The vision of the Bulungula Incubator is to be a catalyst in the creation of vibrant and sustainable rural communities. Our mission is to achieve our vision by partnering with our community, government, NGOs and other innovative thinkers to find synergies between the traditional rural African lifestyle and culture, and external technologies and innovations. We aim to be an influential agent for change by spreading our vision widely and working to inform government and corporate policy.

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Physical Address:
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Xhora Mouth Administrative Area
Elliotdale District

Bulungula Incubator
2013 Annual Report
We take great pleasure and pride in giving you, the broader Bulungula Incubator (BI) family, an update on our activities this past year.

2013 has been an unusually significant and eventful year for our remote part of the world. At a national level, the ongoing Platinum sector strike has affected everyone here directly as most of the striking miners are fathers and brothers from our villages. The sad passing of Tata Madiba late in the year also turned the eyes of the world to our remote region and forced us to reflect on how we as a society and an organisation have furthered his vision of a just and equitable South Africa.

We celebrated the government’s implementation of piped water to our entire region as well as the arrival of toilets which are being installed in some of the villages we serve at this very moment. The British Medical Journal declared that the greatest medical advance for human kind was achieved when sanitation and clean water technologies were implemented, so it is no exaggeration to regard the arrival of these services to our remote areas as game-changing. The BI will work hard to support these services to ensure that our community receives the maximum benefits.

The BI’s work this year has grown from strength to strength. We have expanded the range and depth of our projects with a focus on replicating successful projects in all four villages we serve. We have also initiated a number of exciting, new Health and Education projects that have the potential to have a transformative impact, particularly on the children of our community. We have also continued to deepen the level of community leadership and management of the BI to ensure that it increasingly makes use of local talent at all levels of the organisation.

And all of this is only possible thanks to our generous supporters, our hard working, creative staff and our supportive community – all of whom together form the extended Bulungula family.

Donna Andrews, Sonja Giese, Lance Greyling, Vuyolwethu Jaxa-Gwebindlala, David Martin, Loyiso Mpuntsha, Crystal Orderson, Laura Poswell
About the Bulungula Incubator

The Bulungula Incubator (BI) was formally launched in March 2007 following a number of projects started by the founder members in the area, the first of which, the eco-sustainable, Fair Trade accredited and community owned Bulungula Lodge, was opened in August 2004. The BI is located in the Xhora Mouth Administrative Area on the Wild Coast of the former Transkei, in the Mbhashe Municipality, Eastern Cape. The community of the Xhora Mouth Administrative Area is comprised of four villages: Mgojweni, Folokwe, Tshezi and Nqileni (not to be confused with Ngqeleni Village, close to Mthatha) with a population of about 6000 people.

According to the StatsSA Community Survey of 2011, the Mbhashe municipality has a population of 254,909; a decline of 0.35% since 2001, a period in which the South African population grew by 15%. The stagnation of population growth in the area reflects the increasing urbanisation of the country, and thus, a movement away from rural areas like ours. 93.7% of the area is classified as Traditional/Rural with half the population using wood for cooking and heating, 82.4% accessing water from sources other than municipal-piped water like drawing from rivers, streams, rain and ground water harvesting, 45.4% have no toilet at all (not even a pit latrine), 89% have no rubbish collection or create their own rubbish dumps. The StatsSA survey shows that in Mbhashe, Matric Certificates have been obtained by a mere 10% of adults over 20 years and only 5.1% have obtained higher education of any kind. Unemployment in the municipality is estimated at 42% although this is a significant improvement from the rate estimated in 2001 of 69.9%; possibly reflecting migration out of the area but also, probably due to the positive impact of the Community Work Programme, in which the BI participates, which provides stipends at minimum wage for 8 days a month for work in community projects like our preschools, homebased care and environmental and infrastructural development.

