

**MASISUKUMENI WOMEN'S CRISIS CENTRE BORDER
ADVOCACY OFFICERS' NARRATIVE REPORT
APRIL 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 Traditional Healers.
Reporting Period	01 April 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

Masisukumeni Border Advocacy officers are servicing in villages that are lining the borders of both Swaziland and Mozambique. They are tireless in assisting a high number of international migrants coming in and out through formal and informal borders. Some migrants are coming to South Africa to trade goods back to their countries of origin. There is also an issue of cross marriages as the migrants from different countries are in and out South Africa, and sometimes it came to a point of reallocating in respective communities. This is the duty of the officers to see whether migrants are not discriminated and mistreated at all. It is also their responsibility to educate communities to fight xenophobia against migrants. Communities are also daily educated on how to go about with cases of children who were born in cross marriages, because this sometimes leads to issues of undocumented learners in schools whom cannot qualify to write their matriculations. It is the duty of the officers to educate communities on sexual and gender based violence, as some people are taking an advantage to migrants, some are sold for money, some are forced to marry to sugar daddies, 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. It is also the duty of Masisukumeni border advocacy officers are also ensuring g that 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 sometimes to receive the grants from the SASSA office and in return a percentage agreed will be given to the owner of the legal document. This is very challenging as sometimes the migrants will be threatened and promised to be reported to the police as she does not have legal documents. This resulted to fraud and corruption of money from the pension's office.

Therefore Masisukumeni border advocacy officers is their duty to make sure all migrants are well informed about sexual and gender based violence as well as their human rights issues which also includes their migration health. Such cases are reported to the relevant departments with the support of the border advocacy officers.

Support was given o migrants who have experienced any form of abuse or other social issues as some were referred to the Centre for further support and management. Migrants were given guidance on how tom access their medical, legal and human rights. By empowering our migrants, Masisukumeni is actively seeking to address the problem of stigma and discrimination against migrants that is so prominent in the Nkomazi area. Many cases of migrants from Mjejane community have been referred and attended with dignity at the Thuthuzela Care Centre. They have entered in to the court roll through the assistance of the paralegal officer.

Public Outreach: For the period of April 2015 a total of **1047** beneficiaries have received information on sexual and gender based violence linked with HIV /AIDS. Information is also given to patients waiting for service in clinics.

Follow Ups: A total of **04 cases** have been followed up by dedicated Masisukumeni counsellors.

Referrals : A total of **23** referrals was referred to the various institutions by dedicated border advocacy officers with a breakdown listed below:

Breakdown of Cases: 2 TB Patients, 2 HIV Cases, 7 Identity Issues, 3 Labour Issues, 5 were domestic Violence Cases, and also 4 were identified with cases of maintenance.

HIV Positive: A total of 02 victims were tested HIV positive after the rape and have received PEP medication. Their cases are being monitored by trained counsellors and friends of the Court. If their CD 4 Count were below 200 the victims were referred for further medication.

If the client was tested negative after rape she will be given medication for 28 days. The client will have to come back after six weeks for another HIV testing.

A total of 13 victims have initiated PEP medication after sexually assaulted

HIV Negative: For the month of April **06** victims were tested negative after rape. There were also supported by our dedicated counsellors at the Care Centre

2.2 STRATEGIC PARTNERSHIPS DEVELOPED:

There is a good referral system between the government departments and Masisukumeni. Joint programs have impacted as most migrants are reporting more equal treatment under the law and less discrimination in accessing justice and support services. Stigma is reduced because of the educational sessions that are conducted by our border advocacy officers in all service such as clinics, department of home affairs, tribal meetings, schools, churches, etc. Social and cultural barriers are addressed using the community capacity enhancement approach. Traditional leaders are usually invited to take part in such gatherings because they are the ones who handles cases of migrant's issues in their respective communities as most migrants are afraid to use other offices as they are afraid that they will be deported to their countries.

Masisukumeni is supported by the political government representatives which are local ward councillors in the surrounding villages, they are also referring cases to the Centre.

2.3 ADVOCACY FOR CHANGE IN POLICY AND PRACTICE

It is the responsibility of the border advocacy officers to encourage all employers in farms and other institutions to follow the right procedures for their workers. Although some employers are not responding to the call but is the duty of the border advocacy officer to make sure migrants are treated with dignity and respect as stipulated. Pamphlets from the Department of Labour are distributed in all farms and some other cases are referred to them for further support and management. We are embarking on encouraging farm employers to give time to employee to go HIV if the Gazebo has visited their places.

