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Parents become a valuable resource to their local communities **p.11**



Helping therapists to know where to start when treating children with CP. **p.15**



22376km through South Africa & Lesotho - For what you say? **p.19**



MALAMULELE ONWARD

ANNUAL REPORT 2016/2017

HEAR HOW PARENTS ARE CHANGING THE GAME

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2 FANTASTIC GRANDMOTHERS TEACH US HOW TO #CXPOTENTIAL

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Malamulele Onward NPC
Reg. No. 2006/032287/08

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of Social Development as a Non-
Profit Organisation 056-807-NPO
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VISION

Our vision is that the
rehabilitation needs
of children with
Cerebral Palsy and
their families, living
in underserved rural
areas, are met.

MISSION

We exist to enable each
child with Cerebral
Palsy to reach their
best potential within a
supportive environment.

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Combine one dedicated mother of a child with CP, with a passion for the Nqutu community and a dash of technology and the possibilities are endless. Read what Slmangani and her Samsung tablet are achieving in KZN.

33 OUR FANTASTIC TEAM

We are a creative team of people passionate about breaking barriers in services for children with CP. Our strength lies in the fact that our team consists of therapists, parents and relatives of children /adults with CP and a young adult who has CP.

35 OUR EXCEPTIONAL BOARD

Our dedicated board of directors not only offers us sound leadership, but they consistently push us to be our best - how else would we have achieved such great impact?

36 OUR ANNUAL FINANCIAL STATEMENTS

With accountability being one of our core values in the organisation, we take pride in sharing our financial records that have been audited by BDO South Africa Incorporated.

41 THANK YOU TO OUR DONORS & VOLUNTEERS

If there is one thing we cannot exist without, it is our generous donors and selfless volunteers that power our ability to create the change that we do - nothing less than a great big thank you!





CHAIRMAN'S LETTER

DEAR VALUED STAKEHOLDERS

THE YEAR TO MARCH 2017 HAS BEEN ANOTHER REMARKABLE ONE FOR MALAMULELE ONWARD AS OUR TEAMS OF THERAPISTS AND VOLUNTEERS HAVE ENDEAVOURED TO MAKE A DIFFERENCE IN THE LIVES OF CHILDREN AND THEIR FAMILIES AFFECTED BY CEREBRAL PALSY (CP).

Remarkable, because in the light of a weak economy and constrained resources we find ourselves constantly inspired by the special people we serve in rural areas. The need for support services amongst the, as yet unquantified number of children with CP in rural South Africa, seems insurmountable. And yet life for them and their families goes on with determination, resolve and compassion despite the odds against them. These odds include a low prioritisation for CP in state health services, lack of access to knowledge, information and a lack of financial resources to overcome basic needs such as transport to and from clinics. These challenges however result in many caregivers and community members rising up and putting the odds back in their favour through their deep resolve and commitment to empower themselves. The result is that we find it a privilege and inspiration to be of service to the heroes that shoulder the daily burden of CP in rural South Africa.

In order to “do more with less”, as most people find it necessary these days, the Malamulele Onward teams constantly review the effectiveness of the programs to ensure we only do “what works best” with the goal of achieving the most benefit for the most children. For example, the format for the Residential Therapy and Training Programme, whereby children and caregivers come to our facilities in Johannesburg, now places great emphasis on the development of the parents’

understanding and problem-solving skills so that they are able to facilitate discussions with other parents when running groups back at their hospitals and clinics. Our training courses at various rural sites also focus on imparting these skills to parents.

Current economic conditions in South Africa at the moment present the NPO sector with additional challenges to ensure sustainability. In the face of this, our strategy at Malamulele Onward is our unwavering commitment to good governance and accountability to our valued stakeholders. This is in the long-term interests of our beneficiaries as we empower them to face their unique challenges through a caring and supportive environment. I would therefore like to thank all those donors, supporters and volunteers who have partnered with us in 2017. Without this help we would not have been able to bring the support and encouragement that we did.

Once again special thanks and appreciation is due to Gillian Saloojee, our Executive Director, for leadership and hard work, usually beyond the call of duty. Also thanks to her management team, the staff and volunteers. Your contributions are equally crucial.

To my board colleagues, thank you for your time, expertise, and support.

John Whitter

26 August 2017



EXECUTIVE DIRECTOR'S REPORT

IT IS WITH PRIDE AND WITH PLEASURE THAT WE PRESENT THE 2017 ANNUAL REPORT TO YOU.

Malamulele Onward NPC was founded on the belief that it is possible for each rural child with Cerebral Palsy (CP) to grow, thrive and develop in a nurturing environment. Living with a complex disability in a resource-constrained rural setting with little or no access to the basic amenities we all take for granted is not an excuse for children with CP not to be given the same opportunities all children everywhere have the right to.

The activities the organization has undertaken over the past year show our commitment and progress towards making this dream a reality for all rural children with CP. With a full-time staff compliment of 10 and a budget of R3,4m we estimate we have reached nearly 1500 families over this past year – which represents approximately 10% of the total number of rural

children with CP who need our services. This has been possible through our programmes which are designed to transfer skills and knowledge to others – in particular the Carer-2-Carer Training Programme where it is the parents themselves who are teaching and supporting other parents; and our training courses for therapists coupled with our on-site visits to rural hospitals and centres. To reach ALL rural children, we will continue to find ways of scaling up our approach which include greater use of digital resources – so watch this space!

I hope you will enjoy reading the Annual Report 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, whoever you may be – 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 over 1400 children and their families.

The Annual Report also provides the opportunity to acknowledge the support I have enjoyed from the whole Malamulele Onward team as well as colleagues, friends and family. The commitment of the Board of Directors is crucial to our sustainability and I extend my deep thanks to them for their guidance and wisdom and for the quiet encouragement and leadership of John Whitter, our Chairperson.



WHAT DIFFERENCE ARE WE MAKING?

WHERE WE HAVE COME IN 11 YEARS

From a small project consisting of twenty-six children, a very hands-on board, a team of dedicated and enthusiastic volunteers, a budget of R40 000 and no formal office, Malamulele Onward has grown to a staff of ten full-time and four part-time employees led by the Founder Director, a Therapy and Training Centre situated next to the Malamulele Onward house for parents, an annual

budget of R4 million and a network of CP services located in 21 rural sites in the Eastern Cape, Limpopo, Mpumalanga, KwaZulu Natal and Lesotho that collectively provide services to over 3000 families of children with CP.

Over the past 11 years, Malamulele Onward's reach has grown steadily with the 2016/2017 year achieving the greatest impact to date.

OUR IMPACT OVER 11 YEARS



> 250

Therapists trained on our courses

> 3000



Families of children with CP reached through our programmes



> 2000

Children with CP reached through direct contact with us



39

Parent Facilitators

trained & working in

21



rural communities

Children with severe disabilities remain at home within their communities as families are equipped to care for them.

OUR FOUR MAIN PROGRAMMES

Our Residential Therapy and Training Programme brings children, together with their primary caregivers, to our Therapy and Training Centre in Johannesburg where the children receive ten days of residential therapy from our therapy team and the caregivers receive training on how to continue care at home.

Our Carer-2-Carer Training Programme (C2CTP) equips selected caregivers of children with Cerebral Palsy (CP) to become a resource to their local CP services and empowers them to lead change within their communities.

