



**Malamulele  
Onward**  
Possibilities for Africa's Children with Cerebral Palsy



# Annual Report

2013

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

*Giving them a  
chance...*



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## OUR BENEFACTORS AND DONORS

Thank you to the generous donors, including our anonymous donors, who make our work possible. During the past year they have included:

Andrew and Barbara Harrison	Momentum Life
Sarah Foley	Elma Philanthropies
Europcar	DG Murray Trust
Canadian Autoworkers Union	Charlotte and Douglas Roberts Trust
Blue Label Telecoms	Wekaba Engineering
Nigel Griffith and BDO South Africa Inc	Modular Mining Systems
PhysioNet	Anglo American Chairmans Fund
John Whitter	Borden Ladner Gervais
Alan Rothberg	Malamulele Onward Canada
Lida Snyman	Statucor
Loveata Bistro Restaurant	Aki and Yiota Hadjipetros

## OUR VOLUNTEERS

Without the commitment and loyalty of so many Bobath/NDT trained therapists and support volunteers who so willingly give of their time and expertise, Malamulele Onward would not be able to provide therapy services to the many children at our project sites.

Thank you for sharing in the vision and making it possible.

Brian Chiluba	Marie Vorster
Theresa Chisoso	Katy Caynes
Carly Bassin	Bridget Sendall
Dianne Zeller	Philippa Spooner
Jenny Berghausen	Katrin auf der Heyde
Elbe Griesel	Shelley Broughton
Marilyn Bassin	Robyn Phillips
Liza Edrich	Fiona Semple
Gillian Shead	Katharina Meissl
Anika Meyer	Tami van Aswegen
Petro Greyling	Cecilia van Eeden
Esedra Strasheim	Stephanie Kemp
Sarah Smythe	Fazela Hanef
Hulozet Carstens	Hester Venter
June Bartlett	Mary Murray
Gary Austin	Theo Greeff
Boksburg Knitting and Crochet Circle	



**Europcar**



*The Paige Project*

the  
**ELMA**  
philanthropies

**BLG**  
Borden Ladner Gervais

## OUR VISION

Our vision is to meet the rehabilitation needs of children with cerebral palsy and their families living in underserved rural areas

We exist to enable each child with cerebral palsy to reach their full potential within a supportive environment. **N**

We will achieve this by:

- Identifying and reaching children with cerebral palsy living in remote rural areas.
- Improving the quality of life of children with cerebral palsy by meeting their physical and emotional needs.
- Supporting and empowering those involved in the rehabilitation and care of children with cerebral palsy. This includes the children's families as the rehabilitation staff responsible for providing services to the children.
- Engaging with relevant role players and partners and thereby to mobilise resources for the needs of the children and their families.
- Engaging local, regional and national authorities, local communities and community based organisations in the on-going needs of the children and their families.
- Constantly monitor outcomes and conduct research to determine "what works best" in terms of rehabilitation services for children with cerebral palsy living in under-served, rural areas.



## CHAIRMAN'S REPORT

The year under review has once again been very challenging with our organizational capacity being stretched to the maximum. There was growth in our new outreach work in addition to maintaining our commitments to projects from prior years.

Annual follow-up visits to existing project sites at the Malamulele, Madwaleni, Zithulele, Butterworth, Tafalofefe and Dilokong hospitals were undertaken in line with our model, following the two year cycle of intensive intervention. In addition to this, our method of providing mothers and children with two week blocks of therapy in Johannesburg was continued as it has proven to be very effective. The major focus of attention during the year under review however was the second year intervention at the Charles Johnson Memorial Hospital in KwaZulu-Natal where over 100 children and their care-givers were seen and treated. Another initiative which has proven to be very effective in many ways has been the mother-to-mother training program. Comprehensive research underpins all our work and we hope to make available in the near future the results of this research to interested parties in the interests of formulating 'best practices' in the intervention and support of those impacted by cerebral palsy in under-served areas of South Africa.

The SA constitution and the government's agenda in terms of the rights of persons with disabilities, which is to enable equal access to education, employment, health services, and community life in general, is laudable and deserves the support of all. However there is still a vast chasm between these ideals and the reality faced by the disabled living in rural South Africa today. The link between disability and poverty is very evident in rural areas and this will continue unless we ensure that people with disabilities get access to quality intervention and rehabilitation services as soon as impairment is identified. Too many children with disabilities arising from cerebral palsy are deprived due to bureaucracy thereby making them vulnerable to lost opportunities.

It is once again fitting to thank to all our donors, volunteers and partners for their contributions and support. It not only enables our work but is also a great source of encouragement and affirmation. I would also like to thank Gillian Saloojee, our Executive Director and the staff for all you have achieved this year - usually beyond the call of duty. And to my fellow Board colleagues, once again thank you for all your time, support, guidance and wisdom.

For the relatively small role Malamulele Onward is able to play in changing the lives of children with cerebral palsy and their families, we are grateful and consider it a privilege. We thank you too, for you remind us of our common humanity.

John Whitter

1 August 2013



## EXECUTIVE DIRECTOR'S REPORT

Over the past seven years, Malamulele Onward has grown from a handful of volunteers and 27 children to a well-established NPO employing six full time and three part time staff members to work with over 400 children at 11 sites around the country. Not only have I learnt a great deal from the children and their parents during this time, but I have also learnt a great deal about what is needed to ensure that Malamulele Onward is an effective and strong organization.

In other words, having paid attention to “what” Malamulele Onward does and “why” we exist and developing a successful intervention programme and model over the past seven years, the focus over the past 12 months has shifted to our organizational structure – specifically, what organizational structures need to be put in to place to ensure that Malamulele Onward continues to do what it is best at - finding innovative ways and strategies of providing therapy for children with disabilities in inaccessible areas and training their caregivers how to cope.

It is well recognized that nonprofit organizations typically move through the following five stages: Stage 1 - the idea (imagine and inspire); Stage 2 - start-up (found and frame); Stage 3 - growth (ground and grow); Stage 4 - maturity (produce and sustain); and Stage 5 - review and renew. Malamulele Onward is currently transitioning from a stage 3 (growth) to a stage 4 (maturity) organization. We recognized that in the past we have not paid sufficient attention to our administrative, marketing and communication procedures. Consequently, Thuli Hlungwane was appointed as our Communications Co-ordinator and Keolebogile Tiro was appointed as a full time Office Manager and Project coordinator. You may have noticed that our website is now looking fresher and is kept up to date whilst our Facebook following is growing rapidly. Other staff changes over the past year have been the appointment of Nicole Whitehead who replaced Lindie Dalton as our full time physiotherapist and Basheera Surty who replaced Julia Burg as our occupational therapist. We miss Lindie and Julia and thank them for their valuable contribution in the development of the model of the intensive blocks of two week therapy and the office systems and wish them both well in the new phases of their lives – Lindie as Mrs. Roos and Julia in her new life in Australia.

