



Alexandra - Gauteng





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1. EXECUTIVE SUMMARY

With the funds donated by Reatile, Vision 4 Change once again set out to change the lives of young South African children with the emphasis on rural and disadvantaged communities. With the funding, we helped the Gr R – Gr 7 learners of Zenzeleni Primary School located in Alexandra.

After all parents, guardians and/or caregivers were issued with consent forms to be signed on behalf of learners, eye screenings were performed on the 15th, 16th, 17th & 18th of July 2019. Learners identified with visual impairments received further testing and those in need of prescription spectacles were fitted with glasses on the 2nd August 2019.

We are proud to say that we performed eye screening and testing to a total of 1010 children in the school (Gr R – Gr 7). Of these, 72 children were identified with visual impairment and were fitted with prescription spectacles by qualified optometrists.

In all, the project was an enormous success and made a significant impact in this school. Not only did we made a difference in the lives of the learners, but also the educators who can now teach without constrains.

Because of the initiative of you our donor and your kind support these children, educators and schools can now function more effectively and kids can now fully benefit from the educational opportunities they get.





2. <u>BENEFITING COMMUNITY</u>

ALEXANDRA TOWNSHIP – GAUTENG PROVINCE



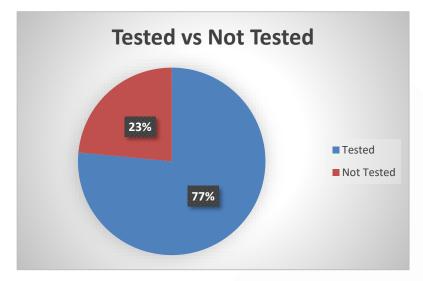
Alexandra, informally abbreviated to Alex is a township in the Gauteng province of South Africa. It forms part of the city of Johannesburg and is located near the upper-class suburb of Sandton. Alexandra is bounded by Wynberg on the west, Marlboro and Kelvin on the north, Kew, Lombardy West and Lombardy East on the south. It is commonly known as "Gomorrah" among local residents. Alexandra is one of the poorest urban areas in the country

<u>COUNTRY</u> : MUNICIPALITY:	South Africa City Of Johanne	shurg	PROVINCE:	Gauteng
ESTABLISHED:	1912	.55015	AREA TOTAL:	6.91 sqkm
POPULATION:	179,624		DENSITY:	26,000 /sqkm
RACIAL MAKEUP:				
Black African: 99.0%		Color	ed: 0.4%	
Indian/Asian: 0.1%		White	e: 0.1%	
Other: 0.4%				
LANGUAGES:				
Northern Sotho: 23.1%			Zulu: 26.3 %	
Tsonga: 11.3 %			Xhosa: 9.8 %	
Other: 29.6 %				
(info by Wikipedia)				

3. <u>RESULTS OF PROJECT</u>

In total, 1010 children were screened and tested and 72 kids received prescription spectacles. Statistics per school as follow:





77% of kids were tested.

