




**Malamulele
Onward
Years**
of creating possibilities for
Africa's children with Cerebral Palsy




2016 Annual
Report



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10 YEAR ANNIVERSARY
2006 - 2016



2016 CHAIRMAN'S LETTER

Dear Valued Stakeholders,

2016 marks the tenth anniversary of Malamulele Onward and as such is a significant milestone for us. It was in October 2006 our non-profit company was registered and our first volunteer Board members appointed in pursuit of a vision that the rehabilitation needs of children with cerebral palsy and their families living in under-served rural areas are met. At that point we were entering uncharted territory and the challenges as to how best make to an impact were largely unknown and those that were seemed quite complex.

The ten years have passed quickly and as we look back we are amazed and grateful at what has been accomplished with the support and encouragement of volunteers, partners, funders and staff. This annual report therefore marks something of this 10th anniversary and will also reflect on the achievements of the past year. Once again this year, through resources generously made available, we have been able to reach an ever-widening group of children, their care-givers and communities affected by cerebral palsy in rural areas. This year we have again applied several strategies: outreach visits to rural communities in partnership with rural clinics and hospitals, our Residential Training Program, where over 90 children from numerous rural areas have come to our Johannesburg facility, our Carer-2-Carer training program and various training courses and workshops for therapists – both on-site and at our Johannesburg training centre.

As we continually assess 'what works best' and make appropriate changes in our approach, we believe that we continue to become more cost-effective in reaching as many children as possible. An example of this is that the focus and structure of the Residential Training Program has changed over the course of the year in that a far greater emphasis is now placed on parent training and getting the basics right, in turn resulting in greater sustainability of the improvements to the child. This is particularly noticed when children who have been to Johannesburg are followed up at home during outreach visits as well as feedback from local therapists – even to the extent that parents begin demonstrating and teaching other parents at local CP Clinics.

The current constrained economic conditions both in South Africa and the world could continue for some time. In this environment everyone has to find ways of doing more with less and this applies especially to the NGO sector. At Malamulele Onward we are committed to the sustainability of beneficiary results and long term impact, within our resource limitations. To achieve this, we will continue to work within the whole system from empowering care-givers through to their communities and the health care system to ensure the environments are as supportive and nurturing as possible.

I would like to take this opportunity to thank all our supporters, donors and volunteers who have shared our vision that the rehabilitation needs of under-served children with cerebral palsy and their families living in rural areas be met and who have allowed us to pursue this vision once again this year. Without your help many lives of those affected by cerebral palsy would be diminished and without encouragement and hope.

Once again my special thanks and appreciation go to Gillian Saloojee, our Executive Director, for faithful and tireless leadership. Also thanks to her management team, the staff and volunteers. Your contributions, often under demanding and stressful conditions, do not go unnoticed and are appreciated. And to my board colleagues, thank you too for your time, expertise, and companionship on the journey.

John Whitter
30 July 2016



2016 EXECUTIVE DIRECTOR'S REPORT

GILLIAN SALOOJEE

Traditionally the Executive Director's report provides an overview of an Organization's achievements together with a view into future whilst also providing an honest appraisal of the organisations strengths and challenges. As Malamulele Onward celebrates its 10th anniversary this year, this is a perfect opportunity to look back to where we have come from over the first 10 years and then to look forward to where we are going to in the next 10 years.

You will certainly find all this information covered in other sections of this Annual Report. However, for my report this year, I want to reflect on the story of T'solo. Brave, beautiful T'solo died this week as we prepared the Annual Report. For me, his story captures the reason for Malamulele Onward's existence; what it is that we are able to do and change; and why our work is far from complete.

The story of T'solo is told on page 12. The first aspects of his story which raise pertinent questions are (i) why did his mother abandon him; (ii) why did he only go to school for the first time at the age of 9 years (iii) why did he not have a prosthesis. These questions highlight what is only too common in the communities in which we work i.e. ignorance surrounding the cause the nature of a child's disability leading mothers to feel alone and guilty; delayed access to education – if indeed the child is lucky enough to get to a school in the first place; and little or no access to rehabilitation services which can make a difference.

Moving onto our intervention for T'solo - our skills as therapists helped us to identify the impairments which limited his ability to walk and move around (i.e. the fact that he had a left hemiplegia and a cerebral visual impairment) whilst our resources and capacity enabled us to link up with another non-profit organisation and bring T'solo to Johannesburg, despite the barriers imposed by the Dept. of Home Affairs. Thanks to our strong partnership with Thuso School, the considerable challenges involved in getting T'solo to Johannesburg were overcome. This part of the story highlights the importance of networking and building relationships with other non-profit organizations and establishing partnerships with our beneficiaries. To be successful and sustainable, we cannot work in isolation and we need to nurture our partnerships and relationships with our beneficiaries as well as other non-profit organizations.

Thanks to this intervention, T'solo was transformed from a child with a significant mobility impairment to a child who could run, jump and kick a ball. This was a dramatic change, made possible due to a simple intervention – in this case an artificial limb. This is what we find again and again – it is often simple interventions that make a big difference, yet the logistics involved in providing a simple solution can often feel overwhelming. This is where we are most grateful to our donors and sponsors – for without funding, we cannot get our services and intervention into the children's home environments where it matters most. The complimentary 4x4 vehicles Europcar provides which enable us to get to all corners of the country; as well the funds we receive from our donors to cover the basics of transport to get children and their caregivers to Johannesburg as well as their and accommodation and food help us to make the impossible possible.

Malamulele Onward strives to enable “each child with cerebral palsy to reach their best potential within a supportive environment” and I would like to believe that we came close to achieving this with T'solo. Together with the artificial leg, the therapy we gave T'solo – both at school and in Johannesburg combined with the training and support his mother and teachers received enabled him to function at close to his best potential at home and at school.

What happened next in T'solo's story reveals how much more work there is still to be done. It was obvious to us all that his condition was deteriorating, but we felt powerless to do anything about it. With no local paediatrician or neurologist at Butha-Buthe, we were unable to establish what was happening to him. Bringing him all the way to Johannesburg was not a sustainable solution. When T'solo eventually got to the main hospital in Maseru, it was too late. How much did his mother understand about his condition and how well did she understand what the doctors were saying? How well did the Maseru doctors understand T'solo – did they know how far he had come and what he had achieved? There was no communication at all between the various doctors taking care of T'solo and hence no co-ordinated care plan. Hence we are left with more questions than answers. What caused his deterioration? What if anything could have been done to prevent this tragedy?

And so why does Malamulele Onward exist – we exist because T'solo's story is not an isolated one. There are thousands more uninformed parents encountering enormous barriers – health, rehabilitation, social development, educational and political structures – preventing their children with cerebral palsy not just from reaching their best potential, but from enjoying the basic human rights to which all children are entitled to.

Thus our work at Malamulele continues – not until every child with CP lives in an environment where he or she feels safe, loved, cared for and with access to services which can help them reach their potential, will our work be done.

In closing, I would like to pay tribute to my colleagues – thank-you for going the extra mile for the children and parents we serve and thank-you for working so well as a team. Also to all the members of the Malamulele Onward Board under the wise leadership of John Whitter – thank-you for your time, guidance and advice and for ensuring that Malamulele Onward remains a strong and growing organization.