Malamulele Onwards’ commitment to the children and parents we work with on outreach visits means that we have maintained our promise to return once a year to each site. We grow and learn from each other. Seeing what happens to the children and their families as the years go by has enabled us to recognize the gaps and to modify and refine our model of therapy intervention. One of gaps was the need parents have for the kind of information which would enable them to really understand what was wrong with their children and why they as mothers, are the best people to help their children. To this end, we have developed the Malamulele Onward Carer to Carer programme, a series of five

w Another gap is the absence of services to teenagers to young adults with cerebral palsy. Up until now very little work has been done on exploring what happens to children with moderate to severe cerebral palsy as they get older. As the children get grow into adolescence and young adulthood, they get bigger and heavier, their carers are not getting any younger and so attending therapy regularly becomes increasingly difficult. The hard lesson to learn is that as the children grow, the impairments arising from having cerebral palsy do not “get better.” In fact, the opposite is often the reality – with growth,





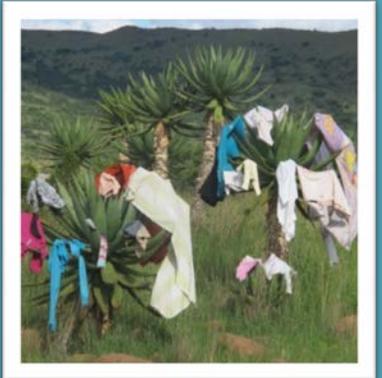
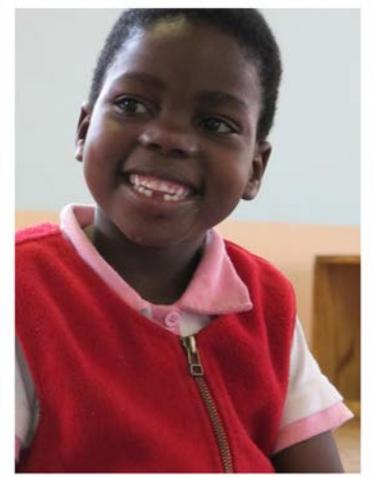
## DISCOVERING POSSIBILITIES

How much is enough? This is a question each of us encounters in our personal lives. It is also a question we are often asked, or challenged on at Malamulele Onward. Do we issue too much equipment? Is it appropriate to be giving so much equipment when houses are small? How relevant and appropriate is this equipment in rural underserved areas? These are good questions to ponder upon. Reaching out and making a difference to the lives of children with cerebral palsy is what lies at the heart of what Malamulele Onward is all about. We constantly review what we do and what the outcomes are – both the intended and the unintended consequences. One of the ways in which we try and ascertain to what extent our therapy and the equipment is used and integrated into the daily life of the child and his/her family is through home visits.

Khethiwe is just one of the 110 children seen during the outreach to Nqutu. Let's see what happened when we went to see her at home two months after she and her mother had participated in the intervention week at Charles Johnson Memorial Hospital in Nqutu in November 2012. Khethiwe lives far off the beaten track, in the shadow of Isandlwana, one of South Africa's best known battlefields. After running out of road and track, we parked our vehicle and started walking. We could see the house, far in the yonder and after a good 30min walk in beautiful surroundings, we finally arrived. There we found Khethiwe, in one of the main houses, with a room all to herself and her equipment. Who told us that rural houses were too small for equipment ?



Khethiwe had been given a formidable list of equipment - a table to stand at; a bench for sitting; a standing frame for standing; splints for her feet and gaiters for her legs; a pony walker for walking; toys; and a her own chair and table.



We discovered that Khethiwe had a name for each piece of her equipment. When we arrived she called her mother and her brother and asked them to put her splints on. Then she told them that she wanted to stand. Her brothers enjoyed being Khethiwe's teacher whilst she stood in the standing frame. They had lots of fun with the naming and matching and sorting games she had been given. Who told us that it was hard and unrealistic to get the siblings involved?



Then she told (or was this an order?) her mother she wanted "Donkie" so that she could walk. With Donkie, she buzzed around inside and outside the house. By this time, many curious neighbors had come to see what all the fuss was about .....



It was now time for Khethiwe to eat – so out came her special stool and table..... And that was where we left her.. . sitting outside demanding food.



After the afternoon exercise, we were very happy to see our vehicle again – and said another grateful thank-you to Europcar for the generous donation of a 4x4 for this trip.

We could not help be astounded by the fact that Khethiwe’s family had carried the equipment all the way to their house.

So to those who asked us:

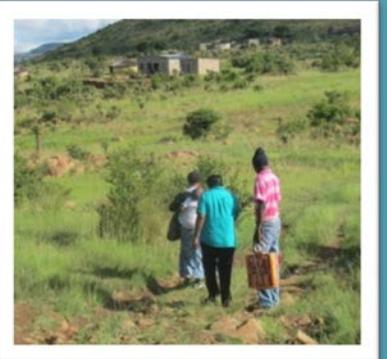
..... do you think you give the children too much equipment?

..... aren't the houses too small for the equipment?

..... do you think that all this equipment is used at home?

..... isn't it too difficult to get the equipment home?

We say – just look at Khethiwe to see what is possible!!!

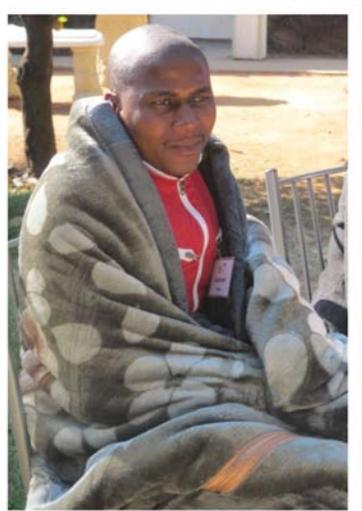


## CARER TO CARER TRAINING

The Malamulele Carer-2-Carer Training Program, a brand new initiative for MO, was an exciting component to our activities in 2012. The aim of the program was to learn how to successfully train parents of children with CP to run workshops for other parents, caregivers and lay people. Five workshops were designed during the first half of the year: Introduction to CP; Positioning and Mobilising; Eating and Drinking; Communication; and Central Visual Impairment. These workshops were designed to develop a collective understanding about CP, rather than just provide information. CP is a very complex condition to understand and often a parent's story will involve a lengthy period of confusion before they come to have a very limited understanding of their child's condition. For many years the disability sector has addressed this as an access to information issue, yet despite the comprehensive and accessible programs that have been developed and implemented, we are still finding that parents are ignorant about what CP is and what the future holds for them and for their child. Thus we decided to address the problem as an access to understanding issue. The opportunity to understand CP does not only eliminate the years of confusion experienced by most carers of children with CP, but also helps carers to both accept their children and feel empowered to make informed decisions regarding their child's care and future progress.

Two parents of children with CP were selected from each of the MO sites (except Nqutu – a new site) to be trained in Johannesburg for 3 weeks. We were specifically targeting parents to run the workshops as we believe in the value of a parent to achieve better understanding more so than a therapist. Parents are ideal trainers as they have lived experience to share with other parents; they share a common language and thus discussion can flow smoothly; the absence of professional in the group enables parents to feel more confident to confide in each other and ask questions.