2.4 SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS.

Border Advocacy officers are taking part in the drama played by community members at Mjejane. The aim of the drama is to convey a powerful message to communities who are most affected by the HIV epidemic as well as other social issues. The drama displayed the realistic that migrants are facing and other vulnerable populations. Solutions are suggested and planned in order to overcome such issues. The Masisukumeni pamphlets conveyed a message to communities at large as it is clearly written "Break the Silence and Speak Out Against Abuse"

2.5 CAPACITY BUILDING

2.5.1 BUILDING CAPACITY ORGANISATIONS AND LOCAL GOVERNMENT

Masisukumeni community advocacy officers attended a ten days training facilitated by Right to Care on counselling and debriefing. The main aim of the training was to bring the counselling service in depth the community. As for now clients were referred to the Centre for further psycho-social support and healing. Sometimes some cases were not coming to the Centre as public transport is not free. Money is an issue as some are not working at all , this were some causes of the 72 hours fading away especially in cases of rape for rape.

Home based cares has been receiving an ongoing training on sexual and 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.

Masisukumeni border advocacy officers have been jointly working with all government stakeholders such as Department of Home Affairs, Department of Health, Department of Education, SAPS as well as attending joint forums in an aim of eliminating sexual and gender and violence which is a scourge in the Nkomazi Area.

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 human rights event was attended by community members at Ka- Mhlushwa village. A total of **345** were entered in the attendance register. The event was supported by the Municipality. The aim of the event was to reactivate the knowledge of human rights to communities at large. This problem also affected migrants as they are threatened to voice their feelings as locals will frighten them that they have got no say as foreigners.

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. For the period of April 2015 a total of 3268 beneficiaries have received information on sexual and gender based violence, 1245 people have received informational pamphlets and booklets on relevant legal and national policy documents namely Minimum Standard for Victim Empowerment and the Victims Charter. These people included victims who came to the Centre for counselling and support and targeted communities for public outreach.

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, Mjejane, 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. Topics such as migration issue and secondary victimisation are included. These minimise reported cases of secondary victimisation of migrants in respective areas where they are served.

Stigmatizing questions are discouraged. This has increased a number of migrants served without any discrimination, and they are now feeling the welcoming atmosphere impacted by the project.

2.6 REFERRALS AND LINKAGES WITH OTHER SERVICES

For the month of April 2015 a total of 23 clients have been referred to various department for further support and management. Out of the 23 4 cases were referred to the Department of Health for HIV/AIDS testing, and the other two for TB screening. Three were referred to the Department of Labour, 7 cases were referred to Home Affairs, and the nine were referred to Masisukumeni for counselling and support.

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. The Co-ordinator from Tira Uhhanyle project is mentoring Masisukumeni with data collections tools. She is working hand in hand with the capturer as a means of improving data. The officers have adopted the system and has for now there are less errors and double counting has been minimised

Attached is the Data Tool on a separate page.

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	
Some offices are not supplied with booklets and pamphlets in line with the National Policies.	The Victims Charter, Migration issues, Minimum Standards of Services For Victims OF Crime, Domestic Violence Act, Older Persons Act, Sexual Offences Act, and National Guidelines on HIV / Aids Implementation should be all monitored and implemented effectively, and some should translated into different local languages.
Strategic Partnerships	
Attempts to engage critical stakeholders have been stagnant. Masikusumeni has invited different stakeholders to come tom the Centre for meetings regarding migration issues, but is has come to	Masikusumeni is planning to host an Indaba For migrants for both East and West Villages that will be conducted by different government agencies. The Chairperson of the Board will send circulate invites with agenda for different stakeholders. Each stakeholder will be given a

a point that they are not receptive to the meetings, only few are responding and informal meetings are held.	certain specific role to play. They will be required to send their representatives from their
Others	
N/A	

5. OPPORTUNITIES

Banners related to the Ripfumelo Project should be placed in local business, taxi ranks, malls, and plaza as well as road signs in an aim of attracting everyone to take part in the fight of discriminating migrants, xenophobia and ensuring their wellbeing's are respected.

6. RECOMMENDATIONS

- The Border Advocacy should work in pairs and rotate to their respective working areas. A weekly roster should be made available to all of them. Referred cases should be followed up by border advocacy officers in an aim of building a good relationship and trust with their clients.
- 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.

It will very useful if all farms identified with high rate cases of abuse and human trafficking can s=be shared with the employers. Even if their names are not revealed but they should understand what is happening in their farms. For example the Mjejane farm is affected by migration, poverty, and many more serious issues that needs serious attention.

Farm workers should also donate with their office space so that cases of sexual and gender based violence should be attended as soon as they are identified.

- More IEC materials on relevant topics need to be made available to clients in different languages e.g. Portuguese, Pakistan, Shangaan, Zimbabwe, Malawi, Ethiopia, Kenya etc. Messages such as Human trafficking, HIV prevention, Migration for the benefit of all; know your health facilities etc.
- All rape cases with low CD 4 Counts should be treated as emergency cases and be accompanied to SASSA for application of the medical unfit grant.

7. CONCLUSIONS