Ranked by number of formal dwellings in the area, Mbhashe comes in at 183 out of 189 municipalities countrywide with just 30% of homes considered to be formal dwellings, number 27 in the rank of the highest number of young people in the country with 38% of the population under 14 years old, double that of municipalities with the fewest number of young people, number 193 in the country out of 198 for piped water inside the dwelling at 3.5% and number 150 out of 153 for high school completion with only 10.2% of adults above 20 years old having obtained a Matric Certificate.

There have been some improvements: the percentage of the population with no schooling at all has dropped from 46% in 2001 to 21.2% in the 2011 survey, the unemployment rate has declined and the number of households with access to a cellphone is now at 76%, there is obviously still much work to do and the efforts of the BI and the local community continue through our Integrated Rural Development Strategy.

This is our fourth annual report.
Focus on Education and Health

Since our last Annual Report, we have made significant strides in developing our Health Focus Area. As our work in Health grew, it began to overlap with our already significant efforts in Education, especially with regard to the younger age groups. Healthcare and nutrition are critical inputs to quality Education outcomes; these focus areas began to work closely together to complete the circle of care from pre-birth through the school-going years. Our work covers the communities of the four villages that make up the Xhora Mouth Administrative Area and services are open to all children and adults in the area.

Background

Education is a central focus of the Integrated Rural Development Strategy of the Bulungula Incubator. The rehabilitation of No-ofisi Senior Primary School was the project that prompted the formal incorporation of the NGO in 2007. At that time the only educational facility available was a collapsed wattle and daub structure where little teaching of any kind took place.

Once the Bulungula Incubator was registered as a not-for-profit organisation, we began to raise funds to rebuild the school and started the conversation in the community about quality education. Few adults in the area have ever experienced any formal education. As part of our efforts to demonstrate the delivery of excellent education in the area, we established the Jujurha Education Centre (JEC) in mid-2009.

Although a few daycare facilities and play centres are dotted around some villages outside our area, there were no institutions that offer Early Child Development (ECD) education. The positive impact of early childhood education is now widely acknowledged: a vast body of research exists to inform societies and educational institutions of its importance. The earliest of life experiences have a direct impact on the development of the brain and future lifelong cognitive ability. The value of early intervention in the lives of all children cannot be overemphasized, yet benefits increase significantly for children living in under-served populations where parents have had little formal education themselves, in environments with limited access to books and educational toys. The JEC addresses this gap with a holistic approach to early childhood education with attention to physical, social, emotional, and mental development. The JEC was established in 2009, followed by 3 additional community-based preschools: Khanyisa Preschool in Mgojweni Village, opened in 2012, Masiphathisane Preschool in Folokwe and Phaphamani Preschool in Tshezi in 2013.

The JEC is open to all 3-6 year-olds of Nqileni Village. In addition to this, it offers library facilities for the whole community and support for schools in the area through our After School Enrichment and Rural Schools Outreach programmes. During the establishment of the JEC, we actively sought to build local skills, sourcing and training employees directly from the community, created permaculture gardens to supplement a planned nutrition programme, developed appropriate infrastructure in an area with no access to running water, electricity, sanitation or road access infrastructure, developed a practical curriculum of how to deliver excellent early childhood education and managed to access government funding to support the set-up and daily running costs of ECD centres.
Since its launch in mid-2009, the JEC has trained 14 ECD practitioners from the immediate area. These teachers started with no prior experience and no relevant formal qualifications. At the end of 2010, each child in the 5-6 year old class (Grade R) was formally assessed for school readiness by an independent registered psychometrist. All the children were found to be school ready, and some were found to have exceptional ability. The testing process confirmed the quality of the teacher training methods of the JEC in an environment where children come from homes with no books, educational devices, very few, if any, toys and parents who are very likely to be functionally illiterate.

