



**MOBILITY. ACCESS.
INCLUSION. THE
RACHEL SWART
FUND.**

2019 Annual Report

TABLE OF CONTENTS

CHAIRPERSON'S REPORT	page 3
INTRODUCTION	page 5
MISSION	page 6
VISION	page 7
YEAR IN REVIEW	page 8
FINANCIALS.....	page 11
OUR STORIES.....	page 12
M&E	page 16
OUR TEAM.....	page 22
SUPPORTERS.....	page 24
HOW YOU CAN HELP.....	page 26

DONOR

WINNS

CHAIRPERSON'S REPORT

The year was one of learning, as the Rachel Swart Fund (RSF) sought to increase its presence in rural areas where there is deep poverty and insufficient resources to help communities there. It was the first full year for Chantal Crook, the new Administrator, amidst further change as the Fund progressed the new Salesforce software administration system and implemented the new monitoring and evaluation system (M&E), also using Salesforce.

The administration system will be handed over in the 2019/2020 year and will automate the Fund's office. Flowing from this will be increased efficiencies and savings, such as making information easily accessible and speeding up the Fund's approval process of beneficiary applications.

The M&E system is an ongoing process. Shifting our emphasis to rural will require adjustments in the way we evaluate outcomes and impact. Results from our most recent beneficiaries show that we are starting to get powerful information:

- 66.7% of our beneficiaries reported feeling confident participating in community activities after having received a mobility device, compared to only 12.5%, who said they felt confident before getting the device.
- Prior to receiving wheelchairs, none of our beneficiaries could leave their home without assistance and 75% needed substantial assistance. This changed to 26.2% who can leave home without assistance, and only 34.8% who need a lot of assistance to leave home.
- 72% of recipients felt no pain after getting their wheelchairs as opposed to 29.2% in the baseline.
- 12.5% of recipients had no postural issues in the baseline survey compared to 70.8% after receiving a device.

We will continue to invest time and resources for this worthwhile initiative.

For the year, income was flat at R2.18 million whilst program expenditure was R200 000 below the prior year at R1.43 million. Administration costs were 3% up at R795 thousand.

On the management committee, Phillip Mcelu and Buhle Gana replaced Joan Vosloo and Nomazizi Pasiwe. Their skills in Salesforce and social work have strengthened RSF. As three of the committee members are in their twenties or early thirties, this augurs well for future years.

Governance was enhanced by the introduction of a Committee Charter, which was adopted and is available on our website.

In terms of penetrating into the rural areas, RSF made some mistakes. Initially, the Fund sought to form alliances with NGOs already operating in these parts. This proved to be time consuming and costly. In the current 2019/2020 year, RSF has focused on working with clinics and rural hospitals. This has flowed into new program spend for medical devices and infrastructure and this strategy is now the focus of RSF in the remote parts of South Africa.



Veruschka Ramanjam
Chairperson



Mobility is a fundamental human right.

It can mean independence, access to education and employment, social inclusion, and much more.

For the 1 in 13 people in South Africa living with a disability, achieving mobility may require an assistive device.

That's more than 4 million people.

However, for many of these people, socioeconomic, geographical, and infrastructural issues mean that accessing these devices is near impossible.

That's where we come in.

DISABILITY

We aim to empower and assist
people living with disabilities in
South Africa

MIND

SOLID

VISION

and envision a country in which
there is mobility, access, and
inclusion for all people.

2019

OUR YEAR IN REVIEW

In 2019, we continued our efforts to improve mobility for our beneficiaries, helping a total of 117 people throughout South Africa.

This year, we arranged, processed, and delivered:



43 motorised wheelchairs



13 manual wheelchairs



35 other assistive and mobility devices*



Maintenance for 37 people

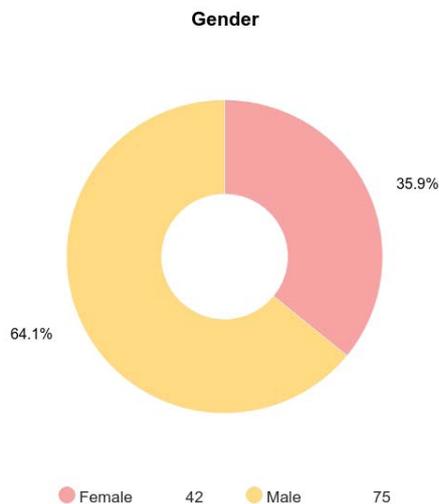
When our beneficiaries enter the Rachel Swart Fund family, they are with us for life. That means that when a child grows out of their wheelchair, a part breaks, or routine maintenance is needed, we cover it.

For someone who relies on a mobility device, parts breaking can be devastating. Without their devices, some people cannot leave their homes, which impedes many other aspects of their lives. That is why maintenance is such a crucial component of our programme and why all of our beneficiaries are entitled to maintenance at no cost to them.

*Other refers to devices, such as walkers, seating systems, pressure care cushions and mattresses. Previously, we reported on additional parts, including tyres, joysticks,

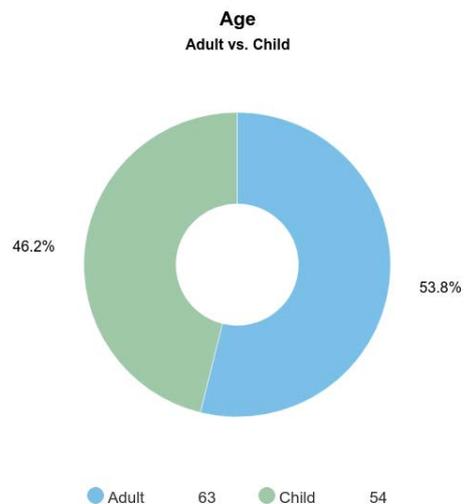
BY THE NUMBERS

In the 2018/19 financial year, we delivered **91 devices** to **80 people**. We also helped **37 previous beneficiaries** with general maintenance of their existing devices, all-in-all assisting **117 people**.

