

Imagine if....

2015 / 2016

Annual Report

Childline
South Africa



Mission

We are committed to:

Supporting and capacitating the Provincial Affiliates where needed

Developing appropriate social services including a 24 hour toll free helpline and supportive therapeutic social services for children who have been victims of violence and their families

Education and awareness raising

programmes facilitating the prevention of violence against children

Networking to establish strategic alliances with the aim of advocating for policy changes that will facilitate good management practices for abused children

Research into violence against children within the South African context

Ongoing training and development of staff members, volunteers and networking partners



Vision

Childline is an effective non-profit organization that works collectively to protect children from all forms of violence and to create a culture of children's rights in South Africa



08000 55 555





Message from the

The rights of the vulnerable and particularly children are the first to be comprised during difficult socio-economic times. The evidence is clear from several studies conducted in South Africa in the past 2 years that children have become more vulnerable to abuse within their families and communities.

Childline South Africa continues to place itself right in the middle of work that enables it to understand the communities it serves and how best to adapt to the needs of children. The role of prevention and early intervention work has become critical in the strive to protect children and educate their families as partners towards ensuring the safety of children in our country.

The NGO space requires organisations to adapt and exert influence on multiple platforms including advocacy and policy making. In this regard Childline South Africa has made use of these spaces to ensure that wins from Constitutional Court judgments in which they were involved, are carried through the legislative amendment process. The continued involvement of Childline South Africa in court matters aimed at the protection of child victims sets it apart from other organisations and the contribution informed by real-life experiences from its daily is critical in such matters.

Chair Person...

Despite all the challenges, there are donors who are dedicated to contribute towards the work of Childline South Africa and their continued support is invaluable in this regard as the only way to turn the tide against the scourge of violence against children is through concerted long-term partnerships.

Good and strong governance is the heart of every well-functioning organisation and the Childline South Africa Board continues to be the backbone of support for the work of the Childline network. In this regard we are grateful to all board members who selflessly offer their professional knowledge towards the betterment of the life of South African children.

We wish all the provincial Childline offices the best in their continued work to ensure that children benefits from the rights that our Constitution promised them.

Karabo Ozah

Chair Person

Childline SA





Message from the

Childline South Africa is pleased to be reporting on our 2015/2016 activities as a Network. South Africa continues to experience high volumes of violent crimes against children.

This report reflects on our efforts as an organisation to intervene and support children and families when they have experienced abuse and trauma. During the past three years, we received funding from a number of sources including Global Fund to upscale our therapeutic interventions. This has had a huge impact on the lives of children and families across South Africa. We have seen an increasing number of peer on peer violence. As a result, our programmes for children presenting with inappropriate sexual behaviour proved to be appropriate and effective.

As we all think about the best ways of providing protection to our children and creating a culture that respects their rights in South Africa, we have to remember that the family is the primary mechanism that has to be strengthened and supported in order to appropriately care for the children. To ensure this, in all of our intervention we engage with the family (parents/caregivers) and provide them the necessary skills and resources as they embark on the journey of parenting and providing care and protection to the children.

I would like to invite you to take a journey with us as we reflect on our activities in the 2015/16 financial year.

National Executive Officer

As the Executive Officer of Childline South Africa, I would like to express our heartfelt appreciation to our donors who have made it possible for Childline to provide the essential services to the children and families that was worked with during this reporting period.

I would like to acknowledge the exceptionally wonderful work and the commitment shown by the staff at the Childline National Office. To our Childline Provincial Directors, governance team and staff, well your work as reflected on this report speaks for itself.

To our amazing Board of Governance, the EXCO of Childline South Africa, and our Chairperson, Mrs Ozah, thank you for being visionaries. Thank you for your leadership and strategic guidance. It is through your hard work that Childline South Africa has become a strong and effective organisation that is contributing to the betterment of children lives not only in South Africa but across the world.

To our children and families, we commit to working hard to ensure you are kept safe but more importantly that you are empowered to make the right decisions in your lives.

Dumisile Nala

National Executive Officer

Childline SA



Chapter

1

Childline SA National Office Reports

National Department of Social Development

Over the past 7 years...

Childline South Africa, National Office has received funding from the National Department of Social Development to achieve a number of its objectives.

During this reporting period, funding was received to implement the following:

OBJECTIVE 1:

To facilitate transformation of services in accordance with the legislative framework (Children's Act as Amended) with affiliated Designated Child Protection Organisations in Provinces and ensuring sound financial management

This objective was achieved through the sub-objectives listed below:

- 1.1. Improve governance and develop transformed structures and coordinate all affiliated Provincial and National Childline Activities
- 1.2. Capacity building within the Childline SA Network, inclusive of Boards, management and other staff, and volunteers
- 1.3. Ensure coordination and representation on national and international committees and forums.
- 1.4. Facilitate the continuation of transformation of services and structures in accordance with the legislative and policy framework with affiliated DCPO's in provinces



THE FOLLOWING WAS ACHIEVED:

ACTIVITY	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	TOTAL
Directors Meeting	1	1	1	1		1		1				1	7
EXCO		1	1		1		1	1		1		1	8
National Board Meetings			1			1 & 1 AGM		1				1	5
Childline Provincial Visits			2 (CLEC & CLNW)			1 (CLL financial audit)	1 CLL 1 CLEC	1	2	1 CLNC	1 CLEC 1 CLKZN 1 CLNC 1 CLL	1 CLLIM	14
National DSD Meetings attended			1 NCCPF 1 National NGO Workshop on the white paper			1 National Summit on the white paper		1 NCCPF			1 National Children's Right Coordination	1 NCCPF	6
Total	1	2	7	1	1	6	3	5	2	2	5	5	40

The activities listed above have strengthened the governance of Childline South Africa. The National Constitution has been amended to ensure appropriate and efficient intervention at provincial level.

Support to the provincial Childline offices has been enhanced. Furthermore, participation at National DSD meetings has ensured that Childline is continuously informed and involved in aspects related to the Child Protection system in South Africa.

OBJECTIVE 2

LEGISLATION & TRAINING

Capacity Building of management, professional staff, Social Workers, volunteers and affiliated DCPO's to enhance their skills and knowledge in Child Protection and share expertise.

This objective was achieved through the implementation of the following activities:

- Ensure that social workers and volunteers receive specialized training on child abuse, neglect and exploitation
- Develop relevant training programmes that will ensure capacitated staff according to their needs
- Provide support to new organisations through capacity workshops and meetings and share expertise.
- Empower new groups and organisations on general management and financial skills
- Ensure training on new legislation affecting abused and exploited children

Childline South Africa, National Office was able to provide valuable training to communities and professionals in the child protection field. These trainings were on Legislation and Policies; South African Council for Social Service Professions (SACSSP) and Health Professions Council of South Africa (HPCSA) accredited workshops and group activities on a number of topics.

We experienced and continue to experience delays in receiving accreditation of our training from SACSSP. This has had an impact in the numbers we have reached during this reporting period as most professionals attend training only if they are going to get accreditation points.

Nonetheless, Childline South Africa was able to offer the following trainings; numbers of candidates reached is also reflected in the table below)

LEGISLATION AND POLICIES:

(SACSSP & HCSPA accredited)

Topics	No. of days	Accreditation Points	Numbers reached.
The Children's Act no. 38 of 2005	1 day	5 CPD Points	260
Criminal Law (Sexual Offences and Related matters) Amendment Act no 32 of 2007	1 day	5 CPD Points	260
Prevention & Combatting of Trafficking in Persons Act no 7 of 2013	1 day	5 CPD Points	260
The Child Justice Act no 75 of 2008	1 day	5 CPD Points	260
Films and Publications Act no. 65	1 day	New Application	57
TOTAL			1097



GROUP TRAINING ACTIVITIES:

These activities were directed at social workers and conducted once a month. They focused on relevant and challenging topics that social service professionals deal with in their work environments.

Each activity was accredited with 4 CPD Points

Below is the list of topics that were covered during this reporting period and the number of social workers reached:

Date	Topic	Numbers reached
24 April 2015	Child Labour	30
29 May 2015	Teenage Pregnancy	29
26 June 2015	Bullying	38
31 July 2015	Impact of absent fathers	25
28 Aug.2015	HIV & Child headed house holds	25
25 Sept.2015	Helping sexually abused children	15
30 Oct.2015	Working with care givers	22
27 Nov.2015	Children & Poverty	26
4Dec.2015	Compassion Fatigue	21
29 Jan.2016	CPD& Social Work Ethics	15
TOTAL		246

Some of the organizations trained included:

- Child Welfare: (Stanger, Durban, Port Shepstone, Pinetown, Tongaat , Margate)
- SAPS: (kwaDukuza, Durban Central, Chatsworth, Pietermaritzburg) APD-KZN,
- Department of Health: (Mahatma Gandhi, R.K. Khan, Marian hill, Umshiyeni, UMphumulo, Kind Edward, Stanger Provincial Hospital),
- Other Child Protection Organisations: KZN Deaf Association, SANCA, I-CARE,
- Child and Youth Care Centres (Haven of Rest, William Clarke, Edith Benson Children's Home, Ethelbert), Kenilworth Respite Centre, KZN Blind and Deaf Society, Durban Jewish Social Services, APC, Youth for Christ,
- Department of Social Development: (Pinetown, Eshowe , Empangeni)

ACHIEVEMENTS:

During this reporting period, Childline South Africa was able to train 1097 individuals /professionals on legislation & Policies pertaining to Children and other CPD accredited topics.