Gillian Saloojee



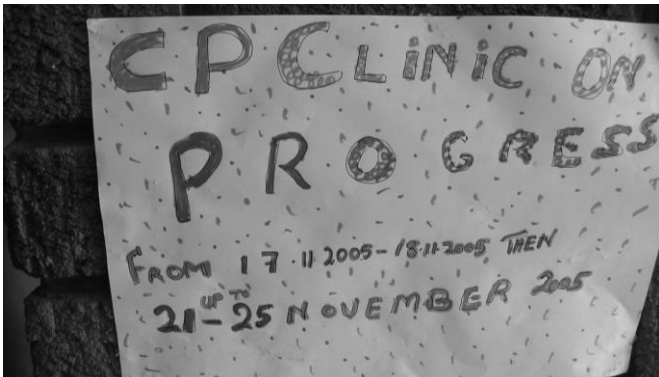


2006 – 2016: 10 YEARS AND GOING STRONG!

Where we have come from...



Our early means of transport for our equipment – Kobus's Land rover and trailer



Our first outreach to Malamulele Hospital



Our first team of volunteers



Our first board meetings in Gillian's dining room, as we had no offices



Our early outreach interventions – a riotous week treating around 30 children

..... AND NOW



Home is the Malamulele Onward Therapy and Training Centre where in addition there is accommodation for mothers and visitors and a storage shed



Therapy room



On outreach trips, we enjoy a complimentary vehicle from Europcar, a trailer from Gary Austin, our teams are smaller and comprise full time MO staff, volunteers AND parents.



Board meetings take place in our spacious training room

From a small pilot project with 9 volunteers spending five days working with 26 children at Malamulele Hospital in 2005, Malamulele Onward has grown into an organization directly working with just over 600 children and their mothers a year whilst reaching hundreds more through our Carer-2-Carer Training Programme and our Training Courses for therapists. Stories and reviews of our programmes and activities in this Annual Report are evidence of our growth, our learning and our reach since the humble beginnings of the first project in 2005.



OUR ACTIVITIES IN 2015-2016



HERE'S A MORE DETAILED OUTLINE OF THOSE STATISTICS.....

CHILDREN SEEN

On outreach

600 children seen at a total of 20 sites

Site	Nr of children seen in total
Butterworth	32
Lesotho: Thuso	34
Themba&Tintswalo	26
Nquthu	89
Lesotho: Mohale's Hoek	36
Dilokong	52
St Apollinaris F/U	18
Donald Fraser and Siloam	46
Lesotho: Mohale's Hoek	19
Lesotho: Maputsoe	32
Butterworth	43
Lesotho: Thuso	27
Themba&Tintswalo	29
Nquthu	66
Madwaleni	36
Zithulele	18
Dilokong	37
Total	640

In our Residential Therapy Programme

94 children seen

Date	Site	Nr of children
07-17 April	Lesotho (Thuso/Maputsoe)	4
04-15 May	Butterworth	4
18-29 May	Malamulele	4
1-12 June	Isilimela	3
15-26 June	Tintswalo	4
29-10 July	Themba	4
13-24 July	Nquthu	5
27-7Aug	Lesotho Mohale's Hoek	4
10-21Aug	Lesotho FRC	4
31Aug-11Sept	Lydenburg	5
14-25Sept	Dilokong	4
28 Sept-9Oct	Butterworth	4
12-23 Oct	Tshilidzini	4
26 Oct-6 Nov	St Apolonaris	5
9 Nov-20 Nov	Lesotho	7
23 Nov-27 Nov	Extra kids (gauteng)	3
30 Nov-4 Dec	Staff/extra kids	2
11-22 January	Lusikisiki (Bambisana)	4
25 Jan-5 Feb	Nquthu	5
8-19 Feb	Malamulele	5
22Feb - 4March	Donald Fraser	5
7-18 March	Siloam	5
Total	Total	94

Treating a child in his home during our outreach to St Apollinaris



TRAINING COURSES

Therapists trained

4 Practical Training courses for Therapists were hosted. 1 based in Johannesburg, and 3 “outreach” courses

Therapist training Courses			Discipline						
Venue	Date	Nr of therapists	OT	PT	ST	OTT	PTA	STA	Dietitian
Lusikisiki, EC	20-25 April 2015	16	6	7	3				
Centacow, KZN	17-22 Aug 2015	20	9	7	3		1		
Johannesburg	14-19 Sept 2015	11	8	1	1			1	
Mseleni, KZN	14-19 March 2016	25	16	3	4	1			1
Totals		72	39	18	11	1	1	1	1

Midlevel Workers trained

1 Practical Training course for Midlevel Workers was held in Johannesburg for MLW's from around the country

Provinces	Nr of MLW's
EC	4
Gauteng	5
NW	1
KZN	2
Lesotho	1

Caregivers trained to run Carer-2-Carer Training Programme workshops in their local area

9 Parent Facilitators in total were trained

Hospital / Institution	Area	Facilitators
Queen Mamohato Memorial (QMM) Hospital	Maseru, Lesotho	Mseretse Makhothi
Far East Rand Hospital	Springs, Gauteng	Jabhisile Zwane
		Nonhlanhla Mabaso
		Patricia Matlou
Butterworth Hospital	Butterworth , EC	Khululwa Langa
Malamulele Onward NPC	Braamfontein, Gauteng	Lindiwe Nxumalo
CJM Hospital	Nqutu, KZN	Nkosikhona Buthelezi
Malamulele Hospital	Malamulele, Limpopo	Idah Mabasa
		Khubani Ngobe

OUR RESIDENTIAL THERAPY PROGRAMME

KABI KRIGE (RTP CO-ORDINATOR)



What's in a name?

Grooming able children and knowledgeable competent carers who can be assets to their local CP clinic is still the focus when visiting us in Johannesburg for two weeks. We now call it the Residential Therapy Programme

Residential: Children and their carers visit for 2 weeks. They stay in the Malamulele Onward house. They are our residing guests

Therapy: Children and carers receive therapy from our team (PT, OT)

Programme: There is a daily structure and routine. It is multi-faceted. The RTP is not functioning in isolation, it incorporates parts of our Carer- 2 – Carer programme and outreach programme.

What is it that do we do again?

The purpose of the RTP is to provide children with an intensive hands-on therapy which covers the basics of daily handling and how to do everyday activities like dressing, undressing, eating and drinking which we all take for granted. Combined with the training that caregivers receive, we aim to lay a solid foundation for the children and their caregivers which will prepare them for everyday living with a condition for which there is no cure and which over time, has the potential to result in terrible contractures and deformities if the child is not handled and positioned well.

What is new?

Our team has GROWN. We now have two Physiotherapists and a therapy assistant together with our Occupational Therapist and assistant trainer- and- parent liaison.

There are still three ways in which we currently use to measure outcomes; a parent questionnaire where parents define the goals and then provide a subjective score for their child's performance in the goal area, parents perceptions of change, GAS goals and pre and post videos.