The understanding of the beneficial effects of Early Childhood Development has increasingly focussed on the first 1000 days of life: education begins at birth. In a recent article published in the New York Times, by James J. Heckman, a professor of economics at the University of Chicago and a Nobel Laureate in Economics states that:

“...success nominally attributed to the beneficial effects of education, especially graduating from college, is in truth largely a result of factors determined long before children even enter school. Improving the early environments of disadvantaged children is a promising way to reduce inequality, but conventional wisdom is to level the playing field with cash transfers, tuition assistance and raising the minimum wage. High-quality early childhood programs are great economic and social equalizers — they supplement the family lives of disadvantaged children by teaching consistent parenting and by giving children the mentoring, encouragement and support available to functioning middle-class families. Children in these programs develop foundational skills on par with those of more affluent children and create a stronger family structure for themselves. Caring parents and early stimulation are essential ingredients of successful early childhood environments.”

Stages of influence in the BI's Holistic Child Development Programme:

1. Health in Pregnancy - Monthly village based HIV testing and counselling facilities (VCT), Health workshops and homebased care
2. Community Health Points – Village based ARV distribution, counselling and clinic services
3. Nutrition education and home-based health management of weight and nutrition deficiencies for 0-3 years
4. ECD @ home – toy boxes and training for parents in the cognitive development of 0-3 year olds
5. Preschool centre-based ECD and nutrition management from 3-6 years
6. Grade R education at the JEC and support of Grade R classes in local government schools
7. After-school programmes, Library Facilities and Child and Youth Care services for 6 years and beyond
8. Assistance for Rural government schools in improving the quality of education delivered in the area (including the use of technology to enhance delivery) and support for the Vulindlela Scholarship Program.
9. Involving Parents in the running of our educational facilities, running workshops on topics like “You are your Child’s First Teacher” and active advocacy for the improvement of access to quality education and health services

Health in Pregnancy

A child’s potential begins with the state of its mother’s health at conception. Because the first 1000 days of life have such a critical influence on how people develop across their entire lifetimes, our Education and Health focus areas work together to enhance the outcomes of our efforts in the early childhood development phase. To this end, we now have 24 home-based care providers who deliver care to the 450 households of the 4 villages in our area. These carers assist pregnant mothers with nutrition from our organic community gardens, provide information about good health in pregnancy and have been trained to identify health issues that should be referred to a clinic.
Community Health Points
There are no clinics in any of the 4 villages we work with. With help from the community we have established a Community Health Point in Masizini that is serviced in partnership with the local Department of Health. This health point provides a venue for community members to receive ARV distributions and basic clinic services. The community of Nqileni Village have raised funds to build a second health point which is currently under construction and which we will assist in managing. These health points extend the work of our home-based care programme, keeping children healthy through immunisations and deworming programmes.

Nutrition Education and Homebased Health Management
Our home-based care team have received training from the National Association of Child Care Workers (NACCW) and the Philani Mentor Mothers programme in the management of nutritional deficiencies and how to monitor a child’s weight from birth in order to detect malnutrition and pass this information onto the parents.

ECD @ Home
The educational training and experience gathered by the teachers and staff at the Jujurha Education Centre over the past 4 years has been applied to extend our efforts in early childhood development to the age group, from birth to 3 years old. With the help of experts, we have put together educational toy boxes suitable for this age group and our home-based care team and parents have received the ECD training needed to enable optimal use of the educational toys from the Jujurha staff and outside consultants.

Centre-based Preschools and Nutrition Programme
Once they reach 3 years of age, all children in our area now have access to a quality, daily ECD programme and a nutrition programme. The first preschool was opened in mid-2009 in Nqileni Village and over the past 2 years we have opened 3 more.

Grade R at Jujurha and Outreach to Government School programmes
The Jujurha Education Centre continues its ECD offering up to the Grade R level. In addition to this, a Grade R forum has been established with the four government schools in the area for development and support of their programmes. The experience and expertise of the Jujurha Preschool principal is shared through this forum. Our Education Programme is active in its work on improving the quality of education delivered by the schools in the surrounding area. We are currently working on research into using technology to give further impetus to our efforts to improve learning opportunities for the children in our primary schools.

After School Enrichment
The JEC-run After School Enrichment Programme is made available to the 215 learners of the No-ofisi Primary School. This programme was launched in 2009 for the Grade1-3 learners and has been expanded to include all learners up to Grade 6. Afternoon sessions include opportunities for supervised play with educational toys such as Lego, puzzles, memory and matching games, other educational games, structured numeracy and literacy lessons, creative art
activities, basic English, story time in the Jujurha library and the opportunity to borrow library books.