Our Training Courses involve six-day practical courses on CP for therapists where therapists are equipped to assess and treat children with CP in low resourced settings.

Our Outreach Mentoring Programme involves conducting outreach visits to all the rural areas where we work to offer onsite mentoring to therapists and caregivers and to assist in developing the local CP services.

THE YEAR IN NUMBERS

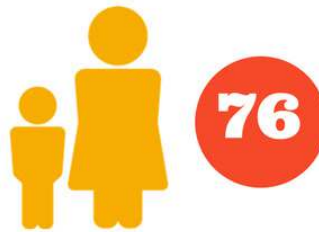
April 2016- March 2017



435 children seen on our outreach visits



Number of sites around the SA & Lesotho visited annually



Children and their caregivers received 2 weeks of intensive therapy & training during the RTTP in Johannesburg



73

Therapists trained on our 6 day practical courses for therapists



Parent Facilitators working at local sites in SA & Lesotho



16 new Parent Facilitators trained



1415

Estimated number of families reached through all activities



THE RESIDENTIAL THERAPY & TRAINING PROGRAMME

WHAT IS IT ALL ABOUT?

The short answer is: Children together with their primary caregivers (usually their mothers or their grandmothers) come to our Johannesburg Therapy and Training Centre for two weeks. They stay onsite and follow a daily programme where the children receive therapy and the caregivers are taught how to continue helping their child when they return home.

BUT THE RTTP IS SO MUCH MORE THAN THAT. WE CONSIDER IT TO BE OUR:

Clinical practice for ensuring our therapy team's clinical skills stay current and up to date, so we can teach others.

Testing ground for working out new strategies which can be passed onto local therapists: What is the best way to run a group? What is the best way to work with caregivers? How do caregivers learn? How do we work with the different CP subtypes?

Motivation for learning what the possibilities for change are. How do the caregivers' knowledge, attitudes and skills change over this short period? What potential do the children have for change?

Informal research ideas generator for identifying and exploring the common struggles therapists encounter when working with children and their caregivers? What works best?

Opportunity to work together with local staff and to learn from them. What happens locally? We share experiences of what we have found to work best and we encourage and train local staff

Link between all our programmes in that the collaboration with local staff contributes to an excellent CP service by improving clinical skills; investing in Parent Facilitators and other caregivers so that they are seen as assets to the local CP clinic and community; and determining what would work locally according to each site's unique needs.

Opportunity to form meaningful relationships with care givers and local staff and in so doing, making it easier to work together as a team and to keep learning together about what is possible for children with CP living in rural areas.

THE MOST VALUABLE LESSON WE HAVE LEARNED IS THAT IN ORDER TO HAVE A MORE SUSTAINABLE IMPACT REGARDING THE RESULTS AND IMPROVEMENTS WE SEE DURING THE TWO WEEK BLOCK, OUR FOCUS NEEDS TO BE ON THE CAREGIVER'S ABILITY TO CARE FOR THEIR CHILD IN A THERAPEUTIC WAY THROUGHOUT THE DAY.

This is not a new idea but ensuring that these new behaviours continue once the caregivers return home is easier said than done.

We found that the ability for caregivers to understand what can happen over time to their child is crucial to the sustainability of therapeutic care, i.e. we want to caregivers to realise that therapeutic handling all day and every day will help to minimize and slow down the devastating impact of the arrow of time on their children's bodies. This year, we have really concentrated on making our motto "CP IS A WAY OF LIFE" a reality in the real world and not just in the therapy room; and ensuring that what is discussed, practiced and taught in the therapy room is continued long after the caregiver and child return home. We believe that this approach has significantly contributed to the changes we saw in children at the end of the two week RTTP and again later when we visited the children in their own homes.

THE OUTCOME

We at Malamulele Onward would like to see self-affirmed caregivers - caregivers who can stand up for themselves and their children within their family, the hospital and their community. We also want to enable caregivers to be active problem solvers, rather than passive recipients who wait for someone else to tell them what to do.

THE HOW

Caregivers need to actively take part in the process. Just telling people what and how to do it, would not teach them why they need to handle their children in a different way. Caregivers also need opportunities to take responsibility for the process. Highlighting the positive aspects of what their children can do and the small changes we notice, helps to keep caregivers motivated and encouraged.

THE FOUNDATION

When working with a caregiver it is important to form a supportive partnership and respectful relationship. Each caregiver is seen as unique individual and is taught at his/her own pace.

WHAT HAVE WE LEARNED FROM THE RTTP?

Who came to join the RTTP in 2016/2017



Over the past year, 76 children attended the RTTP with their caregivers. Over the two weeks, each child received 40 hours of intensive therapy whilst their caregivers received 20 hours of training. This training included the 5 Carer-2-Carer workshops which helped caregivers to understand the complex nature of CP and how best to manage all the associated impairments, such as difficulties with seeing, with communicating and with eating and drinking.

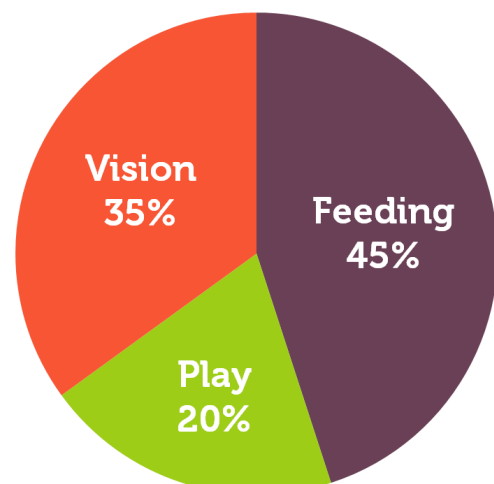
Fewer children were seen this year as compared to last year as we invested time in staff training. Three of our therapists completed the eight week Bobath/Neurodevelopmental Therapy (NDT) course, a post-graduate course specific for therapists working with children with CP and allied neurological conditions. This training gave our therapists confidence in treating children and more importantly, being able to explain the clinical reasoning behind what they were doing

in therapy, in a way which made sense to the caregivers. As a result, caregivers understand their child's body and why their child moves the way they do, and this makes it easier to handle their child in a more therapeutic and helpful way.

The 76 children and caregivers came from 18 different sites around the country: Limpopo (3), Eastern Cape (7), Lesotho (3), Kwa-Zulu Natal (1) and Mpumalanga (3). We were also pleased that 13 local therapists from these sites were able to join the second week of the programme where they could learn, improve their clinical skills and ensure that the gains and improvements seen during the two weeks could be continued back at home. The RTTP teaches parents and therapists how they can use everyday activities such as bathing, dressing, eating and drinking and playing to improve a child's abilities.

As with all programmes and activities at Malamulele Onward, we measure what do and try our best to quantify the changes we observe. The greatest improvement we witnessed in the RTTP, and which was confirmed by the caregivers in their feedback, was that for 45% of the children, the greatest improvement was in their ability to eat, chew and drink.

Improvement in the child's abilities:



ZOTHANI & MANGAZILE'S BIG CHANGE IN THE BIG CITY

Zothani is a friendly and lovable five year old little boy who laps up the luxury of his mom doing everything for him. Zothani and his mum, Mangazile, made the long journey up to Egoli to Malamulele Onward from the historical-rich region of our beautiful country, Nquthu to take part in our two week Residential Therapy and Training Programme.

