

**MASISUKUMENI WOMEN'S CRISIS CENTRE BORDER
ADVOCACY OFFICERS' NARRATIVE REPORT
MAY 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	Migrant Sex Workers, 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 May 2015
Date of Submission	05 June 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
Large Enterprises		120	34	86	0	12	43	0	23	42
Totals		120	34	86	0	12	43	0	23	42

NB : Masisukumeni border advocacy officers have been jointly working with the Tira-Uhanyile team in identified farms.

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 targeted towards 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 matric final school exams. It is the duty of the officers to educate communities on sexual and gender based violence, as some people are taking an advantage of migrants and their vulnerability, 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 see an opportunity to make money by carrying the loads to be paid some cash. This also affect their attendance in school and add to their risk of human trafficking and general vulnerability. When children reach a point where they have to return where they are accommodated, they are at times beaten and not paid by their customers and also their employers. It is also the duty of Masisukumeni border advocacy officers to also ensure that farms are only employing workers with proper documentation, the rate of un documented migrants in farms has been reduced significantly. However there are still challenges as documents are rented as an easy way of generating income. South African legal 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 and other authorities as he/she does not have legal documents to work or either be in South Africa. 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.

Public Outreach: For the period of May 2015 a total of 879 beneficiaries have received information on sexual and gender based violence linked with HIV /AIDS. Information and Presentations are also given to patients waiting for service in clinics, such as Komatipoort and Malelane respectively.

Follow Ups: A total of **32 cases** have been followed up by dedicated Masisukumeni counsellors, and also

Referrals : A total of **48** referrals was referred to various institutions by dedicated border advocacy officers with a breakdown listed below:

Breakdown of Cases: 0 TB Patients, 2 HIV Cases (Dept. of Health, Clinic) , 5 Identity Issues (Dept. of Home Affairs), 6 Labour Issues (Dept. of Labour), 6 were Domestic Violence Cases (Masisukumeni WCC), and also 4 were identified with cases of maintenance (Dept. of Justice and Constitutional Development).

Rape Victims: For the month of May 20 survivors were sexually assaulted, and were referred at the Thuthuzela Care Centre. All the 15 survivors have initiated PEP medication.

HIV Positive: Out of the 20 victims 02 of them were tested HIV positive after the rape. Their cases are being monitored by trained counsellors as well as the forensic nurses at the Thuthuzela Care Centre.

HIV Negative: For the month of May **18** victims were tested negative after rape. There were also supported by Masisukumeni dedicated counsellors at the Care Centre who are working 24/7.

2.2 STRATEGIC PARTNERSHIPS DEVELOPED:

A well-oiled and good referral system exists between the different government departments and Masisukumeni Women's Crisis Centre respectively. Joint programs have shown a great impact as most migrants are reporting more equal treatment under the law and less discrimination in accessing justice, health and other support services. We have noticed a significant reduction in stigma and discrimination due to continuous educational & dialogues sessions that are conducted by our border advocacy officers in all service points such as clinics, department of home affairs, tribal meetings, schools, churches, etc. Using the community capacity enhancement approach Social and cultural barriers are addressed. 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 Local Municipality which is jointly delivering good services to the migrants.

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 pertaining to health and labour issues. Although some employers are not responding to the call but is the duty of the border advocacy officer to make sure that migrants are treated with dignity and respect as stipulated by law. Pamphlets from the Department of Labour are distributed in all farms and some other cases are referred to the Department for further intervention, support and management. We are embarking on encouraging farm employers to give time to employees to go for HIV testing if the Mobile HCT service has visited their places of work.

2.4 SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS.

There are several drama sessions conducted in farms as well as local communities. 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 which affect migrants at large.

2.5 CAPACITY BUILDING

2.5.1 BUILDING CAPACITY ORGANISATIONS AND LOCAL GOVERNMENT

Masisukumeni Women's Crisis Centre hosted a capacity building training session for the board of trustee's members which was conducted by the Department of Social Development. The main aim of the training was to refresh the members so that they can understand their roles and responsibly in organisations.

Home based care organizations have been receiving an ongoing training on sexual and gender based violence (SGBV) to do the following:

- 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/s of SGBV.
- Setting priorities for the benefit of the victim.
- Case referral, follow up and support to the victim throughout the processes.
- The border advocacy officers are receiving an ongoing training on domestic violence act.

Masisukumeni border advocacy officers (BAO's) have been jointly working with all government stakeholders such as:

- Department of Home Affairs.
- Department of Health.
- Department of Education
- SAPS.
- Department of Labour.
- SASSA.
- Department of Justice and Constitutional Development, 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 total number of 3 successful forum meetings were held with men in identified villages with a high rate of crime. The meetings was also attended by Tira Uhanyile field workers. A total of **283** were entered in the attendance register. The event was supported by the Nkomazi Local Municipality. The aim of the event was to discuss effective crime prevention strategies and how to prevent the scourge of Sexual and Gender based violence. 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 arranged marriages 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.

During the reporting period of May a total of 2602 beneficiaries have received information on sexual and gender based violence, 1220 people have received informational pamphlets and booklets on relevant legal and national policy documents namely Minimum Standard for Victim Empowerment and the Victims Charter.

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

During the reporting period a total of 48 clients have been referred to various departments for further assistance, support and management. Out of the 48 referrals, (2) cases were referred to the Department of Health for HIV/AIDS testing, and the other (0) for TB screening. (06) Were referred to the Department of Labour, (5) cases were referred to Home Affairs, and the (6) were referred to Masisukumeni for counselling and psychosocial support, (04) cases were referred to the Department of Justice and Constitutional Development due to maintenance issues and (01) cases were referred to SASSA for old age, child & disability support grant issues.

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, farms and other 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

Uhhanyile project is mentoring Masasukumeni 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.
The Department of Labour needs to be engaged more on Migrant Labour exploitation issues. Migrants are exploited on a continuous basis due to their vulnerability and the fact that they are non-citizens and mostly un documented	Frequent outreach programs needs to be conducted with all Government Departments dealing with migration issues.
Strategic Partnerships	
Attempts to engage critical stakeholders have been stagnant. Masisukumeni has invited different stakeholders to come tom the Centre for meetings regarding migration issues, but is has come to a point that they are not receptive to the meetings, only few are responding and informal meetings are held.	Masisukumeni 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 certain specific role to play. They will be required to send their representatives from their
Farm employers are taking full control of their employees especially in Labour issues.	Farm employers should be invited to workshops related to labour rights.

5. OPPORTUNITIES

Banners and Billboards related to the Ripfumelo Project should be placed in local businesses, taxi ranks, malls, and shopping centres as well as road signs in an aim of creating awareness on and attracting everyone to take part in the fight of discriminating migrants, xenophobia and ensuring their wellbeing's are well taken care of.

6. RECOMMENDATIONS

- Departments such as SAPS and the Dept. of Justice and Constitutional development needs to be engaged more on educating migrants on their Human and Labour Rights and try to alleviate the plight of all forms of abuse which is happening in farms and the neighbouring villages.
- 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. i.e Making calls to the clients to find out the outcomes of the referral.
- 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 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 employers 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 and more language sensitive materials 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

Masisukumeni Border advocacy officers are tireless in disseminating information on Sexual & Gender Based Violence linked with HIV/AIDS.