We are currently testing a web-based mathematics curriculum software programme, called Mathsbuddy. If we are able to implement it successfully, our after-school enrichment work will change focus to concentrate on this programme.

**Rural Schools Outreach Programme**

In the past, our Rural Schools Outreach programme focused on infrastructure development and improvement. Although the schools in the area are still in desperate need of adequate school facilities, there has been movement from government in providing prefabricated classrooms at Xhora Mouth Primary and the rebuilding of the Noofsi Primary School which has just begun. We have therefore turned our efforts towards governance and teaching issues directly influencing the quality of education delivered. To this end we have established the Xhora Mouth Teachers Forum which has already embarked on programmes to visit and learn from other excellent schooling programmes around the country. We hope to develop the work of the forum over time in engaging principals, teachers and SGBs in the development of a quality education product in the area.

**Using Technology to Enhance the Delivery of Education**

After much research and assistance from some Friends of Bulungula, we completed a full survey of all the software programmes available that can be used to cover the Mathematics, Literacy and Life Skills Curriculum. We have now launched a pilot programme and are busy testing just the Grade 1 Mathematics software – we are using Maths Buddy which covers the full South African curriculum www.mathsbuddy.co.za

**Vulindlela Scholarship Programme**

The children on the Vulindlela Scholarship Programme are progressing well in Grade 3 at Umtata International School. We will continue to support the children and parents financially and otherwise to ensure their success as they progress further. The children are developing into excellent role models, reflecting tangible evidence of the effects and importance of quality schooling.

**Parent Activism and Participation in Education**

Parent activism and participation in education has always been a cornerstone of our efforts in this area. Since 2009, when the JEC opened, the Preschool Principal, has run Parent Participation workshops on a range of topics within the theme: “You are Your Child’s First Teacher”. The importance of educational stimulation from birth is emphasised and parents are given the opportunity to make learning equipment from locally available materials. These workshops now involve the parents of the new preschools in the surrounding villages. Our Health & Nutrition programme, through the work of our homebased care team works with parents directly at home and on health, nutrition and ECD of every child in the 4 villages.
Focus on Sustainable Livelihoods & the CWP programme

Since the launch of the BI in 2007, we have had a focus on the development of Sustainable Livelihoods as a key part of our Integrated Rural Development Strategy. As the literature quoted in the highlighted box shows, cash support can have a material impact on education and nutrition outcomes of children. Although Education has always been a central focus of our work, we realised very early that we needed to consider a holistic approach to our rural development strategies: instead of focussing on one intervention spread over a large region, we chose to have a broad range of projects in one limited area to ensure that our interventions focussed on depth instead of breadth. Hence, our focus on Sustainable Livelihoods which includes micro-enterprise development, agribusiness, adult skill development and labour absorbing activities.

Microenterprise and Agribusiness projects are the hardest projects we have implemented. Although not all of the initiatives have survived, we succeeded in boosting entrepreneurial activity in the area, which was the aim of the project. Although the BI provides support to the businesses that we helped set-up, they are now all essentially independent of the organisation and the numbers of farmers participating in the income-generating Lemon grass project we initiated in 2010 continues to grow with some support from the Department of Agriculture.

Since not everyone is a farmer and limited numbers of people are successful entrepreneurs, we also participate in the government sponsored Community Work Programme (CWP). This programme provides stipends, at minimum wage, for 8 days work a month in useful projects that are beneficial to the community. These jobs are meant to be accessed by community members who have had limited formal schooling and other job opportunities. Given the high unemployment rates in the area and lack of access to markets, there are few opportunities for income generation and the CWP plays an important role under these conditions.

