives through the simple restructuring of how a CP clinic runs. Therapy teams are exposed to a number of techniques such as group therapy/treating children in pairs, staggering children, streamlining administrative tasks



and strategically using the resources already available to them. This means that at least two times the amount of therapy is provided without the need to increase the number of staff delivering the service. Malamulele Onward's access to a growing number of CP services also allows for the facilitation of collective learning through collating helpful information and resources obtained from more established clinics and then disseminating it to others.

Through training and ongoing support, Malamulele Onward plays a major role in developing therapists' potential for long-term impact on the children that they treat. Currently, most therapists focus their treatment on addressing key components of a child's function such as their vision or ability to use their hands. However in light of the brief contact time a therapist has with each child and caregiver, priority must be given to equipping the caregiver to prevent the effects of CP on the child's body for any other therapy goals to be effective. By changing the system in which a therapist approaches the treatment of a child with CP, parents/caregivers become equipped to prevent the current outcome of deformity and pain that awaits most children as they become older. This not only places less strain on the local health service, but significantly improves the quality of life of both the child and his/her family.





# A SHINING EXAMPLE OF WHAT IS POSSIBLE

Situated deep in the rural Eastern Cape landscape, Madwaleni Hospital exists in one of the poorest areas in the country. Malamulele Onward partnered with this hospital in 2009 and has since witnessed Madwaleni CP Clinic become a shining example of what an excellent, well-structured rehabilitation service and a team of enthusiastic rehabilitation staff can achieve.



### AN INCLUSIVE SERVICE

There are seven clinics in the district that Madwaleni Hospital serves. The largest of these, Xhora Clinic, is visited twice every five weeks by the therapists. The remaining six clinics are visited once every five weeks. A unique feature of the Madwaleni CP service is the annual audit conducted at the beginning of each year. Each therapist is given a file of all the children he/she is responsible for during the year (this allocation is done on the basis of where the children live and the local clinic they attend). The therapist then has a form to complete, detailing when the child was last seen and what follow-up is still required. Children who have not attended for an extended period of time are contacted by phone and given a date to come to the hospital. In the event that a parent/caregiver is unable to be reached by phone, a home visit is planned and conducted in order to absorb the child back into the CP service. As a result of this audit, the Madwaleni team of therapy staff is able to keep track of the children over time and ensure that all of them are reached.

### CREATIVE AND INSPIRED

By its own admission, the Madwaleni CP clinic is evidence of the positive impact achieved by the work of Malamuele Onward. The complexity of treating a child with CP is often daunting to young therapists and results in feelings of fear, confusion and resentment affecting the quality of service delivered. The interest and enthusiasm of the rehabilitation team at Madwaleni is evidence that with the right training, skills development and mentoring support, young therapists are more open and equipped to



work with children with CP. Malamulele Onward introduced intensive block therapy for children who required urgent intervention or presented with great potential for positive change. Due to the distances and lack of transportation in rural Eastern Cape children attending five days of intensive therapy struggled to get to the clinic for five days in a row for treatment. With the help of Malamulele Onward, the Madwaleni team was able to start a programme where children are admitted to the hospital for five days of intensive therapy. The CP clinic at Madwaleni Hospital has grown not only in quantity but also in quality and has become far more holistic in nature.

#### **SUPPORTED AND STRUCTURED**

The CP Clinic at Madwaleni Hospital is one of our finest examples of what a successful CP clinic should look like. The CP clinic is run and managed efficiently and it has more than doubled in size, with increasing numbers of children accessing the clinic monthly. Thandi Conradie and Katy Miller are to be congratulated for their commitment, dedication and very hard work which have resulted in one of the most organised and comprehensive CP services we have encountered in a rural hospital. As a team, they have shown what is possible with perseverance, prayer and passion despite being situated in a deeply rural and under-resourced part of South Africa. We are inspired by what is possible and are confident that Malamulele Onward's dream of excellent and high-quality services for children with CP living in remote rural areas is not impossible to achieve.



19 June 2014



### Endorsement letter for Malamulele Onward

Malamulele Onward have been in partnership with our Hospital since 2008. They have contributed greatly to the development of our service to children with Cerebral Palsy.

They have done a yearly visit to our Hospital and have assisted us in the management and treatment of a large number of our children with cerebral palsy. In their most recent visit they emphasised and trained us in the running of groups to increase our service. Additionally they also provide funds for some of these children and their carers to go to Johannesburg to attend an intensive two week block therapy. In these two weeks the Malamulele therapists provide the children with intensive treatment everyday and educate the carers regarding their condition and the care of their children at home. Therapists are also invited to attend one of these weeks to receive input from the very experienced Malamulele therapists regarding the treatment of these and other children with cerebral palsy.