Childline South Africa has also accredited the Film's and Publications Act no 65 as a new piece of Legislation to be offered to professionals in the Child Protection Field. This has been a request from delegates that attend the Legislation Trainings.

Workshops conducted:

Dates	Topics	No. of days	Accreditation Points	Numbers Reached
26 Aug.2015	Impact of absent fathers	1 day	5 CPD Points	27
27 Nov.2015	Therapeutic work with children	2 days	10 CPD Points	18
28Nov.2015	Management of children and adults with inappropriate/abusive sexual behaviour	4 days	20 PD Points	21

2016 Timetable: (Monthly CPD Accredited Group Trainings)

Date	Topic
26 April 2016	Legislation vs SA Culture
6 May 2016	Updates on the "Criminal Law Sexual Offences and Related Matters Amendment Act"
30June 2016	Child Pornography
22 July 2016	Children and disability
26 Aug. 2016	Child Neglect
30 Sept.2016	Updates on the Children's Act
28 Oct.2016	Grief/Bereavement
18 Nov.2016	Maintenance ACT
2Dec.2016	Working with young offenders{Sexual Abuse}



OBJECTIVE 3

CRISISLINE

Develop and maintain an effective information management system via data collection, analysis and dissemination on Child Protection and child rights issues including data on all Childline services:

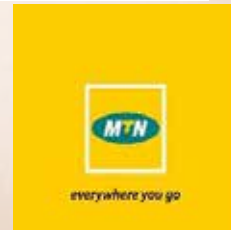
Childline South Africa through the support from DSD was able to analyse and share data received from the Crisisline

☎ 08000 55 555

What is the Crisisline?

The telephone has a special role in allowing children to communicate in their own way and their own time, allowing them to feel in control, freeing them to discuss dangers and difficulties in a way that would be far too risky in face-to-face contacts. The Crisisline enables trained and experienced counsellors to listen to thousands of children throughout the country to help them understand what they feel. Listening and helping also makes it possible to involve children and young people in planning their own futures and by recording and publishing their views and wishes to influence the lives of many more who are unable to talk on their own behalf.

byte  logix



Some highlights of the year included:

The Crisisline is a 24 hour helpline accessible and free of cost from Telkom Landlines, MTN and Vodacom, to children and adults with concerns about children and enables them to contact someone in any situation including emergencies.

It allows children to express their concerns and talk about issues directly affecting them. Previously, the Crisisline was only free from Telkom landlines, however, we have worked together with Bytelogix, MTN and Vodacom to get calls zero-rated from these mobile networks too. A big thank you to the above-mentioned sponsors for all their hard work in ensuring that children can reach out to us from wherever they are.

Our Childline Eastern Cape office successfully setup their Crisisline and as of the 1st of April 2015, began receiving calls. Our Childline Western Cape office also moved premises of their Crisisline on the 1st of December 2015, and are now situated at the Wynberg satellite office.

We are also grateful to Mr Duncan Barnes, of Plantronics, for a sponsorship of headsets to all our Crisislines as this now enables them to data capture while they are on a call with a child.

During the year under review, Childline received 582 379 calls throughout the country.

Call Distribution

2015-2016

Over the past financial year, we have noted a significant decrease in the number of calls coming through to our Crisisline.

There are many factors that this could be attributed to. We have seen an increase in load shedding that has led to our Crisisline centres being rendered powerless for two to four hours a day.



Also, being a Toll-free Helpline, we are free from Telkom landlines, Vodacom and MTN lines. This means that children with access to these lines can call us free of charge.

Over the years, we have seen a huge decrease in the number of telephone booths making our service less accessible to children without a mobile phone.

Call totals Comparison

	FY2014-2015	FY2015-2016
Want to Talk	63 694	56 062
Test Calls	223 447	234 203
Cases	15 736	7 771
Non Responsive	495 922	284 343
Totals	798 799	582 379

Top 10 Categories Comparison

When compared to the data of the previous financial year, this reporting period still showed that Abuse remains our top reporting category, followed by Services.

As we are a preventative and educational measure, services comprises of providing children with information and resources closer to them in the case of an emergency as well as many callers thanking us for the service provided.

We have seen an increase in poverty related issues such as issues with grants and income. There has also been a decrease in calls related to School Problems and Legal Issues.

A spike in substance abuse has seen it feature in our top 10 categories as it did not last year.



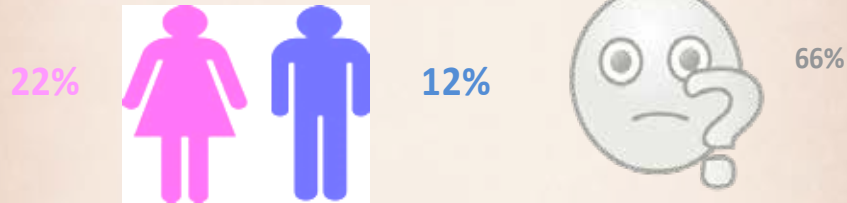
	FY2014-2015		FY2015-2016	
1	Abuse	15954	Abuse	20232
2	Services	6403	Services	14619
3	Family relationship problem	4735	Family relationship problem	6328
4	Neglect	3311	Neglect	4869
5	School problems	2733	Poverty	4308
6	Legal issues	2030	Behaviour problem	2943
7	Poverty	1893	Legal issues	2545
8	Behaviour problem	1535	Substance abuse	2395
9	Alternative care	1494	Alternative care	2119
10	Commercial exploitation	1271	School problems	1842



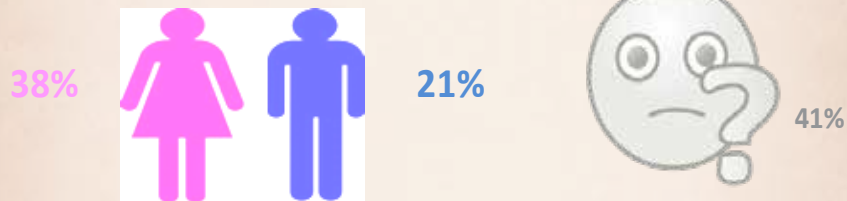
Distribution of Gender calling the Crisisline: 2014-2015 vs 2015-2016

In our gender reporting, we have noticed a decrease in the number of unknown callers and them being identified by their gender. As a result, there has been an increase in the actual male and female calls reported however, female callers remain the majority

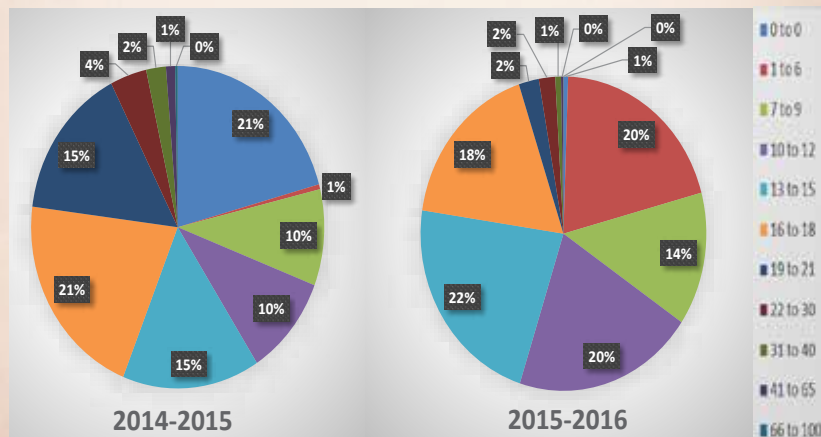
2014-2015



2015-2016



Distribution of Ages calling the Crisisline: 2014-2015



Under our age reporting, we have noticed actual youth calling us rather than adults calling us on their behalf with increases in the 13-15 and 16-18 age groups. We strive to better our data collection each year and thus continuously work on bettering our Childline Data Capturing System.

Crisisline Managers across the country together with the Online Counselling Project manager have developed a Standard Operating Procedure for the Crisisline, which included a glossary of all terms used in the data capturing system and added in new categories

Thank you to CreationLabs for the continuous work done on the system as well as hosting our data on a virtual server.



OBJECTIVE 4

ONLINE COUNSELLING

Facilitate the transformation of services in accordance with the legislative framework provided by the Children's Act via a prevention and early intervention online counselling service for children and youth and adults with concerns about children.

The aim of the online counselling service at Childline National Office is to offer prevention and early intervention services through the use of all forms of electronic communication open to children and youth, including adults with concerns about children.

