

Report to TFN Toronto February 2009

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Pilot project at Madadeni Hospital Crisis Centre

The pilot project has been operational since September 2008. The funds were received in March 2008. There was considerable time lapse between receiving the funds and the full implementation. The Life Line Board had concerns over sustainability of the Madadeni project and insisted that we raised matching funds to ensure the project was sustainable past the 3 month period of the funding. This was a result of:

- a. The KZN Department of Health experiencing budgeting problems related to the previous years over-spend, possibly as a result of under budgeting and therefore being unable to "take over" the staff as had been the case in the Sisonke hospitals.
- b. The Rape Crisis project exceeding budget for 3 successive years, which the board prohibited during 2008.
- c. LifeLine investments, specifically accumulated as bridging funds, were at risk due to the curatorship of Ovations Funds.

In August we received matching funds from the First Rand Foundation and forged ahead with the project. Mrs Muller also requested that we employ 1 counsellor for 6 months rather than the two counsellors for 3 months. This was a sensible suggestion as very little awareness is present in the area and initially the staff member could cope well with the numbers. Secondly four of the hospital staff received the training so they could assist the counsellor when necessary; this explains the additional spend on the training line item.

A lot of effort has been put into getting to know the area and in doing a base line study, which was funded by Irish Aid; this study will be available by the end of February. On the 16 February 2009 (yesterday) we finally got an interview with the Midlands section of the KZN Department of Social Development in Ladysmith. The aim of this is to apply for funds for a social worker in the area to ensure that the high numbers of child survivors have the correct therapeutic interventions and court assistance. We have received permission to submit a funding request by Monday next week. This will enable us to ensure a continued and effective presence in this area which is very low on gender based violence servicing and awareness. We have also applied to the First Rand Foundation for a second amount to assist with more awareness and prevention work in the area.

Report on objectives of funding request:

- 1 Securing and decorating a room in the hospital. As reported in September by Mrs Muller, this has been successfully completed and the room has toys and is a child friendly environment.
- 2 Hiring & training of 2 counsellors. Nontobeko spent sometime in the area canvassing schools and local community groups to ensure that the training was delivered to an active and influential group. Our trainer did a total of 3 weeks training to 24 trainees, Miss Nikesiwe Zwane was employed as the crisis centre counsellor. Nontobeko Khumalo has preformed the role of mentor and supervisor, travelling to Madadeni to do case management and on-going training. A total of 125 people have been counselled of which 80 were children.
- 3 Implementation of GBV education and awareness building workshops: As mentioned earlier the levels of GBV awareness is low in this area and services are almost non-existent. The first month 7 new cases came to the crisis centre, in December there were 23 new cases. This increase is satisfying in that it shows that the counsellor at the crisis centre is becoming known and that more people are reporting. This is largely as a result of the 1,100 people who have attended workshops run by the 23 trainees, who having not succeeded in getting the counselling post. They were offered further training and became our educators, promoting team work between the crisis centre and the community educators and ensuring the crisis centre and the purpose of its services, becomes known to the community. We feel the increase in numbers show that the process is working but between Madadeni and Osizweni there is still much work to be done. Further we are informed that the Ladysmith area is very under serviced too. Excess funds have been spent on this line item as the GBV knowledge levels have been very low in the area.
- 4 Development and testing of new support workshop programme for child survivors and their caregivers: Mrs Muller requested that we should run this at the local Edendale Hospital Crisis center as she is more able to monitor and adjust a new programme if it is close by for better supervision. This support group has 24 members who have all attended at least 3 sessions. While the group is experimental we are greatly encouraged as the adherence at the Edendale hospital seems to be 100%. I say seems to be as this is the reporting from the crisis clinic and not a medical study. This sounds very exciting but we need to bear in mind that children are still reporting too late to receive PEP, so in fact we are reaching only some 27% of the possible cases.

Impact:

Women and children can access counselling in the Madadeni Hospital, where counselling did not take place before. Counsellor training has involved both speciality AIDS and Rape counselling and generic counselling to ensure that the counsellor attends to the client in a holistic manner. 75 survivors have received PEP of which 3 were males.

Over a thousand men and women have attended GBV awareness interventions which have included rights based education and information about the services at the crisis centre. The increased rate of reporting indicates that this is beginning to have some impact.

Adherence at the Edendale clinic for children seems to be higher in the small group which received PEP. This is encouraging and shows potential for our childminder support group trail programme as the statistics are not this good at the other hospitals.

Plan for the future: Amajuba – Madadeni area

1. Establish a small office/site with a professional counsellor in the Amajuba area. This will reduce the travel costs between PMB and Newcastle and improve the follow-up of cases, especially those relating to improper police and or judicial services. The current counsellor cannot be reasonable expected to take this on too.
2. Employ a professional counsellor both for therapeutic interventions with children and for professional inputs in the legal process. Gain funding for 2/3 of this persons salary from the KZN Department of Social Development.
3. Select, train and stipend pay the best Madadeni educator to become the facilitator of the support group for childminders and abused children in this area, under the supervision of the social worker.
4. Continue the provision of a well trained rape crisis lay counsellor at the crisis centre. Monitor the case load and employ a second counsellor if necessary.
5. It is clear we need to do a lot more prevention work in both HIV and GBV in the Amajuba area. We would like to extend the work of the educators to include teenage pregnancy workshops and a lot more general GBV prevention work. It is also a worrying trend to find an increase in sodomy and this should be addresses in all awareness workshops in the future.
6. Expansion: Once the Amajuba site/office is established (small-lean low cost overheads) we will begin training in Osizweni and then in Ladysmith. This project is set to take two – three years to fully establish and will eventually cover the Newcastle, Bergville and Ladysmith and their adjoining rural communities.

Future plans for the Edendale area:

- 1 We need to promote the child minder workshops further.
- 2 Create further awareness around PEP to both parents and to children. Include this in work to schools and to community members to encourage earlier reporting. Use media where possible.

- 3 Continue to provide rape crisis lay counsellors to the crisis centre and to lobby for the establishment of a Tutuleza centre at Edendale.
- 4 Attempt to gain more cooperation from the local police and quicker service from the doctors servicing the crisis centre.
- 5 Due to the very large amount of awareness work in the Edendale area, by ourselves and our partners, we have created a greater awareness and the centre is becoming very busy. This means that our counsellors are not able to service all the children coming into the centre and we have decided to try and form a partnership with Bobby Bear who has a speciality in the provision of services to child survivors.