

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

Project Management Site	Masisukumeni Women's Crisis Centre, Tonga, Nkomazi Municipality, Ehlanzeni, Mpumalanga Province, South Africa
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 Dlunduma, 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, Social Development, Department of Education.
Reporting Period	01-31 March 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+
<b>Small Enterprises</b>	200	40	4	16	0	1	3	0	3	13
<b>Large Enterprises</b>	1200	150	22	7	0	1	21	0	0	7
<b>Totals</b>	1400	190	26	23	0	2	24	0	3	20

Farms that were serviced during this reporting period are; Inyoni, Lilly pond, Maritz, Masgobe, Riverport, Rooigrass, Rosemaryn, Schoonspruit, Turfbult, Umbhaba and Welgelegen, Most of these farms have 100% migration rate as there are no residential compounds in their premises.

## 2.PROGRESS MADE TOWARDS REALIZING OUTCOMES AND OUTPUTS

### 2.1 MIGRATION IN THE DISTRICT/ MUNICIPALITY

With Easter holidays approaching, school children from our neighbouring countries that are in our educational institutions are flocking back to spend time with their families. The informal border entry points are experiencing a large number of people exiting South Africa. Most of them are undocumented and cannot use the formal gates as travelling documents are required to pass through. The issue of cross border marriages that are not formally done are the main cause of children without documents. Other couples do not even know the processes involved for legalising such marriages in order to access proper documentation hence children are caught in between the web of problems posed by such relationships. Street vendors along the main corridors also find this time more vibrant for their business to shoot high. Migrant workers from South African industries, mines, farms and other working areas are also going home for holidays. With long queues at the border gates, people get hungry and buy food from the street vendors. Pleasure executives are also looking forward to better business opportunities during this period. Most interestingly is that there are those who are “doubling up” the show. Being a vendor and a pleasure executive at the same time is double the benefits. Truck drivers are always on the road, their job make them to be the most vulnerable group as they rarely spend time with their loved ones. Both businesses benefit from them a lot more than other groups. When missing home cooked meal and a bit of intimacy the “doubling up” is the option. Nkomazi being a transit area must be ready to deal with the challenges resulting from such activities. The border advocacy officers are making sure that HIV prevention is up scaled by conducting educational conversations with all the above mentioned groups, filling up of condom outlets, mobilising for HCT and other health services accessible

through our partnership. Migration is good, but needs to be well managed to minimize the challenges endured by both migrants and nationals. When everyone is well informed they are able to take informed decisions.

## **2.2 STRATEGIC PARTNERSHIPS DEVELOPED:**

Ongoing partnership with Trucking wellness, Tirha Uhhanyile, Department of health, SAPS, Correctional Services, Right To Care, Social Development, and other stake holders has strengthened. The MARPS are always considered as a first priority in our integrated plans to ensure comprehensive approach when rendering services. Marginalised groups feel comfortable around our officers as stigma is the first issue that is addressed for HIV prevention strategies to be effective. It is not about the differences in our sexual orientation, nationality or any other diversity but equal human beings who all need to be protected equally against all plights. Joint efforts from all partners ensure that clients are helped accordingly and secondary victimisation is minimised as the referral pathways is strengthened on a daily basis.

A teenage pregnancy campaign was held on the 14<sup>th</sup> of March 2015 at Sivulindlela drop in centre (Mjejane). Partners from DOH (Malelane Clinic), Grip, Child line, Mjejane Youth advisory centre, Agri IQ, Right to Care, Thanda Primary School and members of the Mjejane community join hands in fighting the problem that seem to be the main tributary flooding the spread of HIV and AIDS. The issue of inter age relationships, transactional sex, peer pressure, innovative technological gadgets etc. are the push factors for the teenagers to end up in a web of problems posed by immature motherhood. The price paid for the less informed decision making is impacting to the whole community. The rate of illiteracy is escalating, unemployment, overcrowding, undocumented children, poverty, lack of basic services and infrastructure is escalating. The poor living conditions are leading to the spread of other communicable diseases. Social grants are also not helping as the immature mothers only look after their beauty instead of using the money for the babies. The more kids are born for more money to be accessed the bigger the challenges endured. The culture that is practiced in the community is unique and does not have a better word to describe than awkward. HIV prevention is preached but the reality is, when one gets pregnant it is obvious that safe sex is not practiced. The stake holders discussed the issues with the hope of raising awareness and coming up with possible solutions. Continual interventions through educational sessions, community dialogues and mass awareness campaigns are planned for the future. Stakeholders pledged their commitment in supporting the community throughout the process of fighting the plight of teenage pregnancy.