The service

- provides counselling and information services
- contributes to the overall well-being of children, youth and caregivers of children,
- ensures the inclusion of children and youth with disabilities, particularly the hearing and speech impaired.

This service is complementary to the Childline Crisis and Counselling telephone service and it extends our reach to children and adults with speech and hearing disabilities. The service provides a safe and confidential medium for children and young people to access counselling and information at no cost. The service combines technology and counselling. Online Counselling is a national service and is available free to all youth in South Africa who are registered on MXit. The service works closely with all Childline provincial offices, to which children and youth requiring face to face services are referred.

During this period, existing counsellors had received refresher trainings. Thanks to the Expanded Public Works Programme, we had the addition of two permanent counsellors to the programme, Shahina Bux and Tasneem Henry. Childline extends a "very big thank you" to all our counsellors that have played a key role in taking our Online Counselling Service forward.



Safer Internet Day

This event was held on the 09 February 2016, at the Steve Biko Centre, King Williams Town. The day commemorated the thirteenth anniversary of the Safer Internet Day (SID) movement. SID was born in Europe and has grown rapidly, now spreading to over 100 countries worldwide, with thousands of people involved in events to promote safer Internet use. Each year, the SID network chooses a different theme and previous years have focused on a variety of topics such as cyber bullying and social networking.

Safer Internet Day events are always organised around one major event in each participating country. 2016 marked the 13th anniversary of SID and the theme was "Play your part for a better Internet," following the success of last year's campaign.

The SID was celebrated in the Eastern Cape, targeting four schools in East London namely:

- Douglas Primary School
- Sivuyile Primary School
- Hector Peterson High School
- Ginsberg Seventh Adventist Primary School



The initiative in targeting East London schools was primarily derived from a Research team, in which their focus was to have measurable and tangible feedback from schools that Films and Publication Board had interacted with in previous campaigns on cyber safety and child pornography. The schools had been selected based on the schools having experienced cases of child sex abuse, both offline and online.

This year in succession, Childline SA joined Films and Publication Board to educate, and instil true meaningful, knowledgeable, healthy and responsible habits on the use of online activities.

Ms Bhavna Lutchman, Online Counselling Project Manager from the Childline SA National Office, as well as Ms Aisha Abrahams, Director of Childline Eastern Cape and Ms Cikizwa Bongo, Outreach Manager of Childline Eastern Cape attended the event. We briefed the children on the Toll-free Helpline as well as Online Counselling.

We also assisted in running the Parent and Teacher Focus Group wherein we identified a lot of bullying, alcohol and drug abuse, taking place in the schools.

Contact was established between the Childline Eastern Cape office and these schools. We also provided materials such as lanyards, wristbands and keyrings.



Department of Telecommunications and Postal Services

Childline South Africa also worked closely with the Department of Telecommunications and Postal Services (DTPS). We attended the Joint Launch of the Gender and ICT Strategy as well as the Children and ICT Strategy. These two strategies were widely consulted upon by the then Department of Communications.

The Gender and ICT Strategy seeks to empower women so as to enable them to enter, participate and compete in ICT sector. The Children and ICT Strategy seeks to harness the benefits of ICTs for children's empowerment and their protection whilst interacting with ICT content, products, services on different ICT platforms. This Joint Launch was to demonstrate the fact that the department is committed to the empowerment of Young Women. COP aims to tackle cybersecurity holistically, addressing legal, technical, organizational and procedural issues as well as capacity building and international cooperation.

Childline also assisted the DTPS in carrying out their e-parenting workshops in KwaZulu Natal and Western Cape. A Child Online Protection Programme was looked into which looked to:

- Identify risks and vulnerabilities to children in cyberspace
- Create awareness
- Develop practical tools to help minimize risk
- Share knowledge and experience

STATISTICS REPORT 2015-2016

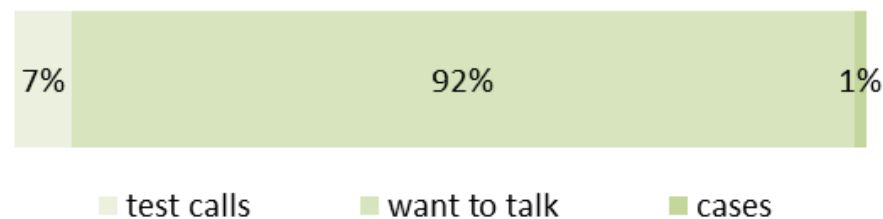
The Childline data capturing programme is used to record and report on the demographics of all chat conversations. This allows Childline to report on the number of young people who have used the chat room service and the different reasons for doing so.

However, most of the young people who use the chat room service do not share the full range of personal details and often use pseudonyms so information can only be captured where and when available.

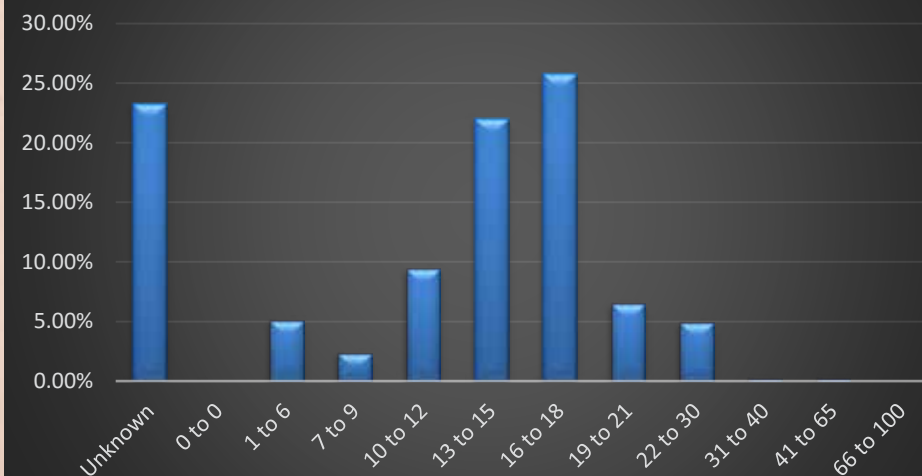
Our statistics show that we predominantly chat to users between the ages of 16-18 years and they are most likely female as depicted below. Chats range between 30 minutes to an hour and there is a strong focus on counselling hence we have found that our chats are predominantly Want to Talks.

In the stated period, we chatted to a total of 1036 users. Our top ten categories of chats featured as below with Abuse and Family Relationships ranking as the highest topics covered.

Responsive Calls



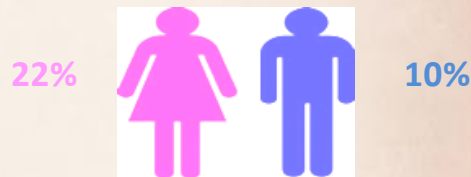
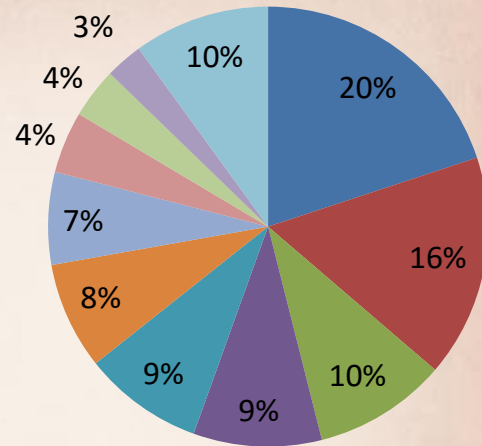
Age distribution for Online Counselling



Residential Therapeutic Programmes

Top Ten Categories

- Abuse
- Family relationship problem
- Services
- Psychological health
- Neglect
- School problems
- Sexual
- Peer relationship
- Legal issues
- Substance abuse
- Other



Conclusion:

Childline SA is grateful for the continued support from Mxit users who continue to use the Childline Online Counselling Service.

The Online Counselling service would like to thank to all who have contributed and assisted the service, both financially and in time served. A special note of thanks is extended to the Catholic Bishops' Foundation for the donations toward the Online Counselling Service as well as Mxit Reach for providing their platform to us.

We are very grateful and would not be able to continue our service if were not for this support.

1. Introduction

Childline SA is reporting about the Child protection programmes that were implemented over a period of 3 years, from October 2013- March 2016. In our societies children have been identified as vulnerable to abuse, especially sexual abuse perpetrated by significant others or strangers who are either adults or young children. Some of these children are privileged to receive suitable medical care and psycho-social treatment but others only receive medical care.

Childline SA together with NACCW (National Association of Child and Youth Care workers) developed the therapeutic residential programmes in response to the plight of children (survivors of sexual abuse) who presented at the ISIBINDI sites coming from communities with poor or no therapeutic interventions for survivors of sexual abuse.