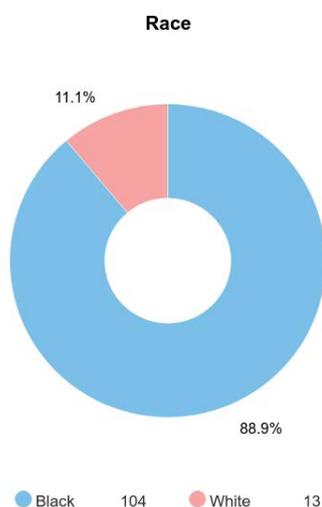


Understanding the demographic breakdown of our beneficiaries ensures an equal and ethical process, and comparing data from year to year allows us to make strategic decisions about prioritisation. This year, 64% of our 117 beneficiaries were male and 36% were female, with 75 male and 42 female respectively. As these numbers are not in-line with current disability statistics, we aim to remedy this issue in upcoming years.

The Rachel Swart Fund prioritises applications using a defined point system. Age plays an important role. Intervening with proper mobility devices at earlier ages can improve and prevent numerous outcomes.



This year, 54% of our beneficiaries were adults and 46% were children. Moving forward, we are further prioritising spend on children, and we have partnered



with hospitals that have well-established programs for early detection of Cerebral Palsy.

As a South African nonprofit, we strongly believe in the principles of BBBEE, and work to ensure that our demographics are in-line with our government mandate. This year, 88.9% (or 104 of 117) of our beneficiaries were Black (including Coloured and Indian) and 11.1% (or 13 of 117) were White.

REVIEW & REFLECT

Reviewing and reflecting on each year ensures that we continue to make improvements to our programmes and that we are helping the people who need it most.

REFLECTIONS

This year, like any other, we look back and celebrate our beneficiaries' achievements and improvements. Their stories and responses show increases in confidence, independence, and comfort, and many have had the chance to participate more actively in their communities.

These stories demonstrate the impact that a mobility device can have on a person, and we are thrilled to be able to share that. However, reflecting on our work also requires investigating and interrogating our programmes, so that we can improve moving forward.

Unlike previous years, we noticed a decrease in device applications from our partners, and therefore, we helped fewer people get the assistance they need. We attribute this to our new programme strategy: **focus on rural**.

"Breaking into rural", as we often say, had its fair share of challenges. To broaden our connections, we reached out to local NGOs, who had been working with our intended beneficiaries. Still, applications stalled, and further review determined that there were drawbacks to working with other NGOs rather than the government departments themselves.

Myriad obstacles, which we had not anticipated, also presented themselves. The challenges facing hospitals, clinics, and people living in rural communities differ significantly from urban environments. Geography, budget constraints, and long device waiting lists impede hospitals' and clinics' abilities to provide the necessary interventions for their patients. Furthermore, provincial health departments operate differently from one another, and difficulties vary.

Fortunately, we have learned from our experiences, and we are tackling the challenges we faced head-on. In 2020, we are going straight to the source: **government hospitals and clinics**.

PROGRAMME STRATEGY

New relationships with occupational and physiotherapists, as well as improvements in our administration through use of a mobile and online application, will expand our footprint, and investing in community initiatives will further expand the impact we have on the people who matter most: **our beneficiaries**.

RISK ASSESSMENT

When assessing the risks faced by the Rachel Swart Fund, one committee member noticed that a clause in the Consumer Protection Act (CPA) exposed our organisation to potential risk, as the CPA makes all parties in the supply chain liable for any injury and/or loss suffered by the consumer.

To illustrate this, assume that the Rachel Swart Fund orders a motorised wheelchair from one of its suppliers. The wheelchair is delivered to a beneficiary and three months later, it malfunctions, causing the wheelchair to veer off the pavement. An oncoming car swerves to avoid the wheelchair, and crashes into a wall. The driver of the vehicle is seriously injured and seeks damages, as it is established that the wheelchair malfunctioned due to a manufacturing fault.

In accordance with the CPA, the Rachel Swart Fund would be equally liable with the supplier of the wheelchair for damages, an event that could bankrupt our organisation. The only way out of this potential predicament was for the Rachel Swart Fund suppliers to assume all potential risk for the product they supply, unless blame could be levied directly against our organisation. After approaching our suppliers, we successfully concluded these agreements with them.

INCOME & SPEND

The Rachel Swart Fund's annual income remained unchanged from 2017/18; however, we were more than 400,000 ZAR below budget. This was mainly due to donors delaying payment, as they reviewed their giving criteria, or delaying payments to the next financial period.

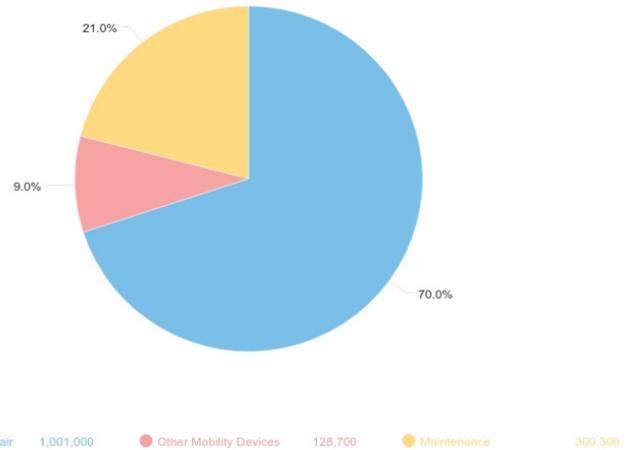
A slow start of our push into rural areas impacted program spend as applications from these areas did not materialise. The initiative of going directly to clinics/rural hospitals has seen programme costs accelerate in the 2019/20 financial year.

The committee continually ensures internal controls are strong, and fraud detection is an ongoing process and commitment.