The event was honoured by religious structures from Moral Regeneration who emphasized more on the change of approach on the way morals were preached. Faith based organisations like church have a bigger role in modelling morals to the young generation. Instead of talking one has to walk the talk. Practical examples are to be set by all religious leaders for the youth to follow in their steps. Older men are standing up against SGBV which is devouring our nation. It is not women alone who make babies but men as well. It is therefore both sexes' responsibility to keep their pants up or use a condom to prevent unplanned pregnancies and the spread of HIV/AIDS.

A speaker from Nkomazi Local AIDS council shared the experience of being a teenage mother and HIV positive at such a young age. When looked from a distance raising a child seem easy. The real feeling is, a baby is not a dol. There are sleepless nights when is sick, wet and messy diapers to change day and night, no playing with friends as the baby is carried either on the back or lap. At times the reason for crying is not known, not to mention if the

paternal family believe in some strange customs and culture that cause their babies to cry when they are kept away from them or their special rituals. With combination of cultures there are demands from either families that when not complied with problems affecting the child born in such relationships. The teenage mother is in most cases facing these challenges alone or with her family. The male who made her pregnant continue planting his seeds in other girls who are still good looking and without babies to nurse. Education has to be put on hold for a while or totally seized to take care of the child. Some girls resort to abortion to avoid such burdens. Illegal health practitioners from outside countries have posted contact details everywhere for those who want to terminate unwanted pregnancies. This has caused conflicts between migrants and communities they live in.

It is encouraged that young girls must hold on to their virginity and remain in their group “ingabisa” which is the pride of being a young girl. If culture is to be reinstated, stages of growth were followed young people and monitored by adults. Fines would be paid to royal authorities, the group where the maiden belonged by the both parents from the boy and girl’s side. The couple would then be taken out of their peers in order to discourage their peers from copying the act.

Masisukumeni encouraged the community to learn more about SGBV, case reporting procedures, protecting young girls from “vultures” who prey around the innocent beings just to satisfy their lusts. Our BAO’s also gave clarity about ages when children will be able to consent for sexual relationship. It is everyone’s duty to report cases of GBV witness or they may be charged as part of the offenders.

A lay counsellor from Agri IQ shared an experience of the pain telling a young pregnant women the sad news of being tested HIV positive. The way it switches off the spark of hope from the girl’s face. No matter how hard one may try to make it look easier, the reality is that options are limited and the future is diverted as life takes a detour. It is therefore encouraged that teenagers must think about such consequences before engaging in risky behaviour.

SAPS representative stated that law enforcement on protection of women and children is prioritized. Offenders will not be tolerated. Together with the department of justice they ensure that fathers must take responsibility to maintain children. The court always give orders to the police to arrest those who are not adhering to the ruling and ensure that children are provided for by both parents. It is the duty of community members to report cases of child negligence. He further emphasized that the social grants are not for mother to pay for manicure, pedicures and hair do but for children’s needs. Those who use it otherwise will be prosecuted.

Child line shared the number to dial when children are in danger or neglected. It takes a community to raise a child and children will grow to make responsible community members when taken care of accordingly. Educate a child then crime will be eradicated.

The Youth advisory centre pledged their availability to the community for support and guidance. Everybody is welcome to use their services. It may happen that adults did not have such centres when they were young but it is never too late, one can come in and learn on how best to guide their children. Knowledge is power.