In 2013, Childline SA developed a similar project focusing on young children were presenting with inappropriate sexual behaviour. Childline (SA) provides the therapeutic programme and holds capacitated therapist who play the role of providing therapeutic treatment to children and caregivers. Childline SA partnered with NACCW in some of the provinces through the ISIBINDI project to strengthen child protection services in rural communities. The objective of the residential therapeutic programmes is to provide a short-term intensive therapeutic intervention to vulnerable children.

The programme is implemented during the school holidays for a period of SEVEN days in a child friendly facility such as a Child & Youth Care Centre.

The following is accomplished during the 7 days period:

- individual therapy sessions with children
- group therapy sessions including a motivational group for all children,
- group session with the children-as part of teaching healthy coping strategies/ management of feelings



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- group session with the children-as part of teaching healthy coping strategies/ management of feelings
- individual/group therapy sessions with caregivers
- therapeutic/educational workshop for caregivers
- educational workshop for CYCW (Child and Youth Care Workers)
- Involvement of Department of Health for rendering HIV/AIDs pre-post counselling and testing service on the second day of the residential therapy programme.
- Day seven meeting with Child's Social Worker and CYCW to provide feedback and care plan for when child and caregiver returns home
- Case tracking: Telephone follow-up and Home visit, Interviews with Stakeholders involved in the child's case such as SAPS and DSD.
- Monitoring and Evaluation

2. Achievements (targets and achievements)

Childline SA successfully implemented 27 residential therapeutic programmes for victims of sexual abuse across the country, reaching 511 children against a

target of 470 children. The majority of the programmes took place in Kwa-Zulu Natal (KZN), Mpumalanga (MP) and Limpopo (L).

A total number of 30 residential therapeutic programmes were conducted for children displaying with inappropriate sexual behaviour across the country. A total number of 531 children were reached against a target of 570 children. The programme took place in Limpopo, Kimberly, Mpumalanga, Gauteng and Kwa Zulu Natal.,

The program impacted positively on creating safer communities and increasing the prospects of safe childhood. It has also equipped local stakeholders such as Department of Social Development and South African Police Service, with knowledge and skills in increasing the realization of child protection rights as they were provided with feedback concerning the children under their care during the feedback meetings that were held on the last day of the programmes. Parents seemed to have developed a holistic understand to the child protection system as it involved a variety of stakeholders such as Child & Youth Care Centre and Child Welfare Social workers, government departments, and law enforcement. It also contributed to interesting discussions on effective child protection systems, in relation to education and prevention of sexual violence against children

3. Success stories

CASE STUDY 1: CHILD ABUSE WITHIN THE FAMILY (KOKSTAD)

Summary of case details:

This case involved physical, sexual and emotional abuse of two girls in a family of four children. The family lived in a deep rural area near Kokstad. Although the two younger children in the family were not reported as sexually and/or physically abused, they witnessed the abuse of their siblings and were reportedly traumatised by this. The two girls who were referred to the Childline therapeutic programme were siblings, and in their mid-teens.

The two girls were sexually abused by their mother's boyfriend over a period of a year. They regarded this man as their stepfather and addressed him as "father". Their biological mother was aware of the abuse; she encouraged, facilitated and forced the abuse, and did not protect the children. The girls reported that their mother and "stepfather" went to a traditional healer (Inyanga), who advised the stepfather to sleep with both girls as they were virgins in order for him to become wealthy. Both the mother and the partner were reported to be HIV positive and taking ARV's.

The management of the case

Trauma narration: During the therapeutic sessions held with the children, they shared that the incident of sexual abuse happened in the presence of their siblings. The trauma narration was a significant aspect of work with the girls. The abuse is described in the child A's own words: "Mom called me in the bedroom and I found my stepdad naked when I went in. This was very uncomfortable for me as I know that I am not supposed to see an adult naked. I



turned back and waited for mom to come and talk to us. My stepdad came out of the bedroom and grabbed my twin sister and laid her on the bed, I started crying when I witnessed what he was doing to her, but mom smacked me on the face and asked if I have never seen anyone having sex. My nose started to bleed but this did not stop them from what they were doing to us. My 2 younger siblings were also watching while my other sister was sexually abused in front of us. When he was done with my sister I was already shivering with fear of what will happen. When he was done with my twin he then said to me "you are next bitch". I was then sexually abused after my sister and I begged him to stop but he did not."

The abuse happened over a year and the children did not report due to the threats made by both parents to the children that if they report the case they will die.

Child B said *"I was scared to tell anyone"*.

After talks about abuse at school, both children decided to report the matter. The girls stated that they could no longer bear the pain they were going through. Child B said *"Towards the end of the year, we decided to write a letter to our class teacher and during lunch we left it on top of her hand bag. When she came back she read the letter and we were called into the principal's office. We reported what was happening and the teachers reported the case to the social workers"*.

The case was also reported to the police. The girls and their siblings were removed from the home and were placed with foster parents in the community in order to protect them from further abuse from their mother and stepfather. The younger children were also considered at risk due to the pattern of abusive behaviour in the home and their exposure to the physical and sexual violence. The children's placement with the foster mother was not a pleasant as she emotionally abused the children. Child B reported when in the residential programme *"I hate the aunty we stay with as she reminds us every day that we are no longer virgins and calls us the wives of our stepfather. She reminds us of the abuse in each second she gets. We have not asked this to happen to us"*.

Child A and B, both were removed to a child and youth care centre. Child A shared that she was coping at the children's home but faced many challenges as she found it difficult to relate to other children. She expressed her fears that everyone in the home knows what has happened to her and her sister.

Child B shared *"I feel overwhelmed as the younger siblings now are depending on us and we have to play our mother's role. Maybe if we had not reported the case our sisters would be growing up with their parents."* Both girls blamed themselves for depriving their siblings their mother's love.

A follow up therapy programme was completed with the two sisters after six months and the following transpired from the therapeutic sessions held: The children have been through long term sexual and emotional abuse from their caregivers; they have been betrayed and exploited. They have been traumatized by their experiences. However, as a result of improved and safe care, and the therapeutic programme, the twins are beautiful, strong and intelligent girls who are survivors and have a dream to have a safe and happy life one day.

Mandla's previous school also reported behaviour change in social and academic performance, his academic performance dropped and the school identified that he was involved with a young girl within school and the teachers felt she was a distraction to Mandla. In spite of all of this, there was still something positive about Mandla, particularly his love of athletics. The school coach mentioned that although Mandla is a very quiet young man he becomes lively when he is running a marathon and has performed in a number of competitions.

Post the programme

After Mandla attended the CL programme in 2014 he has made an effort with regard to behaviour change. Mandla is no longer touching young girls in an inappropriate manner as he learned to respect them. *"I never realised the difference between touching people and I just touched them as I felt and liked. I get annoyed easily and I have been hitting young girls and boys whenever they step on my toes. Even at home I hit my younger siblings when they take my things. For instance, at home I have decided to lock myself in my grandmother's house to have peace. I have really gained a lot in the therapy programme and found friends. I am very shy but I understood everything the Social workers said to me and I am applying to my life and even teaching friends of mine who are being violent and don't respect girls the bad side of it. Since I went to the programme my mother has been very supportive and she follows everything I do. I even love athletic more now. If am not at school, I am with my friends making rap music and at the grounds running. I also started a vegetable garden at home which I love so much I have grown vegetables that we eat at home as my mother struggles to raise us. My father is there but we are not close like my mother and he gets angry easily."*

During the interview with the staff from Masakhane High school, they also shared that Mandla is very. After the programme apparently he ended his relationship with the young girl at school and he started progressing. The interview with Mandla's mother was very positive as she was very honest about everything and one could see in her eyes how much she loves and supports her son. She is involved in his life. She goes to school to check on his work progress and talks to him afterwards. She shared that he is now staying in the big house and no longer goes to the grandmother's house when he is angry. *"I used to worry when he locked himself in that room thinking he would commit suicide, or bring in girls or doing drugs. I used to take a spare key in the midnight and check what he was up to and found that he was asleep. His father is hardly at home and he hits children up if they misbehave, he has no patience with naughty children. I make sure I have a relationship with my children especially Mandla as I want him to grow up be a better man who respects women and community. He is now improving academically in the new school and he helps in the house like collect wood, water, clean up, cook and do dishes without complaining, then he would go and do his activities. He still loves athletics and he spends his weekend doing that. I am really grateful my son attended the Childline programme I can testify he has changed and I make sure I support him so that he does not go back to his old behaviour. I love him and will forever support him and I will tell even other parents in the community about this programme as we experience a number of problems here."*



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The interview with the current class teacher was also positive although she had only known Mandla for three months as he is new in the school. She did not know about his previous behaviour and his attendance to the programme however she was able to tell us about Mandla's performance and behaviour. "He is very reserved and quiet but he does his work and completes it in time.