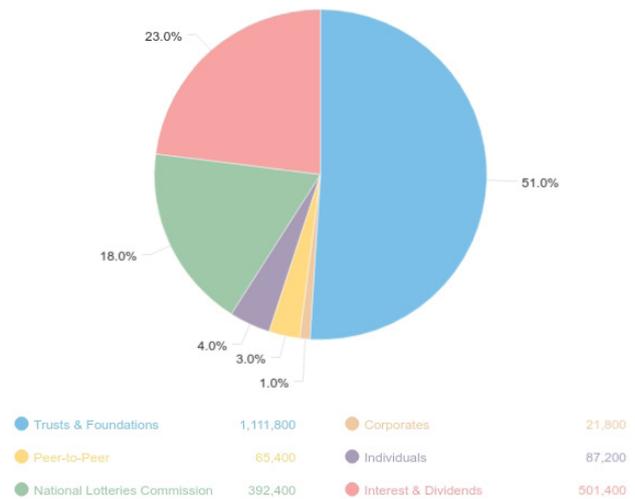
This year, we had a total programme spend of 1.43 million ZAR. 70% of our expenditure went toward purchasing motorised wheelchairs for our beneficiaries, 9% went toward purchasing other mobility aids, and 21% went toward maintaining devices for our existing beneficiaries.

Our annual income stayed at 2.18 million ZAR. 51% came from foundations and trusts, 1% from corporates, 4% from individuals, 3% from peer-to-peer fundraising initiatives, 18% from the National Lotteries Commission, and 23% from our interest and dividends.

Expenditure (in ZAR)
By Type



Income (in ZAR)
By Donor Type



THE REPORT

FINANCIAL

CHALLENGES

OUR

JAMIE PAULSE

Age: 17

(Pictured below)

Jamie is a master at maneuvering her motorised wheelchair, probably because she has been using one since she was 12 years-old. But as they tend to do, children grow. Now 17 years-old, Jamie had grown out of her previous chair, and she was no longer seated comfortably. Improper seating in a wheelchair can be hugely detrimental to its user, causing postural issues, discomfort, and exacerbating certain movements associated with the disability. For Jamie, her old chair was making concentrating in class difficult, and she was exerting far too much energy attempting to stay stable, often slipping out of her chair. Jamie's new chair suits her much better, and cushions customise it to meet her specific needs. She loves the independence her motorised chair gives her because, as she says, "I can go wherever I like on my own without being dependent on anyone else."

Device provided by **John Ellerman Foundation**



IBANATHI MNGCOLOMBA

Age: 9

9 year-old Ibanathi received a motorised wheelchair from the Rachel Swart Fund courtesy of AACF. Prior to receiving his new chair, Ibanathi was often excluded from social activities at school. A soft spoken boy, he would get left behind by his schoolmates, and needing someone to push him, he missed out on valuable bonding time with his peers on the playground. With his new power chair, Ibanathi “comes to life” according to school staff. He adores interacting with his peers, competing in sport - like Boccia a game similar to bocce, but in which competitors use wheelchairs - and playing with the school’s therapy dog. He no longer relies on others to get him from place to place, which has also had a profound effect on his carers, who used to have to push him. Ibanathi’s newfound independence has changed his life.

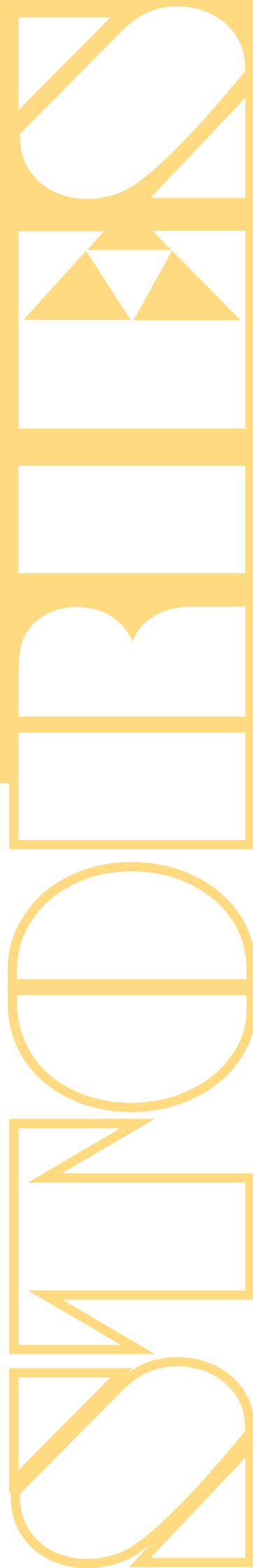
Device provided by **AACF**

CLIDENE DAVIDS

Age: 38

Clidene received a motorised wheelchair from the Rachel Swart Fund back in 2012. As we know, a chair well-used is a chair well-loved, and 7 years later, after numerous repairs, it was condemned. Without her motorised wheelchair, Clidene relied on her mother to help her get to where she needed to go, limiting the independence she had had with her previous device. The sense of independence and positivity that comes with mobility is profound. With her replacement chair, Clidene no longer depends wholly on her mother and can continue her daily volunteer work at George Hospital, as well as her work as a peer supporter for the local APD Optima in Pacaltsdorp. She relishes in her continued independence and freedom.

Device provided by **ApexHi**





AAKIFAH JASSIEM

Age: 10

10 year-old Aakifah is a grade 3 learner. Previously, she used a manual wheelchair, as well as an older motorised wheelchair, but after experiencing several growth spurts, she had grown out of the device. A wonderful student, Aakifah loves learning and enjoys her time at school; however, she missed most of the previous school term because she was either ill or too uncomfortable in her poorly fitted chair. With her new motorised wheelchair, Aakifah is much more comfortable and can socialise and engage with peers at school, access parks and other facilities with her family, and has gained a sense of independence she did not have. Furthermore, proper positioning devices ensure that she is kept upright and is well-positioned to aid her breathing.