Right to care encouraged people to know their HIV status while they are still in good health. Male medical circumcision plus the proper use of condom will prevent unwanted pregnancies and sexually transmitted infections. Real men take care of their women and children. Men are urged to protect their partners and stop making babies for fun. The anger that rises from a neglected child grows from generation to generation hence the jails are flooded.

Home affairs warned the community members about people who sell citizenship by faking marriages with non- nationals who offer them cash in return. It may seem an easy money making means but the consequences are severe. Some have lost their assets to foreigner who married them in community of property. Children are also caught up in those situations when their mother pass away, the fake spouses will claim that they have custody over them. In some cases the family did not even know that their daughter was married.

Condom demonstration was done by Grip. Nkomazi FM a local radio station asked the community to listen to their educational programmes which serve as a reminder to the youth that being young only comes once in a person's life. When one rushes to adulthood there is no way they can go back to the missed fun stage of being young.

Thanda Soul buddies club displayed their arts in a mixture of entertainment and education. Being young, vibrant and well informed is the source of informed decisions. Learning skills that will help groom your future and setting priorities right.

Malelane primary health care supervisor reminded the community about free HIV prevention services available at their centre. Smart teenagers are using double up. Contraceptives plus condom equals double up the protection.

### **2.3 ADVOCACY FOR CHANGE IN POLICY AND PRACTICE**

Lilly pond farm has benefited from our service of strengthening work place policies. On the 11<sup>th</sup> of March 2015 an awareness on SGBV and related policies were raised to the farm managers, the supervisors, team leaders and junior employees. The importance of proper registration of birth and other relevant documentation was also discussed. In the olden days people used to stay in farms never caring about documenting themselves or their children. This is why most South African undocumented people are found in such areas. With the new trend, an identity document is a pre- requisite for accessing most of the services in most of the government institutions people are beginning to look for ways to document themselves. The challenge is that late registration requires many things and long processes are part of the game. It is not easy for officials to distinguish between genuine South Africans and international migrants who have been in the country for many years. The department of home affairs has a bigger burden of making sure that only the genuine citizens get proper document. The border advocacy officers has a duty to ensure that people in farms has access to information that will minimize challenges of statelessness of innocent victims of such circumstances.

### **2.4 SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS**

Peer educators role play HIV prevention, SGBV and other related topics in a form of drama. This resulted in change in behaviour as youth are motivated to take lead in such occasion. Some will bust and say “I was not aware that I was killing myself when doing this” This is and indicator that our project has an impact in other people’s lives. At some occasions we use the drama to spark discussions with focus groups. A specific topic is picked and different situations displayed on how the realities that migrants and other vulnerable populations are affected by the pandemic of HIV/AIDS.

## **2.5 CAPACITY BUILDING**

### **2.5.1 BUILDING CAPACITY ORGANISATIONS AND LOCAL GOVERNMENT**

Continued support is given to clinics, department of home affairs officials in mainstreaming migration in daily service delivery. Educational sessions are conducted daily by border advocacy officers to officials and migrants flocking into the offices for different services. Monthly forums on victim are attended by all government agencies as well as non-profit making organisation in an aim of supporting victims of sexual and gender based violence without secondary victimisation.

### **2.5.2 BUILDING CAPACITY OF BENEFICIARIES**

Debriefing sessions with BAOs are a way to re strengthen the approaches. We are slowly adopting the CCE method with communities. Dialogues are changing from one encounter to continual sessions until solutions are found. It is just the beginning phase, more is still to be achieved and our communities will enjoy being key role players instead listening to dictators.

### **2.5.3 STRENGTHENING HEALTH SYSTEMS**

The feedback that is received from our clients is that our migrant population are accessing health services the same way that the local citizens do. There are no incidents of xenophobic stigma that used to appear as human rights are observed irrespective of race, gender or any other difference. Treatment for common ailments and chronic diseases are accessible to both migrants and locals. The local home based care organizations are helping in monitoring treatment adherence to chronic patients. The incidents of migrants who die alone in shacks as door to door campaigns take information to where migrants are. The strategic areas where the border advocacy officers are placed ensure that migrants know where to find help in order to deal with circumstances while there is still time. They are also empowered with skills on how to deal with issues to avoid aggravating their problems.