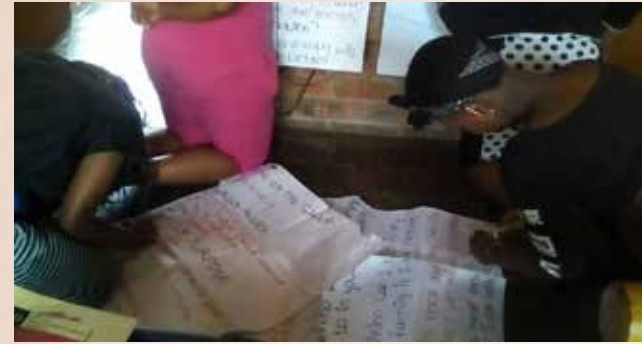


**Mandla's home in the village about 5 kms from school. An interview with his supportive Mother, Mandlass'garden*



4. Photos illustrating the setting of the therapeutic residential programmes

Group sessions with children



Child Care workers supervising the children during the programme



Type of venue selected for the therapeutic residential programmes

It is ensured that the selected venue can accommodate the children and caregivers, as well as the Childline team that works with children.

The venues are secured, close to a clinic or hospital and remote from the city as this helps in maintaining control over children especially teenagers who may want to visit town shops from time to time and distract the structure of the programme as well as time management when work has commenced.



Example of the venue:



5. Feedback from Therapists

Jabu Mazibuko

Childline SA introduced the residential therapy programmes to St Anthony Child & Youth Care Centre and the organisation was very fortunate to be recognised as one of the Centres that can be used as a venue for implementing the programme because it was accessible to children from the community and also those from the Centre.

I was also fortunate to be part of the programmes because I received professional training based on providing therapeutic counselling to children who have been victimised sexually and those who displayed inappropriate sexual behaviour. The training uplifted my skills of working with children and it broadened my knowledge because I was equipped with different methods of providing therapy such as Play Therapy with different age groups of children.

Childline SA left St Anthony with two Social workers who can continue providing proper therapeutic services to children who get admitted to the Centre because Mooi Mlambo and I became therapists from the Year 2014 and delivered the service to both residential therapy services.

Case Tracking M&E Report of the Global Fund Project

Case Tracking was a tool used by Childline SA, to follow-up on cases relating to children that have attended Therapeutic Residential Programmes, and also to measure and evaluate the impact on the child and family post attending the programme. The objective of the case tracking is to measure whether the implementation process of the residential therapeutic programmes which aims at offering psychosocial support of the children and other services have been met. The programme is delivered to children who are victims of sexual abuse and children displaying inappropriate sexual behaviour and for the purpose of this AGM report, focus will be on case tracking over the entire life of the Phase II NACOSA grand (April 2013-March 2016) .

The programmes included (where possible and appropriate) caregivers of the children attending and child and youth care workers where the child has been referred from an ISIBINDI programme site. Indicators followed during the case tracking included the well-being of the child and progression of the child socially and academically. Childline SA employed Case Trackers who have a child and youth care professional background.

The process of case tracking was implemented three to four months after the therapeutic programme to allow the child to process, apply and understand the content and the purpose of the programme. During this period the expectation was that the child also applied knowledge, skills and lessons learned during the therapeutic sessions. The period also allowed the stakeholders in the child protection system to follow up on issues relating to the case especially where there are court procedures and other statutory requirements. . The process began with telephonic interviews to gather information about the child and to set up site visits to that particular province for the selected cases.

The goal of the process was to obtain feedback about the effectiveness of the programme and follow up on the referrals made to other role-players to ensure that the child and family receive the services required and ensure that the progress of the child and family is well monitored. During the telephonic case tracking should there be gaps in terms of implementing the recommendations for the well - being of a child not being met due to various reasons, the Case tracker selected that case as one of those needing urgent attention or face to face follow up to ensure that the child's needs are foreseen by responsible stakeholders.



Children who have attended the residential therapeutic programmes were provided with individualised care plans, which were drawn up by each therapist working with that particular child and the child's care giver for a period after the completion of the therapy programme. The care plans looked at what needs to take place after the child and care giver leave the residential therapeutic programme.

The case trackers tracked the identified and selected children with the purpose of gathering feedback from various stakeholders regarding the services that had been delivered to the children after the residential programme based on the therapists' recommendations as contained in the care plans which were discussed with stakeholders at the joint meetings held at the end of the programme. The plans involved stakeholders such as:-

- Police and Justice officials, in order to track the outcome of investigations, whether the investigation resulted in a trial of the perpetrator and the outcome of the trial including sentencing;
- Social workers in the employ of the Department of Social Development or Child Welfare to track services provided to the child and the family after the programme. These services included continued counselling, the investigation of the need for alternative care and alternative placements and referrals for birth certificates, ID applications, and food parcels etc.;
- Teachers and Principals to track school progress;
- Caregivers and parents to track the child's progress and adjustments at home.
- Child & Youth Care Workers where applicable to provide continued support to the child & the family.

If after the initial telephone call to the service provider in cases where no feedback was received the case tracker followed up with a home visit or a personal visit to the services provider. The visits were conducted to ascertain if the service provider experienced any challenges with implementing the plan post the therapeutic programme.

The visits were made to also collect evidence on the impact of the programme on the young children's lives and to track changes in their social life, school performances and to follow up on the criminal justice system in terms of processing the case for prosecution.

Where minor challenges are observed on the visit the Case tracker ensured that intervention systems are strengthened, for example by linking the child with services they have struggled to access, and coordinate working relationships with the Childline and DSD Social Workers.

The sampling of cases: case tracking and visits happened across the country in the following provinces:-

- Kwa – Zulu Natal, Northern Cape, Mpumalanga, Limpopo, Gauteng, Free State, and Eastern Cape.

- Cumulative Target: 18 site visits (5 days each)

- Cumulative Actual: 15 site visits took place including the children's homes visits

- Cases tracked : 185 cases over the life of the grant

CASE TRACKED PROGRAMMES' OVERVIEW

RESIDENTIAL PROGRAMME

For the purpose of this report, 185 beneficiaries who were case tracked were sampled. These population was case tracked both telephonically and through home visits. The sampled population attended both the Therapeutic residential programme and the Children displaying with inappropriate behaviour programmes.

Residential Therapeutic Child Protection programme provided children who are victims of sexual abuse with the opportunity to start a process of healing, recovery and re-integration into society. This was facilitated through therapeutic sessions and education involving individual survivors and group therapy sessions for victims, their caregivers and community workers, and also on-going individual safety and after care plans.

This was a 6 day residential programme CLSA offered and some of these programmes were done in partnership with NACCW in some of the provinces in order to strengthen child protection services and increase accessibility in rural and disadvantaged communities. This programme aimed to ameliorate the effects and impact of abuse and enhance children's psycho-social adjustment and integration into their communities and ensure safety. All residential therapeutic child protection programmes took place during school holidays and the target for this particular programme was set at 500 children as per NACOSA's TOR.

BOYS DISPLAYING WITH INAPPROPRIATE SEXUAL BEHAVIOUR

This programme was designed to provide a therapeutic programme for young boys presenting with inappropriate offending sexual behaviour and to reintegrate them into the community. The main aim was to afford young men and women with thorough understanding of appropriate and inappropriate sexual behaviours and to assist them attain mental and sexual maturity. The program targeted children presenting with inappropriate sexual behaviour who were found to be 17 years and younger. The program basically consisted of scheduled programs, attended by parents and caregivers as well as boys and girls during holiday seasons. It also consisted of group work sessions conducted for the boys and their caregivers. Programme trainings were conducted for community child and youth care workers followed by regular follow ups to monitor progress. The overall target for this program was to reach 570 children who displayed with inappropriate sexual behaviour.



IMPORTANT INDICATORS

1. Types of abuse

For the purpose of the report, the indicators were divided into three main thematic areas for analysis. These include types of abuse, medical attention as well as law enforcement. According to the prevalence rates and recorded statistics. Overall with the Residential Therapeutic Program for Victims of Sexual Abuse programme a total of 511 children out of 500 was reached. With this programme CLSA exceeded the targets both in the number of programmes and the number of children. The number of children 17 years and under, displaying with inappropriate sexual behaviour programme reached a total of 531 children falling short with 39. A total number of 30 programmes were conducted. The underperformance in this programme was largely due to the fact that some of the parents cancelled attendance of the program shortly before commencement, practically rendering it impossible to find replacement.

Generally the programs positively impacted on the lives of the victims. For the children displaying with inappropriate sexual behaviour, the category of the individual focused on self-inflicted inappropriate sexual behaviour and analysed this in view of understanding the latest trends in offenses committed against the self. In this category, the indicators included inappropriately touching of private parts which has a 10% (29) prevalence, masturbating publicly with a prevalence of 2% (6) as well as exposure to porn 6%. Other secondary indicators include , stealing which is a secondary pointer and sniffing underwear 1%, gambling addiction 0.3% (1), truancy 4% (10), grieving which recorded the highest prevalence 16% (46), substance abuse 8% (24) as well as sleeping at a boyfriend's or girlfriend's house which recorded (10%).

Other indicators involved the second person being involved and those include rape which recorded the highest prevalence rates 15% (42), emotional abuse (1%), indecent sexual exposure 4 (1.4%), neglect 5.2% (15) as well as sodomy which recorded 13 incidents.