Device provided by **Rachel Swart Fund**

CHRISTOPHER MTHOBELA CUTANA

Age: 17

Christopher Mthobela Cutana has a congenital diagnosis which causes impairment in his physical functioning. He is unable to self-propel in a manual wheelchair because of the nature of his disability. A final year law student at Howard College, he was using an old, worn-out motorised wheelchair. Though the device was well-suited for him, Christopher frequently missed classes because the chair needed constant repairs. Receiving a new motorised wheelchair has restored Christopher's independence and ensured that he can regularly attend classes to complete his studies. Set to graduate this year, we can't wait to find out what Christopher will do next.



Device provided by **Victor Daitz Foundation**



Device provided by **National Lotteries Commission**

VERNON VAN NIEKERK

Age: 17

A gold medal holder for a national Boccia - a sport similar to bocce, which is played by competitors in wheelchairs - championship, Vernon is a man of many talents. He is an avid sportsman and artist, and his teachers hope that when he finishes school, he will be able to continue pursuing his artistic passion by selling his artwork. Due to the nature of his disability, Vernon is unable to walk or sit independently. Prior to receiving his motorised wheelchair, he was using a manual wheelchair, which limited his freedom and independence. When involved in sporting activities, and in and outside the classroom, he relied on someone else to push him. Now, Vernon can go where he likes, when he likes, visiting friends, enjoying the sunshine, and moving freely throughout the school community.

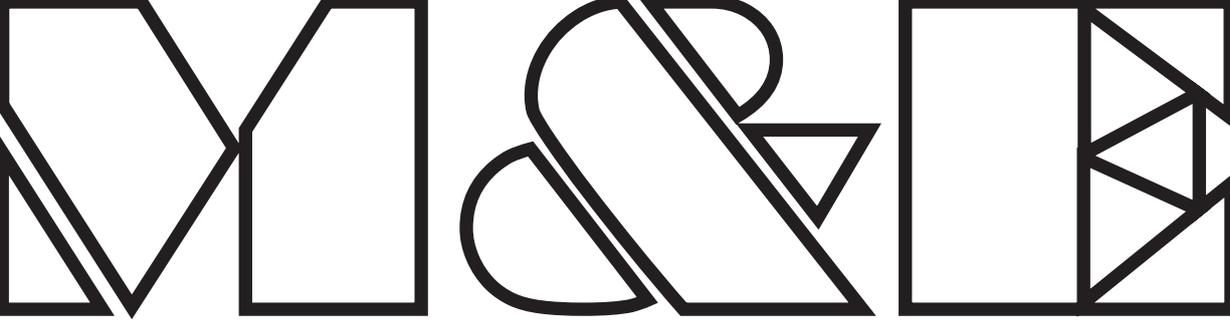
CHULUMANCO MAQASHA

Age: 9

Chulumanco previously used a manual wheelchair, but he was unable to push himself and relied on others to go where he needed. Because his speech is also affected by his condition, this was often a challenge. When he received his motorised wheelchair, Chulumanco was absolutely delighted! School staff initially programmed the chair to move slowly, as they anticipated that he might struggle to control it accurately. Two practice rides later, he had mastered the controls and was able to drive independently in and out of his classroom and along the corridors at school. For the first time, Chulumanco is in complete control of where he goes and when, and everyone who knows him can see the effect it has had on his self-esteem and independence. He has quickly learned to drive his chair and recently requested that it be adjusted to let him go faster!



Device provided by **Two Oceans Marathon**



THE HISTORY

Comprehensive Monitoring and Evaluation (M&E) systems help us ensure that our programmes work. They also hold us accountable to our supporters, beneficiaries, and strategic plans. Since 2016, we have been developing and honing our M&E system to improve our programme activities and our organisation, as a whole. This is our history: where we started, where we are now, and where we're headed.

This year, our data showed tremendously positive impact on our beneficiaries. Our beneficiaries reported major changes in their confidence, pain and posture, and ability to leave home, all of which we elaborate on in our results section on page 19.

2017

Strategy Development

The beginning of our M&E strategy development!

- We outlined program activities and intended outcomes, and then assigned concrete indicators as measures of success.
- We created a logical framework outlining what was required for our programmes to run, and what we expected to achieve in the short- and long-term.
- We finalised and piloted our first set of surveys. Baseline, midline, and endline surveys asked questions about confidence, independence, mobility, and comfort, among others.

With strategies finalised, and the pilot phase in full-swing, we switched gears to implementation.

- We planned and developed a customised Salesforce database to capture and analyse programme and donor information.
- We analysed the pilot phase of our surveys and tweaked our questions, sending out the next round, which we called Phase 1.

2018

M&E Tools Created

“One of the great mistakes is to judge policies and programs by their intentions rather than their results.”

- Milton Friedman

2019

Prioritisation of Data Collection

We focused on updating our new platform with quality data and reviewing previous M&E strategy decisions we had made.

- With our Salesforce platform ready-to-use, we input all new beneficiaries and donors, making it easy to pull reports for any staff or committee member.
- Data collection continued in full-swing with our Phase 1 surveys.
- We reviewed and analysed our survey results to find that some adjustments needed to be made based on previous answers.

2019 has been dedicated to review and revision. Our aim is to make everything we do more streamlined, from admin to applications. In turn, we are:

- Eliminating the final survey
- Updating our logical framework and indicators to reflect new strategic plans
- Launching an online and mobile application for therapists
- Establishing workflows and accountability in our Salesforce database to ensure our staff can work seamlessly and efficiently with our beneficiaries

Analysis & Review

2020

WHAT WE MEASURE

Our M&E system uses 4 categories to assess our interventions' impact.

1. Comfort & Posture

Do our beneficiaries experience fewer postural issues? If they originally experienced pain from a poorly suited device, do they still?

2. Mobility & Independence

Can the person move around their home? Can they leave their home with less assistance?

3. Access & Inclusion

Can our beneficiaries go to school? Can they get jobs? Can they use public transportation? What about participating in community activities?

4. Confidence

Do our beneficiaries feel confident in social situations, such as family or community activities? How confident do they feel in their day-to-day lives?

These are some of the questions we ask our beneficiaries to help us understand the impact of our programs and to better inform our decisions going forward.

