

**MASISUKUMENI WOMEN'S CRISIS CENTRE BORDER ADVOCACY
OFFICERS' NARRATIVE REPORT
JANUARY 2015**

Project Management Site	Masisukumeni Women's Crisis Centre
Geographic Coverage	This project covers the borders under the Nkomazi Municipality from the eastern part of Mpumalanga province that lead to neighbouring countries: Mozambique and Swaziland. The Lebombo Border Post in Komatipoort, Mananga Border Post, Matsamo Border Post in Jeppes Reef, informal crossings (Scanco) in Dluhluma, Mbuzini, Magudu and Magogeni and two towns that are transit areas for migrants: Hectorspruit and Malelane.
Project Beneficiaries	Migrants, Women, Children, Men, People with disabilities and Senior Citizens.
Project Partners	Trucking Wellness, Tirha uhanyile, Nkomazi Municipality, Farming Sector, Dept. of Health, Dept. of Home Affairs, Traditional Leaders
Reporting Period	01-31 January 2015
Date of Submission	07 February 2015
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1.SUMMARY OF KEY ACHIEVEMENTS(Results)

Type of Farm	Estimated Total Number of Employees		Migrants		Gender & Age					
	Peak Season	Off Peak Season	Internal	Cross-Border	Females			Males		
					<15	15- 24	25+	<15	15- 24	25+
Small Enterprises	0	0	0	0	0	0	0	0	0	0
Large Enterprises	1200	500	3	29	0	3	6	1	8	14
Totals	1200	500	3	29	0	3	6	1	8	14

NB: 2015 has kick started with a bang and our implementing partners are rolling out the plan we had just before we closed in 2014. We are now reaching out to people in farms where health facilities are scarce and migrants are accessing services brought to their area through joint efforts from all government departments and other stakeholders.

2.PROGRESS MADE TOWARDS REALIZING OUTCOMES AND OUTPUTS

2.1 MIGRATION IN THE DISTRICT/ MUNICIPALITY

Our villages that are lining the borders of both Swaziland and Mozambique are always experiencing a high number of international migrants coming in and out through formal and informal borders. There are communities that are related yet living on the edges of the borders. Some come into South Africa to buy their groceries and other daily needs. Cross marriages are also happening among these communities. Due to limited information children born out of those marriages suffer when they have to be registered with the department of home affairs as one or both parents of the parents will not have proper identification documents. The laws of proper marriages and registering procedures are not known to most of the parents involved. Due to poverty and social set up people do not perceive documentation as a priority and whatever minimal income earned by the family is used for food and other necessities according to the local social standards. The informal borders also makes it difficult for officials to control the entries and exits. Migrants will be seen carrying big bags on their heads, backs and both hands. Children in those communities with informal border entrances (scancos) see and opportunity to make money by carrying the loads to be paid some cash. This also affect the attendance in schools and add the risk of human trafficking. When children reach the point where they have to return, they are at times beaten and not paid by their customers. Now that the farms are

only employing workers with proper documentation, the rate of un documented migrants in farms has been reduced. However there are still challenges as documents are rented as an easy way of generating income. Citizens lend their documents to migrants just to be employed and in return a percentage agreed upon on the remuneration is given to the document's owner. When they somehow disagree the owner will change or cancel the account without notifying the employee. This result in cases where migrants forfeit their money. Lack of human rights knowledge to migrants make them not to take steps against their exploiters. As border advocacy officers we make sure that migrants are informed about procedures on such cases and human rights.

2.2 STRATEGIC PARTNERSHIPS DEVELOPED:

Partnership with all government stake departments, non- profit organizations and civil society organization structures are strengthened in for utilization of resources and tangible impact. Perceptions about migration have shifted from treating people with contempt just because of assumptions to learning more from each other and acknowledging a human beings regardless of their nationality or any other difference. Migrants are accessing health services, justice and other social services according to the human rights laws. Stigma is reduced because of the educational sessions that are conducted by our border advocacy officers in all service points where people gather in large numbers such as clinics, department of home affairs, tribal meetings, schools, churches, etc. Social and cultural barriers are addressed using the community capacity enhancement approach. This method is yielding good results as the communities are helped to identify the problems and challenges posed, explore them and come up with actions that will bring solutions. The communities are the key role players and our border advocacy officers only facilitate and guide the process instead of lecturing. The government departments and other help by bringing in the expertise from their field of specialities.

2.3 ADVOCACY FOR CHANGE IN POLICY AND PRACTICE

We are embarking on encouraging all employers in farms and other places that give jobs to migrants to ensure that they are in line with the health and wellness standards as required by the law in terms of health and safety procedures, human rights and other relevant policies. Informing migrants and communities affected by migration about available health services, human rights, case reporting procedures and other relevant information is prioritized to ensure that the leaking tap is closed that makes controlling HIV/AIDS impossible.

2.4 SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS

T- shirts, sun hats, bottle juices and umbrellas are printed messages such as:

“Count me in!!! Fighting Sexual Gender Based Violence for 365 days”

“I am also in!!! Fighting Sexual Gender Based Violence for 365 days”

“unite to end violence against women and children”

2.5 CAPACITY BUILDING

2.5.1 BUILDING CAPACITY ORGANISATIONS AND LOCAL GOVERNMENT

On the **15th of January 2015** Tirha Uhanyile field workers were capacitated on Sexual gender based violence. This includes identifying signs and symptoms in a victim, basic skills needed by the officers in calming the victim or the situation, the dos and don'ts when dealing with a victim of SGBV, setting priorities for the benefit of the victim, case referral, follow up and supporting the victim throughout the processes. The border advocacy officers are receiving an ongoing training on domestic violence act.