In June 2012, we had a total of 20 parents arrive in Johannesburg for 3 weeks of training. Faced with the challenge of having to train people in 5 languages, we chose to only teach the first 3 workshops following a training session on 'How to facilitate a group'. Training for the last 2 workshops would then take place the following year. The training involved practical sessions at local hospitals where the parents were able to immediately practice the skills that they had learned. Prior to the training we had prepared the workshops and manuals under the impression that we had done an excellent job of it. However, little did we know that our 20 parents we're soon going to tell us how it needed to be done. What was meant to be 3 weeks of neatly structured training, became intense days of parents training the trainers, frantic nights of trying to get it all down on paper and every spare second being used to produce it in all 5 languages.



The parents became an integral part of the development of our manuals and we gained a wealth of knowledge regarding both what was required to actually achieve understanding of the material and how the manuals needed to be structured in order for the parents to be able to effectively run workshops from them. Thinking that after the 3 weeks we couldn't possibly learn more from a single group of parents, we have been sent tumbling down a rabbit hole of new learning's and insights ever since and our journey still continues.

Following the 3 weeks of training, site visits were conducted in order to help ease the implementation of the program at the hospitals. An important misconception that stood in the way of successful implementation was that it would create more work for the therapists. Site visits allowed both us to explain the nature of the program clearly and the therapists to realise the value of the service available to them. MO is responsible for paying the parent to run the groups, as well as covering their expenses. This includes the airtime required to phone the parents and arrange the workshops. This program was never meant to create more work for therapists, but rather to relieve overloaded therapists in the public sector. When faced with the responsibility of having to provide treatment, issue equipment, train parents and provide support, it is difficult to find enough time to run workshops for parents. Often those that do attempt it end up having to run workshops for large groups of people, in limited time, with many distractions, which has a negative impact on the understanding of the participants. Also in keeping in line with the MO model, hands on therapy is very necessary for the child with CP and the time a therapist in the public sector has is too valuable to be spent running workshops. It would be more beneficial for the child to be receiving hands on therapy while the parent attends workshops that help them understand CP and what is happening in therapy.

Through our site visits we were able to learn a wealth of information about what was understood, what was not and what we needed to do differently. We had the opportunity to sit in on some groups being run and found ourselves constantly learning new things during every single one. As the parents grappled more with the content, they were able to provide valuable insights into how we could improve understanding of the content.

Understanding can have far-reaching benefits with regards to the quality of care of a child. Firstly changes can take place in a parents close relationships. For example one mother was able to return home and explain to her husband how beating her and kicking her in the stomach could be the cause of their child's CP. This led to him apologising to her and their son, and for the first time he began to acknowledge his son as a person and not a curse. A sound understanding of CP can save parents thousands of rands spent on the disappointing results of traditional healing and the anguish resulting from years of false hope.



Understanding can help parents gain more from their child's therapy and through understanding the reason behind what they are expected to do at home, our efforts at 24 hour carry over should be more successful. The relationship between the therapist and the parent can also change. One of our facilitator parents stated that "parent's don't believe therapists if they are not sure of what is going to happen to their child, especially if they think the child will die from CP". Understanding also helps parents to feel more empowered and equipped to direct their child's therapy and speak up when something suggested by a therapist is not working.

Lastly understanding can have a huge impact on the support we create for parents. So far the general solution to parents' need for support is support groups. In very rural areas support groups are quite unrealistic and an opportunity to talk to other parents who understand CP only once a month is very little support to a parent. Through this project we have experienced how difficult it is to teach the information in a way that it can be taught to others, and so a parent returning home from a workshop may find it very difficult to relay the information learnt about CP to someone at home in a way that they understand. So what we have started doing is that each parent that attends the workshops is asked to think of the 3 people in their life that they would like to understand CP. Those 3 people are then invited to attend the workshops. By helping the people within that persons environment to understand CP so that they have people to talk to about it, we are able to create support within that parents' immediate environment.



## IT'S NEVER TOO LATE...

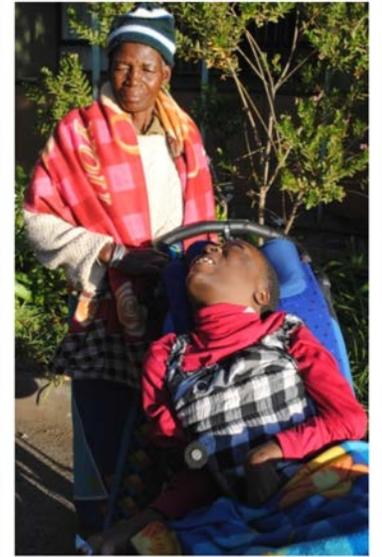
### TSHILIDZI'S STORY - TRIUMPH REPLACES DESPAIR

Tshilidzi is a young 28 year old woman living in a small mud house not far from Siloam Hospital in Vhembe, Limpopo. She is one of the most remarkable women we have met. Tshilidzi was born with cerebral palsy and at a young age, her mother placed her in an institution. Her mother simply did not know how to care for Tshilidzi and had no support network. There Tshilidzi lay, on her back, for the next 20 years. The institution then closed down and Tshilidzi came home to stay with her grandmother as her mother had tragically died in a car accident. Her grandmother, well into her 70s, was also caring for her own mother, who was frail and bedridden. As a child, Tshilidzi never had access to the kind of services every child with CP deserves. Despite being denied access to the basic care every child with CP requires, Tshilidzi's spirit, zest for life and optimism have not been crushed. And Tshilidzi has dreams – that one day she and her grandmother will live in a proper house, one that has tiles on the roof.

Tshilidzi's body is twisted and tangled, the result of not having access to the kind of care, handling and equipment from an early age. She never complains, she has not one ounce of bitterness or self-pity. She just says that she wishes her mother had never placed her in the institution.

Thanks to funding from a generous donor, Australian physiotherapist and NDT Senior Tutor, Sarah Foley, Tshilidzi was able to travel to Johannesburg where she received five days of therapy from a visiting international physiotherapist and Senior Bobath tutor, Jean-Pierre Maes; and from the Malamulele Onward team. Two wonderful people, local Occupational Therapy Technicians, Peter and George from Siloam brought her to Johannesburg with her grandmother. They drove through the night, so that when they had to stop at a garage to use a bathroom, no one would stare at her. Working to change her contorted body was not easy and Tshilidzi would often tell us "no one knows the pain I am going through, but I know it will be worth it."

A big step forward was when Tshilidzi could be positioned comfortably in a pushchair. Although she was not straight, she could at least sit and be pushed around, a first for her. It was a great moment when Peter and George pushed her around the block in Braamfontein. "It was beautiful", she said, "I saw cars and buildings." Working with a person of Tshilidzi's intellect and spirit was a privilege and an honour. And it made us even determined that no child with CP that we encounter should ever, ever lack the access to the kind of care that can make a difference.