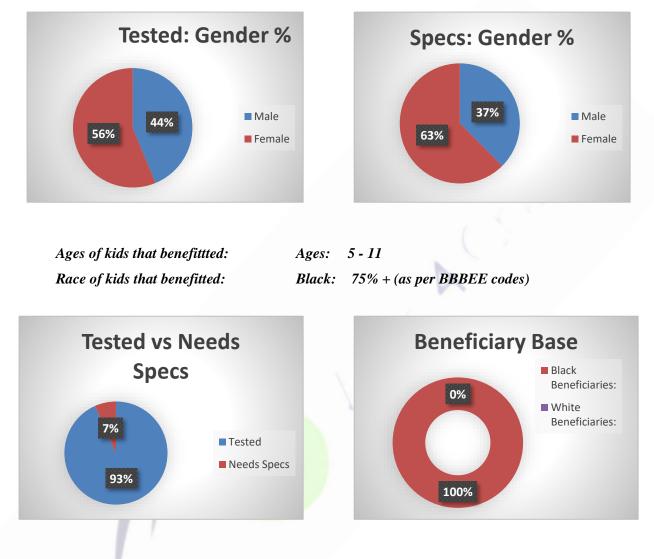
NO	SURNAME	NAME	GRADE	NO	SURNAME	NAME	GRADE
1.	Dyodo	Ovayo	RB	37.	Mazule	Pamela	4B
2.	Ndewuka	Yonela	RB	38.	Sonamzi	Endinako	4B
3.	Mbelu	Sisanda	RB	39.	Gxobole	Austin Abonge	4B
4.	Nkomonde	Nobahle	1A	40.	Nyamende	Aqhama	4B
5.	Mthwanu	Avela	1A	41.	Samkelisiwe	Nyandu	2C
6.	Mbunjana	Quinton Ncedo	1B	42.	Kgopane	Sthembiso	5A
7.	Luwalala	Olwam	1C	43.	Sithole	Vadro Surprise	5A
8.	Dzedze	Owam Zuve	1C	44.	Moloi	Simangaliso	5A
9.	Zilimbola	Linette Ntombi	1C	45.	Shozhombe	Angela Nicole	5A
10.	Pulela	Yonela	1D	46.	Makhaya	Kwandile Jabulani	5A
11.	Nucobo	Somandla	2A	47.	Mabena	Casper Sifiso	5A
12.	Magaya	Elieophat	2A	48.	Mbontsi	Sinelizwi	4C
13.	Makuaya	Zwelibanzi	2A	49.	Katikati	Snalo	5B
14.	Koyama	Joni	2C	50.	Nkonxeni	Senelisiwe Lumka	5B
15.	Makaula	Endinako Lingani	2C	51.	Sam	Philelani	5B
16.	Marala	Asakhe	2D	52.	Ngugudo	Likhona	5B
17.	Platjie	Ahlumile	2D	53.	Mbontsi	Athule	4C
18.	Njinge	Olwethu	2B	54.	Kalimashe	Nhlanhla	4C
19.	Manfunda	Nontando	2D	55.	Lugongolo	Khanyisa	6B
20.	Moses	Mbalenhle	3A	56.	Mlilo	Tania	6A
21.	Mufandaedza	Rutendo Mitchell	3A	57.	Ntsako	Chisane Lethabo	6A
22.	Xabanisa	Maweze	3B	58.	Ntombela	Sanele	6A
23.	Litholi	Ozorio	3B	59.	Mafanya	Thamsanqa	6A
24.	Culayo	Khanyisa	3B	60.	Sokulahle	Mjoka	5C
25.	Matya	Minenhle	3B	61.	Makhosi	Ayakha	6B
26.	Somsam	Preciuos Lisakhanya	3C	62.	Mavume	Zikho	6C
27.	Kulu	Khensani	3D	63.	Lutya	Lunathi	6C
28.	Nokeni	Amahle	3D	64.	Ndwengulu	Abuyile	6C
29.	Mramba	Siyasamkelo	3E	65.	Vinqi	Asiphe	6C
30.	Mlandu	Nkosithethile	3E	66.	Zibula	Yamkela	6C
31.	Sithole	Nosipho	3A	67.	Ncube	Princess	7A
32.	Моуо	Sibonga	4A	68.	Ndebele	Vuyisile	7A
33.	Maluleka	Thandi Tracy	4A	69.	Mpukwana	Esona Angela	7A
34.	Nkosi	Nombuso	4A	70.	Sithole	Mabel	7A
35.	Mahlangu	Samkelo	3A	71.	Gungqza	Phila	5C
36.	Vazi	Lukhanyo	4B	72.	Ndamase	Owethu	7B



4. DEMOGRAFICS OF PROJECT/BENEFICIARIES

LEARNER INFORMATION

ZENZELENI PRIMARY SCHOOL



5. PROJECT BACKGROUND

We value early childhood education because of the preliminary role it plays towards shaping a child's adult life. The Department of Education identified vision among school children within public schools as one of its major educational challenges.

Good visual perception is necessary for effective learning, school achievement and sporting ability. Studies indicate that up to 80% of what a child learns takes place through visual pathways. Poor vision can disrupt these pathways, leading to poor cognitive development, which in turn can prevent a child from developing to his or her full potential.