We now have a more streamline approach in changing the way we ask questions to parents, to make sure we capture the change we can see. Working with the parents by guiding them in their goals that they choose, rather than adding an additional therapist's goal, helps us have a more realistic, achievable outcome that fosters hope and motivation to continue with what they have learned in their 2 weeks with us.

SUMMARY OF RTP



21

SITES THAT CAME FOR RTP

94



CHILDREN THAT CAME FOR RTP



MOST IMPROVEMENT NOTICED BY THERAPIST



MOST IMPROVEMENT NOTICED BY CARERS



What impact does the RTP have on facilitating CP as a way of life?

"I didn't know that he can eat like other children, he will now live a better life"

"Because I understand what CP is and what the different levels are, I know what to expect of my child"

What have we learned?

We need to be dynamic in our Method. We are constantly learning and trying and improving how we work with the children, the carers and also working together as a team.

Be creative and **#Cpotential** in each child and carer

T'SOLO'S STORY: Our Champion, Our Hero

Gillian Saloojee

I met T'solo in March 2015 when I went on a regular visit to Thuso-etla-tsoa-kae School in Butha-Buthe, Lesotho. As usual before I go on any outreach visit, I ask the staff what particular assistance they need so that I can go prepared. This visit, the principal and teachers told me they had a new pupil in the school. His name was T'solo and he had a below knee amputation. They told me he was crawling on the floor and he could not walk. I admit to being a bit surprised as a pair of crutches is generally available, even in the poorest of settings, and a young amputee should have no problems in walking with crutches, but I took a couple of walking aids with me.

T'solo was not a child one easily forgets and he made an impression on me from the first time I met him. He was a real live wire, a busybody who was into everything. He spoke at the top of his voice, he asked hundreds of questions and offered plenty of comments and opinions. He had this peculiar way of getting around – on one leg and one knee. Sometimes he would stand up and hop on his one leg. It worked for him but it was sad to see him not being able to keep up with the other children. He was always the last one into class, the last one onto the playground. Sure enough he had a pair of crutches, but they were broken. His teachers and his friends told me he had never really been able to use them anyway. I dutifully tried out the various walking frames I had brought along with me, and he valiantly tried to use them, but something was wrong.

I took a closer look at T'solo and realised that apart from his amputated right leg, he had cerebral palsy. He had a left hemiplegia i.e. the left arm and leg were weak. This was why he could not use any walking aids or crutches - he did not have the strength and co-ordination in his left hand. Although he could hop on his weak leg, he could not stand still and balance on it. He had another problem as well – he had a terrible squint and a cerebral visual impairment. This meant that although he could see, the damage to the brain meant that he could not make sense of what he was seeing – so he had very poor functional vision, and this certainly did not help him with moving around by himself.

If that was not enough, T'solo was also HIV positive, he had TB and had just finished his course of TB medication. He was also on anti-convulsants for epilepsy. Looking at this happy, uncomplaining (and naughty) little boy getting around on one knee and one leg, you would think he did not have a care in the world. He loved being at school and he was friendly, lovable and sociable boy. He enjoyed singing and was soon signed up for the school choir.

His paternal grandmother was his main carer and it was clear how dearly they loved each other. His dad worked for a construction company as a brick layer in Johannesburg and came home for three days every second month. His mother had abandoned him as a baby. T'solo was 9 years old when I met him and I was puzzled at why he had never had an artificial leg. I will never forget his grandmother's response when asked this question - "I wanted help for my grandson but there was no one." She had gone to the local hospital in Butha Butha and she had travelled to Maseru looking for help, but was told that nothing could be done. Finally she approached her local councilor, who was also a cobbler. He made T'solo a special boot, and although this boot did not have an ankle joint, it had allowed T'solo to be more mobile. However, he now no longer used it because it was too small for him. When I asked her why she had not returned to the cobbler she simply said "I thought he would ask for money for making a new boot and I did not have anything to give him."

T'solo, the live wire and determined young man as we met him



I took T'solo back to the cobbler who was very happy to try and make a new boot. We made a special cup for his stump to make it easier to fit a boot on to his amputated leg. But the best was yet to come. We discovered a Pretoria based non-profit organization "Jumping Kids" (www.jumpingkids.org.za) who provide artificial limbs for children. They were planning a trip to Lesotho in the coming months and promised they would see T'solo and fit him with a leg at no charge (thanks to support from Avis and Bikers for Mandela). Great news. However, at the time of their proposed visit, political instability arose in Lesotho and Jumping Kids changed their plans about entering Lesotho – so could we bring T'solo to their offices in Pretoria?

This presented the next challenge as the Dept of Home Affairs had introduced legislation requiring an affidavit from both parents if a child was to cross a border into or out of South Africa. So the search was on to find T'solo's mother. The strain of all of this took its toll on T'solo's grandmother and she fell ill and was admitted to the local hospital. Very sadly, she passed away two weeks later and so the only carer T'solo had ever known was gone.

Thuso School then turned to the courts for assistance and after paying a lawyer a hefty sum of money, the paperwork to allow T'solo to cross the border with Telang Skhosana, his housefather at Thuso, was completed. Within a few days, Jumping Kids had fitted T'solo with a beautiful blue leg and within minutes of getting his leg, T'solo was running around kicking a ball.

This was an unforgettable day. When trying out his bright blue prosthetic leg for the first time, T'solo shouted "Look at me, I'm kicking a ball and running around". It was indeed a beautiful moment. Telang agreed adding that "it is so wonderful to see him so happy. He always wanted to play and run around with the other children and it was difficult for him to do this in his walking frame." T'solo loved running! He did not stop running for several days and formed blisters on his stump. And even this did not even stop him from running.



"Look at me, I'm kicking a ball and running around!"



At Jumping Kids to collect his prosthesis



Back at the MO Therapy Centre – delighted!

And so began a new life for T'solo – a life of free mobility – where he could run, jump and climb. He had been transformed from a child with a significant disability to a child who could freely move around. It was wonderful. In addition, his mom, Matsolo, returned home and was reunited with her son and started taking care of him.

We trained her in how to assist T'solo with his leg and with his vision and she attended the Carer-2-Carer Training Programme which helped her to understand T'solo better. We observed a gradual change in her – from a woman who almost kept her distance from T'solo to a mother who understood him and knew how best to help and assist him.

However, this newfound joy of walking did not last. Within 6 months, T'solo started limping badly. At first we thought it was because his shoes were too small and we also discovered a severe fungal infection in his foot. A new pair of shoes and a course of anti-fungal treatment failed to solve the problem of a deteriorating walking pattern. Another two week visit to Johannesburg was therefore arranged. Here his artificial leg was checked by Jumping Kids and found to be fitting fine and an appointment was made for T'solo to see the paediatric neurologists at Charlotte Maxeke Hospital. This provided an opportunity to meet T'solo's father – a quiet and humble man who was bewildered but grateful for the attention his son was receiving. He had simply never realized that something could be done for T'solo.