Other indicators recorded significantly lower levels and these include bestiality 0.3% (1), stealing and sniffing underwear (4), stealing (9), peeping (4), noncontact sexual harassment (3), exhibiting anger towards other family members and siblings (15), and showing inappropriate behaviour both at work and at school (16). Multiple partnering seems to be on the increase as besides young men and women engaging in concurrent relationships (13), there were new cases where younger women got involved in alcohol and substance abuse and engage in sexual activities with multiple partners. This speaks to high pregnancy and the risk of contracting HIV/AIDS and STIs. Other sexual indicators involve touching girls inappropriately (2), having fantasies about older women (1), attempted rape (1), and joining the program because the client has started sexual activity (7).

For the Residential Therapeutic programme, the types of abuse experienced by the victims include physical abuse 8(2%), psycho-emotional 1(0.2%), neglect 7 (2%) and physical neglect 2 (0.5%). Sexual abuse reported the highest

prevalence 326 (92%) while emotional neglect and educational neglect reported the lowest prevalence rates of 1 (0.2%). The referring agents have also noted that the behaviours presented by the victims include depression 146(41%), withdrawal 79(22%) as well as displaying destructive aggression 35 (10%). Some of these behaviours have manifested during therapy sessions. Other victims have shown signs of deprivation of affection 15(4.2%) while 6(2%) exhibited to anti-social behaviour.

Exposure to family violence (10=3%) was a significant indicator as parents often fought in front of children and as such normalizing violence. Other indicators include humiliation 18 (5%), isolation 10(3%) and developmental delay 11(4%). The sexual indicators displayed by the victim encompass sexual exploitation 7(2%), masturbation 1 (0.2%), non-contact abuse 9 (3%), indecent exposure 4 (1%), exposure to child pornography as well as sodomy 7(2%). Other victims had experienced oral sex 2 (0.5%), intimate partner rape 3 (0.8%). Rape has significant rates as it was experienced by most victims (293) 83% of the victims. Attempted rape and physical abuse reported lower rate of 3% and 0.5% respectively. It is also worth noting that the some victims encountered repeated rape of up to 5 or more times per victim. Secondary victimization of a sexual nature is also significantly high at 24%, followed by emotional victimization and neglect. Some of the children reported to referring agents that parents have demonstrated anger towards them (3%) after reporting offences. Out of the other indicators, case tracking focused mainly on the three main pointers as they were deemed crucial in victims support for survivors of sexual abuse. These included the following:

1. Medical Attention

Medical attention section addresses the level of risk to the victim after experiencing sexual misconduct. It also assesses the services available to the victim after exposure to sexual violation. According to case tracking records, statistics indicate that for the Residential Treatment Programme for Child victims of sexual abuse within the sampled cases there were no reports of cases being treated by a traditional healer. A total of 199 (56%) reported that their cases were treated outside of hospital as opposed to 115 (33%) who reported seeking medical attention. The assumption is that they were treated at a clinic level or not treated at all. Out of this number, a total of 175 (49%) were treated by a doctor while 92 (26%) were seen by a nurse. The number of untreated victims for this sample is 58 (16%). HIV screening was performed on 255 (72%) while 60(16%) did not have HIV screening performed. STI screening was performed on 251(71%) while on the contrary 17% (61) indicated that there was no STI screening performed.

The rest is unknown for both pointers. In the cases where PeP was administered (255) only 211 (69%) completed treatment. A total of 74 (21%) did not complete the treatment. Efforts should be put in place to make regular follow ups on the patients and ensure they complete their medications/treatment. Within the sampled population, 27% of the clients reported to have incurred additional medical complications as a result of the victimization.



Law Enforcement

In terms of the Therapeutic programme for young boys presenting with inappropriate offending sexual behaviour, this speaks to the continuity of posing further risk to the victim. In this sample it has been highlighted that 14 (20%) perpetrators still share the same household with the victim, 19 (28%) are still within the same community with the victim and that 23 (34%) are still attending the same school with the victim. Only 11 (16%) victims were removed from the perpetrator's domicile.

As a subsequent action to the victimization, 22 of the 45 cases that were reported, were reported to the police, while 6 (13%) were reported to social workers. Additionally, 2(4%) of the cases were reported to the school. In this sample 7 (16%) cases were resolved between families. It is not clear what corrective measures were adopted to rehabilitate the victim and the perpetrator in cases that were resolved within families. The Department of Correctional Services, seems to have pioneered the most interventions followed by parents, Department of Social Development and lastly is NICRO with 2 cases.

In the category of offenses committed against the community, there are 4 cases in which other children from within the community with the young offender were forced to masturbate, 2 cases of verbal assault of a sexual nature to a community member, 2 cases of indecent exposure to community members, 3 cases of rape to a community member, 13 cases of watching pornography, and 9 of sodomising a community member as well as 4 of sexual exploitation. This is a category of crimes that were committed to a community member who was a minor as opposed to a relative and the self. In 31 of the cases there was an indication that the victim and the perpetrator were still living in the same community while on the other hand in 15 of cases, the offender and the victim were still attending the same school. It is only in 5 cases where there is an indication of the offender having relocated of changed school.

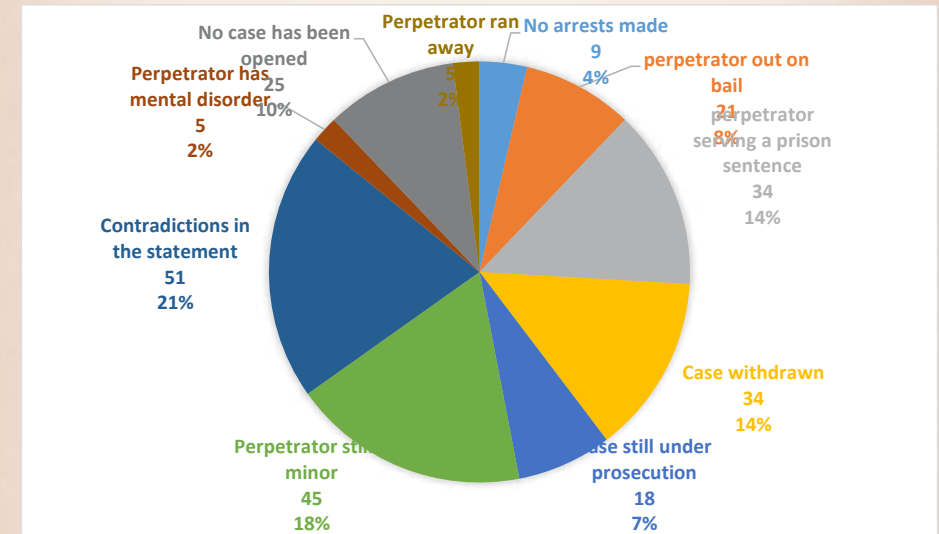
In addition to this, out of the reported cases that were committed against a community member, 12 were reported to the police, 12 to a social workers while 8 were reported to the school/teacher. In this context less cases seem to have been dealt with in the family as cases reported to both parents and both families seem to have reduced to 1 each. The majority (235) of the offenders seem to have not been victims of a sexual offense prior to their offense while 27 have been victims. It could be argued that their experiences as victims has resulted in them perpetrating crimes against others. Crimes that have been perpetrated range from sodomy (27), rape (8), fingering as well as watching pornography and attempted rape both at the scale of 1.

As a concluding remark, link between unsafe and inappropriate sexual behaviour is clearly visible in this sample and 41 of the clients reported involvement in alcohol and drugs. While the majority (143), denies involvement, 14.3% of sexual offenses in this sample are alcohol and drug related. The statistics indicate that children in this sample experiment with alcohol (15=36%), narcotics (11=27%)

and locally made beer and drugs (14=34%) and this could be a subject for further investigation.

The residential treatment programme for child victims of sexual abuse recorded that removal of victims to temporary homes happened on a low scale as only 16% of the victims reported removal to temporary homes. More than half of the sampled population (76%) were still residing with or interacted with the alleged perpetrator. Our statistics also show that 223 (63%) of the cases were reported to the South African Police Services. Records show that 27% of the cases were not reported. Some of the factors include the fact that cases were resolved between families as well as contradictions in their accounts of how the rape took place when reporting to social workers/police. Out of the 223 that were reported, charges were laid in 200(89%) cases and only 102(46%) proceeded for prosecution. This speaks to the low prosecution rates in child rape in the country.