We are committed to collecting quality data that ensures we have met our intended objectives, not just as an accountability to our supporters, but also as a means of improving our own programmes. But an organisation is only as good as its data, and to collect data we need tools.

OUR TOOLS

We focus on both quantitative and qualitative measurements to assess our programme impact.

Surveys, which are completed by a beneficiary's occupational or physiotherapist prior to and 6 weeks following the receipt of a device, are our primary data collection tool. They include both qualitative and quantitative questions to measure changes in the beneficiary's life.

The results feed into our **Salesforce database**, which is optimised for pulling reports that investigate changes in individual beneficiaries but that also collate results, so that, in future, we can investigate broader trends.

An analysis and evaluation of the current data is conducted toward the end of each year, and feedback is presented at one of our committee meetings. Any programme strategy changes that result are discussed and implemented.

INDICATORS

Self-reported questionnaires measure our outcomes, but concepts such as mobility or independence are not as clear-cut as one might imagine. So, to measure our impact we use indicators for success.

For example, the amount of assistance that a person needs to move around or to leave their home may be a measure of their independence and mobility. Likewise, confidence in community activities, family activities, and day-to-day activities are proxies for general confidence.

These definitions help us to determine what improvements our beneficiaries have made.

THE STRATEGY



M&E THE RESULTS

Our M&E results for this financial year are based on responses from **24 beneficiaries**, who received a motorised or manual wheelchair. The quantitative data that our surveys capture applies to the specific experiences of wheelchair users.

CONFIDENCE

At the outset, 20.8% of our 24 beneficiaries self-reported that they strongly disagreed with feeling confident participating in community activities, and 25% disagreed. Only 4.2% strongly agreed and 8.3% agreed with the statement. 41.7% chose a neutral 3 on the scale of 1 to 5, implying that they felt neither confident nor unconfident.

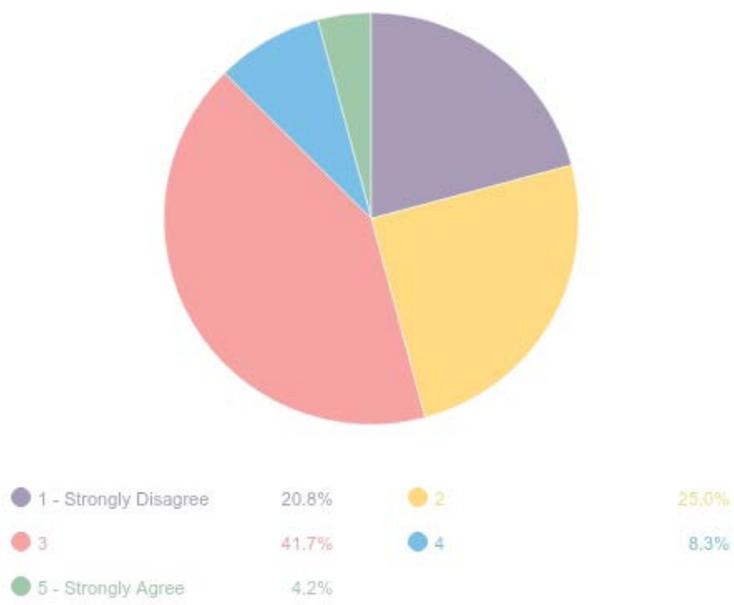
Overall, we can see that 45.8% of the beneficiaries disagreed with the statement in the baseline, and only 12.5% agreed.

In analysing our results, we realised - and recognise - that the option for a neutral 3 can be problematic. In future surveys, we have restructured our questions more clearly.

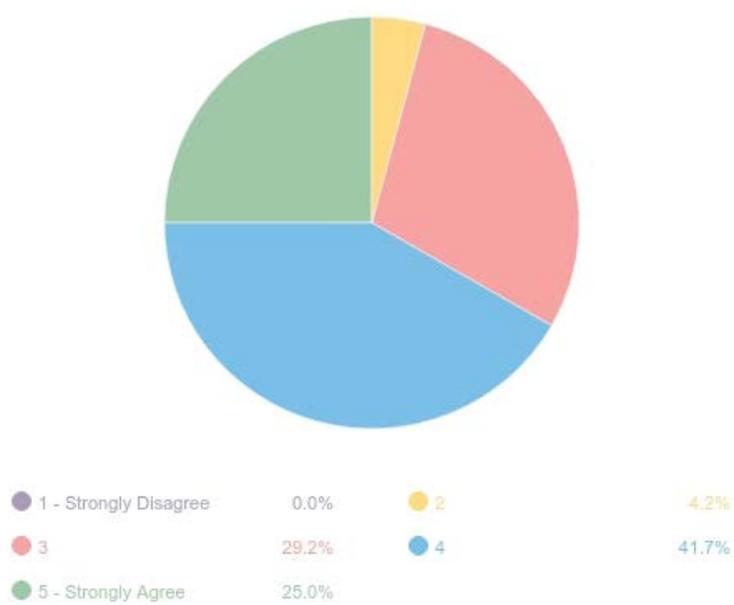
Our midline scores differ dramatically from our baseline scores. After receiving their devices, none of our beneficiaries reported strongly disagreeing with the statement, "I feel confident participating in community activities". Only 4.2% disagreed with the statement at all, and the number of respondents, who chose a neutral score of 3 dropped from 41.7% to 29.2%.

Overall, **66.7%** of our beneficiaries reported feeling confident participating in community activities after having received and used their new devices, compared to a mere 12.5% prior to receiving their devices. To determine confidence levels, beneficiaries answer questions about family and day-to-day activities. We saw similar scores in both of these categories, as well.