Zothani has Cerebral Palsy. The type of cerebral palsy he has means that his body is very floppy making it very difficult for him to support or balance himself and so he cannot sit by himself. At the beginning of the two weeks, Zothani could only sit when Mangazile held him and he was also totally dependent

on Mangazile to feed, dress and bath him.

But all this was about to change! During the two weeks Zothani and Mangazile spent with us, we worked hard to improve his balance and his ability to try and hold himself upright.

His mum commented that she saw a lot of change in Zothani as by the end of two weeks, Zothani could now sit by himself and use his hands – something which previously he was not able to do.

We were delighted to see that Zothani had also learnt to feed himself! Mangazile recognized that the most important lesson that he had learnt during his time in



Joburg was that he could do things for himself and that with just a little bit of help from her, he could dress and undress and bath himself.

Mangazile said she learnt the importance of being patient with him so that he can help himself to do all these things that she used to do for him in the past.

Before she returned home to Nquthu, Mangazile had this to say:



“I have learnt so much about my child and realized that my child can learn so much too.”

THE C2C CAREER CAREER TRAINING PROGRAMME

At the start of the year our Carer-2-Carer Training Programme (C2CTP) existed to train caregivers of children with CP to run a series of five workshops on CP for other caregivers in their local areas.

Twelve months later the C2CTP exists as the cornerstone of the organisation. After realising that caregivers are the key to having a long-term impact on children with CP, Malamulele Onward developed a two-part game changing strategy that involved: “A primary focus on equipping parents/main caregivers to have a long-term impact on children with CP” and “Approaching CP as a way of life”.

“CP as a way of life” is a concept that is essential to the way we work. In short

it means that every child with CP has things that their body is always doing and so there are things that can be done to help their body in a different and more helpful way. These are the handling skills that caregivers can be taught to use whenever they are moving, holding, or carrying their child. CP as a way of life also involves understanding how different positions have an impact on a child’s body and so caregivers are taught positioning principles that can be applied throughout the day at home.

With this change in focus, the C2CTP has grown from what was a simple strategy to provide access to information, to us expanding the role of our trained caregivers whom we call Parent Facilitators. Across 13 sites we now have Parent Facilitators running workshops on CP; assisting therapists at their local CP Clinics; conducting home visits and/or running five day programmes when children are admitted to the hospital for a five day residential block of therapy.





A scene from the CP Clinic at Butterworth Hospital in the Eastern Cape. Parent Facilitators run practical groups for other caregivers to develop their skills in areas such as: massage and loosening; therapeutic dressing; positioning; communication; and vision.

THIS YEAR

16

NEW PARENT FACILITATORS WERE TRAINED

WHICH MEANS WE NOW HAVE

39

PARENT FACILITATORS

ACTIVELY WORKING IN

21 SITES

AS A RESULT

723

CAREGIVERS HAVE BEEN REACHED THROUGH THE CARER-2-CARER TRAINING PROGRAMME

NODUTCH

Nodutch is a Parent Facilitator in a deep rural area of the Eastern Cape. Through her local hospital, she currently runs workshops, assists with running therapeutic groups at the local CP Clinic; assists therapists on home visits and runs a residential therapy programme for children who are admitted for five day blocks of therapy at Madwaleni Hospital. She is the grandmother of Alungile who has CP.



Nodutch running a group for other caregivers.

Alungile has never been able to do much on his own and his arousal level was generally low and his body quite inactive. He could not sit on his own, but could move along the floor on his stomach if he needed to. At the end of 2016 the local therapists raised the concern that because their Parent Facilitators were such a valuable resource to their CP service, their own children had not received therapy during the year.

In January 2017 this year, Nodutch and Alungile attended our Residential Therapy and Training Programme in

Johannesburg and within a few days Alungile astounded everyone. He sat independently for the first time ever and he knew exactly what was happening. This indicated only one thing to us: Nodutch was getting something very right at home and what she was doing had just proved more successful than the years of therapy Alungile received prior to 2016. This change in Alungile's body could happen because Nodutch has learnt how to approach CP as a way of life and has developed handling skills that are helpful for Alungile's body.

TWO FANTASTIC GRANDMOTHERS



Excitement as Alungile sits independently for the first time.

KHOLEKA

Kholeka & Abonile with his calloused knees.



Kholeka is the grandmother of Abonile, a young boy with CP whose legs are mostly affected. Abonile could sit independently, but he was unable to walk and he struggled to stand up straight on his own. During a course for therapists held at his local hospital, Kholeka attended the five Carer-2-Carer workshops on CP and at the end of the course the local therapists went to see Abonile in his home environment.

At the home, they watched how Abonile would haul himself up and down the gravel road on his knees to play with his friends. His knees were each calloused and all of his pants had large holes in them. At the

end of the course he was issued with a bench as well as a standing frame.

Six months later we arrived at Abonile's home and were amazed by what we found. Kholeka, who now understood more about Abonile and his body, had made him some walking sticks and got him using them. The walking sticks were perfect for him as they provided less stability than any walking device that the hospital could issue. This meant that in order to walk and stay upright, he had to engage all the correct muscles for walking and this in turn strengthened his trunk.

As a result of a seemingly simple solution developed by a grandmother, Abonile developed the ability to not only walk upright, but to independently climb into his standing frame. Kholeka had become an active problem-solver who could apply what she had learnt to help her grandson reach his full potential. If left alone, he would probably still be on the floor, yet his grandmother in less than six months made a positive and long-term change to his body and his ability to participate more actively in his environment.



Abonile demonstrating his new abilities at home.



TRAINING COURSES



Each year Malamulele Onward offers six-day practical courses on CP for therapists.

On our six-day courses therapists develop handling and clinical treatment skills that are aligned with the Malamulele Onward approach and suitable for poorly resourced areas. The combination of theory and practical sessions is consistently praised in the evaluations and leaves therapists feeling competent and excited about treating children with CP.

In the past 12 months we have run three courses for therapists. These took

place at the Malamulele Onward Therapy and Training Centre in Braamfontein, Nelson Mandela Academic Hospital (NMAH) in Mthatha and Frere Hospital in East London respectively. The two courses in Mthatha and East London marked a new era for Malamulele Onward, as they were the first of our courses to be paid for through government funding.

NMAH invested some of their hospital budget to train and develop all their therapists in order to improve their

services for children with CP, while the course at Frere Hospital was funded by the Eastern Cape Department of Health and was aimed at improving the skills of therapists occupying permanent posts across the province. As a result, 15 different hospitals had at least one therapist who attended the course.