The chart below shows the outcome of the cases:-



GENERAL KEY LESSONS

- Alcohol abuse still poses a challenge and links closely with inappropriate sexual behaviour
- It is still a challenge to remove victims of sexual abuse to foster care after experiencing abuse thereby exposing them to further risk
- There has been an observation during case tracking that there are gaps in stakeholder engagement processes when it comes to other services



- Adult illiteracy often prevents caregivers/ parents from getting involved in their children's basic rights including child protection and education
- Poverty is still a major factor in pushing young women to date older men exposing them to risk (inappropriate sexual behaviour, domestic violence, teenage pregnancy and unemployment)
- Communities did not understand what child protection is in certain instances, and the importance of child protection and reporting cases related to child protection

FIGURE 2 Illustrates some of pictures taken during Case Tracking



A drive to *Mandla's home, school and community for the interviews



Thuthuzela Care Centres

The Global Fund GBV Programme aims at reducing the impact of sexual violence, HIV and TB through capacity building, networking, and systems strengthening in view of building healthy communities.

Linked to the overall grant strategies NACOSA undertakings to reach the goals and objectives of the grant included

- Addressing gender based violence as a structural and social driver of HIV
- Community systems strengthening within marginalised populations

As a strategy to achieve the goals set above, Childline received Global Fund Funding through NACOSA to provide psychosocial support to the survivors Gender based Violence visiting the Thuthuzela Care Centres(TCCs) . During this reporting period Childline SA in its capacity operated in 13 TCCs in 5 provinces. They included:

1. Mpumalnga

- a. Ermelo TCC
- b. Evander TCC
- c. Witbank TCC
- d.

2. KwaZulu Natal

- a. Prince Mshiyeni Memorial Hospital TCC
- b. R K Khan Hospital TCC
- c. Port Shepstone TCC
- d. Mahatma Gandhi TCC
- e. Stanger TCC

3. Eastern Cape

- a. Sinawe TCC

4. Limpopo

- a. Seshego TCC
- b. Mokopane TCC
- c. Mankweng TCC

5. Free State

- a. Tshepong TCC

The aim of this program is to prioritize enabler interventions which have high impact potential in the fight against HIV.

Objectives and Mission for Thuthuzela Care Centres

- Clearly stated civil society advocacy towards a multi-stakeholder National Plan for GBV by government that will provide the necessary roadmap needed to efficiently respond to the GBV and its related HIV pandemic
- Clearly stated civil society advocacy to specific government departments on incorporating GBV actions in their annual performance plans which would ensure that programmes on GBV are budgeted for appropriately.
- Increase harmonization of the national legislation in the area of GBV through civil society advocacy on addressing specific gaps in relevant legislation in the area of GBV through civil society advocacy in addressing specific gaps in relevant legislation that affects GBV policy, programmes and services for people affected by GBV
- Improved framework and structures for assistance of and rehabilitation of survivors at primary, secondary and tertiary level established through civil society advocacy on policy framework and multi-stakeholder and community based structures focussed on addressing the causes of and consequences of GBV
- Enhance and comprehensive services for survivors of gender based violence in place through civil society advocacy on specific service gaps for survivors of GBV

Objectives of operating in a Thuthuzela care Centre

The Thuthuzela care Centre aims at providing the following to the Survivors

- To provide a system of support for survivors of sexual assault and their loved ones(emotional, psychological)
- To empower sexual assault survivors with information regarding their rights and standard procedures during criminal investigation, the medical examination as well as the subsequent criminal trial (A TCC also offers medical attention to survivors medical treatment, medico-legal management & and referrals/recommendation for forensic examination)
- Improving the successful prosecutions in cases of violence against women & children
- The systematic reduction of secondary victimization within the criminal justice system as experienced by victims of crimes of violence and indecency against women and children



- To increase the diversion of child offenders from the criminal justice process ensuring their exposure to rehabilitative as opposed to solely punitive programmes
- To ensure access to child support and thus deal with the feminization of poverty

• QUARTERLY TARGETS AND PERFORMANCE FOR TCCS

Quarter	Number of sexual violence victims who received services at the TCC		Number of victims of sexual violence who received services and received HIV test and know their result		Number of victims of sexual violence who were initiated on PeP		Number of victims of sexual violence who completed PeP		Number of sexual violence victims who received comfort packs	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Quarter 1	90	88 (98%)	81	0 (0%)	81	0(0%)	81	0(0%)	23	0(0%)
Quarter 2	530	372(65%)	53	2(5%)	389	61(20%)	389	61(20%)	133	0(0%)
Quarter 3	1190	709 (51%)	119	11(14%)	851	247(40%)	851	61(0%)	298	0(0%)
Quarter 4	1940	1245(71%)	194	50(52%)	1376	660(79%)	1376	61(0%)	485	25(13%)
Quarter 5	2895	1929(72%)	385	160 (58%)	2045	1006(52%)	2045	61(0%)	724	160(57%)
Quarter 6	3850	2665(77%)	576	236(64%)	2713	1432(64%)	2713	66(1%)	963	256(40%)
Quarter 7	4855	3353(68%)	777	270(17%)	3417	1812(54%)	3417	112(7%)	1214	395(55%)
Quarter 8	5860	4252(89%)	978	354(42%)	4120	2287(68%)	4120	231(17%)	1465	493(39%)
Quarter 9	6580	4957(98%)	1122	413(41%)	4624	2622(66%)	4624	364(26%)	1645	638(81%)
Quarter 10	7300	4957(0%)	1266	413(0%)	5128	2622(0%)	5128	364(0%)	1825	638(0%)

Out of the 24,327 new clients that were reached through the TCC for phase I of the Gender Based Violence of Global Fund programme, a total of 1909 survivors of sexual violence were tested and know their status. The highest percentage of new clients reached through the TCCs is 98%, for both Quarter 1 and 9, while on the contrary the lowest performance marks 51% in Quarter 3. The highest recorded percentage of clients who tested for HIV is 64% during Quarter 6, while on the other hand the highest number of clients who were recorder as initiated on PeP stands at 79% in Quarter 4.

A total of 12749 of these clients were initiated on PeP and out of the 12749 that were initiated on PeP, 1381 completed their PeP treatment. Reasons for inability to complete PeP treatment include lack of transport money to access hospitals and clinics, in-disclosure of the rape resulting in taking medications in front of family members as well lack of sufficient information on PeP resulting in fear of being stigmatised for taking ARVs.

Currently the GBV programme is in its II phase under the NACOSA-Global Fund partnership, and under the NACOSA funding there are two TCC in transition: namely: Phoenix and Port Shepstone in the Kwazulu Natal province. There are two new TCCs in the Eastern Cape that are currently fully functional and these are in Libode and Umthatha. The Libode TCC operations commenced in June because of lack of equipment and challenges in staffing but currently the TCC is fully operational. The TCCs in transition will be operational until the end of September 2016 while the new TCC will be operational until 2019 March.

KEY LESSONS

- GBV is still rife in communities and there is still barriers to reporting sexual violence (Culture, stigma, normalization of sexual violence etc)
- Critical measures need to be put in place to ensure adherence (PeP)
- More TCC are needed in disadvantaged communities to counteract the unmet need to combat GBV and sexual violence in general
- There is a growing need to raise awareness and teach communities about GBV and SRH rights on ground level



Thogomelo Child Protection Trainings

Thogomelo means “Caring” or “We care” in Venda. This project was born out of concerns that were raised by community caregivers and supervisors describing the burden that they carry while caring for vulnerable children, whether in community home based care or dealing with our own day to day stresses.

The Thogomelo Child Protection skills development Programs aims to increase the capacity of supervisors, coordinators and team leaders in community caregiver organisations to act as child protection resource people within their communities. This will be done in order to strengthen their response to Child protection issues and support individual community caregivers to do the same. The purpose of this skills development programme is to build the skills, knowledge and practice of coordinators and supervisors who are in direct contact with community caregivers who engage and respond to children and families.

The Thogomelo Child Protections skills development program is an accredited training by HW Seta. This skills development program carries 21 credits. All trainings have been through the verification process through HW Seta. Most of the learners have been verified and endorsed by HW Seta.

There were 2 funders for this financial year for the Thogomelo training – Global Fund through NACOSA and Matt MacDonald.

Funder	Province	Number trained	Endorsed
NACOSA	Western Cape	27	Yes
NACOSA	Eastern Cape	15	Yes
NACOSA	Mpumalanga	19	Yes
NACOSA	North West	23	Yes
NACOSA	KwaZulu Natal	27 (Currently undergoing verification)	Awaiting verification
Matt MacDonald	Northern Cape	27	Awaiting endorsement by HW Seta.

Learners in Mpumalanga that attended Thogomelo Child Protection training

CRISIS LINE TRAINING

The Childline SA toll free Helpline is a prevention and early intervention service offered free of charge 24/7 to children and families in South Africa. The main objective of this service is to offer appropriate counselling support to the callers. Appropriate referrals to other stakeholders are made when necessary.

The Crisisline Training funded by Global Fund through NACOSA was delivered to ensure that Childline has access to a sufficient pool of trained and high quality counsellors to provide this valuable service as mentioned above. This training was extended to include the Outreach workers as they too needed the valuable knowledge to provide high quality service to children and families during outreach activities.

The Crisisline is manned by trained and experienced counsellors who receive ongoing mentoring and support from their supervisors. In order to provide an effective telephone crisis counselling service and helpline for children, adolescents and families, Childline needs to train and sustain volunteers on a regular basis.