As we work in a rural area it is very difficult for us to attend courses due to our location and costs of travelling. Malamulele Onward ran a 5 day introductory course on the assessment and treatment of children with CP in rural settings. This course was held in February 2014 at Madwaleni Hospital. This was an amazing opportunity as our community service therapists were provided with a foundation of CP early in the year which has improved the quality of the CP service we have been able to offer this year.



Malamulele have also offered one day workshops on the management of children with Cerebral Palsy on their annual visits. Two of our therapy assistants were invited to attend a course for midlevel workers on the basic care and intervention of children with cerebral palsy. The cost of the course was financially supported by MO which was of huge significance to them as they are only employed as volunteers and receive a minimal stipend every month. The opportunities for them to study further or attend other workshops or training is very limited in this context and is therefore highly valuable to their personal development and to the overall service we are able to provide at Madwaleni. A refresher course was also offered this year and another one of our assistants will be attending the initial course next month. Malamulele have also trained two of the carers of children with CP to educate the other carers/mothers and to hold support groups. This is very beneficial as the carers in our community need a lot of support and education from people who can relate to their experiences.

Malamulele have adapted over the years of their support and are constantly revising their services to ensure that their support is sustainable for this hospital and the community it services. It had been very beneficial for me to be involved with Malamulele as I have learnt a lot about Cerebral Palsy and how to offer a service to these children in a challenging context.

Yours Sincerely,  
Rehab Department  
Madwaleni Hospital  
Thandi Conradie  
thandiconradie@gmail.com  
0842923723

Katy Miller  
katypmiller@gmail.com  
0741434099



# ABLE CHILDREN

## Potential for change

A child's potential for change (both positive and negative) is dependent on 3 main factors:

The current situation at rural CP Clinics:

Our impact:

unskilled & inexperienced therapists

passive carers with a poor understanding of CP

limited time to provide hands-on therapy



**Regress over time.**

chronic pain & low-quality of life.



skills & support provided to all levels of rehabilitation staff

carers educated & mobilised as a local resource

support provided to CP service to increase the amount of hands-on therapy



**Able to grow, play & learn.**

child reaches full potential, with increased quality of life.

**87 CHILDREN** were seen for intensive therapy in JHB.

**975 CHILDREN** were seen on 13 outreach visits.

### CARER FEEDBACK

after two week intensive therapy 80% of the carers reported the following

**80%**

learned about the importance of communication

understands what cerebral visual impairment is

grasping that CP is a way of life and cannot be cured

their children have a potential to do more than previously thought

Equipping the Carer & Therapy resources



Child has the potential to grow play & learn

**HOPE for a child to reach their full potential**

All children with CP no matter how severe are able to grow, play and learn. However, the extent to which they are able to do these depends heavily on the CP services that they and their caregivers have access to. In most rural CP clinics, children with CP become worse as they get older with a few remaining the same as when they started attending their clinic. This is due to reasons such as children receiving very little therapy each year, therapists who have not been equipped to treat children with CP, parents/caregivers not understanding the nature of the condition and the transportation of children becoming more difficult as they become larger, heavier, and older.



By providing skills and support to rehabilitation staff; investing in and allowing parents to rise up as valuable resources and restructuring CP clinics in order to multiply the treatment time a child receives, the outcome of children with CP becomes far more positive. During 2014, we finally began to see the results of our investment where parents and caregivers were able to confidently demonstrate the skills necessary to prevent their children from becoming worse over time. Once parents/caregivers have grasped these skills, their children are able to grow without or with minimal deformity, resulting in children and teenagers living without chronic pain. Only when the risk of the child becoming worse is managed can hands-on therapy have any long-term impact on the child's ability to play and learn.



A number of children from our sites attend two-week residential therapy blocks where our staff works very closely with them and their caregivers. These therapy blocks not only equip the caregivers with valuable skills, but also improve the functional ability of the children considerably. During the two-week blocks, children receive a lot of attention from their parents, something that cannot take place in the home setting due to household chores and responsibilities that take up a parent's day. As a result parents learn how to communicate better with their children in a way that brings them closer.