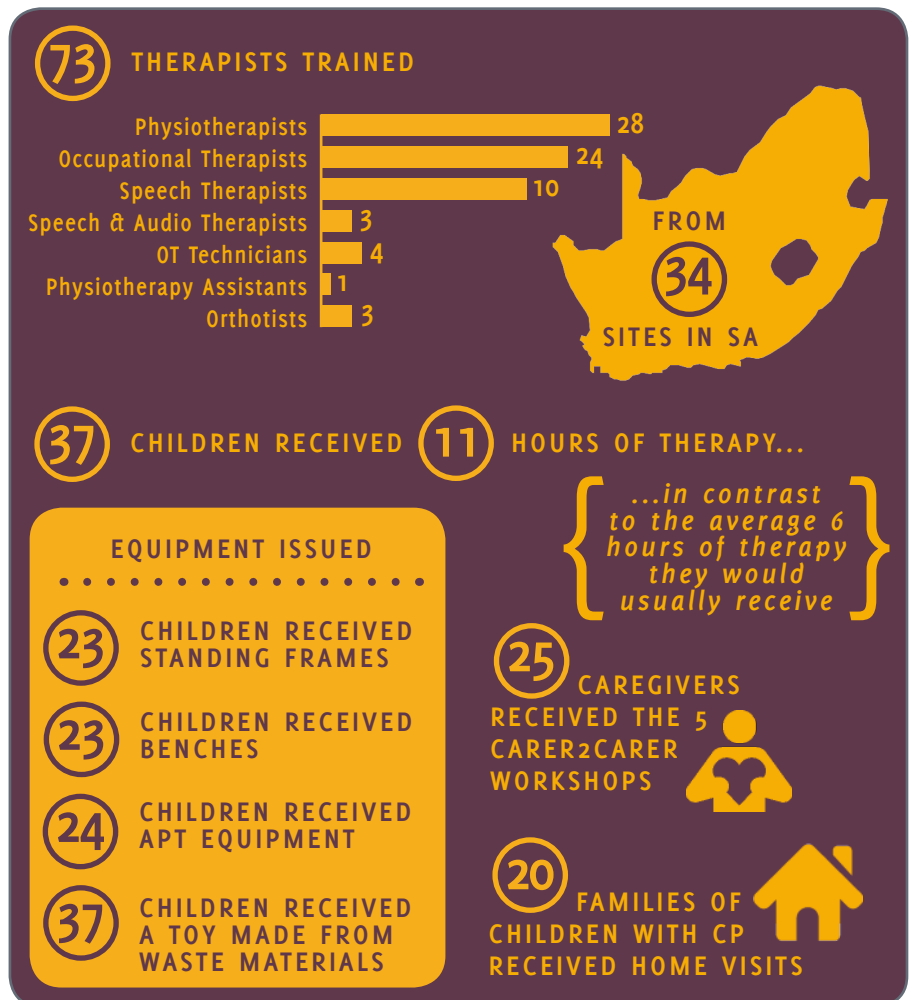
In July 2016 we ran a five-day course for careworkers at the APD Day Care Centre in Motherwell (Port Elizabeth, Eastern Cape). Nine careworkers received the five Carer-2-Carer workshops, followed by two and a half days of practical sessions with the children to develop their ability to cope with the daily care of children with CP.



Therapists participating in a supervised clinical prac. For the clinical pracs, therapists are divided into pairs and allocated a particular child to work with for the week.



During our therapist courses, a number of children attend each day for the clinical pracs and each child receives at least 11 hours of therapy. They also receive a bench, a standing frame (if appropriate), a piece of equipment made from cardboard (APT) by the therapists and a toy made from waste. The caregivers receive all five of the Carer-2-Carer workshops and on our rural courses, the children receive a home visit.



QUOTES THAT HIGHLIGHT THE EXCELLENCE WITH WHICH WE RUN OUR COURSES:

"We were taught a lot of practical hands on methods to improve our handling of a child with CP and we were given plenty of opportunity to practice."



The course content was relevant and up-to-date. Organisers were well prepared and handled unforeseen challenges well."

"The course covered a comprehensive range of areas that are involved in treating a child with CP. It has helped me gain confidence and feel better about the treatment I will be giving."

"It was important for me because I learned a lot. Presenters or mentors were well prepared and knew what they were talking about."



"I appreciate the trainers for creating such a conducive learning environment. Your passion for CP makes me want to be a better therapist."

"Malamulele Onward has outdone themselves. Hoping they continue to empower therapists through these courses."

QUOTES THAT HIGHLIGHT THE CHANGE IN THE WAY THERAPISTS THINK ABOUT CP AS A RESULT OF OUR COURSES:

NOW AFTER THE COURSE:

"I feel like I can make a difference. I am excited to make a lasting impact and sharpen up our CP services."

BEFORE THE COURSE: "I was apprehensive when treating people with CP."

BEFORE THE COURSE: "I used to tell myself that there is no hope for the children with CP – once I've issued a buggy that was it – there isn't much I can do."

NOW AFTER THE COURSE:

"My mentality has changed about CP. Children with CP are also children Like any other child – they deserve to be treated age-appropriately and not be "babied".

NOW AFTER THE COURSE:

"I will be excited about CP & this course made me think about the child as a whole instead of a physically challenged patient. In just one week I have seen an improvement in my patient which has brought back my faith in physiotherapy for children with CP.

BEFORE THE COURSE:

"I dreaded CP clinic because I was bored of doing the same thing which by the way was not very effective."

BEFORE THE COURSE: "I used to dread CP clinics, feel inadequate with treatment & assessment & was discouraged when I did not see any improvement in some children."

BEFORE THE COURSE: "I used to drag myself when doing CP clinic."

NOW AFTER THE COURSE:

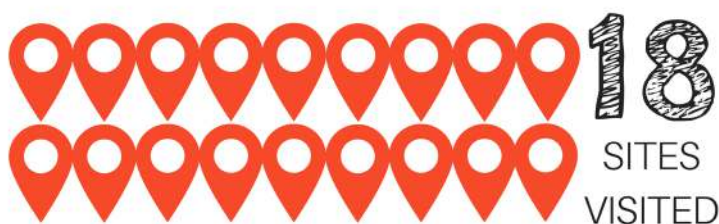
"I will do CP clinic with energy and enthusiasm and educating the parents too."

NOW AFTER THE COURSE:

"I will find working with children with CP more enjoyable and less stressful."

THE OUTREACH MENTORING PROGRAMME

With the assistance of Europcar providing suitable off-road vehicles, we are able to provide onsite support and mentoring to the areas that we impact regardless of how remote they may be.



The sites that we visit may be schools, centres or hospitals. Some sites have therapists whilst others not and unfortunately not all sites have Parent Facilitators. With a high turnover of staff at many, but not all rural hospitals, continuity of the quality of services for children with CP is a challenge and we are learning the value of establishing a Carer-2-Carer Programme and having Parent Facilitators at each site.

Through our outreach and mentoring programme we saw a total of 435 children, either at the hospital, school or centre, or in their homes.

THE THREE MAIN OBJECTIVES OF OUR OUTREACH AND MENTORING VISITS ARE TO:

Establishing and following-up on how the Carer-2-Carer Training Programme is running at each site by:

- Including Parent Facilitators on all home visits, group sessions and individual sessions with the children in order to further develop their skills.
- Observing workshops run by the Parent Facilitators.
- Facilitating focus groups with caregivers who have attended all five of the Carer-2-Carer workshops.
- Establishing and fostering the relationship between the Parent Facilitators and the local therapy team.

To support the local therapy team clinically by:

- Running workshops/ inservices for the local team with children they find challenging to treat.
- Facilitating the running of groups with the local therapy team.
- Doing home visits with the local therapy team to children who have either attended an RTP in Johannesburg, attended a therapist training course, or whom the therapists are finding a challenge to treat.
- Further mentoring the therapists who have attended the Therapist Training Courses.

