

Ikhwezi Welfare Organization

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N.P.O. Reg. No. 002-395

IKHWEZI WELFARE ORGANISATION PROFILE

Ikhwezi Welfare Organisation is a non-profit making organization dedicated to improving the lives of the severely and mentally challenged children and youth. You will agree with us that very few institutions provide this service in black community. Since the established of organization in 1979, It has become a pillar of hope and a refuge for these most vulnerable group in our society.

Kindly please find o the following documents for your consideration

1. Proposal,
2. Business plan
3. Budget proposal
4. Constitution
5. Audited statements
6. Appendices

Should you have any queries or require more information don't hesitate to call us at 032 454 0766/072 797 3237

Yours faithfully

.....

Mrs B G Okonofua

Project Coordinator

Ikhwezi Welfare Organization

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Introduction

Ikhwezi Welfare Organization was established in 1979 by the late Mrs Ethel Mthiyane who had a vision of improving the lives of the vulnerable groups especially the elderly, the physically disabled, the mentally disabled and vulnerable children. There was very little care for the black vulnerable groups and they were kept in their homes without any care or support and were viewed as a burden by their immediate families. The challenge was not just caring for the mentally and physically disabled but was also changing the perceptions and attitudes of communities and families towards these vulnerable cohorts. So her intervention which has been carried this far was mainly informed and influenced by a myriad of factors such as poverty, lack of care and support and the stigma associated with mental illness. Ikhwezi is also very proud to be one of the oldest and model care facility for the severely mentally deprived children. It is also against this proud legacy of Ethel Mthiyane that we appreciate the continuous support we have been receiving from the Department of Health for the support especially over the last three years, it has indeed made a great difference in the lives of these vulnerable children.

The context

The current context within our operations has changed dramatically as compared to the previous period when we received the funding. There has been a serious increase in the number of physically and mentally challenged personnel who needs to be accommodated in our facilities, against the backdrop of dwindling funding resources. The awareness campaigns by the department of Health on the caring and support of the children who are mentally challenged has yielded good results while at the same time we have witnessed a slight decrease in the level of abuse of the mentally and physically challenged children. These improvements have however put strain on our work as we are experienced an increase in the number of parents and families who are bringing their children to the centre while others don't pay frequent visits to the children which affects their emotional status and frustrate our efforts. The legislative requirements of the Mental Health Care Act of 2002 are very strict and resolute in terms of caring for the mentally disabled where it states in section 8, that " The persons, human dignity and privacy of every mental health care user must be respected" it further states in the same section that " The care, treatment and rehabilitation services administered to a mental health care users must be proportionate to his or her mental health status and may intrude only."

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DETAILED INFORMATION ON EACH SERVICE PROVIDED

Shelter for children living with mental disability

7.1. Shelter

Ikhwezi welfare organizations core business is to provide shelter for the mentally challenged children from all over KwaZulu-Natal with a special bias towards the poor families who cannot access expensive centres that are most based in urban areas. Services in this category include but are not limited bathing, provision of four nutritional meals per day, washing of their clothes, bathing and other essential service provided for mentally challenged children. Currently Ikhwezi caters for 30 mentally and physically children, with a staff of 40 people.

7.2. Medical care and support

The degree of mental sickness of these children varies but seventy percent of them require special attention which included constant medical care, palliative care and continuous support. The types of medical support provided includes basic medical care such as provision of basic medicines (bandages, tablets, linen savers, nappies) to the more complicated medical intervention by medical specialists.

7.3. Recreational, stimulation and life skills

At Ikhwezi we acknowledge the fact that mentally challenged children should be treated in a holistic manner, meaning they should enjoy the basic services provided to other children, hence an opportunity is created for them to unleash their potential and their creativity in a protected and conducive environment. The centre is equipped with facilities although not enough that enables them to play and enjoy instead of being confined to their beds and rooms.

7.4. Education

There is an Ethel Mthiyane Special School and even though this is our subproject, meaning it is a school which was established by Ikhwezi that is under the management of the Department of Education, where our children attend to acquire skills and education. We however provide after care support such as assistance with homework and other school work at the centre and we ensure that there is harmony between the school and the shelter.

7.5. Link and integration with families

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We understand that many families leave their children under care for Ikhwezi because they don't have knowledge of taking care of the children. This is where we link families with the patients and our care givers visit the families to educate them and ascertain the readiness and nature of the environment within which the child could be released to during the holidays. The most important thing though is to ensure that the family contact is kept alive and family members do pay visits because this in itself is therapeutic.