## **2.6 REFERRALS AND LINKAGES WITH OTHER SERVICES**

For the period of March 2015 a total of 18 clients were attended and referred by our border advocacy officers for further support and management. Out of the 18 clients, 15 were female and 3 were males.

All 15 female survivors were referred to the Thuthuzela Care Centre for counselling and support, HCT and PEP support. The three males were referred to the Central Office and were attended by our professional social worker.

## **2.7 SERVICES AND HEALTH PRODUCTS DELIVERED**

One big awareness campaigns was conducted at Mjejane Community with an aim of addressing the youth on teenage pregnancy.

For the month of March a total of 6000 condoms were distributed in borders and surrounding villages where border advocacy officers are deployed. A total of 375 educational pamphlets were distributed in an aim of passing a message to all migrants on sexual and gender based violence. All educational materials distributed are designed in SiSwati language. A school support programme was attended by 98 community members at Mjejane community.

All border advocacy officers have attended a workshop on data capturing and how to fill all the forms.

One on one sessions, focus groups discussions were conducted for the month of March.

An ongoing partnerships with implementing partners ensures that services are accessed by all in need. Joint effort will encourage communities to speak out against Sexual and Gender Based Violence and perpetrators will not have a place to hide in our areas.

Local civil society organisations together with all government agencies are doing a great job in protecting vulnerable groups including migrants. Healthy communities are not just a dream but a reality for those who take initiative in.

## **2.8 MONITORING DATA ISSUES**

Once a month the coordinator of Tirha uhanyile project is mentoring our data capturer. Data is verified from collection tools used by BAOs to captured figures on the computer. The filing system is kept to standard to ensure back up. Sessions with border advocacy officers are monitored in helping the team to master their tools in order to minimize data discrepancies. All required tools are made available each and every month.

## **3. EXPENDITURE AND RESOURCE UTILIZATION**

Please refer to separate report attached.

#### 4. CHALLENGES ENCOUNTERED AND ACTIONS TAKEN

CHALLENGES	ACTIONS TAKEN
<b>Example of heading: Advocacy for change in Policy and Practice</b>	
Contradicting policies between government agencies on issues of children are hindering other interventions. e.g. department of home affairs saying it is illegal to admit undocumented children in schools when the constitution says every child has a right to basic education.	With the help of the migration health forum policies are to be reviewed by relevant authorities. Processes will be followed to align the clashing policies.
<b>Strategic Partnerships</b>	
With the limited funding periods our implementing partners are not well-resourced to carry out some of the continual services required by clients from day to day. Funds seize when the services are in their peak season.	Mobilisation of funds from potential sponsors is done tirelessly to ensure that the good work is sustained.
N/A	

#### 5. OPPORTUNITIES

There is no positive response yet received but we hope that something will show up to push forward the undying zeal of passionate staff and management. Marketing strategies of the project to local and international business people may attract funding and enhance project sustainability. Our fund raising officials are doing their best to ensure that communities continue to benefit from the services rendered by the border advocacy officers. More funding proposals are send out regularly.

## **6. RECOMMENDATIONS**

- 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 trainings in strategic topics that will help the border advocacy officers to deliver relevant information to the target communities e.g. marginalized groups (gays, lesbians, people living with albinism, people living with disabilities etc.)

## **7. CONCLUSIONS**

A total of 2271 migrants have received services through campaigns, dialogues, daily formal and informal conversations, pamphlets and other media communications spreading the anti SGBV in the communities interacting with our officers. This I all thanks to our implementing partners, our funders and technical supporters. Without PEPFAR, USAID, IOM, Nkomazi Municipality, Tirha uhhanyile, all government agencies and civil society organisations this would be a dream that Masisukumeni BAOs will not realize. Future partnership will sustain the beautiful fruit and heal our nation from SGBV, HIV and AIDS.