## MALAMULELE ONWARD EXPANDS TO NQUTU

### OUTREACH TO CHARLES JOHNSON MEMORIAL HOSPITAL, NQUTU, KWAZULU NATAL

In 2012, Malamulele Onward started working in Kwa-Zulu Natal, specifically Charles Johnson Memorial Hospital (CJMH) in Nqutu, 50 km east of Dundee. It was an ambitious and exciting outreach, involving over 100 children and their caregivers.

The outreach was done over in three stages over the course of 2012, with the children divided into three groups. All the children were given the equipment and assistive devices they needed and during the follow-up visit, each child who had been given equipment was seen at home as we wanted to know how useful the equipment had been.

Results from previous research studies attached to our outreach visits has repeatedly demonstrated that our model of therapy, i.e providing intensive short periods of hands-on therapy, providing and fitting equipment, and training carers as to how to continue the programme at home is effective. What we set out to do in Nqutu was to establish which of these elements (the hands on therapy; the training of carers; or the provision of equipment) was the most effective aspect. To answer this question, each of the three groups at Nqutu received a slightly different variation of our model i.e. one group only received equipment; one group only received carer training; whilst the final group received hands on therapy and carer training. The results are not yet available but the process of doing this outreach combined with a strong research element was itself very enlightening. We discovered the value and the strength of parent-led workshops and from this our carer-to-carer training programme has really taken off.

Working at different sites in three provinces has also shown us that the “clinical picture” or clinical sub-type of CP seems to be different in different parts of the country. We have noticed that there are many more children with the dyskinetic form of CP in the Vhembe district in Limpopo whereas there are far more spastic or stiffer children in KZN. Why is this we do not know, but it opens up yet another area needing research.



## TWO WEEK INTENSIVE THERAPY BLOCKS

Malamulele Onward offers an additional two weeks of intensive multidisciplinary therapy to those children who need it most. The team selects children to come to Johannesburg from the various outreach sites. The selection is based on a number of criteria:

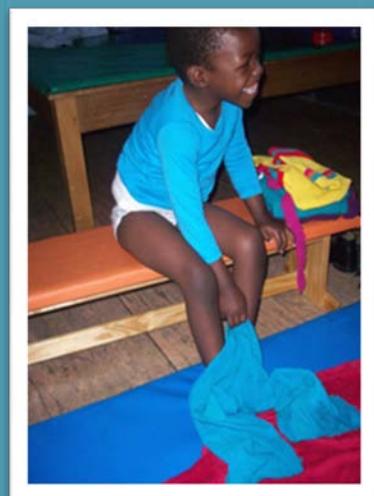
- the child who shows potential for change;
- the child who presents with a variety of problems that are complicated to treat and require specialized rehabilitation;
- the child who would benefit from intensive occupational therapy and speech therapy;
- the child with severe disabilities who requires intensive therapy in order to prevent further problems.

In all these cases the team requires the caregivers to be committed to their children's therapy and they should be willing to continue with any type of program given to them.

The therapy offered includes physiotherapy, occupational therapy and speech therapy as well as workshops run by the parent liaison officer. All the therapists are NDT trained. The children are involved in a full day of therapy where they receive hands on therapy as well as group therapy. Handling skills are incorporate into daily activities such as eating and drinking as well as dressing.

The two week intensive therapy block starts off with in depth assessments of the children which includes movement analysis as well as administering the standardized Gross Motor Function Measure (GMFM). All children are also issued with equipment to be used during the two weeks. Very specific goals are set for each child and the therapists work towards attaining these goals during the two weeks of therapy.

A typical day starts with singing of songs which incorporates the use of communication. Time is then spent on a massage, loosening and stretching program which is then followed by individual goal directed therapy. The caregiver's are taught specific activities and handling techniques that they are required to practice throughout the day. Snack time is also a time for feeding intervention. In the afternoons the children are required to spend time in their standing frames and a workshop for the parents is run. At the end of two weeks the GMFM is re-administered and all children are issued with an in depth home program with photos and explanations of specific activities that should be done.



An audit of the records of children attending the two week intensive therapy block have showed that the therapy team treats more severely disabled children compared to the less severely affected children. Thirty percent of the children seen in the last 2 years have been spastic quadriplegics and 44% have been dyskinetic dystonic children. Sixty eight percent of the children are a GMFCS classification level V and 24% of them a GMFCS classification level IV. It is interesting to note that during the two weeks that these children spend in Johannesburg, a statistically significant improvement in GMFM scores can be seen. For all the children treated at Malamulele a mean change of 9.45 was seen in their GMFM 66 scores – this is as statistically significant change ( $p < 0.001$ ). Children in GMFCS levels IV and V also showed statistically significant improvements in their GMFM 66 scores ( $p = 0.005$  and  $p = 0.0005$  respectively). The caregivers often report that they see a number of changes in their children. For example it may be easier for them to communicate with their child or their child has become less stiff or that they are easier to handle and that they start taking part in daily activities.

A total of 67 children were seen in the year. This may appear to be a small number however, parents are expected to continue with the programs and also to return to their various CP clinics to share with everyone what they have been taught. Malamulele Onward hopes that by encouraging this we would assist therapists by given them new ideas for therapy. The caregivers who attended the intensive therapy would also be able to offer support to other caregivers with children affected by cerebral palsy. In this way we would be reaching far more children affected by CP.

These results are promising and exciting. Malamulele Onward is showing that change is possible, even in some of the children affected most severely by cerebral palsy. Parents are being equipped with handling skills often similar to that of a therapist which enables them to teach other parents, thus having a more far reaching effect. Malamulele Onward will continue developing and changing its model for the two week intensive therapy block in order for children to be given the opportunity to achieve their maximum potential.



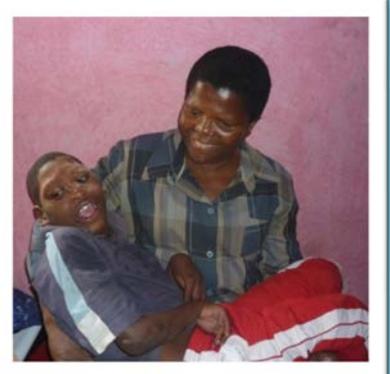
## OUR SITES

### Butterworth and Tafalofefe Hospitals, Mnquma District, Eastern Cape

Butterworth Hospital could be described as the most unique Malamulele Onward site in that the treatment of children with CP rests solely on one courageous physiotherapy assistant Busi Mgolombane. Her responsibilities not only include every other client type treated by physiotherapists, but also are required to reach everyone living in the Mnquma District. Hence Malamulele provides the CP service with extra support in the form of three additional week long visits conducted by Misty Weyer, an occupational therapist, in addition to the annual visit. Each outreach visit takes services to Butterworth Hospital, Tafalofefe Hospital, Nqamakwe Health Centre and Idutywa.