The CWP has enabled the absorption of 200 community members into our programmes, achieving growth of important community-benefiting initiatives and providing access to a cash income. Within our Education Programme, we have trained CWP participants in a number of roles at our preschools: as ECD practitioners, teacher assistants, security, gardening and cleaning. Our Health focus area has applied the programme to provide support to the home-based Carers and ECD @ Home practitioners. Our Rural Skills Centre developed under the programme provides training in useful rural skills including carpentry, sustainable building methods, welding, water harvesting and conservation, organic farming, sustainable energy technologies and basic electric work and provides opportunities for participants to benefit from skills that are actively shared with the wider community.
Veggies for Phaphamani Preschool

Ntsikelelo building a wall using recycled glass bottles

Community workers breaking ground at a new preschool

Electric wiring in a mud hut!
Focus on Basic Services

During a survey conducted in 2011, we found that just over half (53.8%) of households have had at least one child die and a third of those have lost more than one child, mostly due to diarrhoea, probably caused by the lack of clean water and sanitation. Since 2007 a number of BI and government interventions have significantly improved community access to potable water. We began with the protection of natural water springs, which was the only access the community had to a water source then. Using funds raised from a number of corporations, foundations, private individuals and government supply, all households in our area now have access to their own or at least a shared rain water tank. In addition to these we accessed ground water sources by drilling boreholes in Nqileni Village although these are expensive and financially risky undertakings. A further intervention was the testing of the Nazava Water Filter, in partnership with the Council for Scientific and Industrial Research (CSIR). These filters are cost-effective solutions that provide instant potable water to households. Our research showed that they we suitable under rural conditions like ours and we were able to source them, in bulk, for around R150 per filter, with replacement only required every 5 years.

In 2013, municipal pipes were laid in all four villages of the Xhora Mouth Administrative Area with every household being within 200m of a tap. Initially, the water flow was unpredictable, especially during the dry winter months. This has improved and during the recent summer, water access has been almost continuous and we hope that it continues to be reliable when the dry winter months return in 2014.

We are now using the knowledge gained in this focus area with useful technologies, like the Nazava Water filter and disseminating it, through our partnerships in the CWP, to communities that are yet to be provided with a municipal piped water source.
Support for our work from Evidence Based Research Studies

While our projects, focus areas and priorities are developed in partnership with our local community, it is encouraging to find support for our efforts in the development literature. A number of our interventions are supported with the evidence gathered in randomized research studies, these are some examples:

**Early Childhood Development (ECD)**

In April 2011 a community wide survey conducted by the BI found that parents had a strong desire to expose their children to educational stimulation in the years preceding their Grade 1 school year. The reason was attributed to the success of the Jujuhra Preschool that we opened in 2009. At a community meeting held at the end of 2011, the communities of Mgojweni, Folokwe and Tshezi Villages each offered to build two huts, toilets and a storeroom and the BI would source funding for the additional materials and labour needed, teacher training and educational materials. Two years later, all three preschools have been opened and we have launched an ECD @ Home programme for the 0-3 year old age group.

The importance of our efforts in ECD is supported in the World Bank research paper: Labour Market Returns to Early Childhood Development by Gertler P et. al. Through a randomized impact evaluation of underprivileged and growth stunted children in Jamaica first conducted from 1986-87 with a 20 year follow up, the authors found that a one hour weekly visit over a two year period by health care workers teaching parenting methods and encouraging parents to stimulate their children resulted in average gains of 42% in the income of the child participants after 20 years. Furthermore, the growth stunted children caught up earnings levels with non-stunted peers over time.

Our own evidence has shown the same: since 2009 the BI has conducted School Readiness Assessments on our Grade R class at the Jujurha Preschool. The test allows for scores to be standardised to account for the effects on children who come from underprivileged homes, where parents are likely to be illiterate and where access to books and toys are unlikely. It is a testament to the quality of our ECD programme that after three years of ECD education, our children perform at the level of children who are from well resourced homes. Our ECD @ Home programme, aimed at the 0-3 year old group that works with parents and home-based care givers is extending these gains.