At the end of the two-week blocks, parents are given an opportunity to give feedback on their experience. Eighty percent of the feedback that we have received reflects that parents learnt a great deal about the importance of communication, they valued learning about Cerebral Visual Impairment (CVI) and they now understand that CP is a way of life and that their children

have the potential to do more than they previously thought. Parents

highlight their children's achievements and the positive changes they see in them over the two-week period. Watching the transition that takes place in children when their parents are given an opportunity to learn and apply their knowledge is proof that children with CP possess great potential to grow, play and learn. CP is a way of life and it cannot be cured, but there is hope for children to reach their full potential.













# SUMMARY FINANCIAL STATEMENTS AT 31 MARCH 2015

*Our full audited financial statements can be  
downloaded from our website:*

[www.cpchildren.org](http://www.cpchildren.org)

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2015

### Statement of Financial Position as at 31 March 2015

Figures in Rand	Note(s)	2015	2014
<b>Assets</b>			
<b>Non-Current Assets</b>			
Property, plant and equipment	2	67 213	25 359
<b>Current Assets</b>			
Inventories	3	100 000	100 000
Receivables	4	13 432	5 741
Cash and cash equivalents	5	1 647 499	1 994 658
		<b>1 760 931</b>	<b>2 100 399</b>
<b>Total Assets</b>		<b>1 828 144</b>	<b>2 125 758</b>
<b>Equity and Liabilities</b>			
<b>Equity</b>			
Designated Income Reserves		1 779 390	2 069 918
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and other payables	6	48 754	55 840
<b>Total Equity and Liabilities</b>		<b>1 828 144</b>	<b>2 125 758</b>

Malamulele Onward NPC  
(Registration number 2006/032287/08)

Detailed Income Statement for the year 31 March 2015

	2015 R	2014 R
<b>Income</b>		
<b>Donations and grants</b>		
The Elma Foundation	550,000	500,000
Malamulele Onward Canada	370,145	494,560
Momentum	250,000	-
Blue Label	70,000	40,000
Anglo American	300,000	980,000
DG Murray Trust	1,055,900	1,680,000
RB Hagart Trust	-	200,000
Gary Austin	35,000	200,000
Apex HI Trust	-	150,000
The National Lottery	281,800	-
WSB Trust	250,000	-
Other designated grants and general donations	118,677	205,457
Gifts-in-kind	92,648	147,950
Donated and volunteer services	170,000	245,900
	<b>3,544,170</b>	<b>4,843,867</b>
Other income	87,205	11,950
Interest received	68,672	39,326
	<b>3,700,047</b>	<b>4,895,143</b>
<b>Direct Project Expenses</b>		
Malamulele, Limpopo	48,799	25,385
Dilokong Hospital, Limpopo	38,863	27,981
Butterworth, Zithulele & Tafalofefe, Eastern Cape	354,213	197,790
Other Southern Africa projects	77,988	43,526
Siloam Hospital, Limpopo	50,418	43,550
Tintswalo, Mpumalanga	85,396	-
Donald Fraser Hospital, Limpopo	-	191,920
Charles Johnson Memorial Hospital, Nqutu, KwaZulu-Natal	400,847	409,651
Mother to Mother training program	436,152	326,292
Gifts-in-kind distributed	16,648	51,500
Therapy blocks program, Johannesburg	1,019,851	627,844
	<b>2,529,175</b>	<b>1,945,439</b>
<b>Project management and operating expenses</b>		
Accounting fees	50,050	29,350
Advertising & promotions	16,339	-
Bank charges	11,033	15,522
Board expenses	1,444	2,727
Computer expenses	19,793	2,137
Depreciation	17,856	6,970
Electricity & water	589	-
Employee costs	814,307	793,624
Equipment inventory impairment	-	64,275
Insurances	14,586	7,545
Office expenses	17,687	9,741
Printing & stationery	34,638	29,261
Lease rentals	67,527	52,422
Repairs & maintenance	2,556	1,312
Small assets	2,106	-
Subscriptions	500	1,099
Telecommunications	20,713	20,402
Training	38,968	15,520
Travel	20,392	11,771
	<b>1,151,084</b>	<b>1,063,678</b>
Leasehold improvements	307,760	1,237,211
<b>Total expenditures</b>	<b>3,988,019</b>	<b>4,246,328</b>
Finance Costs	2,557	5
<b>(Deficit) / surplus for the year</b>	<b>(290,529)</b>	<b>648,810</b>

# A BIG Thank You



A heartfelt thank you to everyone who has chosen to support our journey and be part of our mission during the year under review. Our work is only made possible with the generous backing of our donors, supporters, external fundraisers and volunteers. Thank you to all the corporate sponsors, especially those who have continued their loyal long-term support.