To assist with the therapy team's systems and structures for their CP Clinic by:

- Providing some administrative resources (forms) and online resources.
- Assisting with the organization of their CP clinics and problem solving around the logistics.

OVER THE PAST YEAR OUR OUTREACH PROGRAMME TOOK US TO LIMPOPO, MPUMALANGA, KWA-ZULU NATAL, EASTERN CAPE AND LESOTHO WHERE WE VISITED **18** SITES.

22376km travelled this year



WE ASSIST & GIVE IDEAS ON HOW TO RUN A CP CLINIC



WE RESTORE DIGNITY

From spending all her time on the floor, to being able to sit upright and engage in the world around her. Read on to hear Sindi's remarkable story.....





I was taken to her home by Jacqui Boyd and her team at St. Appollinaris Hospital near Creighton. Jacqui wanted some advice about Sindi's seating as she spent all her time sitting on the floor. I quickly realised that there was no quick fix to get Sindi from the floor, where although she was comfortable and it was a familiar position for her, into a wheelchair, which although an unfamiliar position, would be more helpful and make it possible for her to get around .

The only way we could achieve this was for Sindi to have access to an intensive block of therapy and fortunately this is possible as we offer a two week residential therapy and training programme. So Sindi and her mum were invited to come and spend some time with us. As Sindi had not been out of her home very much, the 8 hour journey to Johannesburg was an adventure in itself.

Sindi is a young lady, aged 29 years.



It was an amazing privilege for the Malamulele Onward therapy team to work with Sindi . We witnessed the emergence of a beautiful young woman who by the end of two weeks was not only sitting comfortably in her wheelchair, but more importantly was able to groom herself.



“The only way we could achieve this was for Sindi to have access to an intensive block of therapy”

Two weeks on the RTTP brought about a new person in Sindi. She not only learnt how to care for herself and take pride in who she is, but her smile grew more frequent every day as she was able to participate in everyday life.



**CORRECT
INFORMATION
IS THE FIRST
STEP TO GIVING
MOTHERS OF
CHILDREN WITH
CP A REASON TO
SMILE. KNOWING
THAT CP IS NOT
A CONTAGIOUS
ILLNESS NEITHER
IT IS THEIR
FAULT BRINGS
ENORMOUS
RELIEF:
CEREBRAL PALSY
IS A WAY OF LIFE.**

PRINCESS & TWISISANI



Twisisani during the RTTP in Johannesburg.

Princess's life revolves around CP. Her daughter Twisisani has CP and Princess decided to share her knowledge with other mothers who are in the same situation. Princess was trained as a Parent Facilitator in 2015 and she explains the causes of CP to the other mothers and provides precious suggestions on how to take care of their baby.

"The mums usually think that their children's condition is their fault, a divine punishment for something wrong they did, but clearly it is not true: the mother is not responsible" Princess says. "The Cerebral Palsy is

caused by a transitory oxygen absence into the brain. That can be connected with a problematic pregnancy or, usually, with a complication during childbirth".

"What happened to you? What happened to Twisisani?"

"I think I gave birth too late: I waited for seven hours before the hospital staff took care of me."

"How did you know that Twisisani had Cerebral Palsy? Did the doctors tell you?"

"The doctors didn't tell me anything, I think they didn't understand that.

After a while I suspected that something was wrong because my daughter had many problems with sitting, moving and eating. I understood that Twisisani was affected by Cerebral Palsy because I studied CP at school!”

“How is your daughter’s life today?”

“I am lucky, Twisisani has mobility problems but she does not have big understanding problems, so she is able to attend school. But it is not easy, the school is not equipped to receive pupils with disabilities: for example, the bathroom is very far from her classroom and that is really a nightmare for her. Actually the worst aspect is the bullying. Her classmates mimic how she moves and they tease her.

My daughter suffers so much for that”.

Princess gets to the sticking point: the bullying. The biggest anxiety of mothers is that their child couldn’t be accepted because of their disability. Unfortunately, that is exactly what usually happens. Children affected by Cerebral Palsy are often not accepted at school, where their classmates laugh at them. They are not accepted by the people of their community, who often move away from these children because they think that the CP could be contagious. Moreover, these children are often not accepted by their fathers because they think that the Cerebral Palsy is a genetic illness: if the baby is affected by CP while their own genetic make-up is healthy it means that the baby couldn’t be their



Story by Francesca Profumo

Princess is dedicated to ensuring that Twisisani has every opportunity to reach her best potential within a supportive environment.



EXCITING TIMES AHEAD...

For children and their families in Mohale's Hoek - Lesotho

Meet Nteboheleng. She is an inspirational single mother living in Mohale's Hoek, Lesotho. Her daughter Ntsoaki, is one of the children in her community who has Cerebral Palsy.

Nteboheleng was trained as a Parent Facilitator in 2012 to work with other caregivers of children with CP in her community. In 2016 she began conducting home visits to the children and their families who are unable to reach the local hospital for therapy.



Using what is available in their homes, Nteboheleng teaches other caregivers how to handle their children, teenagers or young adults in a way that is helpful for their bodies in the long-term and how to make everyday activities like dressing and bathing easier.

She teaches them how to do everyday things like:

- brushing their child's teeth



- how to help their children to eat and drink safely
- how to help their children's bodies become looser so that it is easier to move around
- how to care for their children in a way which will not hurt their own bodies
- how to position their children in helpful positions

...but above all, showing caregivers that they are not alone!



COMMUNITY MAPPING

NQUTHU - UMZINYATHI DISTRICT - KWA-ZULU NATAL



Simangani was trained to use a Samsung tablet to record the information she gathered. A software programme called Open Data Kit (ODK) was used to setup the recording system which allowed Simangani to gather and upload the data efficiently.



Over the past year one of our Parent Facilitators, Simangani Khumalo and another community worker Njabulo Shabangu were given the task of community mapping within the local district municipality of Nguthu in KZN.

The purpose of the community mapping was to identify all children with CP in the community in order to learn more about the nature and severity of their disability as well as their access to education, to rehabilitation and to social services.



Once the children had all been recorded, therapists joined Simangani and Jabu on home visits in order to confirm the clinical information of the children.



INFORMATION GATHERED INCLUDED:

THE HOME ENVIRONMENT

TYPE & SEVERITY OF CP

LEVEL OF HAND FUNCTION

COMMUNICATION ABILITY

FEEDING ABILITY

VISION & HEARING

LEARNING ABILITY & SCHOOLING

PRESENCE OF EPILEPSY

POSITIONING EQUIPMENT IN THE HOME





Simangani taking therapists to the homes of children she identified through community mapping.