9. What is the extent of the present demand for the service being provided?

Thus far Ikhwezi is the only centre within Ilembe district and the North of KZN that provides this service to the poor black communities, therefore our service is always in high demand. The proof of this assertion is the number of mentally and physically disabled children in the waiting list, which we cannot accommodate due to lack of proper facilities and staff to care for them. It should be also remembered that this is a very specialised kind of care service for the severely mental and physically disabled children, hence the proportion of staff member to each child.

Ikhwezi Welfare Organization has got a very long and proud history of providing quality, affordable and relevant service to the mentally and physically challenged children since its inception in 1979. The number of awards that the centre has received over the years and the fact that it is one of the very few NGO's that has stood the test of time attest to the relevancy of Ikhwezi. Ikhwezi is a home away from home for the children with mental disabilities. This has in many ways attracted parents and even the government department to bring children to the centre

The demand for the service provided is corroborated by the following facts:

- Annual application for admission exceeding one hundred.
- The recognition of the centre by various stakeholders and the government departments.
- There is high level of community involvement through the board of directors that comes from the community and the involvement of the community in the support and protection of the centre.
- The centre is unique and one of a kind in that it is based in local poor black community hence there is a sense of community and it becomes easier to integrate children within the community and the service is affordable.
- Ikhwezi has since its inception been a point of referral for the department of health, social development, which although good has strained our resources and services.
- Although there are other centres in KZN, but their limitations lie in the fact that they do not provide accommodation, hence our centre becomes one of the few centres

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that provides shelter on a full time basis with all the necessary services and meeting all the government requirements.



10.

The map of Ilembe district being serviced by Ikhwezi.

Thus far Ikhwezi is the only centre in the whole District that provides specialized care for the severely mentally ill children.

11. Provide detailed reasons as to why funding should be considered?

Our motivational for the funding of the centre can be classified into the following categories:

11.1. History and credibility

11.2. The beneficiaries

11.3. Quality service

11.4. Good governance

11.5. Monitoring

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11.6. Rational and logical decision

11.1. History and credibility

As alluded elsewhere in this proposal we have a very proud legacy and history of providing quality and affordable service to the most deserving cohort of our community. Our history and experience enable us to provide care and support for the severely mentally and physically disabled children. Our holistic and integrated to mental and physical health make us a unique and highly sought after care centre. The fact that we are based within the community and are accountable to the community, and families of these children make us a credible centre providing services based on sound principles and legislative obligations.

11.2. The Beneficiaries

It is truism that South Africans have not reached a stage where they treat mental illness as condition that can be managed and that that people suffering from mental illness are an integral part of the society. This exclusion and discrimination makes it critically imperative for the children living with mental disabilities to be catered for because they are the most vulnerable of all vulnerable groups in our country. The scarcity and in other cases the ineffectiveness of the centres caring for these children makes Ikhwezi Welfare Organization one of the very few deserving centre to be funded due to the following factors

- Our committed staff members who are passionate about caring for the children with mental and physical disability,
- Our value laden approach towards children living with mental illness
- We are providing quality and affordable service to the children albeit of very limited financial resources
- Unlike other disabilities, holistic mental disability service is a labour intensive service, requiring diverse skills and constant interventions

11.3. Good Governance

At Ikhwezi we pride ourselves at being an organization that adheres to good governance principles. To this end we have continuously and consistently produced unqualified report in terms of handling public money and running the centre. Our systems and governance mechanisms embrace the following principles:

- **Accountability**
We are accountable not only to the funders like the department of mental health and other funders but to the myriad of the stakeholder such as parents, the community and local stakeholders through constant giving back of feedback and keeping them informed about the development within Ikhwezi.
- **Transparency**

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We continually subject ourselves to scrutiny and openness thus ensuring that all our activities are open to public scrutiny. Our board is fully representative of all stakeholders and is made up of people from diverse background who complement each other. The manner in which funds and operations are managed is also very open based on sound written principles and values.

- **Inclusivity**
Inclusivity is one of our main governance principles since running of the centre requires input from various stakeholders including our staff, the board, local, service providers and the community. Inclusivity in our case also entails ensuring that children have access to all the basic facilities and service such as education, health etc.
- **Efficiency**
We are convinced that we have a very proud track record of providing service in an efficient manner; this means we use funds and resources prudently. Our year on year financial records attest to this prudence and efficiency in handling public and donor funds.
- **Effectiveness**
For us this principle of good governance entails providing service in a manner that achieves the intended Ikhwezi objectives in accordance with the legislation framework governing the treatment, care and support of mentally handicapped children.