2.5.2 BUILDING CAPACITY OF BENEFICIARIES

On the **16 of January 2015** a group of **18** students started a SGBV capacity building workshop that will have continuing session one in every month. This is aiming at empowering students to speak out against gender based violence. A peer education program will be launched with schools that are identified as a measure of raising awareness of the existing gender based violence in schools and in the communities that become the blockage to fighting HIV/AIDS. An anti- sugar daddy campaign will also be part of the activities during the February month. This is due to the statements that our border advocacy officers gather during the discussions with students. During valentine's day they look forward to expensive gifts which boys of their age cannot afford. This becomes a push factor as their peers show off their gifts bought by older man "Sugar daddies" they are dating. This problem also affect boys as they also date older women for same reasons. The risks involved in such relationships are severe as power dictates the condition of the sexual relationship between such couples. The older partner with money will always decide whether to use HIV prevention tools such as condom or not. In most cases they opt not to use protection at all.

We are also reaching out to the communities in raising awareness about kinds of gender based violence that are regarded as "normal" in our society. e.g. early forced marriages (kutfwala), arranged marriages (kwendzisa) etc. These forms of GBV are influenced by culture and socialisation. Patriarchy plays a bigger role as men always decide for women. We are encouraging young women to speak out against such issues. Women are also empowered to be economically independent by starting income generating projects. Education is also prioritized to reduce vulnerability. Masisukumeni has a team of volunteers that are conducting capacity building workshops in the affected communities. Poverty and unemployment are the main tributaries to the flooding river of such kind of gender based violence. Fathers look at richer families which they give their daughters to in return for cattle or any other form compensation. The welfare of the daughter is not taken into consideration. The "son in law" may abuse the woman he is given, but she cannot return to her father's home as that is shame to the family.

2.5.3 STRENGTHENING HEALTH SYSTEMS

Our border advocacy officers are continuing with the morning educational sessions in all the clinics in their working areas. These clinics are: Komatipoort, Dlunduma, Masibekela, Magogeni, Mbuzini, Ndindindi and Malelane. The health professionals in those mobile clinics that are taking services to the hard to reach areas e.g. farms, informal settlements, etc. are also sensitised on migration issues and how to approach migration with a

positive attitude for the benefit of the whole community we are serving. Stigmatizing questions and comments are discouraged. This has increased a number of people accessing services at the clinics as migrants feel the welcoming atmosphere created by the project. This initiative also reduced the number of cases of pauper burials as local Home Based Care groups and other civil society organizations are also informed about human rights and health issues.

2.6 REFERRALS AND LINKAGES WITH OTHER SERVICES

A total No. of **188** clients (**60** males and **128** females) were referred for further support and management:

27 were rape cases referred for PEP, 6 for TOP to department of health institutions, 1 to the SAPS, 3 to SASSA, 11 to Department of Justice, 1 to Department of social development, 4 Road Accident Fund, 12 Legal aid board, 31 Department of labour, 77 department of home affairs, 9 for psychosocial support to the main office.

2.7 SERVICES AND HEALTH PRODUCTS DELIVERED

The referral systems that exists between the stakeholders lightens the works as clients are referred to relevant institutions to avoid secondary victimisation when sending one client from one door to the next to tell their problem to every officer they come across in those offices. Daily educational sessions on SGBV are continued in clinics and strategic places in communities that the border advocacy officers serve.

2.8 MONITORING DATA ISSUES

Our data capturing tools has minimized data capturing problems as they cater for the required information needed for reporting purposes. This include the tools used to register sessions in fields, data captured electronically and monitoring tools used by top management.



3. EXPENDITURE AND RESOURCE UTILIZATION

Attached in a separate reporting format.

4. CHALLENGES ENCOUNTERED AND ACTIONS TAKEN

CHALLENGES	ACTIONS TAKEN
Example of heading: Advocacy for change in Policy and Practice	
The scorching sun and rainy weather sometimes disrupt the border advocacy officers from the work as most of the areas do not have transport operating, they have to walk for long distances in such conditions.	Sun screen creams are used by our officers to protect them from the sun and umbrellas for rain.
Strategic Partnerships	
Organisations with male ambassadors in fighting SGBV in the area of operation were not visible enough to encourage other men in behavioural change.	Strengthening of male involvement in organizations that are partnering with us in fighting SGBV in our communities.
Others	
N/A	

5. OPPORTUNITIES

New marketing strategies of the Ripfumelo project to local business people may attract funding and enhance sustainability plans for the organisation.

6. RECOMMENDATIONS

- Transport arrangement need to be revised as areas of work does not have public transport operating in those routes. This will enable BAOs to reach places of work easily and service delivery will be improved.
- Branding of the project material and participants needs improvement e.g. Banners, Gazebos, BAOs uniforms and back packs for the visibility of the project in all working areas.
- More IEC materials on relevant topics need to be made available to clients in different languages e.g. Portuguese, Pakistan, Shangaan, etc. These include Human trafficking, HIV prevention, Migration for the benefit of all; know your health facilities etc.

7. CONCLUSIONS

Service delivery is improving and migration is not perceived as a burden to the country as proper integrated plans are rolling out as migration is mainstreamed in every sphere of community service. Indeed healthy migrants in healthy families are guaranteed possible. Sexual Gender based Violence can be eradicated when we play roles as pledged. Looking at the **6971** total migrants reached to date, the project has touched lives and will continue to do the extremes with necessary support from our funders and commitment of all beneficiaries.