Gillian Saloojee

Executive Director & Founder



Keith Viljoen

Accountant

OUR FAN
TE



Kabi Krige

Residential Therapy & Training
Programme Coordinator



Misty Weyer

Training Courses & Carer-2-Carer
Training Programme Coordinator



Tamsyn Brown

Outreach Coordinator



Morongwa Pule

Office Administrator



Samantha Bartlett

Administrative Assistant



Evelyn Shongwe

Administrative Assistant

TASTIC AM



Lydia Ngwana
Senior Parent Trainer



Lindiwe Nxumalo
Parent Trainer



Emma Jenkins
Physiotherapist & Research
Assistant



Gabrielle Smith
Occupational Therapist



Taryn Camden-Smith
Physiotherapist



Victoria Zwane
Cleaner



Mark Whitter
Driver



Tobias Mushroom
Caretaker

OUR EXCEPTIONAL BOARD OF DIRECTORS

JOHN WHITTER

B.Com., Hons. B.Compt., CA(SA)

Non-executive director & chairman
Appointed 16 October 2006



John Whitter's leadership of the Board since Malamulele Onward NPC was founded 11 years ago has ensured good governance, direction and oversight of the organization's activities and programmes. On qualifying as a chartered accountant, John spent six years working in the non-profit sector, as full-time financial director for World Vision Southern Africa. Since then he spent 15 years in the financial services industry in various financial and project management positions and a further 12 years in the motor and franchising industries. Today John serves as an accounting and tax consultant for SMEs.



Kobus Snyman

B.Com

Non-executive director & treasurer
Appointed 16 October 2006

Kobus is a founder member and Board member of Malamulele Onward. After completing his auditing articles he held various auditing positions in Government and the insurance industry. He has spent the last 18 years in the travel services industry in various management positions and is currently the General Manager – Supplier Relationships of the Bidtravel Group.



Gillian Saloojee

B.Sc (Physiotherapy); M.Sc (Med); PhD

Executive director
Appointed 16 October 2006

Gillian is a founder member and Board member of Malamulele Onward. Two years after qualifying as a physiotherapist in 1983, she specialised in working with children with Cerebral Palsy and ever since then she has worked with children and their caregivers in a variety of urban and rural public service and private settings.



Pulane Baloyi

B. Tech (Marketing)

Non-executive director
Appointed 18 February 2017

Pulane's background in marketing and communications led her to Soul City Institute where she was initially the Marketing Manager before taking on the post of Senior Programme Manager, a post she held for five years. She is currently the Managing Director of Grassroot Soccer SA in 2016.



Theresia Ralintja

Non-executive director
Appointed 3 February 2007

Theresia is the mother of Thabo, a young adult with CP. Twenty years ago, Theresia co-founded the Ratanang Day Care Centre, one of the very first day care centres for children with CP in Soweto. Theresia also co-ordinates SPRED (special religious education programme for people with special needs) at St. Angela's Catholic Church in Soweto. This programme provides general support and spiritual growth for people with special needs and their families.



Andrea Fourie

B.Sc (Speech Language Pathology), MA (SLP)

Non-executive director
Appointed 10 February 2014
Resigned 18 February 2017

Andrea is a speech-language therapist and current chairperson of the South African Neurodevelopmental Therapy Association. Prior to opening her own practice in the northern suburbs of Johannesburg, Andrea was lecturer in the Speech Therapy Department at the University of the Witwatersrand. She has specialized in early intervention and paediatric feeding disorders.



Wiedaad Slemming

Bsc (Physiotherapy), MPH, PhD

Non-executive director
Appointed 14 November 2015

Wiedaad is a paediatric physiotherapist who worked in the Western Cape and the United Kingdom before completing her Masters in Public Health at Warwick University in England. She joined the Division of Community Paediatrics in the Department of Paediatrics and Child Health at the University of the Witwatersrand in 2009. Wiedaad has a special interest in Early Childhood Development and the inclusion of children with disabilities and has taught, conducted research and written on these topics. She completed her PhD in 2017 on the effects of early life risk exposure on child growth and development.

EXTRACT FROM AUDITED
**ANNUAL
FINANCIAL
STATEMENTS**

For the year ended 31 March 2017

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

NOTE: A FULL SET OF OUR ANNUAL FINANCIAL STATEMENTS IS AVAILABLE ON OUR WEBSITE
(WWW.CPCHILDREN.ORG)

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

Detailed Income Statement for the year 31 March 2017

| | 2017 | 2016 |
|---|--------------------|------------------|
| | R | R |
| Revenue | | |
| Donations and grants | | |
| The Elma Foundation | 550 000 | 550 000 |
| Malamulele Onward Canada | - | 207 248 |
| International Development & Relief Foundation | 292 364 | 224 565 |
| Unifor Social Justice Fund | 247 219 | 283 055 |
| Blue Label | 70 000 | 70 000 |
| Modular Mining | 120 000 | 86 609 |
| Anglo American | - | 300 000 |
| DG Murray Trust | - | 600 000 |
| RB Hagart Trust | - | 200 000 |
| Rocbolt Technologies | - | 102 000 |
| Astrea | 100 000 | - |
| Apex Hi Trust | 150 000 | 150 000 |
| Telkom | 100 000 | - |
| Gatehouse Commercials | 70 000 | - |
| Other designated grants and general donations | 183 263 | 217 925 |
| Gifts-in-kind | - | 48 456 |
| Donated and volunteer services | 226 623 | 283 008 |
| Other income | 172 070 | 128 399 |
| Interest received | 34 996 | 49 480 |
| | 2 316 535 | 3 500 745 |
| Direct project expenses | | |
| Malamulele, Limpopo | 38 243 | 71 177 |
| Dilokong Hospital, Limpopo | 96 238 | 19 823 |
| Butterworth, Zithulele & Tafalofefe, Eastern Cape | 165 848 | 277 265 |
| Other Southern Africa projects | 187 779 | 193 833 |
| Siloam Hospital, Limpopo | - | 23 474 |
| Tintswalo, Mpumalanga | 24 351 | 45 063 |
| Donald Fraser Hospital, Limpopo | - | 50 737 |
| Charles Johnson Memorial Hospital, Nqutu, KwaZulu-Natal | 219 601 | 386 730 |
| Mother to Mother training program | 424 725 | 433 866 |
| Gifts-in-kind distributed | 73 078 | 10 000 |
| Therapy blocks program, Johannesburg | 927 595 | 778 032 |
| | 2 157 458 | 2 290 000 |
| Project management and operating expenses | | |
| Accounting fees | 51 285 | 46 600 |
| Advertising & promotions | 3 222 | 2 188 |
| Bank charges | 10 854 | 17 072 |
| Board expenses | 1 525 | 1 686 |
| Computer expenses | 41 220 | 48 272 |
| Consulting Fees | 33 712 | - |
| Depreciation | 48 235 | 27 468 |
| Employee costs | 780 553 | 982 803 |
| Equipment inventory impairment | 25 000 | 32 200 |
| Insurances | 8 130 | 10 300 |
| Office expenses | 14 142 | 25 676 |
| Printing & stationery | 33 364 | 38 823 |
| Lease rentals | 74 910 | 61 889 |
| Repairs & maintenance | 3 051 | 3 182 |
| Small assets | - | 3 174 |
| Subscriptions | 600 | 1 200 |
| Telecommunications | 16 955 | 19 135 |
| Training | 46 905 | 118 231 |
| Travel | 31 502 | 19 911 |
| Website Expenses | 15 300 | 68 036 |
| | 1 240 465 | 1 527 846 |
| Leasehold improvements | - | 17 287 |
| Total expenditures | 3 397 923 | 3 835 133 |
| Finance Costs | 907 | - |
| (Deficit) / surplus for the year | (1 082 295) | (334 388) |