11.4. Continuity and sustainability

Ikhwezi has since its inception depended on donor and government funding to sustain itself. The main reason behind this is that it is a challenge for a centre of this nature to have income generating projects to sustain itself. Our survival and sustenance therefore depend on mental health and substance abuse funding without which this centre won't be able to sustain itself and this would mean depriving the most vulnerable cohort of our society the opportunity to be cared for and supported. With a proud record of more than thirty years providing quality and affordable service to the children living with mental disability, it would be an indictment on decision makers if they could witness in their time and age the closure of this pioneering centre of hope.

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SECTION 2

BUSINESS PLAN

2.1. Vision

To be an eminent pioneer in provision of quality care and sustainable support to the most vulnerable groups in the District of Ilembe in particular and KZN in general.

2.1. Mission

To provide children and youth living with mental and physical disability quality services that reduce pain and add value to their lives.

2.2. The context

The South African society still regards children with disabilities as incapable, ill and a burden to a society. In other words, they present a problem to be dealt with separately from other children's issues. More than 80 percent of black children with disabilities live in extreme poverty in a inhospitable environment. They have very poor access to appropriate health care facilities and early childhood development opportunities. The fact that mentally disabled children are unable to defend themselves, are often alone at home and are undervalued by those around them also makes them vulnerable to physical, sexual and emotional abuse.

It is within this context that Ikhwezi regards shelter based services as one of the most appropriate and effective response to the needs of the mentally challenged children.

2.3. Organization SWOT ANALYSIS

2.3.1. Strengths

- A fully functional and committed board.
- A proud history and impeccable track record.
- Vast experience in the field of caring for the mentally challenged children.
- Dedicated staff with appropriate skills.
- Being a recognised centre providing quality service especially for the poor people.
- Sound organizational management.
- Systems and policies in place.

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- Recognition by the local community.
 - Long term partnership with government department
 - Cooperation of the local municipality albeit on a limited level.

3.2. Weaknesses

- Limited financial resources, threatening the sustainability of the organization.
- Lack of cooperation amongst parents some of whom simply dump children never to return.
- Lack of modern and appropriate infrastructure and facilities.
- Inability to keep qualified staff due to lack of competitive salaries.
- Inability to profile and market the service we provide leading to failure to attract resources.
- Old buildings not fully compliant with the needs of the severely physical and mentally ill patients.

3.3. Threats

- Lack of funding to renovate the building that were destroyed by lightning.
- Delays and red tape in government department to provide funds thus making it difficult for the mentally disabled children to access their grants and other services
- Too much demand for our service against the background of limited resources to provide for a large number of mentally disabled children.
- The new legislations that focuses more on administration capacity of the centre instead of the quality of service being delivered, this also entails lack of balance of the two.
- The service we provide is regarded by the donors as not attractive in that they do not gain any limelight or mileage if they provide donations to the organisation.
- Parents who are reluctant to pay fees in as much as they receive grants from the government, this put a strain on the staff and administration, whereby it becomes.
- Lack of supportive family structures, thus making it difficult for them to service outside the centre,
- Rise in prices of food and other necessities making it difficult for us to feed the children.

3.4. Opportunities

- The organisation is one of the eldest and longest surviving institution of this sort in KZN, hence it can be regarded as a success story (case study) that other organisations can learn from.
- There is a great potential to increase our service due to the experience and capacity of our staff members.
- Integration of other services such as computer skills and life skills for the mentally challenged

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- Successful integration of the mentally challenged people into the mainstream community as responsible and productive citizens
 - Capacity to change community's mindset and attitudes about disability and creation of an environment of acceptance.
 - To provide children with disabilities with the tools to change their lives and to give them greater degree of independence
 - To enable children with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and or social functional levels within the municipality.
 - Creation of employment opportunities for graduates and for internship.

4. Service offered by Ikhwezi



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5. Ikhwezi approach and methodology

5.1. Prevention

This is aimed at preventing the occurrence of physical, sensory, intellectual, mental and or social impairments (primary prevention) or at preventing these impairments from causing a permanent functional limitation or disability (second prevention).

5.2. Rehabilitation and integration

Aimed at enabling children with mental/physical disabilities to reach or maintain their optimal physicals, sensory, intellectual, mental and/or social functional levels, thus providing them with tools for a higher level of self-reliance and independence. At Ikhwezi we always thrive to integrate children with their families while at the same time educating family members on how to treat children when they are at home.

5.3. Equalization of opportunities

Ensuring that the process through which the various systems of society and the environment such as service, activities, information and documentation are made equally available

5.4. Recognition

At Ikhwezi we recognise mentally and disabled children as individuals who are rights holders, who are a potential to live positively amidst their disabilities.