To our individual donors – those inspired to give in the moment, thank you. To the women who knit blankets, ponchos, jerseys and beanies for children and the new and long-time volunteers who turn up with the willingness to share their time, knowledge and skills, thank you. You all make up the extended Malamulele Onward family and your support and actions have made us a rich and unique organisation that continually strives towards achieving excellence in rural communities.

# OUR VOLUNTEERS

2014/2015

Elbie Griesel Nelisa Ndzombane Fiona Semple  
Margaret Packman Shelley Broughton  
Ian Maclagan Isabell Van Eck Marali Olën  
Ingrid Vriend Rachael Wachera  
Mehnaaz Karim Nabeela Laher Dianne Zeller  
Bridget Sendall Gerda van Niekerk  
Naomi Crous Mambo Malinga Ghida Bernard  
Brian Mashimbyi Philippa Spooner  
Andrea Fourie Sarah Smythe Katy Caynes  
Azeemah Mayet-Moola Harrison Mutetwa  
Sarah Foley Lee-Anne Poole Kristyl Wetherhead  
Taryn Camden-Smith Amanda Kroon  
Amanda Edwards Tamsyn Brown Rachel Wachera  
Tina Mdlalose Adam Bottomley  
Tina Watt Lida Snyman Lizel Bekker  
Shariq Varawalla

# IN KIND DONATIONS

2014/2015

Absa  
Melba Parmite  
Wayne Ward  
Faircity Mapungubwe  
Craig de Necker  
Red Alert  
PhysioNet  
The Friendly Plant  
(Pty) Ltd  
Orange Engineering  
Konica Minolta  
Justin Cohen  
Kwena Moabel  
Lefika Art Therapy  
Thulisile Hlungwani  
Ridgeview Village

Joyce Krog  
Anita Green  
Dot Murray  
Audrey Jevon  
Marie Bester  
Joan Fitzpatrick  
Cynthia Alter  
Beryl Ansley  
Zona Bissict  
Rusty Haynes  
Averill Atkins  
Ann Seamans  
Lynette Lourens  
Mandy Young  
Derrick Rosslee

Europcar  
June Bartlett  
Jozi Promo  
Sukumani Dream  
Warrior Paints  
Heidi Smit  
Kindergaten  
Kleuter & Na Skool  
BDO Spencer Stewart  
Nigel Griffith  
Rose Ndou  
Northcliff Rotary Club  
Lida and Kobus Snyman  
Phatutshedzo Mugeru  
Nicolene Fourie  
Mary Murray

# FINANCIAL SUPPORT

2014/2015

Wesbank

Gary Austin

Loveata Bistro

Andrew Cooper

Donald Murray

Enridge Distribution

Tara Seon

ApexHi Trust

Tessa Mackay

DG Murray Trust

Industrial Welding

Elma Philanthropies

Momentum

Nazreen Garda

Amanda Kroon

Alice Gilbert

R B Hagart Trust

The Crowther Family

Adrian and Ana Burton

Modular Mining Systems

Aki and Yiota Hadjipetros

Malamulele Onward Canada

Andrew and Barbara Harrison

Borden Ladner Gervais Foundation

Charlotte and Douglas Roberts Trust

Blue Label Telecoms

Freestone Construction

Unifor Social Justice Fund

National Lotteries Commission

Anglo American Chairman's Fund

Karli Mackintosh and Martin Poole and their supporters from the Robben Island swim

*We would like to extend our deepest gratitude to our donor community for the financial and in kind and unwavering support we have received that has allowed us to share our skills, learnings, passion and love.*

# CONTACT DETAILS

**Business address:**

Children's Memorial Institute  
Gate 10  
Joubert Street Extension  
2132  
Braamfontein  
Johannesburg

**Postal address:**

P.O Box 52641  
Saxonwold  
2132  
South Africa

**Website:** [www.cpchildren.org](http://www.cpchildren.org)

**Telephone/Fax:** +27 11 484-9456

**NPO registration no:** 056-807

**Public Benefit**

**Organisation no:** 930025084

**Malamulele Onward board:**

John Whitter (Chairman)  
Gillian Saloojee (Executive Director)  
Theresia Ralintja  
Alan Rothberg  
Kobus Snyman  
Andrea Fourie

**Email:** [info@cpchildren.org](mailto:info@cpchildren.org)