T'solo's strange walking pattern puzzled the neurologists and they requested a brain scan – but an appointment was only available in 4 months time. This proved to be too late for T'solo. During the July school holidays, T'solo fell ill at home, he became confused, was struggling to breathe and his fits got worse. At the local sports club, Telang overheard T'solo's cousin saying the T'solo was not well. Telang immediately went to find the school principal – Mme Mamonuku as she had a 4x4 vehicle. They drove to T'solo's house deep in the mountains where they found a very ill and confused little boy. They took him to the local hospital in Butha-Butha where he was transferred to the main hospital in Maseru. Here his mother was told that he had "a problem in his brain" and needed an operation. Fearing that he would not survive the operation and the family would blame her, she opted to take T'solo home where his condition deteriorated and he died five days later.

Together with the Principal, teachers and the learners at the school, T'solo's family and all of us at Malamulele Onward, we were devastated to hear this news. We at Malamulele Onward will sorely miss the joy our 9 year old T'solo brought us. Either through seeing him at Thuso School or on his trips to our therapy rooms in Johannesburg, we all got to know him. He had this amazing ability to make each one of us feel loved and special – he would beam with delight when he saw you and gave the biggest hugs ever.

We will cherish the memories we all have of T'solo – the day he was able to run and kick a ball; the day he became independent in dressing himself; the games we would play with him trying to help him with vision; and the touching scenes of a woman who learned to care and love her child.

*Your smile and joyfulness in the face of all the adversity will always inspire us.
Rest in Peace our dear T'solo, our champion, our hero.*



T'solo Molibetsane
R.I.P.
12.08.2016



OUR OUTREACH PROGRAMME

TAMI BROWN (OUTREACH CO-ORDINATOR)



AN OVERVIEW OF THE PROGRAMME

As mentioned earlier in the report – we've visited 21 sites and seen 640 children at these various sites over the course of the report period. Over the years we have learnt to evolve our programme slightly to meet the needs of a specific site – in other words we've learnt that a “one size fits all” approach doesn't work for everyone. This is also important – because some of the sites we visit are not hospitals with existing CP clinics, but rather schools or day care centres with large numbers of children with CP attending.

A general outreach plan would involve the following:

- Liaison with the “local team”, be it hospital rehab staff, school or care centre personnel to ascertain specific needs and in order to design a week's programme together for the duration of the outreach (usually a full week).
- Working with local team to see the children in the centre or on their caseload – as a form of mentoring and in a consultative capacity for some individual children
- Running workshops specific to CP on topics identified by the local personnel themselves
- Home visits to children who have visited MO in Johannesburg for our RTP or to see children who are older and no longer able to attend the hospital. The goal of these visits is to see how the child with CP and their families function in their own home environment and to ascertain how effective suggestions made in “home programmes” were and how well these transferred from therapy room to home

Observations about the programme:

- Local staff “buy-in” is essential for the outreach programmes to be a success, in terms of carry-over and follow-through. Unfortunately this is often dependent on individuals and is certainly dependent on an interest in CP.
- Workshops are often received well, and provided they are practical – these are often the most effective part of the week (based on feedback from local personnel)

Observations about the programme (cont.):

- Home visits are an essential piece of our programme in that they show us how effective our programmes developed at the RTP are in the practical sense. It is often hard to imagine the constraints or resources that exist in a child's home without seeing this first hand. We have moved away from activity based programmes and focus solely on functional daily tasks that are part and parcel of a child's daily programme – the difference in carry-over is immense. Families and children are far more likely to implement functional programmes rather than exercise/activity based programmes. This feedback is useful for the RTP evolution and development, as is feedback regarding resources found in people's home in the different areas and how to incorporate these into programmes.
- Meeting the equipment needs of children with CP is a challenge in each one of our sites. Largely due to limited budgets, but this can also be due to lack of knowledge on part of personnel ordering equipment or on supply of equipment. Workshop topics most often revolved around equipment and correct set-up and use of equipment available to hospital or centre staff to meet the unique needs of the CP population.
- Many of our sites we've been visiting for 7-10 years. Some have good Carer-2-Carer Programmes running in conjunction with CP clinics, some don't. Some have effective multi-disciplinary input in clinics, some don't. What all of them seem to lack in a community support programme to tie-it all together.



Practical workshop being run on equipment set-up using resources available at Malamulele Hospital



Making use of the resources to hand on home visits



It's not just about the chair-correct set-up is NB to prevent complications

OUR IDEAS FOR THE FUTURE

As mentioned above – we found the efficacy of the carry-over of anything implemented or suggested during outreaches could be largely dependent on personnel at the site. We featured the Madwaleni Hospital Rehab team in last year's report – they continue to run an excellent CP service driven by dynamic staff who work well together as a team. This is sadly not the case everywhere. And so, we have started to ask some hard questions:

- *How do we take on more sites without increasing our resources?* The answer: Partly we need to work on a clearer plan and exit strategy for sites to grow, develop and then graduate sites from our outreach programme. Partly the answers come from the questions below.
- *Who ultimately has the biggest by-in regarding development and growth of programmes for children with CP (be it within a child's own home, or as a larger community)?* The answer: the child's family, or caregiver and in many cases, the children themselves.
- *Where therefore could Malamulele Onward have the biggest impact and ultimately reach more children than we already are able to?* The answer: Well, we're still working on it – but the set-up of a community based programme for families of children with CP/disabilities run by caregivers of children with CP/disabilities makes sense to us. What we are working on is the "how?".

This is an exciting phase for Malamulele Onward and involves a significant paradigm shift. Our vision and mission remain the same, our resources remain unchanged. How can we be better? How can we serve the CP community better? We feel the answers lie in the community themselves. Growing and strengthening our sites without growing and strengthening the community supports available can never be as effective as focussing solely on the sites. Our Carer-2-Carer Training Programme's success is a testament to this and is a large part of the reason for this time of reflection we now find ourselves in. What is certain is that our Outreach Programme next year will have had a bit of a face-lift and we hope it will be an exciting, dynamic and invigorating "new look" for Malamulele Onward.

NOLUTHANDO'S STORY

Noluthando Zindela is a young girl of 9 years of age with a diagnosis of Cerebral Palsy (CP). Her diagnosis of choreoathetoid cerebral palsy means that she struggles with co-ordination and control of her movements, and that her limbs often seem to have a "mind of their own". She was abandoned as a young baby by her mother, and is currently living with her paternal grandmother (Busisiwe Zindela) in a village called Thababomvu in Kwazulu-Natal. Noluthando's mother absconded with all of her documents and so her grandmother is unable to access her disability grant. She is also unable to access equipment from the hospital without proof she is accessing her disability grant. Noluthando's father is remarried and lives in Durban with his new family and is unable to provide much in the way of financial support.

I first met Noluthando on an outreach to Charles Johnson Memorial Hospital, Nqutu in 2015. I was struck by her beautiful smile and the life in her eyes. She attended her regular CP clinic group and was accompanied by a local community caregiver (CCG). This lady, Ms Buthelezi proceeded to fill me in on Noluthando's history. Noluthando's grandmother is a loving woman and cares deeply for Nolu, but she is elderly and has very poor vision. This makes the seemingly simple tasks such as feeding Noluthando extremely challenging. Between her poor sight and Nolu's uncontrolled movements, Mrs Zindela struggles to place the spoon accurately in Nolu's mouth. Noluthando is able to move (by "bunny-hopping around on the floor), but her granny isn't always sure where she is in the home and unfortunately accidents can happen. Noluthando bears scars on her face, hand and arm from an accident she had when trying to pull up to stand against a prima stove, she pulled the stove over herself and was burnt in the process.