5.5. Caring, education and support

This is our core business that is underpinned by the above mentioned values. Severely mentally and physically disabled children need specialized kind of education hence our staff is well trained in this field.

6. The Legislative framework governing our work

Chapter 2 of the Constitution of the republic of South Africa states categorically that

Everyone has the right to have access to

- a) Health care services, including reproductive health care,

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- b) Sufficient food and water
 - c) Social security, including if they are unable to support themselves and their dependants, appropriate social assistance
 - d) The state must take reasonable legislative and their measures, within its available resources, to achieve the progressive realization of each of these rights
 - e) No one may be refused emergency medical treatment
 - f) Basic education, including adult basic education

6.1. Implications for the Ikhwezi Welfare Organization

Our organization is guided by the national, provincial and local legislations and regulations, to this end we strive to adhere to all legislative and regulatory measures aimed at improving the quality of life of the mentally and physically disabled children.

7. Ikhwezi Welfare Organization Strategic Objectives

Objective 1

Shelter and food

To provide quality shelter and nutritious food on continuous basis for mentally challenged children on a sustainable basis.

Objective 2

Medical care and support

Provision of general and specialized medical care and support for children living with mental disability, including catering for their fundamental medical needs.

Objective 3

Recreation, stimulation and life-skills

Create an environment whereby children will feel capable and worthy through mental and physical stimulation activities thus ensuring they enjoy life and learn certain skills besides their limitations.

Objective 4

Education

Increase their capability to learn and increase their understanding of concepts and skills acquired within the formal and informal environment.

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7.1. Objective 1: shelter and food

To provide quality shelter and nutritious food on continuous basis for mentally challenged children on a continuous and sustainable basis.

INTERVENTION/ ACTIVITY	DURATION/TIME FRAME	RESPONSIBLE PERSON/AGENCY	OUTCOME
<p>Accessible and user friendly shelter with the following facilities and renovated facilities:</p> <ol style="list-style-type: none"> 1. Beds and bed linen/blankets 2. Toilet and bathroom facilities repaired 3. Floor tiles 4. Clean and spacious space to enable those with physical disability to use them (we anticipate an increase in number of intake of children from 2013) 	2016-2019	Donor agencies, Government department, private sectors	A modernized centre with easy access to mentally and physical challenged children. Our long term goal is to have the centre renovated to cater for the diverse and increase needs of children with physical and mental illness
<p>Access to nutritious food</p> <ol style="list-style-type: none"> 1. Four meals per day including breakfast, tea break, supper and lunch. 2. Continuous supply of nutritious balanced food. 3. Improved 	Continuous for the next three years funding period and beyond	<p>Department of Health</p> <p>KZN-Mental Health and substance Abuse</p> <p>The kitchen staff</p> <p>Donors and funders</p>	Children with physical and mental disabilities receive proper nutrition and are healthier

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kitchen facilities to cater for the diverse nutritional needs of the children			
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7.2. Objective 2: Medical care and support

Provision of general and specialized medical care and support for children living with mental disability, including catering for their fundamental medical needs

INTERVENTION/ACTIVITY	DURATION/TIME FRAME	RESPONSIBLE PERSON/ AGENCY	OUTCOMES
General and specialized medical care	Continuous over the next three years	Ikhwezi medical staff, local clinic and medical specialist, psychiatrist etc.	Mental and physical wellness of the children is taken care off in a proactive and sustainable manner.
Provision of medical facilities thus ensuring mental and physical	Continuous	Medical staff and management	There is adequate supply of medicine and other medical necessities to ensure easy and continuous access by children

7.3. Objective 3: Recreation, stimulation and life-skills

Create an environment whereby children will feel capable and worthy through mental, and physical, stimulation activities thus ensuring they enjoy life and learn certain skills besides their limitations

INTERVENTION/ACTIVITY	DURATION/TIME FRAME	PERSON/AGENCY RESPONSIBLE	OUTCOME
Provision of recreational facilities such as sport, excursion and other activities appropriate for children living with mental disabilities. Purchasing of user	Continuous By June 2017 and on half yearly basis thereafter.	Department of Health, the management and the staff Management and donor community.	Children's potentials and capabilities are fulfilled and there is a sense of completeness amongst them and

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friendly recreational activities. Ensuring that the environment is stimulating and provide the opportunity for children to play and learn		Management and staff with the support of the Department and other service providers.	the pain of vulnerability is minimized.
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7.4. Objective 4: Education and skills development

Increase their capacity to learn and increase their understanding of concepts and skills acquired within the formal and informal environment.