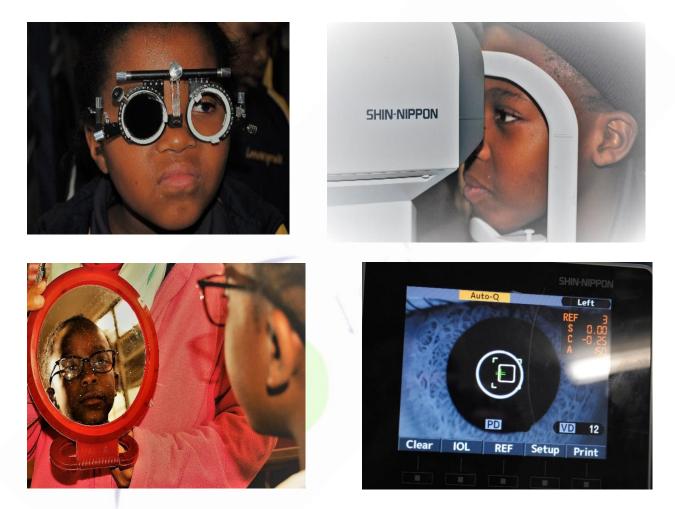
The benefit of improved vision leads to effective learning. These learners with visual problems, a lot of times have not developed the basic skills required to read, write or do simple sums. Preliminary findings



from the Annual National Assessments of literacy among learners found that only 45% of grade 3's and 35% of grade 6's could read and write at levels expected for their grades.

Focusing on the improvement of sight can most certainly increase the education of children, decrease the drop-out percentage of children before finishing grade 12, and in future overcome our unemployment crisis.

Early eye screening and testing is advisable to prevent learners from experiencing these potential learning difficulties.



6. PROJECT PROCESS

- Vison 4 Change obtains a list of schools, identified by the Department of Education as previously disadvantaged and in need of assistance. Sometimes the client will identify schools that are in their operational area.
- Permission from the relevant Government Departments is obtained to get the necessary information from each school.
- Class lists including dates of birth and gender are created in order to confirm identification for each learner.
- Meeting with the school principal regarding the project to explain the procedure, assistance needed, why we need to do the testing, etc.



- Deliver consent forms to school for all learners to be handed out. We identify an individual to collect these consent forms on a daily basis and keep safe until we collect again.
- > Collecting consent forms after a week or two.
- Marrying consent forms with class lists.
- Co-ordinating dates of testing with registered optometrist, school and administrator.
- Optometrist do screening and testing at each identified school with the least possible disruption to classes.



Collating a list from information supplied by optometrist and administrator of identified learners to receive spectacles.



Co-ordinating / arranging date with optometrist, school and project coordinator to do delivery and fitment of these glasses to identified children.



> Total supervision and project management supplied by Vision 4 Change throughout.

7. IMPACT OF THE PROJECT

The effect of fitting children who have visual defects with prescription spectacles has a direct and indirect impact. The direct impact entails that children will benefit immediately whereas the indirect impact entails that parents as well as teachers will indirectly benefit from this.

7.1 DIRECT IMPACT OF THIS PROJECT:

Immediate Direct Impact:

Once the children who were identified with visual impairments are fitted with their prescription spectacles there is an immediate impact as they have better sight from the minute they are fitted with their spectacles.



Delayed Direct Impact:

After fitment of spectacles the children's future will keep changing as a result of their improved vision including:

- Better academic results will come about as the learners can now see better on the black board and in their books and will improve their ability to read, do homework and communicate.
- Better sport performance because of improved vision. If you cannot see the ball for example, you will most probably not participate because of the other children thinking that you are just BAD at sports not thinking that you might not be able to see. This will also improve your social behaviour at school and at home. (children are easily cast out and made fun of if they cannot compete with other peers)
- Improved confidence Because of all the benefits of proper vision, the learner will feel empowered as a result of his improved abilities in class, on the sports field and social behaviour in general.