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

Statement of Financial Position as at 31 March 2017

| | 2017 R | 2016 R |
|-------------------------------------|----------------|------------------|
| Assets | | |
| Non-Current Assets | | |
| Property, plant and equipment | 65 677 | 44 481 |
| Intangible assets | 59 035 | 40 869 |
| | 124 712 | 85 350 |
| Current Assets | | |
| Inventories | 25 000 | 50 000 |
| Receivables | 6 250 | 13 680 |
| Cash and cash equivalents | 414 346 | 1 488 354 |
| | 445 596 | 1 552 034 |
| Total Assets | 570 308 | 1 637 384 |
| Equity and Liabilities | | |
| Equity | | |
| Designated income reserves | 362 706 | 1 445 001 |
| Liabilities | | |
| Current Liabilities | | |
| Trade and other payables | 207 602 | 192 383 |
| Total Equity and Liabilities | 570 308 | 1 637 384 |



*All children
attending the
RTTP or one of our
courses receive
"gift of love"*

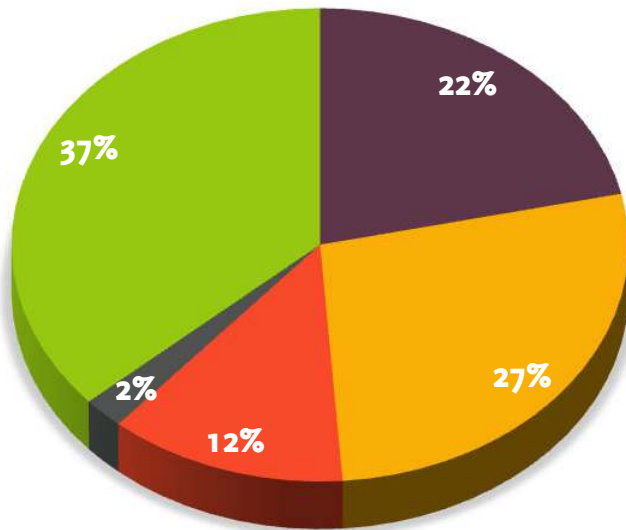
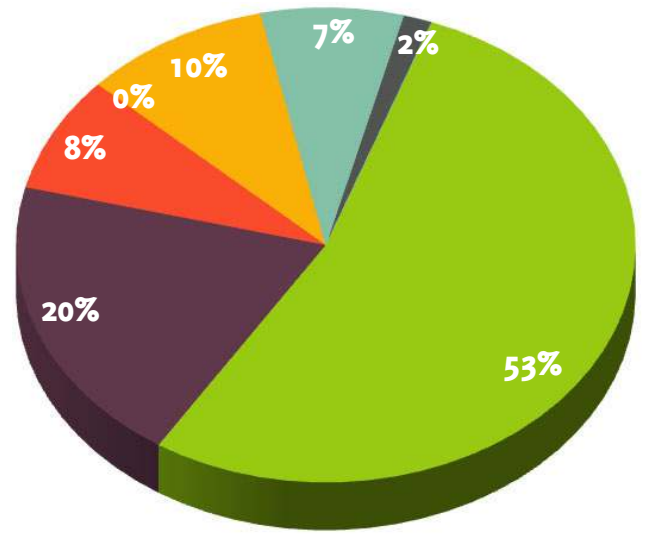


"We are grateful for the gifts of love (the books, toys, handmade jerseys and blankets) that the children receive from the young pupils at Bryanston Primary and from a wonderful group of senior citizens on the East Rand. These gifts remind the children that they are special and that they are loved by so many people."

YEAR-2-YEAR COMPARISONS

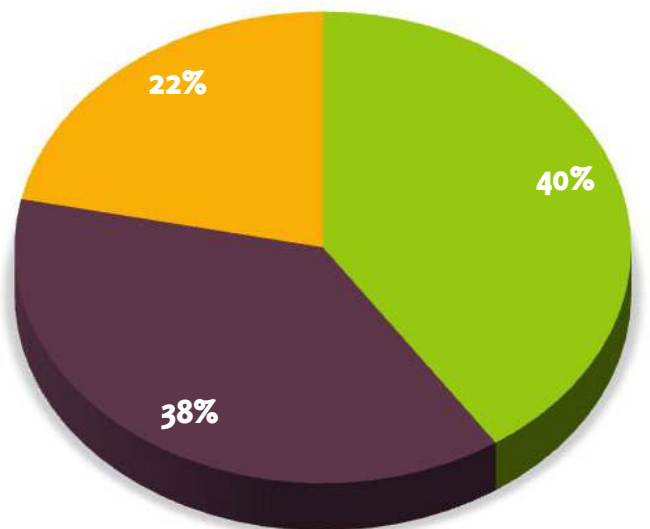
2017

INCOME SOURCES

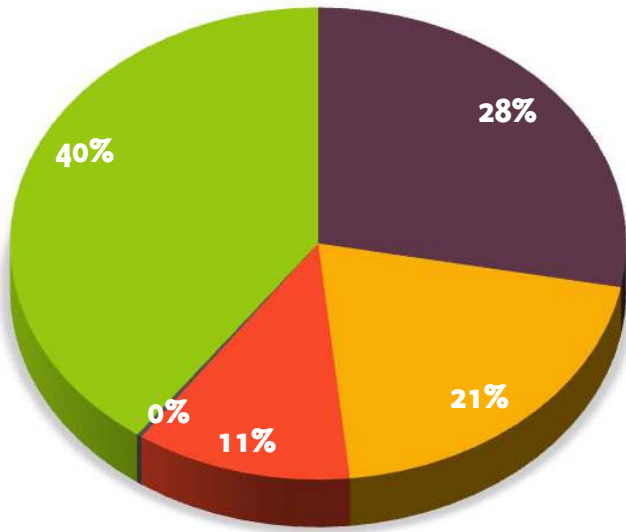
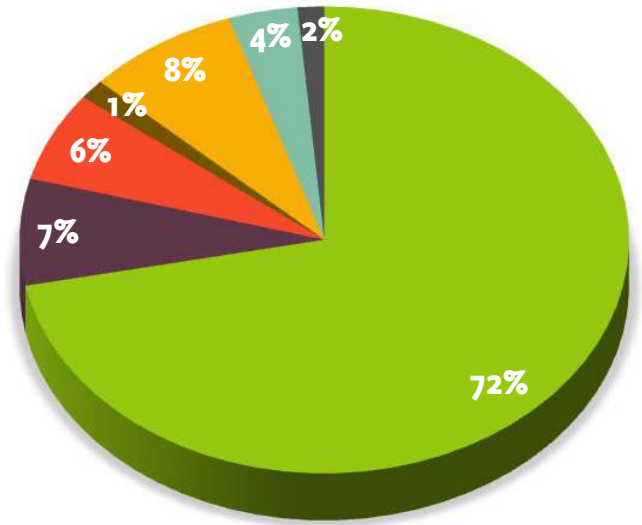


- Outreach Mentoring Programme ●
- Residential Therapy & Training Programme ●
- Training (Therapists & Caregivers) ●
- Gifts in Kind ●
- Project Management & Operations ●