Noluthando showing us her beautiful smile



Noluthando in her standing frame at home



Fun with bubbles!

Social workers have been trying to manage the case and work on acquiring a new birth certificate for Noluthando such that her grandmother can then be registered as her legal guardian, but progress has been extremely slow. The community caregiver who I first met with Noluthando facilitates Noluthando being able to remain with her grandmother. Her grandmother, who clearly does love her grand-daughter and does her very best, but who would struggle without help, due to her own physical limitations. It is this very example of how a community based caregiver who can be suitably trained can make the world of difference for children with CP and their families, even when the "system" seems to be failing them that is one of many that caused us to take a step back and think a little about how we could make an even greater, more lasting impact for children with cerebral palsy in the rural communities. We would never had met Noluthando without the help of her community caregiver. It is the very essence of the word community "a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals" that is a huge strength in the rural towns and villages that we visit. Empowering communities is certainly something we have always strived for – but perhaps we could go about it a little bit differently. It is this idea of a regular visit from a member of the community to check-in with families of children with CP and possibly other disabilities that is one we would like to explore. In Noluthando's case – a far more positive outcome is on the cards for her because somebody in her community cared. Somebody in her own community has taken on the task of advocating for a little girl and an old woman she knows well and they trust her to do so because she comes from their area and knows their situation and understands their needs. Imagine that on a larger scale – imagine the possibilities!

OUR CARER-2-CARER TRAINING PROGRAMME

MISTY WEYER (TRAINING CO-ORDINATOR)



AN OVERVIEW OF THE PROGRAMME

"Although it is exactly half the age of the organisation, the Carer-2-Carer Training Programme has grown to become the backbone of the impact Malamulele Onward has on children with CP and their families. Realising that parents can become a valuable resource to their CP service and that they can implement their own sustainable solutions to impact others with children with CP, we have begun shaping our activities around that which we can help parents to achieve.

Currently we have 40 trained Parent Facilitators running workshops in 24 different sites and to-date have provided access to information to over 1300 parents of children with CP as well as family members. Over 500 of these parents and family members were reached in the last year, demonstrating the rapid growth of the Carer-2-Carer Training Programme's reach.

This year included some new activities like our Parent Facilitator Conference as well as the usual Parent Facilitator Course. We also added two new languages to our Carer-2-Carer Training Materials allowing them to be used by a wider audience."

A NEW INITIATIVE IN 2015 : THE CARER-2-CARER PARENT FACILITATOR CONFERENCE

In November 2015 we hosted our first Carer-2-Carer Parent Facilitator Conference where the Parent Facilitators were equipped and empowered to address some of the issues and challenges that they face in their communities, however were not obligated to use these skills. During the first half of 2016 we have already observed some promising outcomes as a result of parents using their own initiative after attending the conference:

- Two Parent Facilitators have already started their own day care centres for children with disabilities (see "Jennifer's Story" later in this section).
- Two separate Parent Facilitators have started community vegetable gardens for parents of children with disabilities.
- Another parent from one of our sites did not attend the conference, but decided to quit her job as a teacher and start her own centre for children with disabilities so that she would have somewhere suitable for her child to attend.

These positive and constructive achievements that Parent Facilitators have made, have grown our perspective of what is possible when a parent has accepted their child, is empowered to make changes to their community and equipped with the necessary skills to do so. For some time now we have been calling parents "untapped resources" but our perspective of how great a resource they are is expanding rapidly and allowing us to be willing to explore what parents alone can do to make sustainable changes to their local services and communities.

JENNIFER'S STORY

....of how she made a positive change in her community & created more opportunities and support for children with CP and their families

Jennifer Malatjie is the mother of Rethabile, a young girl with Cerebral Palsy (CP) and together they live in a very rural village near Acornhoek in Mpumalanga. Having attended the CP service at Tintswalo Hospital for a number of years, Jennifer was sent to Malamulele Onward where she was trained as a Parent Facilitator in June 2014 as part of our Carer-2-Carer Training Programme. Along with her co-facilitator Princess, Jennifer has spent the past two years running workshops on CP for other parents, caregivers and families in the area. She and Princess have also played a vital role in the CP service at Tintswalo Hospital through teaching practical skills to other parents as well as helping to lead the monthly support group.

In November 2015 Jennifer attended our Parent Facilitator Conference, which focused on empowering and equipping parents of children with CP to make positive changes in their own communities in order to create more opportunities and support for children with CP and their families. Our goal of the three-day conference was to sow a tiny seed in the minds of parents and then to wait, watch and wonder what that seed may grow into. Only four months into the new year, Jennifer has managed to create a visible and growing change in her community and has surpassed our idea of what can be achieved by a motivated and empowered parent.



Jennifer and her daughter, Rethabile



Jennifer at the centre she started



Jennifer and some of the mothers who help her at the centre

JENNIFER'S STORY.....continued



Jennifer and Princess, C2CTP Parent Facilitators

After the conference Jennifer decided she wanted to start a day care centre for children with disabilities. Having learned about community mapping and accessing available resources during the conference, she arranged a meeting between herself, the local chief, the ward counsellor, the social workers and therapists from Tintswalo Hospital, the local Disabled People's Organisation and other mothers who have children with disabilities.

From this meeting and a few more, the Rethabile Centre for Children with Disabilities was born and was opened in April 2016. The centre currently exists at a local primary school that has provided the use of three class rooms and there are currently 27 children attending the centre. The mothers have developed a roster for who is on duty at the centre each day and they all contribute money towards food for the children.

With the help of the therapists at Tintswalo Hospital, Jennifer was given R5000 from an overseas organisation that helped with buying mattresses, blankets, consumables and kitchen equipment for the centre and Malamulele Onward was able to donate some positioning equipment for the children. With the help of Tintswalo Hospital the Rethabile Day Care Centre was recently registered as a Non-Profit Organisation.

Jennifer's dream however does not stop here. She has secured land from the local chief which will cost R4000 and she plans to have her own building for the centre. Through Jennifer's motivation, the mothers themselves have raised the first R2000 towards paying for the land and continue to work towards their R4000 goal. As if that's not enough, she is also starting a food garden at the school so that the parents can become involved in growing food for the children at the centre.

Jennifer is a shining example of how a parent can create new opportunities for children with CP and change their community by strategically accessing already existing resources. Jennifer has a deep understanding of her own child with CP, is equipped with the necessary skills to care for her child and has been empowered and mobilised as a powerful resource to her community. As a result of these qualities, Jennifer was able to bring the right people together and motivate them towards a collective goal that has brought great benefit to children with disabilities and their families. Jennifer serves as an example of what is possible for parents to achieve and if this can be replicated throughout other communities, how many more children could be impacted sustainably?