The number of children in the Mnquma District has doubled since it became one of our sites in 2007 with 97 children currently receiving treatment and follow up. As a result of the outreaches to Butterworth Hospital, a large number of children have become teenagers and remained in the health system, where usually they tend to drop out of it. Teenagers become far more difficult to transport to the hospitals and are often not followed up if they do not attend CP clinics. During our outreaches we conduct much of our treatment through home visits which allow us to treat those teenagers that are too big and heavy to transport from their homes as well as help the families' problem-solve transport issues where possible.

As we retain many of our children in the health system, there are still new children entering the system every month. A large weight has been lifted off the shoulders of this site through access to our trained parent facilitators in Butterworth and Idutywa. They do not run short of new parents to run workshops for and we are managing to clear up much confusion about CP early in our parents' journeys with their children.



### **Madwaleni and Zithulele Hospitals, Eastern Cape**

We used to combine these two hospitals into one annual visit but as the CP Clinic at each hospital has grown so much, this is no longer possible. Hence for our 2013 annual visit, we split up – three therapists (Misty Weyer, Nicole Whitehead and Fiona Semple) together with Lydia Ngwana (Parent Liaison) and Thuli Hlungwane (Communication Co-ordinator) went to Zithulele whilst Gillian Saloojee, Marie Vorster and Mehnaaz Karim went to Madwaleni for five days. Our Communication Co-ordinator, Thuli Hlungwane, was able to spend a few days at each hospital.

As part of every annual visit, the Malamulele Onward team runs a training workshop for the local therapists on the final day. It was amazing to have 14 local therapists attend the workshop. Madwaleni and Zithulele Hospitals have a reputation for attracting dynamic, energetic and enthusiastic young therapists, particularly community service therapists and this is reflected in their expanding service. They also do a wonderful job in putting Rural Rehabilitation on the map. It is just a pity that it is hard to retain the therapists, most of them do not stay longer than two years. Both hospitals have also adopted the Malamulele Onward model of intensive goal-directed blocks of therapy for selected children and have found that it really works.

### **Siloam Hospital**

Siloam Hospital has a long history of a well-established weekly CP Clinic which is well attended. They see over 50 children a month, with each child only receiving therapy once a month. As with all the hospitals in Vhembe district the service for children with CP is really multidisciplinary, with involvement of therapists as well as dieticians, orthotists and ophthalmic nurses. It was wonderful to have the local dietician and orthotist with us during the annual visit – a first for the Malamulele Onward team!

There is also an active outreach programme where children are also seen at home. This is especially helpful for the teenagers and young adults for whom coming to the hospital regularly is difficult. The growing enthusiasm and the deepening interest the local staff have shown for working with children with CP is really encouraging. The goal of our annual visits is to help the therapists with the assessment, goal setting and clinical handling skills thereby helping to improve the effectiveness of the service. The two Malamulele Onward trained parent facilitators are a valuable addition to the team – Siloam truly offers a comprehensive service for children with CP.



### **Malamulele Hospital and Mhinga Clinic, Vhembe district, Limpopo**

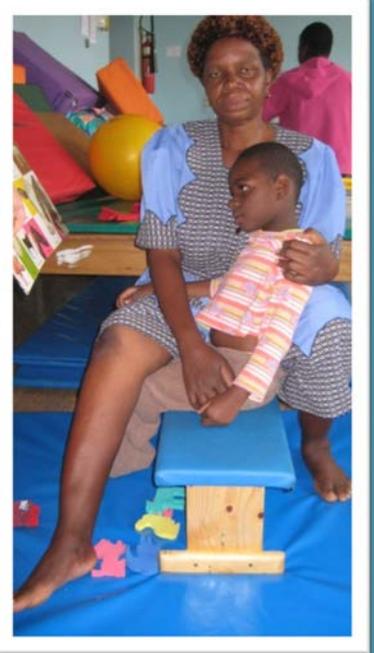
Malamulele Hospital is our oldest site where the initial “Malamulele Project” in September 2005 gave birth to Malamulele Onward a year later.

From the 27 children, initially seen in 2005, the database of children at Malamulele Hospital and Mhinga Clinic (one of the larger clinics served by the hospital), has grown to 112. We have also kept track of the 27 children originally seen, and saw 24 of them during our annual visit in December 2012. This means we have a seven year follow up of children and it is these children and their parents who are our most important teachers.

The average age of this particular group of children is now 12 years and they and their families are our mirror. They are a reflection of our intervention over the past 7 years and help us to see what happens to children and their carers over time. This enables us to refine and modify our model of intervention.

Under the leadership of Chief Occupational Therapist Joy Nxumalo, the CP Clinic at Malamulele Hospital has quadrupled in size over the past 6 years. From a once monthly CP Clinic, the hospital now has a weekly clinic which an average of between 10 and 15 children attend each week. It still means that each child is only seen once a month but that remains the sad reality for most children with CP attending public service hospitals – there is only capacity for children to be seen monthly. Fortunately though at Malamulele Hospital, transport is available for therapists to do outreach and many of the children receive home visits.

Three mothers from Malamulele Hospital – Kubani Chauke, Lucia Maluleke and Ida Mabasa have been trained as facilitator carers and are running workshops for new parents in their communities.



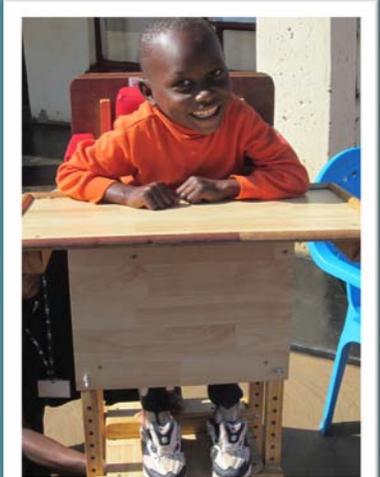
### Donald Fraser Hospital

Thanks to a grant from the D Murray Trust, three therapists from Donald Fraser Hospital, Mireo Ralivhesa, Daphney Manganyi and Patricia Ratshimunela attended the 8 week Basic Bobath / NDT paediatric course held in Johannesburg from May to July 2012. This makes Donald Fraser the only hospital in Limpopo with Bobath / NDT trained therapists in all three disciplines – physiotherapy, occupational therapy and speech therapy!

The chief Occupational Therapist at the hospital, Takalani Netshifiya, has done an outstanding job in developing the CP clinic. As a young community service therapist, she was a volunteer on the outreach to Dilokong Hospital in 2007 and was inspired to start a CP Clinic at Donald Fraser. Today there is a thriving weekly clinic offering a high quality standard of therapy. There is a large team of rehab therapists including Occupational Therapy Technicians and Community Based Rehabilitation Facilitators and all of them are from the surrounding areas and this has contributed to a low turnover of staff. The members of the rehab team are thus well known in the community and consequently, there is a particularly warm yet respectful relationship between the therapy team and the parents. The rehab team knows where each and every child with CP stays and home visits to all the children are done regularly. It has also been amazing to see how the rehab team has respected, embraced and encouraged the work of the parent-facilitators, Rose and Phathutshedza.