ACTIVITY/INTERVENTION	DURATION/TIME FRAME	PERSON/AGENCY RESPONSIBLE	OUTCOME
1. Provision of adequate educational support to enhance their skills and capacity 2. Provision of school uniforms and learning materials for those attending school	Continuous Continuous	Management, educators, support staff	Children's capacities to learn and achieve are enhanced and their learning needs addressed in a holistic and integrated manner.

Objective 5

Construction or renovation of the building that was struck by the lightning

In October we were very unfortunate to have our main building totally destroyed by lightning. We thank the Almighty that the children were rescued in time, but the building and the furniture were totally destroyed. Right now we are facing a grave situation whereby we have to squeeze the rest of the children in one room. Besides this condition being unhealthy and unhygienic it is also posing a serious threat to the treatment and care for the children. We therefore request the department of health to contribute towards the rebuilding of this building.

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The section of the building that was destroyed by lightning

8. Motivation for staff incentives and salaries

The best asset at our organizations disposal that has kept the organization going for the last thirty-seven years is our staff members. It is truism that working with vulnerable children requires more than just academic qualifications, but compassion and love for ones work. It

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is within this context that we advocate for reasonable although not market based salaries and stipends for our staff. It should also be considered that the type of service we provide is unique in the sense that the person should be physically, spiritually and mentally involved when providing the service to the children. Furthermore as alluded elsewhere, the service we provide requires a lot of staff because it is a 24hour service, it is therefore imperative that we maintain and sustain quality and dedicated staff members through provision of reasonable (although not competitive) salaries.

9. Important assumptions

The request for funding is premised on the current prevailing conditions:

- There is stability in the area and the community is fully supportive of Ikhwezi projects.
- The partnership with the Department of Health and other department is good although there is room for improvement, but it provides the basis for further development.
- There is continuity even after the current effective and visionary board has passed the reigns to new members
- Staff commitment is sustained, deducing from the long years of hard work and selfless work that has made then Ikhwezi one of the most sustainable project led by the previously marginalized people.
- Local authorities will continue to provide moral and strategic support to Ikhwezi thus ensuring that there is no unnecessary interference in the operation of the organization
- Through collaboration with the Community Policing Forum, local headmen, councillors and other stakeholder and the local community the organization is protected from crime and other harmful activities.
- The current management and leadership continue to provide quality and management skills.

10. Community involvement

The fact that Ikhwezi is situated in the community makes it part and parcel of the Mandeni community. The survival of Ikhwezi can also be largely attributed to its community orientation and ownership by the community. Besides providing special services for our beneficiaries Ikhwezi is also involved in socio economic programmes such as caring for the elderly and has a crèche.

We also have a total buy in from all community stakeholders and leadership including traditional leadership and councillors hence the sustainability of the organization.

Furthermore the organization has over the years provided in service training, opportunity to attain skills through volunteering for local young people. The organization has developed appropriate mechanisms for obtaining appropriate input from stakeholder.

11. Governance and leadership

Ikhwezi Welfare Organization

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P. O. Box 370

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4490

N.P.O. Reg. No. 002-395

We have a very committed and dedicated board which represents the varied interests of stakeholders. The board and senior management have a clear understanding of their respective roles and responsibilities as providers of overall direction for the organization. The organization adheres to strict good governance principles which includes amongst other things accountability, transparency, consensus orientation, efficiency, effectiveness and quality service.

12. Monitoring and evaluation

Monitoring and evaluation are critical components of our organizational growth and development. There is therefore a great need for constant monitoring, evaluation and review of our services due to the changing context and demographic shifts related to the development and welfare environment.

1) Monitoring

In the context of our organization, monitoring means keeping track on performance on an ongoing basis thus ensuring that gaps and deviations are identified early and acted upon.

2) Evaluation

Entails qualitative and quantitatively measurement of whether the policy or our board and our programmes achieve their intended objectives using different methods and tools.

3) Underlying Monitoring principles

Efficiency

Ensuring that the input into the work is appropriate in terms of the output. Inputs in terms of the implementation of our projects, shall entail amongst other things prudent use time, money, staff, equipment etc.

Effectiveness

Is a measure of the extent to which Ikhwezi programmes achieve the specific set objectives as set out in this proposal and other related organizational document.

Impact

Refers to the difference that the policy shall make in the lives of children living with mental disabilities.

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Monitoring tools

- a) Focus group
- b) Case studies
- c) Department reports
- d) Minutes of meeting
- e) Attendance register
- f) Financial statement
- g) Recorded observation
- h) Strategic planning workshops
- i) Structured questionnaires
- j) One on one interviews with beneficiaries and their families
- k) Sample surveys
- l) Donors input
- m) Systematic review of relevant official statistics
- n) Input from local community and stakeholders