Cherish your visions and your dreams as they are the children of your soul, the blueprints of your ultimate achievements.

Dr Napoleon Hill

OUR TRAINING PROGRAMME

MISTY WEYER (TRAINING CO-ORDINATOR)



Over the past financial year we ran four six-day courses on CP for a total of 72 therapists. Of these participants 78% were community service therapists which demonstrated the great need for knowledge and skills among new graduates.

WHAT WE LEARNT ABOUT OUR COURSES THIS YEAR

Through in depth evaluations we have learnt a great deal about our courses this year. This includes the fact that most of the therapists that attend our courses feel underprepared, underequipped and overwhelmed when working with children with CP. Many of them lack confidence due to limited knowledge and experience, especially those that are completing their community service year. Of the 56 community service therapists that attended courses this year, only 14 had worked with a child with CP during their undergraduate studies. Many therapists describe feeling inadequate, hopeless, incompetent and frustrated when attempting to treat children with CP.

Challenges faced by therapists

Major challenges experienced by therapists are not knowing where to start when seeing a child with CP and not knowing what potential a child has or what can be achieved. The fact that progress in a child with CP is very slow, leads therapists to be unsure if what they are doing is helping the child and they begin to feel as though nothing will improve the child's function. This affects their confidence and therapy begins to feel very repetitive with no effect. Comments from therapists include statements such as: *"Before the course I used to dread therapy with CP children, out of fear that my treatment would not be beneficial and thus I would be wasting the time, money and effort put in by caregivers who come a long way to seek help"* and *"Before the course I used to cringe at the thought of handling and assessing and providing treatment to children with CP. I also felt incompetent and lacked confidence"*.

Why therapists attend Malamulele Onward courses

In a nutshell, therapists attending our courses want to have an impact on children with CP, but do not have the skills, experience or means to do so. Malamulele Onward's courses exist to develop therapists in a way that they can have a significant impact on children with CP.

Attending the course significantly changed therapists' perceptions of their ability to treat children with CP. Statements such as: "Now after the course I will be able to treat kids with more confidence and the assurance that I could transfer some knowledge and skills to caregivers, enabling and empowering them and thus ensuring effective carryover (of treatment)" and "Now after the course I will look forward to working with children with CP because I have increased knowledge and skills. I will be able to classify children with more confidence and create more appropriate goals and treatment" sum up the universal attitude that therapists leave the course with.

Wherever our courses are run, we love the sense of achievement, as well as the enthusiasm shown by our course participants



The immediate outcomes of therapists attending our courses

A number of immediate outcomes are achieved through therapists attending the courses in the form of both skills being acquired and mind-sets being changed. The most significant outcomes are as follows:

- ✓ Therapists have more confidence to treat children with CP as a result of knowing where to start with treatment.
- ✓ Therapists realise that all children with CP have the potential to grow, play and learn.
- ✓ Therapists begin seeing CP as a way of life for children and their caregivers rather than a temporary condition that can be treated with exercises.
- ✓ Therapists adopt a more holistic approach to treating children with CP.
- ✓ Therapists come to understand the impact that parents/caregivers have on treatment outcomes and adopt better approaches to working with parents/caregivers.
- ✓ Therapists realise the importance of correctly classifying children with CP and are able to use clinical reasoning skills to treat children according to their individual needs.
- ✓ Therapists come to understand that Neuro-Developmental Therapy (NDT) is not profession specific and in order to treat a child effectively a therapist must be able to address all aspects of the child's condition.
- ✓ Therapists become more equipped to treat children with CP effectively.



It's important to us that learning takes place in a comfortable, practical environment, and we continue to strive to reach that optimum

MID LEVEL WORKER'S COURSE IN 2015

This year brought a different mix of workers to the course than in previous years. Only four of the participants were therapy assistants working in hospitals, while the rest of the participants were made up of: a foreign volunteer at a care centre for people with disabilities; three community caregivers; a principal from a stimulation centre; a nursing assistant, a privately hired caregiver, a learning assistant and a community development facilitator.

The most significant challenges that these workers face are not knowing how to help children with CP and not knowing how to counsel parents in order to help them accept their children. It was evident that midlevel workers are far more conscious of a parents struggle and the need to include them when working with a child with CP compared to therapists, however just like therapists they need to know where to start.



Practical therapy sessions to develop handling skills

What the midlevel workers found most useful from the course

Midlevel workers most often work in an environment where they are told what to do and are not expected to think for themselves when working with children with CP. As one participant mentioned: *"Before the course I used to ask my supervisors on everything. Now after the course I will ask them, but at least I will understand most of what they do and what they want to achieve"*.

Due to the nature of their work it is not surprising that the participants found learning how to assess children with CP to be one of the most useful skills acquired. Yet the course also gave the participants direction when it came to: setting goals; the importance of using play and communication in treatment; beneficial strategies in everyday activities; and seeing a child's potential. One participant wrote: *"I learnt that the little bit a child can do we must take seriously as it is something you can use to improve a child's life"*.

Knowledge is like a garden: If it is not cultivated, it cannot be harvested.

Anonymous

OUR FINANCES



Tel: +27 011 488 1700
Fax: +27 010 060 7000
www.bdo.co.za

22 Wellington Road
Parktown, 2193
Private Bag 360500
Houghton, 2041
South Africa

Independent Auditors' Report

To the Shareholder of Malamulele Onward NPC

We have audited the annual financial statements of Malamulele Onward NPC, which comprise the statement of financial position as at 31 March 2016, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information, as set out on pages 6 to 14.

Directors' Responsibility for the Annual Financial Statements

The company's directors are responsible for the preparation and fair presentation of these annual financial statements in accordance with International Financial Reporting Standards, and requirements of the Companies Act 71 of 2008, and for such internal control as the directors determine is necessary to enable the preparation of annual financial statements that are free from material misstatements, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these annual financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the annual financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditors' judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

Donations are a significant source of fundraising revenue for Malamulele Onward NPC. It is impracticable to establish internal controls over the collection of donations prior to the initial entry into its financial records. We were therefore unable to confirm whether all donations were recorded.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the annual financial statements present fairly, in all material respects, the financial position of Malamulele Onward NPC as at 31 March 2016, and its financial performance and cash flows for the year ended in accordance with International Financial Reporting Standards, and the requirements of the Companies Act 71 of 2008.

Other reports required by the Companies Act

As part of our audit of the annual financial statements for the year ended 31 March 2016, we have read the Directors' Report for the purpose of identifying whether there are material inconsistencies between these reports and the audited annual financial statements. This report is the responsibility of the respective preparers. Based on reading this report we have not identified material inconsistencies with the audited annual financial statements. However, we have not audited this report and accordingly do not express an opinion thereon.