### Dilokong Hospital

The annual visits to Dilokong Hospital have been quite bumpy over the past few years, mainly because there have been numerous changes of staff - not only of the local hospital team but also the Malamulele Onward team. This meant that there were often communication breakdowns and the hospital rehab team was not entirely sure of what Malamulele Onward could offer them. Problems with teamwork amongst the Dilokong therapists themselves also added to the challenges. However, the support of the hospital CEO for Malamulele Onward's annual visits together with Malamulele Onwards' commitment to the mothers and children helped to negotiate and overcome the bumps. A special meeting late in 2012 with all the rehab staff, the district rehab manager, the hospital CEO and the Malamulele Onward Executive Director assisted in identifying the challenges, why they had arisen and how to solve them in going forward. It was a valuable learning experience for us and highlighted the importance of clear and regular communications with all our outreach sites.



## SUMMARY OF OUTREACH VISITS

1 April 2012 – 30 March 2013

### Zithulele Hospital

Activity	Children Seen
Annual Visit	28 Children

### Butterworth/ Tafalofefe Hospital

Activity	Children Seen
Annual Visit	58 Children

### Donald Fraser Hospital

Activity	Children Seen
Annual Visit	30 Children

### Madwaleni Hospital

Activity	Children Seen
Annual Visit	21 Children

### Dilokong Hospital

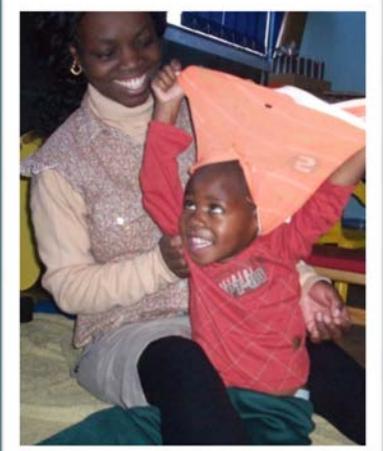
Activity	Children Seen
Annual Visit	23 Children

### Malamulele Hospital

Activity	Children Seen
Annual Visit	46 Children

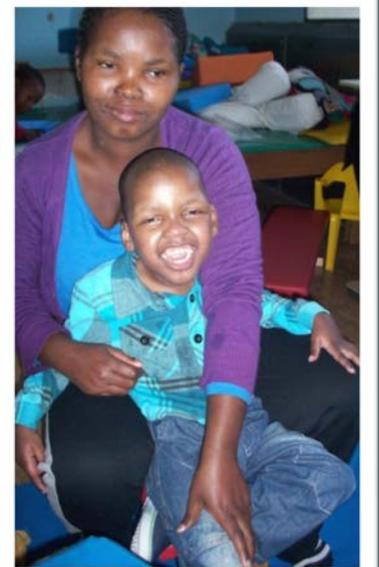
### Siloam Hospital

Activity	Children Seen
Annual Visit	42 Children



## FINANCIAL STATEMENTS

**Malamulele Onward NPC**  
**Registration number 2006/032287/08**  
**Annual Financial Statements**  
**for year ended 31 March 2013**



## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### General Information

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Country of incorporation and domicile	South Africa
Nature of business and principal activities	Non profit company incorporated in terms of Companies Act 2008
Directors	AD Rothberg B Dlamini BA Harrison GM Saloojee - Executive Director JA Snyman JC Whitter - Chairman S A Howard T Ralintja
Registered office	12A Rhodes Avenue Parktown Johannesburg 2193
Business address	2nd Floor Children's Memorial Institute 13 Joubert Street Ext Braamfontein 2193 Johannesburg
Postal address	P O Box 52641 Saxonwold 2132
Company registration number	2006/032287/08
Tax reference number	4120248960
Non Profit Organisation Registration Number	056-807-NPO
Public Benefit Organisation number	930025084
Website	<a href="http://www.malamuleleonward.org">www.malamuleleonward.org</a>

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Index

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The reports and statements set out below comprise the annual financial statements of the company.

Index	Page
Independent Auditors' Report	3
Directors' Responsibilities and Approval	4
Directors' Report	5
Statement of Financial Position	6
Statement of Comprehensive Income	7
Statement of Changes in Equity	8
Statement of Cash Flows	9
Accounting Policies	10 - 11
Notes to the Annual Financial Statements	12 - 14

The following supplementary information does not form part of the annual financial statements and is unaudited:

Detailed statement of comprehensive income	15
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#### Level of assurance

These annual financial statements have been audited in compliance with the applicable requirements of the Companies Act 71 of 2008.

#### Preparer

Lisa Roodt  
CA(SA)

#### Published

01 August 2013



Tel: +27 010 060 5000  
 Fax: +27 010 060 7000  
 www.bdo.co.za

22 Wellington Road  
 Parktown, 2193  
 Private Bag X60500  
 Houghton, 2041  
 DoceX 574  
 Johannesburg  
 South Africa

## Independent Auditors' Report

### To the board 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 2013, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes, and the directors' report, as set out on pages 5 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 qualified 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 2013, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards, and the requirements of the Companies Act 71 of 2008.

### Supplementary information

We draw your attention to the fact that the supplementary information set out on page 15 does not form part of the financial statements and is presented as additional information. We have not audited this information and accordingly do not express an opinion thereon.

**BDO South Africa Incorporated**  
**Registered Auditors**  
 Per: **Nigel Griffith**  
 Partner

01 August 2013

BDO South Africa Incorporated  
 Registration number: 1995/002310/21  
 Practice number: 905526E  
 VAT number: 4910148685

National Executive: AR Edge • S Dansie • HCS Lopes • SD Shaw • JHM Spencer (Chief Executive) • ME Stewart • A van der Hoek  
 Office Managing Director: HCS Lopes

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Directors' Responsibilities and Approval

---

The directors are required in terms of the Companies Act 71 of 2008 to maintain adequate accounting records and are responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is their responsibility to ensure that the annual financial statements fairly present the state of affairs of the company as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with International Financial Reporting Standards. The external auditors are engaged to express an independent opinion on the annual financial statements.

The annual financial statements are prepared in accordance with International Financial Reporting Standards and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The directors acknowledge that they are ultimately responsible for the system of internal financial control established by the company and place considerable importance on maintaining a strong control environment. To enable the directors to meet these responsibilities, the board sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the company and all employees are required to maintain the highest ethical standards in ensuring the company's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the company is on identifying, assessing, managing and monitoring all known forms of risk across the company. While operating risk cannot be fully eliminated, the company endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The directors are of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The directors have reviewed the company's cash flow forecast for the year to 31 March 2014 and, in the light of this review and the current financial position, they are satisfied that the company has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the company's annual financial statements. The annual financial statements have been examined by the company's external auditors and their report is presented on page 3.