I feel confident participating in community activities
Baseline



I feel confident participating in community activities
Midline



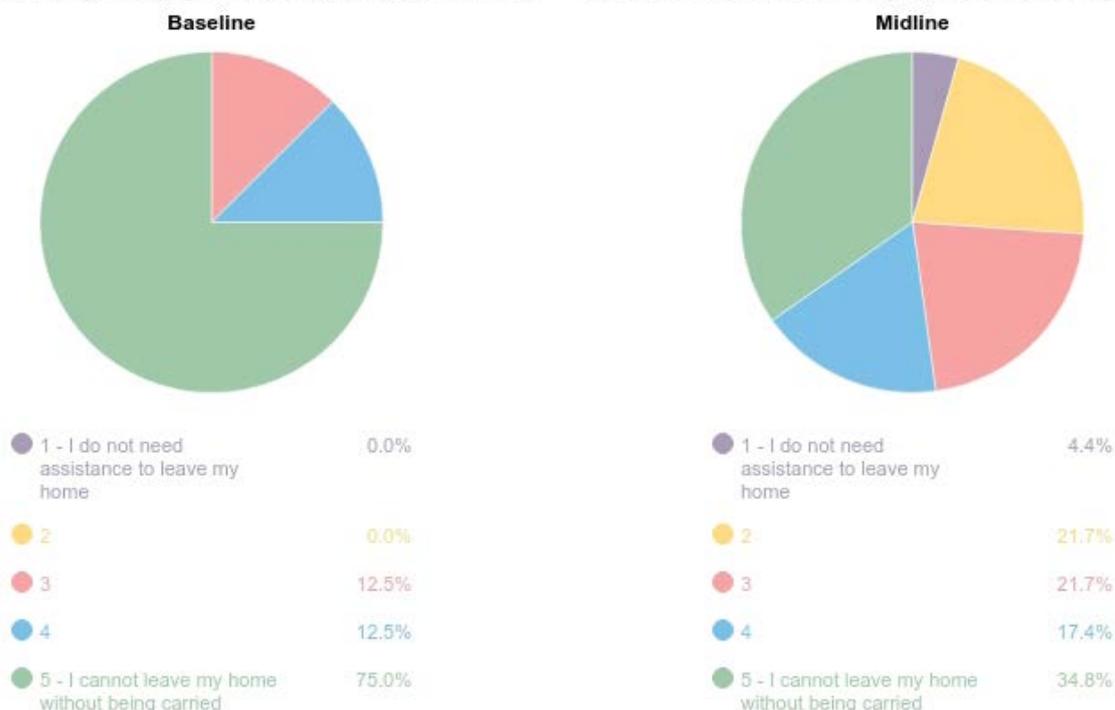
Some of our outcomes are tightly linked, so we often talk about them in conjunction with one another. Mobility and independence are a prime example of this. Mobility may seem straightforward: can a beneficiary move better than before? But measuring “mobility” tends to coincide with a person’s independence, as well. Measuring a person’s need for assistance serves to determine not only their mobility levels but also their independence levels.

MOBILITY & INDEPENDENCE

According to our baseline survey, none of our beneficiaries reported that they could leave home without any assistance or with little assistance prior to receiving their device. This is unsurprising, as many of our applicants, who do not yet have a mobility device, are carried by caregivers or pushed in manual chairs that are not suited to their particular disability, or which they cannot push themselves. This is reflected in the percentage of beneficiaries who report that they cannot leave their homes without being carried: 75%.

Understanding the significance of this is important to recognise the drastic change that a mobility device can make in a person’s life. Feelings of isolation, anxiety, or depression are often reported in literature about people with disabilities who cannot access the social structures available to the rest of the community.

How much assistance do you need to leave your home? How much assistance do you need to leave your home?



Our midline assessments revealed a significant change in the percentage of our beneficiaries who said that they did not need assistance, as well as those who said they could not leave home without being carried. Now, 26.1% reported that they could leave their homes with little to no assistance. Likewise, despite 75% noting that they could not leave their homes without being carried on the baseline, only 34.8% chose that answer on the midline.

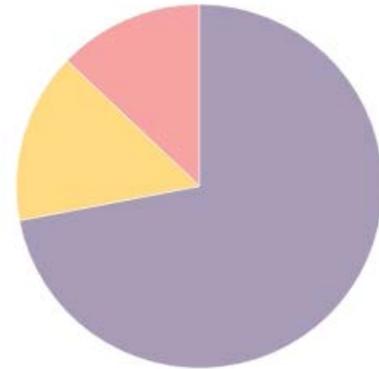
How much physical pain or discomfort do you feel in your current device?

Baseline



How much physical pain or discomfort do you feel in your current device?

Midline

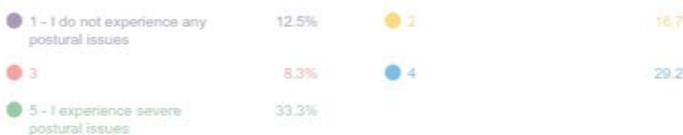
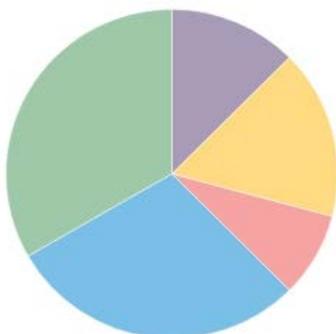


In terms of physical pain or discomfort, our baseline surveys showed that 37.5% of our beneficiaries felt pain or discomfort in their current devices, with 20.8% noting severe pain. Midlines showed a dramatic improvement in that none of our beneficiaries noted a 4 or 5 on the scale. Likewise, while 29.2% of our beneficiaries stated they experienced no discomfort or pain at the baseline, an impressive 72% reported that at the midline.

Similar results can be seen in regard to the question related to postural issues. The baseline assessments show that 12.5% of the beneficiaries experienced no postural issues, compared to 70.8% on the midline. Comparatively, 62.5% of our beneficiaries reported moderate to severe postural issues in the baseline, and none of our beneficiaries reported these numbers in the midline.