BDO South Africa Incorporated

Registered Auditors

Per: Stephen Shaw

Director

30 July 2016

BDO South Africa Incorporated

Registration number: 1995/002310/21

Practice number: 905526

VAT number: 4910148685

National Executive: S Dansie • H Bhaga-Muljee • BJ de Wet • HCS Lopes • B Lovell • FD Schneider • ME Stewart (Chief Executive) • A van der Hoek

Office Managing Director: HCS Lopes

The company's principal place of business is at 22 Wellington Road, Parktown, Johannesburg where a list of directors' names is available for inspection. BDO South Africa Incorporated, a South African personal liability company, is a member of BDO Southern African Co-ordination (Pty) Ltd, a South African company, which in turn is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

"Thankfulness is the beginning of gratitude. Gratitude is the completion of thankfulness. Thankfulness may consist merely of words. Gratitude is shown in acts." Henri Frederic Amiel

Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2016

Statement of Financial Position as at 31 March 2016

Figures in Rand	Note(s)	2016	2015
Assets			
Non-Current Assets			
Property, plant and equipment	2	44 481	67 213
Intangible assets	3	40 869	-
		85 350	67 213
Current Assets			
Inventories	4	50 000	100 000
Receivables	5	13 680	10 132
Cash and cash equivalents	6	1 488 354	1 647 499
		1 552 034	1 757 631
Total Assets		1 637 384	1 824 844
Equity and Liabilities			
Equity			
Designated Income Reserves		1 445 001	1 779 389
Liabilities			
Current Liabilities			
Trade and other payables	7	192 383	45 455
Total Equity and Liabilities		1 637 384	1 824 844

Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2016

Statement of Comprehensive Income

Figures in Rand	Note(s)	2016	2015
Revenue	8	3 322 866	3 544 170
Other income		128 399	101 790
Operating expenses		(3 835 133)	(4 002 604)
Operating (deficit) surplus		(383 868)	(356 644)
Investment revenue - interest received		49 480	68 672
Finance costs		-	(2 557)
(Deficit) Surplus for the year		(334 388)	(290 529)
Other comprehensive income		-	-
Total comprehensive (deficit) surplus for the year		(334 388)	(290 529)



Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2016

Notes to the Annual Financial Statements

Figures in Rand

	2016	2015
8. Revenue		
Donor		
Blue Label	70 000	70 000
DG Murray Trust	600 000	1 055 900
Donated and volunteer services	283 008	170 000
The Elma Foundation	550 000	550 000
Gifts-in-Kind	48 456	92 648
Malamulele Onward Canada	207 248	370 145
Apex Hi Trust	150 000	-
Other designated grants and general donations	217 925	118 677
Anglo America Chairman's Fund	300 000	300 000
Gary Austin	-	35 000
Momentum	-	250 000
WSB Trust	-	250 000
The National Lottery	-	281 800
RB Hagart Trust	200 000	-
Rocbolt Technologies	102 000	-
International Development and Relief Foundation	224 565	-
Unifor Social Justice Fund	283 055	-
Modular Mining	86 609	-
	3 322 866	3 544 170

9. Taxation

No provision for taxation has been provided for as the company is a Public Benefit Organisation in terms of section 30 of the Income Tax Act and is exempt from income tax in terms of Section 10(1)(cN) of the Income Tax Act.

10. Cash used in operations

(Deficit) Surplus before taxation	(334 388)	(290 529)
Adjustments for:		
Depreciation and amortisation	27 468	17 856
Interest received - investment	(49 480)	(68 672)
Finance costs	-	2 557
Impairment of inventory	32 200	-
Changes in working capital:		
Inventories	17 800	-
Receivables	(3 548)	(4 391)
Trade and other payables	146 928	(10 387)
	(163 020)	(353 566)



OUR BOARD

Our board are a dynamic group of people committed to good governance and financial oversight of the organisation. With their collective business, financial, therapy, training and caregiving skills and expertise, they ensure that that our activities and programmes remain true to our vision and mission. Our board members not only give up their Saturdays for board meetings but are also always available to listen, guide and advise. We are very fortunate to have such a strong and committed board. A very big part of the reason of Malamulele Onwards' growth and success over the first ten years is thanks to the dedication of our board members.

We especially want to pay tribute to our chairperson, John Whitter, our treasurer, Kobus Snyman and board member Theresia Ralintja who have faithfully served on the board since the founding of the organisation. In addition to our current board members (indicated below) we would also like to acknowledge the role and contribution of all our previous board members viz. Prof. Alan Rothberg, Barbara Harrison, Tara Seon, Shelley Broughton, Estelle Brown, Buhle Dlamini and Zaheer Adam. Thank-you for what each of you has done to make Malamulele Onward the organisation it is today!



Gillian Saloojee
Executive Director



John Whitter
Chairperson



Kobus Snyman
Treasurer



Theresia Ralintja
Board Member



Wiedaad Slemming
Board Member



Andrea Fourie
Board Member

OUR STAFF

Our dynamic and creative team are the heartbeat of the organisation. Our core team consists of therapists, parents or family members of children with CP, and two young adults with disabilities. Our support staff keep us organised, tidy and keep the centre in Johannesburg looking tip top. We're a small team with big dreams for the organisation and the CP community.

Residential Therapy Programme

Co-ordinator: When I read about MO, I was inspired by the richness, the depth and the heart of this organisation. I wanted to be part of this team so I can be part of the impact on the lives of so many special children and their families.



Kabi Krige

Training Co-ordinator: I came to work for MO because it provides the optimal environment for tackling the challenges caused by CP and allows me the freedom to think innovatively about possible solutions.



Misty Weyer

Parent Training Supervisor

Malamulele Onward I feel is the platform for implementing the “better life for all” principle by empowering parents, caregivers, and the community to live better with children with CP. I give all my dedication to this.



Lydia Ngwana

Physiotherapist & Research Assistant: I have learnt there is no specific time for therapy, CP is a way of life and I #CPotential in all children.



Emma Jenkins

Administrative Assistant: I like working at an NGO like MO as you do such good work for moms and children who have CP like me.



Samantha Bartlett

Administrative Assistant

My best moment during the past year at Malamulele Onward was when I went to Nquthu in KZN for outreach. I learnt so much and it was an amazing opportunity.



Evelyn Shongwe

Cleaner: I like to come to work at Malamulele Onward because I learn a lot of things that I did not know before.



Makhosi Kubisa

Caretaker: I like working here because when I first came, the garden was just a bush, but now there are vegetables and flowers. I also like to work here because every Sunday I can help the mothers by opening up for them and showing them around.



Tobias Mushroom

WE ASKED OUR STAFF TO ANSWER ONE OF THESE ?????

Why did you start working for the organisation?...

Your best moment in the organisation?...

What the organisation means to you?....



Gillian Saloojee

Executive Director: “Being part of the lives of the children and their families and sharing their triumphs as well as their sorrows is an immense privilege.”



Tami Brown

Outreach Co-ordinator: “I heard about Malamulele Onward all the way over in Ireland when I was working there. I have a passion for working with children with CP and their families and the ethos of MO struck a chord in me. I think the organisation does amazing things and is going exciting places and will take the CP community right along with it!”



Morongwa Pule

Office Administrator: “Working at Malamulele Onward is a great pleasure for me. Since joining Malamulele Onward almost 5 years ago, I’ve learnt so many new things. I will always be thankful to the people who believed in me and gave me this opportunity to grow, not only within the organisation but also as a person. I am proud to be part of the Malamulele Onward team.”