INCOME & EXPENDITURE

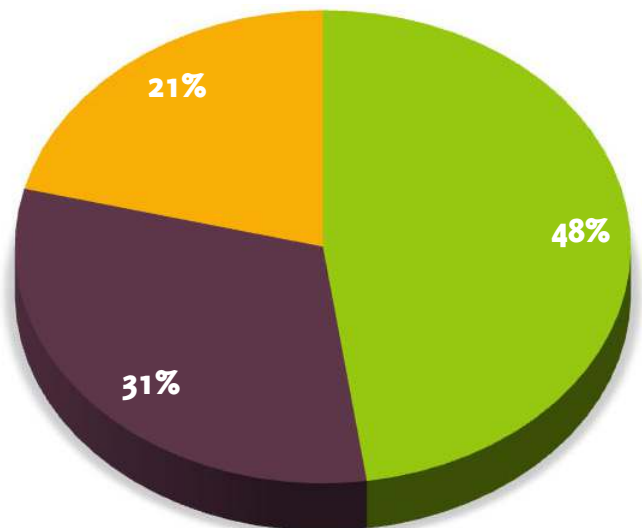


- Foundations & Trusts ●
- Funding Received from Large Corporates ●
- Other Designated Grants & General Donations ●
- Gifts in Kind ●
- Donations & Volunteer Services ●
- Other Income ●
- Interest Received ●



EXPENDITURE

- Income ●
- Project Expenses ●
- Operational Expenditure ●



Corporates, Trusts, Foundations and Schools: American Chairmans Fund • ApexHi Trust Charitable Trust • Astrea • Borden Ladner Gervais Foundation • Blue Label Telecoms Bowman Gilfillan • Bryandale Primary School • Charlotte and Douglas Roberts Trust Clyde and Co • D G Murray Trust • Insight Actuaries • Gatehouse Commercials International Development and Relief Foundation • Lewis Stores • Malamulele Onward Canada • Modular Mining Systems Africa • Planet Wheeler Community Grants Scheme Rocabolt Technologies • St Mary's Diocesan School for Girls • Telkom Foundation • The ELMA Foundation • The R B Hagart Trust • Unifor Social Justice Fund

Individual Donors: Amanda Kroon • Amy McAdams • Andrew and Barbara Harrison Chantal Hadfield • Christine Barber • Christoff Raath • David Abramowitz • Elton Dorkin • Enridge Gas Distribution • Erick Calitz • Fiona Robertson • Jaap Kugel Joubert Krugel • J Pote • John Whitter • Laetitia Erasmus • LK Potgieter • L. Mogotlane Luis Almeida • Lusani Mulaudzi • Matthew Zinn • Nazreen Garda Sarah Foley • Tara Seon • Unben Pillay • Victoria Barr • Ysette Musto

OUR FUNDERS AND DONORS FOR 2016 and 2017

To our partners, friends, donors and funders – you make it happen. Thank-you for trusting us with your funds, grants, gifts and donations. Thank-you for sharing our dream of making a meaningful difference to the lives of rural children with cerebral palsy and their families. Without your support and your belief in what we do, our work is simply not possible.

100 Days to Munga Campaign Donors: Adrian Saffy • Aimee de Jager • Aisling Beckerling • Alexandra O'Donoghue • Alice Ter Morshuizen • Alison Deeb • Alistair Barker • Arno and Miranda Strohm • Brigitte Melly • Bruce Herselman • Caitlin Vlotman Calvin van Wyngaard • Carey Pohl • Chloe Clegg • Claire Horsecroft • Clynton Moorcroft Con Roux • Craig and Linda Doke • Craig Bailie • Des Nish • Donnae Shone • Elize Wessels • Fiona Semple • Gill Legg • Gus Weyer • Hannah de Wet • Hannah Thinyane Heidi Cuppleditch • Imke Summers • Ingrid Hauger • Jen Irons • Jerry Leyland • Jessica Gordon • Jill Japp • Jocelyn Kope • Jonathan Overett • Karlien van der Linde • Katie Berlyn • Katrina Shmidt • Kin Ross • Krystal Raath • Lara Proud • Lara Schoenfeld Leigh Vetch • Liesbeth Raymakers • Lindsay Webber • Lisa Sachs • Liz de Speville Maggie Laing • Marelize Vlok • Margie Hutton • Mark Riley • Meryl Simpson • Nadia Malan • Nicole Craig • Peter Ypenburg • Pippa Field • Robyn Gerber • Rushika Raja Ryan Cummings • Sally Price-Smith • Sam Campbell • Sandra le Roux • Sarah Cuppleditch • Sarah Smythe • Sean Anderson • Shungu Patsika • Sophie Smith Susan Robertson • Suzanne Wille • Tamsyn Brown • Tara Walmlsey • Vanessa van Remoortere • Vicki Dillon • Virginia Fletcher • Wendy Turner • William Wilson

In Kind Donors: Anita Green • Audrey Jevon • Australian Volunteers International • BDO South Africa Inc • Beryl Ansley • Beth Murray • Bridget Sendall • Bryandale Pre-Primary School • Care 4u2 • Children's disAbility Training Centre • Cynthia Alter Dave and Diane Henderson • Dot Murray • Edge Data Technologies • Elin Hem Stenersen • Europcar • Fanyane Masilo • Hazel Whitter • Jenny Kerr • Julie Brenner Lynette Lourens • Lynette Potgieter • Lynn Young • Mandy Young • Marie Bester Mary Murray • Melba Parmite • Radical Mobility • Rose Zillen • Rusty Haynes • Sitwell Technologies • Sukumani Dream • Timion

OUR VOLUNTEERS FOR 2016 and 2017

Volunteerism enabled Malamulele Onward to complete our first outreach back in 2005 and it remains one of our core values. Malamulele Onward remains dependent on volunteers and we welcome the energy and enthusiasm they always bring to the team, whether we are on an outreach or whether they are supporting us in our therapy centre in Johannesburg. During 2016 and 2017, our volunteers have included...

Volunteers: Andrea Fourie • Andrea Puccio • Anne de Villiers • Bronwyn Potgieter Clara Pretorius • Dolores Cortes • Doris Mbuyu • Fiona Semple • Francesca Profumo Ghida Bernard • Helena Janse van Rensburg • Ilse Viljoen • Jeanne Vanmairis Jennilyn Bester • Jessica Saunders • Karlien van der Linde • Kimberley Jones • Kirsten Jordaan • Louise Reed • Margaux Dossal • Marina Herold • Meghan Perry • Mehnaaz Karim • Melanie Tozer • Michelle Flowers • Mpotsheng Nxumalo • Nabeela Laher Naina Modi-Patel • Nicky Hay • Samantha Richardson • Tessa Gillespie • Tracey Pitchers

THANK YOU

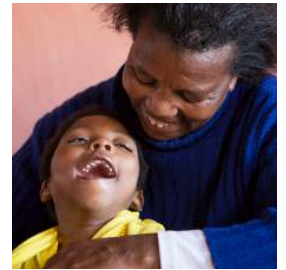
for helping us to

#CPotential



Malamulele Onward

Possibilities for Africa's Children with Cerebral Palsy



Malamulele Onward Therapy & Training Centre
Gate 10
13 Joubert Street Extension
Braamfontein
2193

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2132 Johannesburg
South Africa

Tel/Fax: (011) 484 9456

Email: info@cpchildren.org

Website: www.cpchildren.org