The annual financial statements set out on pages 5 to 14, which have been prepared on the going concern basis, were approved by the board on 01 August 2013 and were signed on its behalf by:

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Director

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Directors' Report

---

The directors submit their report for the year ended 31 March 2013.

#### 1. Review of activities

##### Main business and operations

The company is a registered non profit company incorporated in terms of companies act 2008 and operates principally in South Africa and occasionally in other Southern African countries.

The company is engaged in meeting the rehabilitation needs of under-served children with cerebral palsy and their families living in rural areas in South Africa and other African countries. This is achieved mainly through the provision of specialised therapy services (physio, occupational and speech therapy), equipment and caregiver training where children severely disabled by cerebral palsy have little or no access to rehabilitation therapy and equipment.

Details of the company's programmes and activities during the year under review are contained in the company's annual report.

The operating results and state of affairs of the company are fully set out in the attached annual financial statements and do not in our opinion require any further comment.

#### 2. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

The company is dependant on grants from donors. The directors are of the opinion that donors will continue their support in the foreseeable future and have accordingly continued to apply the going concern basis of accounting.

#### 3. Post balance sheet events

The directors are not aware of any material matter or circumstance arising since the end of the financial year that requires further disclosure.

#### 4. Directors

The directors of the company during the year and to the date of this report are as follows:

Name	Nationality
AD Rothberg	
B Dlamini	
BA Harrison	Canadian
GM Saloojee - Executive Director	
JA Snyman	
JC Whitter - Chairman	
S A Howard	
T Ralintja	

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Statement of Financial Position as at 31 March 2013

Figures in Rand	Note(s)	2013	2012
<b>Assets</b>			
<b>Non-Current Assets</b>			
Property, plant and equipment	2	8 600	9 607
<b>Current Assets</b>			
Inventories	3	221 975	592 300
Receivables	4	4 559	8 214
Staff advance		-	1 190
Cash and cash equivalents	5	1 249 149	1 172 227
		<b>1 475 683</b>	<b>1 773 931</b>
<b>Total Assets</b>		<b>1 484 283</b>	<b>1 783 538</b>
<b>Equity and Liabilities</b>			
<b>Equity</b>			
Designated income reserves		1 421 108	1 707 996
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and other payables	6	63 175	75 542
<b>Total Equity and Liabilities</b>		<b>1 484 283</b>	<b>1 783 538</b>

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Statement of Comprehensive Income

Figures in Rand	Note(s)	2013	2012
Donor/Income source	7	2 942 712	2 696 029
Operating expenses		(3 228 197)	(2 095 479)
Operating (deficit) surplus		(285 485)	600 550
Finance costs		(1 403)	(387)
(Deficit) surplus for the year		(286 888)	600 163
Other comprehensive income		-	-
Total comprehensive (deficit) income for the year		(286 888)	600 163

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Statement of Changes in Equity

Figures in Rand	Designated income reserves	Total reserves
Balance at 01 April 2011	1 107 833	1 107 833
Surplus for the year	600 163	600 163
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<b>600 163</b>	<b>600 163</b>
Balance at 01 April 2012	1 707 996	1 707 996
Deficit for the year	(286 888)	(286 888)
Other comprehensive income	-	-
<b>Total comprehensive deficit for the year</b>	<b>(286 888)</b>	<b>(286 888)</b>
Balance at 31 March 2013	1 421 108	1 421 108

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Statement of Cash Flows

Figures in Rand	Note(s)	2013	2012
<b>Cash flows from operating activities</b>			
Cash generated from operations	9	79 635	162 264
Finance costs		(1 403)	(387)
<b>Net cash from operating activities</b>		<b>78 232</b>	<b>161 877</b>
<b>Cash flows from investing activities</b>			
Purchase of property, plant and equipment	2	(2 500)	(8 157)
Staff Loans		1 190	(1 190)
<b>Net cash from investing activities</b>		<b>(1 310)</b>	<b>(9 347)</b>
Total cash movement for the year		76 922	152 530
Cash at the beginning of the year		1 172 227	1 019 697
<b>Total cash at end of the year</b>	5	<b>1 249 149</b>	<b>1 172 227</b>

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Accounting Policies

---

#### 1. Presentation of Annual Financial Statements

The annual financial statements have been prepared in accordance with International Financial Reporting Standards, and the Companies Act 71 of 2008. The annual financial statements have been prepared on the historical cost basis, and incorporate the principal accounting policies set out below.

##### 1.1 Property, plant and equipment

Property, plant and equipment is measured at cost less accumulated depreciation

The cost of an item of property, plant and equipment is recognised as an asset when:

- it is probable that future economic benefits associated with the item will flow to the company; and
- the cost of the item can be measured reliably.

Depreciation is provided on the straight line basis so as to write down cost to residual value over the items estimated .Useful lives for this purpose are:

Item	Average useful life
Furniture and fixtures	5 years
Office equipment	5 years
IT equipment	3 years

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each period is recognised in profit or loss unless it is included in the carrying amount of another asset.

The gain or loss arising from the derecognition of an item of property, plant and equipment is included in profit or loss when the item is derecognised. The gain or loss arising from the derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item.

##### 1.2 Financial instruments

###### Initial recognition

The company classifies financial instruments, or their component parts, on initial recognition as a financial asset, a financial liability or an equity instrument in accordance with the substance of the contractual arrangement.

Financial assets and financial liabilities are recognised on the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets are derecognised when the rights to receive the cash flow have expired or are transferred.

For financial instruments which are not at fair value through profit or loss, transaction costs are included in the initial measurement of the instrument.

###### Receivables

Receivables are measured at initial recognition at fair value, and are subsequently measured at amortised cost using the effective interest rate method.

###### Trade and other payables

Trade payables are initially measured at fair value, and are subsequently measured at amortised cost, using the effective interest rate method.

###### Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and deposit, and have been classified as loans and receivables. These are initially recognised at fair value and subsequently measured at amortised cost

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Accounting Policies

---

#### 1.3 Impairment of non-financial assets (Inventories)

The company assesses at the end of each reporting period whether there is any indication that an asset may be impaired and if so the company estimates the recoverable amount of the asset. An impairment loss is recognised immediately in profit or loss.

#### 1.4 Income

Income comprises grants received or receivable in terms of a contract from donors and undesignated donations from various sources.

Donated and volunteer services are recognised when received or performed.

Donations of funds are recognised when received.

## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Notes to the Annual Financial Statements

Figures in Rand 2013 2012

#### 2. Property, plant and equipment

	2013			2012		
	Cost	Accumulated depreciation	Carrying value	Cost	Accumulated depreciation	Carrying value
Furniture and fixtures	9 500	(5 589)	3 911	7 000	(4 064)	2 936
Office equipment	5 526	(1 934)	3 592	5 526	(829)	4 697
IT equipment	10 521	(9 424)	1 097	10 521	(8 547)	1 974
<b>Total</b>	<b>25 547</b>	<b>(16 947)</b>	<b>8 600</b>	<b>23 047</b>	<b>(13 440)</b>	<b>9 607</b>

#### Reconciliation of property, plant and equipment - 2013

	Opening balance	Additions	Depreciation	Total
Furniture and fixtures	2 936	2 500	(1 525)	3 911
Office equipment	4 697	-	(1 105)	3 592
IT equipment	1 974	-	(877)	1 097
	<b>9 607</b>	<b>2 500</b>	<b>(3 507)</b>	<b>8 600</b>

#### Reconciliation of property, plant and equipment - 2012

	Opening balance	Additions	Depreciation	Total
Furniture and fixtures	4 083	-	(1 147)	2 936
Office equipment	-	5 526	(829)	4 697
IT equipment	2 194	2 631	(2 851)	1 974
	<b>6 277</b>	<b>8 157</b>	<b>(4 827)</b>	<b>9 607</b>

#### 3. Inventories

Inventories comprise used equipment donated as gifts - in - kind - at directors valuation	592 300	658 000
Less: equipment distributed during the year - at valuation	592 300	658 000
Less: Impairment loss	(160 675)	(65 700)
	(209 650)	-
	<b>221 975</b>	<b>592 300</b>

#### 4. Receivables

Deposits	876	876
VAT	3 683	7 338
	<b>4 559</b>	<b>8 214</b>

#### 5. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	1 249 149	1 172 227
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## Malamulele Onward NPC

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

### Notes to the Annual Financial Statements

Figures in Rand	2013	2012
<b>6. Trade and other payables</b>		
Payroll accrual	9 021	11 467
Accrued expenses	-	4 383
Accrued volunteer expenses	54 154	59 692
	<b>63 175</b>	<b>75 542</b>
<b>7. Revenue</b>		
Donor/Income source		
Blue Label	110 000	100 000
DG Murray Trust	1 040 000	790 000
Donated and volunteer services	425 100	211 625
Fuchs Foundation	-	100 000
Gifts-in-kind	76 400	613 510
Interest received	35 454	10 644
Malamulele Onward Canada	149 600	413 061
Momentum	350 000	235 000
Other designated grants and general donations	140 243	163 189
PPC Cement	-	59 000
The Elma Foundation	500 000	-
The Paige Project	115 915	-
	<b>2 942 712</b>	<b>2 696 029</b>
<b>8. Taxation</b>		
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.		
<b>9. Cash generated from operations</b>		
Deficit before taxation	(286 888)	600 163
Adjustments for:		
Depreciation and amortisation	3 507	4 827
Finance costs	1 403	387
Impairment loss	209 650	-
Changes in working capital:		
Inventories	160 675	(442 300)
Receivables	3 655	6 743
Trade and other payables	(12 367)	(7 556)
	<b>79 635</b>	<b>162 264</b>
<b>10. Risk management</b>		
The company's activities expose it to certain financial and other risks. Risk management is carried out by management under policies approved by the Board.		
<b>Liquidity risk</b>		
Liquidity risk is the risk that insufficient funds will be available to meet future obligations as they fall due. The directors manage the company's commitments in accordance with funds that will be available.		

**Malamulele Onward NPC**

(Registration number 2006/032287/08)

Annual Financial Statements for the year ended 31 March 2013

**Notes to the Annual Financial Statements**

Figures in Rand

2013

2012

**10. Risk management (continued)****Interest rate risk**

The company's surplus cash earns interest at variable rates. Cash flow will therefore vary with changes in the level of interest rates. However, the effect of a change in the level of interest rates of a reasonably expected magnitude (eg 1%) is not material.

**Credit risk**

Credit risk arises mainly on cash deposits. The company only deposits cash with major banks with high quality credit standing.

**Critical accounting estimates and assumptions**

Estimates and assumptions are continually evaluated and are based on historical experience and expectations of future events that are believed to be reasonable under the circumstances.

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

**Detailed Income Statement for the year 31 March 2013**

	2013 R	2012 R
<b>Income</b>		
<b>Donations and grants</b>		
The Elma Foundation	500,000	-
Malamulele Onward Canada	149,600	413,061
Momentum	350,000	235,000
Blue Label	110,000	100,000
Fuchs Foundation	-	100,000
DG Murray Trust	1,040,000	790,000
PPC Cement	-	59,000
The Paige Project	115,915	-
Wekeba Engineering	46,000	-
Other designated grants and general donations	94,243	163,189
Gifts-in-kind	76,400	613,510
Donated and volunteer services	425,100	211,625
	<b>2,907,258</b>	<b>2,685,385</b>
Interest received	35,454	10,644
	<b>2,942,712</b>	<b>2,696,029</b>
<b>Direct Project Expenses</b>		
Malamulele, Limpopo	25,252	42,186
Dilokong Hospital, Limpopo	19,551	25,903
Butterworth, Zithulele, Tafalofefe, Eastern Cape	247,860	213,691
Other Southern Africa projects	14,799	29,448
Siloam Hospital, Limpopo	70,315	39,937
Donald Fraser Hospital, Limpopo	71,311	199,297
Charles Johnson Memorial Hospital, Nqutu, KwaZulu-Natal	925,495	140,586
Mother to Mother training program	314,604	51,623
Gifts-in-kind distributed	141,900	132,800
Therapy blocks program, Johannesburg	604,530	491,491
	<b>2,435,617</b>	<b>1,366,962</b>
<b>Project management and operating expenses</b>		
Accounting fees	22,525	20,123
Advertising	-	2,287
Bank charges	8,720	9,652
Board expenses	3,211	399
Computer expenses	-	6,947
Depreciation	3,507	4,827
Electricity & water	517	14,653
Employee costs	415,845	497,220
Equipment inventory impairment	209,650	-
Insurances	35,740	35,411
Motor vehicle expenses	-	165
Office expenses	655	2,942
Penalties & interest	1,403	387
Printing & stationery	4,596	10,268
Lease rentals	47,714	63,627
Repairs & maintenance	65	2,058
Small assets	634	1,183
Subscriptions	500	700
Telecommunications	21,688	20,573
Training	4,600	28,782
Travel	12,413	288
Web design	-	6,412
	<b>793,983</b>	<b>728,904</b>
<b>Total expenditures</b>	<b>3,229,600</b>	<b>2,095,866</b>
<b>Surplus / (Loss) for the year</b>	<b>(286,888)</b>	<b>600,163</b>

## CONTACT DETAILS

### Business Address:

2<sup>nd</sup> Floor  
 Children's Memorial Institute  
 Joubert Street Extension  
 Braamfontein  
 Johannesburg

### Postal Address:

PO Box 52641  
 Saxonwold  
 2132

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

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

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

**NPO Registration No:** 056-807

**Public Benefit Organisation No:** 930025084

### Board:

John Whitter (Chairman)

Kobus Snyman (Treasurer)

Theresia Ralintja

Alan Rothberg

Barbara Harrison (Canadian)

Shelley Broughton

Buhle Dlamini

Gillian Saloojee (Executive Director)