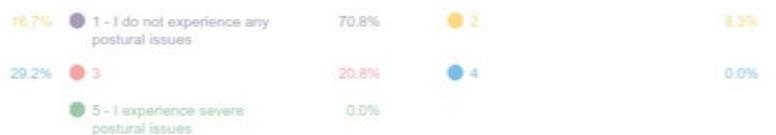
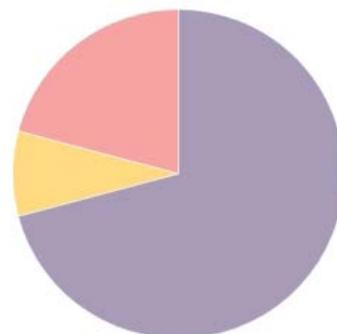
Do you experience postural issues related to your current mobility device or lack thereof?

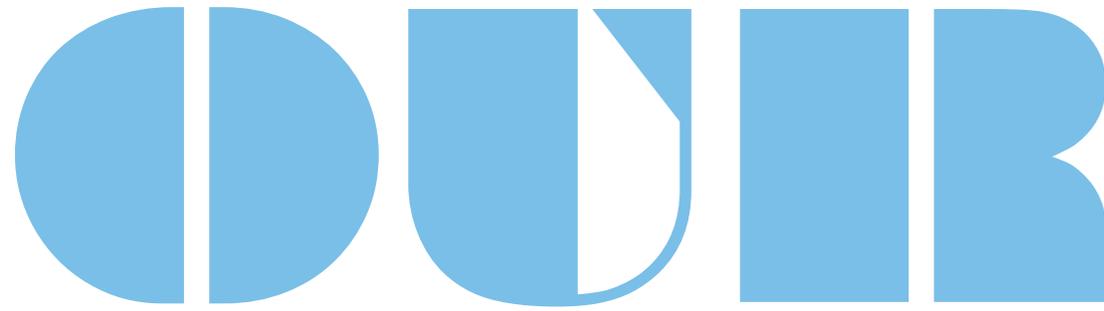
Baseline



Do you experience postural issues related to your current mobility device or lack thereof?

Midline





Pictured below, our committee has 9 members: Veruschka Ramanjam, Mark MacGinty, Sean MacGinty, Sameer Rahim, Gadija Koopman, Buhle Gana, Igsaan Hendricks, Jan Hofmeyr, and Phillip Mcelu.

The committee has expertise in medical matters, as two of our members are senior medical staff at the Red Cross Hospital in Mowbray, Cape Town. One is a paediatrician and the other is a physiotherapist. They vet all applications and ensure that the correct device is prescribed and issued. The other members of our committee include a former beneficiary of the Rachel Swart Fund, the CEO of the Cerebral Palsy Association, two semi-retired businessmen, a social worker, an NGO programme manager, and a Salesforce and cloud integration specialist.

The members of the committee have sufficient oversight and expertise to give the necessary guidance and obtain assurance that the Rachel Swart Fund is effective and efficient. When an application comes in, it is processed by our administrator Chantal and her assistant Nathaline. The subcommittee reviews and discusses the applications on a rolling basis. If queries about device suitability, income level, or eligibility are noted, the staff follows up with the applicant.



There were no changes in staffing during the year under review. As mentioned in the Chairperson's Report, this was the first full year of Chantal's service and the Rachel Swart Fund is indebted to the efforts of Chantal and her assistant Nathaline.



Chantal Crook
Administrator



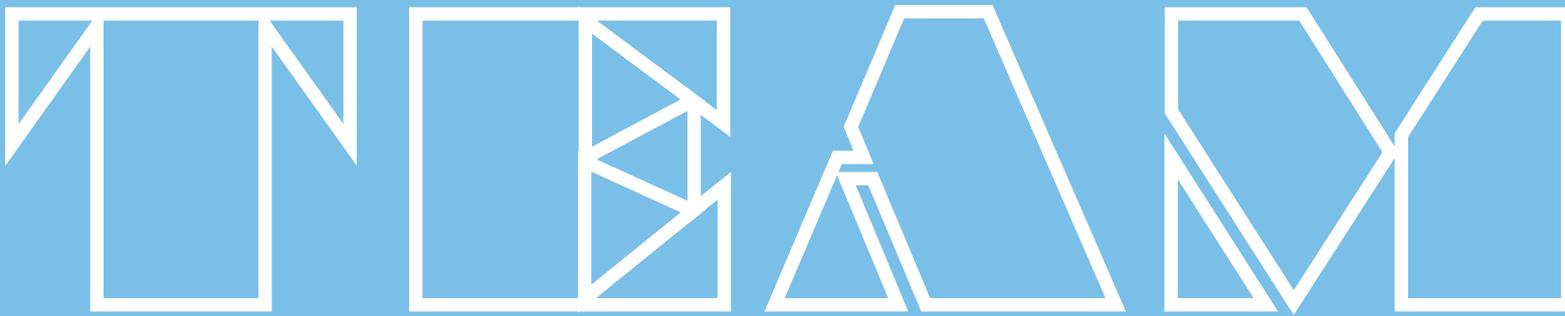
Nathaline Petersen
Secretary



Heather LeRoux
Part-Time Bookkeeper



Katie Florian
Fundraising and M&E Consultant



The work we do would never be possible without our generous supporters. Individuals, companies, and foundations furnish us with donations every year that keep our programs running, and allow us to continue delivering mobility, access, and inclusion to our beneficiaries. To all of you, we thank you from the bottom of our hearts.

OUR TOP DONORS



THE VICTOR DAITZ FOUNDATION

John Ellerman
Foundation



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David Graaff Foundation
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Nussbaum Foundation

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SUPPORT

PROBET

JOIN TEAM RACHEL!

Got legs of steel? Love running long distances? Join us for the 2020 Old Mutual Two Oceans Marathon as part of Team Rachel! Our runners help us by fundraising for our programmes, which allow us to provide mobility devices to people throughout South Africa. For details, contact us at info@rachelswart.org.za or follow us on social media!