Taryn Camden-Smith

Physiotherapist:

During my community service year in Nquthu, I had the privilege to work with the Malamulele Onward team and following this had the opportunity to volunteer and then now work for Malamulele Onward. This opportunity to make a difference in the lives of individuals with a disability and their families living in rural areas is just awesome!



Lindiwe Nxumalo

Parent Trainer: I love working at Malamulele Onward because I have learnt so much about children with CP and also the team has patience with me to love helping each other.



Keith Viljoen

Accountant: I love seeing all the smiling faces of the little ones during the RTP. My best moment was when one of the little boys came up to me to hug me and call me “grandpa”



Victoria Zwane

Cleaner: Why I like to come to Malamulele Onward is because we work together as a team.



Mark Whitter

Driver: I love my colleagues and I love the children.

A BIG THANK YOU

OUR VOLUNTEERS IN 2015-2016

A volunteer, by definition, is *someone who gives time, effort and talent to a need or cause without profiting monetarily*. Malamulele Onward is blessed to have volunteers with a rich pool of talent eager to join us on our mission to help children with cerebral palsy in rural areas to reach their best potential. The job is not always glamorous, but I am struck by the grace, enthusiasm and humility with which the volunteers who join us approach their tasks. Our sincerest thanks go out to each and every volunteer who has joined us on an outreach, and in particular to those who are willing to give of their time and energy on a regular basis. Each volunteer brings with her/him a unique skill set that is always beneficial in the work that we do and within the structure of approach. Thank you to you all. *Below are photos of some of the many fabulous volunteers who have joined us in 2015-2016.*



Nicky Hay (SLT) volunteers in our centre in JHB and in the Eastern Cape in June/July 2016



Kimberley Jones (seen here) and Jessica Sanders (OT's) volunteers in KZN in April 2016



Ilse Viljoen (PT) & Mariette Badenhorst (OT) volunteers in Limpopo in December 2015



Jeanette Pretorius volunteer in KZN in January 2016



Helene Janse Van Rensburg (OT) volunteers at MO in JHB



Bronwyn Potgieter (SLT) and Nabeela Laher (PT) volunteers in Limpopo in August 2016

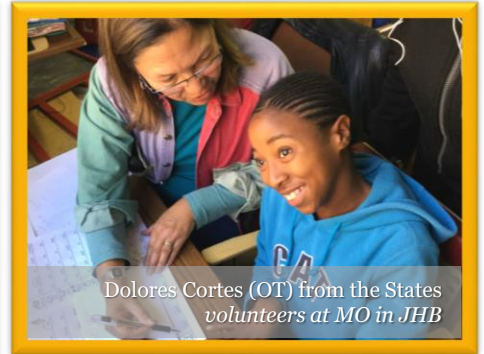
THOSE WHO CAN, DO. THOSE WHO CAN DO MORE, VOLUNTEER. ~AUTHOR UNKNOWN



Michelle Flowers (OT)
one of our regular volunteers in Limpopo in
February 2016



Gerda Van Niekerk
(OT) Limpopo July
2015



Dolores Cortes (OT) from the States
volunteers at MO in JHB



Ilse Viljoen (PT-a regular), Louise Reed and
Samantha Richardson (SLT's) volunteers in
Limpopo & Mpumalanga in July 2016



Jessica Sanders (OT) volunteers in Johannesburg once
a week

Fiona Semple, Ghida Bernard, Anne de Villiers, Karlien van der Linde, Hannah Wood, Elbe Griesel, Ingrid Vriend, Nabeela Laher, Lindie Dalton, Mehnaaz Karim Ilse Moore, Sophie Smith, Mary, Bridget Sendall, Margeret, Nelisiwe Hlope, Tam Bennette, Candice de Rocha, Osman Mohamud, Brian Mashaba, Rachel Wanjagua

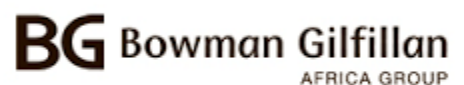
A BIG THANK YOU

OUR DONORS AND SPONSORS IN 2015-2016

Without our donors and sponsors, we wouldn't be able to do what it is we do, and without their significant generosity, we would certainly not be as effective as we are. Our Annual Report is an opportunity to acknowledge the essential role that our many friends, donors, supporters, partners and sponsors play in our organisation. Thank-you for believing and sharing in our work – and for making it possible.

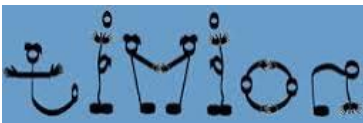


RG HAGERT TRUST



A BIG THANK YOU

OUR DONORS AND SPONSORS IN 2015-2016



UNKNOWN

Audrey Jevon, Dot Murray, Joyce Krog, Anita Green, Rusty Haynes, Marie Bester, Mandy Young, Jacqui Robinson, Beth Murray, Jean Mc Jarrow, Lynette Lourens, Joan Fitzpatrick, Cynthia Alter, Beryl Ansley, Mary Murray, Shaun Thomas, Dianne Cox, Jill Wyche



AUDIT • ADVISORY • TAX

Samantha Kim Richardson, Lynette Potgieter, Sarah Foley, Charles Joseph Lancaster, Stephen Shawn, Lida Snyman, Mary Murray, Dianne Cox, Asit Desai, Hazel Whitter, Kevin Cartmell, Yvonne Luiz, Marie Bester, June Bartlett, Asit Desai



REMEMBERING THOSE WE'VE LOST



**FULUFELO
RADZILANI
R.I.P. 10.02.2016**

We have many stars – and each star has their special story, and each a special place in our hearts. We were blessed to have these young angels in our lives. We've mentioned some of these special young souls earlier in the report. The beautiful young star here is Fulufelo Radzilani. She was a young girl with a diagnosis of dystonic cerebral palsy and cortical visual impairment. Fulu and her mother, Fumani frequently attended our centre in Johannesburg to assist Malamulele Onward in training courses for therapists and midlevel workers. Fulu and her mother were fantastic teachers and were integral in the development of knowledge and skills of countless therapy personnel. In February of this year, Fulufelo sadly succumbed to pneumonia and has left a huge gap in our hearts. Heaven has gained a bright young angel. Our thoughts remain with Fulufelo's family and in particular to her mother, Fumani whom we will always remember for her dedication to her daughter, and her patience and good nature in teaching us all a little more about the potential that lies within.



Bofakeng Mohanoe



Tshepo Thato



Fulufelo Radzilani



Wendy Radebe



T'solo Mollbetsane



Success Sithole



Andiswa Mkhehle

..so when a young child departs,
we who are left behind,
must realise God loves children.
Angels Are Hard To Find!!

Author unknown



Malamulele Onward

Possibilities for Africa's Children with Cerebral Palsy

Malamulele Onward Therapy & Training Centre
Gate 10

13 Joubert Street ext
Braamfontein
2193

Mailing Address

P O Box 52641
Saxonwold
2132 Johannesburg
South Africa

Tel/Fax (011) 484 9456

Email info@cpchildren.org

Web www.cpchildren.org

Malamulele Onward NPC

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Public Benefit Organisation 930025084