**Sustainable Livelihoods**

The paper “Cash Transfers, Behavioral Changes, and Cognitive Development in Early Childhood: Evidence from a Randomized Experiment”, by Macours. K et. al., gives support to our efforts in our Community Work Programme, through which we facilitate government cash transfers to community members for participation in a number of our projects. The research for this paper was conducted from 2005-2006 in a rural area of Nicaragua with 3002 households. The authors set out to determine whether or not early child development indicators, in particular, could be linked to access to cash transfers. The results were positive and they found that the children of the households that participated in the study had improved cognitive development relative to those who were not exposed to the cash transfers and that the benefits were maintained after 2 years of the cash transfers ceasing. The improvements were due to households with cash transfers spending more on nutritious food, preventative healthcare and spent more time stimulating their children.

**Healthcare**

The most cost-effective preventative healthcare intervention that we found is our deworming programme. In a remote rural area such as ours where access to sanitation, running water and health services are limited and daily lives are lived very close to livestock, intestinal parasites and cysticercosis are common. The Abdul Latif Jameel Policy Action Lab (J-PAL) has conducted a number of studies on this health intervention
and describes the positive impact in a Policy Bulletin: improvements in health indicators, reduced absenteeism, improved cognitive development, measurable benefits to children who are physically close to the test participants, and the continuation of benefits after 10 years of the treatment being administered (adults who had been exposed to deworming earned 20% more).

Another health study regarding the impact of incentives on HIV Voluntary Counselling and Testing (VCT) services also reinforced the importance of our work. Detailed in their August 2011 Briefcase, J-PAL researchers show that: incentives for VCT programmes increase the number of people who take the voluntary tests and distance to the service impacts on the number of people who know their status. In our monthly Community Health Days, where the medical staff from Madwaleni Hospital come to offer VCT in our villages, we have found a significant and positive response to a number of incentives that we provide: goodie bags, sports events, raffles and a cooked meal. Over past 3 years that we have held the community health VCT days, community members say that the stigma of testing for HIV has been removed since they can claim to be attending the festivities of the day and not coming to take an HIV test. VCT services have come to be associated with a fun day of activity and the number of people who know their status is now counted in the 1000’s in our area.

RESEARCH REFERENCES:


The road to the Bulungula Incubator office
## Finances

### INCOME STATEMENT FOR THE YEAR ENDED DECEMBER 2013

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### BALANCE SHEET AS AT 28 FEBRUARY 2012

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The Bulungula Incubator Staff

Our enthusiastic and committed Bulungula Team:

- Xolisa Dayimani: Preschool Teacher (3-4 year olds)
- Funeka Jija: Preschool Deputy Principal & Grade R Teacher
- Nokonwaba Mbi: Preschool Teacher (3-4 year olds)
- Nangamso Debe: Preschool Teacher (4-5 year olds)
- Bulelwa Ganca: Health Programme Manager
- Ntsikelelo Mbangasini: Community Liaison
- Phumzile Msaro: Project Manager
- Siphiwo Jakatyane: Maintenance
- Mnyeni Bayinete: Night Watchman
- Khuselo Gcelu: Community Facilitator & Basic Services Manager
- Rejane Woodroffe: Director
- Nokolo Bless: Librarian
- Nophumzile Makhwenkwe: Gardener (Jujurha)
- Thembekile Bonakele: Gardener (Jujurha)
- Bhandu Jakatyana: Gardener (No-ofisi)
- Esethu Mkhwenkwe: Assistant Grade R Teacher
- Nomfundu Nodanga: Admin Assistant
- Peter Nyawiri: Human Resources & Admin Manager
- Nosihle Zintoyinto: Preschool Teacher (4-5 year olds)
- Bhanda Jakatyana: Gardener (No-ofisi)
- Esethu Mkhwenkwe: Assistant Grade R Teacher

The Community Workers from the villages of Mgojweni, Tshezi, Folokwe, and Nqileni and of course the volunteers and trainers who have shared their invaluable skills and expertise over the past year.

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The Bulungula Incubator is an approved public benefit organisation, registered in terms of Article 30, section 18A of the ITA No. 58 of 1962.

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