7.2 INDIRECT IMPACT:

Immediate Indirect Impact:

As a result of children fitted with prescription spectacles which previously had visual impairments, important role players e.g. parents / care givers and teachers will also benefit. These important role players have to teach the children the basics of life and assist with homework to help them achieve their goals. Helping children with a disability such as sight defects can make this process very difficult and sometimes even intolerable for teachers, parents and students. Improved vision will now effectively increase productivity and effectiveness and make "learning time" much easier and more pleasant.

Delayed Indirect Impact

As adults, these learners will still benefit as a result of effective education, social behaviour and participation in learning. They can make a difference by contributing to their society and the economy once they have completed their training, graduated and start working - All because of something as small as prescription spectacles at an early age.







8. **OBERSERVATION**

- Actively involved principals seem to be more focused on handing out consent forms and with the assistance of class teachers making sure that returned consent forms are a priority to be able to improve the lives of young learners.
- > Minimal disruption was caused during the testing of all the learners.
- The use of a mobile unit / station by the optometrist creates an opportunity to test children in extreme rural schools as well as schools in easily reachable areas.
- The project was well received. The prospect of previously disadvantaged children being assisted in making their future less challenging by now being able to see better is a positive point. These children can now increase their participation in class, on the sport fields etc.

9. <u>CHALLENGES</u>

We always try to prepare for the normal challenges we have during project and we constantly correspond with the schools to try to eliminate problems that they might incur. Most of these challenges we incur at other schools as well and therefore we are prepared for it and know how to react to limit extra costs and give our funding company the best possible project results for the funds donated.

We are please to say that we experience no challenges during this project.

10. THE WAY FORWARD – SUSTAINABILITY OF PROJECT

We have tested the Gr R – Gr 7's of this school but the good work doesn't end here. This project can be sustained by returning annually or biennial to test the new kids to the school as well as those who previously received spectacles to make sure their prescription is still viable.

Annually:

The cost of sustaining the project annually is <u>very low cost</u> as the amount of kids that needs to be tested annually are very little compared to the initial phase.

- We go back to each school that formed part of the initial phase once a year.
- We then only have to test the new kids that came into the school since the previous visit. For instance, in a primary school only the Gr R's have to be tested that is new to the schools since the last visit and then any kids that transferred from another school.
- We then also re-test the kids that received spectacles the previous year to make sure their spectacles are still up to date and relevant if not we update and replace it.
- The project period to test the new kids & retest are very short as the amount of kids are so little.
- This cost can be taken from the surplus funds from the previous year/project.



<u>Biennial</u>

The cost of sustaining the project biennial is a little more compared to annually as the number of new kids since last visit is higher.

- We then visit the schools that went through the initial phase every 2 years;
- We test the new kids that came into the school. For example in a primary school we then have to test the Gr 1 (1st year after last visit) and the Gr R's (2nd year since last visit) & any news kids that transferred from another school.
- Kids that previously received spectacles are then re-tested and spectacles are replaced with relevant prescription.
- The project period to test new kids & retest is little longer than if done annually but still much shorter than the initial phase.
- This cost can also be done from surplus funds from previous visit/project.

From surplus funds of previous year/visit we can also at any stage between visits replace a child's spectacles that was broken/lost as we keep the prescription details on file. The principal just have to send us the details of the child. This we can only do if you approve that we may use the surplus funds for this.

11. PHOTOS OF PROJECT



REATILE - PROJECT REPORT















REATILE - PROJECT REPORT



















12. CONCLUSION

A famous Greek philosopher once said ...

"To give away money is an easy matter and in any man's power. But to decide to whom to give it, and how large, and when, and for what purpose and how, is neither in every man's power nor an easy matter"



made it an easy matter.

Projects like these, surely makes it easier to secure a brighter and better future (physically and emotionally), not just for the beneficiaries involved, but for everybody that participated. Vision 4 Change believes that by partnering our resources, we will constantly make a significant improvement in the lives of previously disadvantaged communities. Your company in collaboration with Vision 4 Change can only go from strength to strength.

Thank you!!!