@rachelswartfund



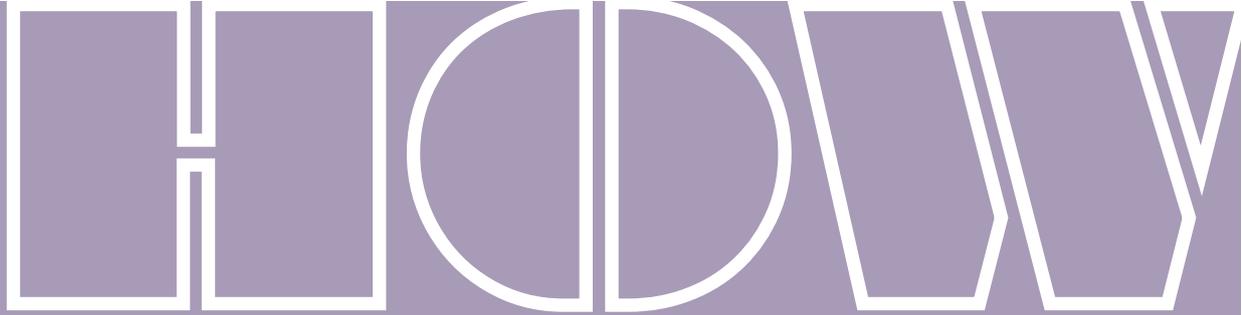
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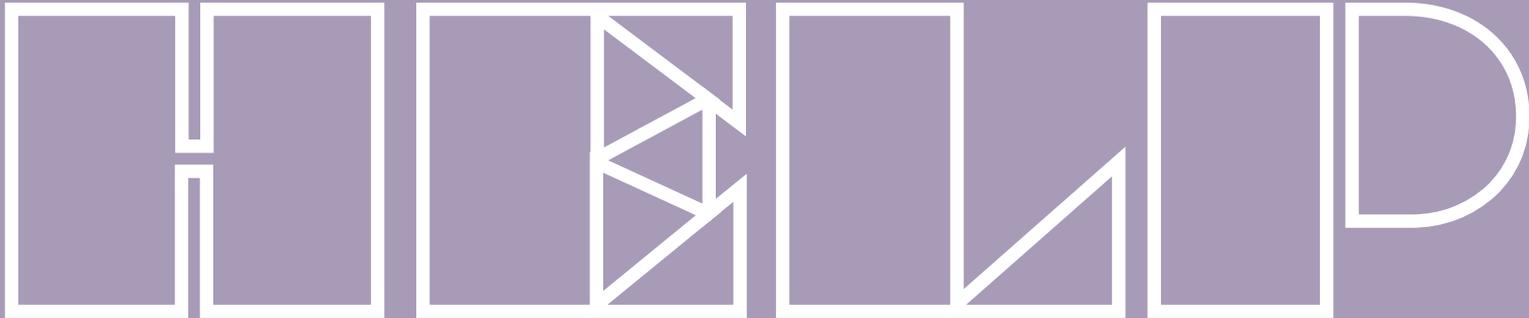
Every year, athletes join us in running The Old Mutual Two Oceans Marathon. This year, 31 runners raised a total of 110,672 ZAR, which went toward procuring 4 motorised wheelchairs and 2 manual wheelchair for 6 of our beneficiaries. Our top three fundraisers, Rae MacGinty, John Nielsen, and Mandi Hart raised a combined total of 40,372 ZAR. We are indebted to each and every one of our runners and look forward to sharing their stories again, next year. If you're interested, consider joining our team for 2020 by reaching out to us at info@rachelswart.org.za



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YOU CAN



A community of generous supporters is what makes it possible for the Rachel Swart Fund to continue serving people in need throughout South Africa. And we are always looking for people invested in our cause! Find out how you can get involved in one of the ways listed below, or reach out to us at info@rachelswart.org.za with an idea.

VOLUNTEER

Hands-on volunteering isn't typically one of our activities, as many of our beneficiaries are spread throughout the country. On the other hand, we are always looking for people who would consider donating their time to helping us with:

- Graphic design
- Web design
- Data cleaning
- Research
- Event planning

If you are an occupational or physiotherapist: we partner with people like you to deliver devices to people in need!

DONATE

There are many costs associated with having a disability that extend beyond the mobility device itself. Transportation in a wheelchair, for example, is expensive, and many devices do not fit in standard taxis. 100% of our beneficiaries live below the poverty line, and with costs of transportation high, this can be a major impediment to them receiving the care they need. Consider joining our **monthly giving programme**, where for the price of a cup of coffee each month, you can help improve our beneficiaries' lives. We will be sure to share their stories with you, so you know exactly what your donations mean. To find out more, visit our website - www.rachelswart.org.za - or email us at info@rachelswart.org.za. A small donation can make an immense difference in the life of someone without access.



SPONSOR

Is your company looking for a CSI opportunity? Maybe you just want to increase brand awareness? Let us know! While we will continue to offer mobility devices to our beneficiaries, our strategic plan is to incorporate non-accredited training for maintenance staff, as well.

Other donations we accept and appreciate include:

- Office furniture and equipment
- T-shirt, banner, and organisational material sponsorship
- Food and drink donations for events

CHALLENGE

Do you love a challenge? Running a marathon, or tackling a cross-country bicycle race? Consider using your platform - and journey! - to raise awareness for a great cause.

If you are interested in joining our Old Mutual Two Oceans Marathon team - or know of any other major sporting events with charity sponsors - reach out to us! We love having people on board who share our passion.

Don't forget to follow along with our team using the hash tag #RunWithRachel or #TeamRachel

SHARE

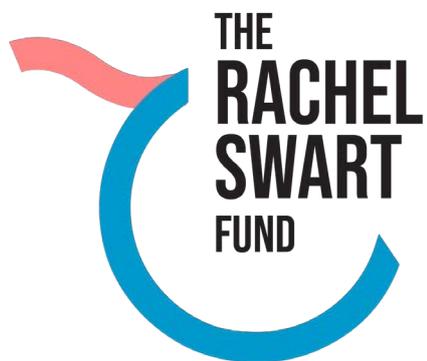
The more people who know about us, the better! Connect with us on social media, and help us spread the word.



@rachelswartfund



/rachelswartfund



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