During the reporting period the following number of counsellors and volunteers were trained:

Province	Number
Limpopo	18
Free State	24
KwaZulu Natal	19
Mpumalanga	20
KwaZulu Natal	22
Eastern Cape	12





Crisisline training in Eastern Cape

UNICEF



UNICEF Safer South Africa Programme to Prevent Violence against Women and Children (VAWC)

The Safer South Africa Programme was designed to strengthen primary prevention mechanisms to reduce violence against women and children and to improve access to existing response services by communities. It has a multisectoral approach with support from lead government departments and key civil society organisations.

The programme goal was to increase security and justice for women and children in South Africa through a strengthened national response to VAWC. This is achieved through four outputs, namely: strengthened national institutions to prevent VAWC; strengthened prevention and protection measures in and out of schools; mobilized social change for the prevention of VAWC; and strengthened surveillance, monitoring and evaluation systems for evidence-based prevention of violence against women and children.



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The UNICEF Safer South Africa Programme has a focus in the Eastern Cape and the Free State. The main outcome of the project is: Strengthened Prevention and Protection Measures for Girls and Boys in and out of School. Childline South Africa is in the process of achieving this outcome by implementing the following two outputs



- **Output 1:** The Data on Violence against Children is systematically collected, analysed and used by government departments to assist in the planning and implementation of services.

This output was achieved through the upgrade of the Data Capturing System and data being captured nationally by the Childline Crisislines. We successfully rolled out the data capturing system to all provincial offices, with the exception of Childline Gauteng. During the review period, training on the data capturing system was done by the Programme Manager, Ms Bhavna Lutchman, to the following provincial offices:



- Childline KwaZulu Natal
- Childline Eastern Cape
- Childline Northern Cape
- Childline North West

The visit to Childline Eastern Cape was conducted in two parts. The first concentrated on the setup of the Crisisline with regards to getting the equipment and connectivity sorted as well as establishing protocols for the Crisisline. The second visit was conducted in June, after the Crisisline was operational, in order to conduct further training on the data capturing system. The development of the Data Capturing System is ongoing.

- **Output 2:** Advocacy material on referral of VAC cases and awareness on Psychosocial Support Services (PSS) developed and disseminated.

This output was implemented by Childline Eastern Cape and Childline Free State. Focus Groups were held with children, parents, educators and inter-sectoral groups in order to assess what is their understanding of Childline and how do we create more awareness about Childline in the two provinces.

The Focus Groups were successful as many youth, parents and caregivers were grateful for the awareness created in their schools and communities.

A success story from these was that during the Focus Groups held in the Free State, two learners disclosed to our Social Workers that they were previously sexually abused by family members.

They did not know that they could talk about what they had experienced and kept it a secret for many years. Having heard about Childline and the work that we do, both children mustered up the courage to come



through and speak to the Social Workers regarding this. Childline Free State provided the initial counselling needed and reported the matter to the relevant authorities.

From these focus groups, the key themes that arose were around abuse, bullying, and domestic violence. These messages were finalised and developed into easy and succinct messages that could be understood by the youth. The messages were then translated into isiZulu, isiXhosa, Afrikaans and Sesotho. Materials went through the process of translation twice to ensure that they were child friendly and could be understood in the vernacular. Moving into material development, we thought of creating posters and pamphlets, but also thought of ways messages could stay with youth and be with them. Thus, messages were put on material that youth use, such as pens, wristbands, keyrings and lanyards. Posters and pamphlets were also created. A huge success was that we exceeded the number of materials outlined in our implementation plan. The original amount was 40 000 but in total we produced 55 000 materials.

As we exceeded these, materials could be distributed to all nine of our offices across the country thereby allowing us to give a National response to VAC and VAW.



The project concluded in October 2015

Child Death Report

Title: Every child counts: Lessons from the South African Child Death Review Pilot

Author: Shanaaz Mathews

Children's Institute, Faculty of Health Sciences, University of Cape Town

Introduction

The first national child homicide study by the South African Medical Research Council (MRC) estimated that 1 018 children died as a result of homicide in 2009, with a large proportion (44.6%) of these deaths due to abuse and neglect. The study highlighted the fact that child murders were poorly investigated by the police and that a lack of co-ordination between health, police and social services compromised the management of child abuse deaths. Based on the gaps identified by the MRC child homicide study and a review of international practices to manage child deaths, CDR teams were implemented and tested at two pilot sites in SA; Salt River (Western Cape) and Phoenix (KwaZulu-Natal) mortuaries. The objective of the pilot was to test the effectiveness of such teams in strengthening the health and child protection response systems and to prevent child deaths in the local setting.

CDR Concept

The pilot was initiated by the Children's Institute, University of Cape Town in partnership with the Department of Health (Forensic Medicine) and Childline South Africa in Kwa-zulu Natal. The CDR pilot was established to foster an inter-sectoral collaborative approach to gather data systematically for each child death presenting to a medicolegal laboratory (mortuary). CDR teams met monthly to review all child deaths (birth to 17 years of age) retrospectively, with a rapid, standardised response to the investigation, particularly for sudden, unexpected deaths. The monthly review follow a standardised approach, with the forensic pathologist leading the discussion and all team members undertaking a confidentiality agreement. The review focused on identifying the events that led to the death based on the medical history and police investigation, identified additional information required, and established whether the death was preventable by considering potential modifiable or remediable factors.

What have we learnt?

Phoenix mortuary CDR team reviewed 163 child deaths and 67.5% of these cases were non-natural deaths.



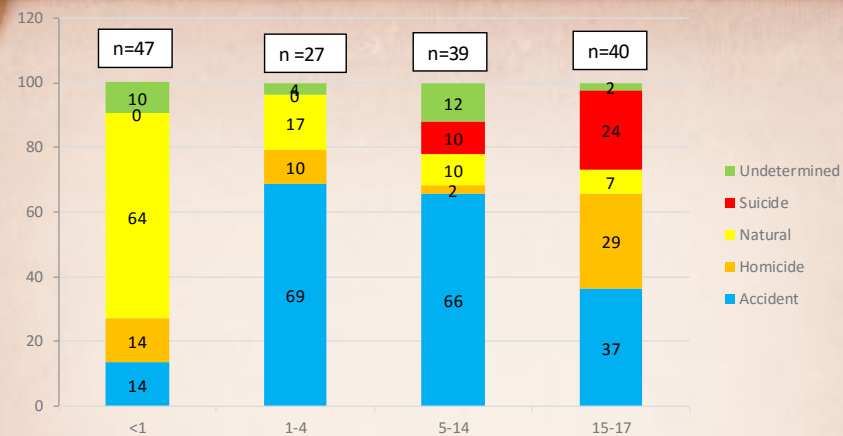


Figure 1 – Pattern of death by age group

Most child deaths in the under-1 age group were due to natural causes and as children become older they are more likely to die from accidents, homicide and suicides. Homicide was the second most common cause and spanned all age groups, with the highest burden in the 15 - 17-year age group (29%). Suicide accounted for 24% of deaths in this older group, but a concern is that there were two suicide among 9 year olds. Not much is known about suicides in this young age group, and understanding the underlying risk factors for young children is critical to inform interventions to prevent such deaths.

Phoenix mortuary had 30 murders of which 23 were child abuse and neglect deaths. The majority of these fatal child abuse deaths under five years old, and infants under one year were at greatest risk.

Mothers were more likely (86.5%) responsible for the deaths of infants with a large number of these deaths due to abandonment of a new-born shortly after birth.

Conclusion

The CDR pilot has shown that a large numbers of children continue from preventable causes. Introducing a systematic inquiry into circumstances surrounding sudden unexpected deaths and non-natural child deaths has provided invaluable insights into why and how children die. This project has enabled a more effective identification of child abuse and neglect, and a real-time response to ensure children are safer in their homes. Based on the project's success the Western Cape DoH has adopted it as a best practice model and expanding CDR teams to all the districts in the region by 2017. KZN had shown a similar interest and a CDR team was established Pietermaritzburg. The team was trained in August 2016 and will be supported by the Phoenix CDR team.

Independent Development Trust

The Independent Development Trust is an initiative, which is supported by the Department of Expanded Public Works Programme in association with NPOs nationally.

The program is a three year funded project and the reporting period marked our second year as an implementing partner.

It is structured around the development of the youth of South Africa by affording them with work opportunities to grow their skills and in turn make them more employable.

As an NPO, Childline South Africa has been contracted to 50 volunteers who work a period of 14 days in every month to complete various tasks at different sites in and around Durban. Childline worked collectively with YMCA to find and place volunteers in different communities. At Childline South Africa, volunteers are carrying out Online Counselling on the instant messaging service, MXit.

YMCA runs the Y-Zone Programme, which is aimed at providing after school – care programmes for school going children aged 6-18 in a safe environment



where they are afforded an opportunity to grow in all areas of their lives in seven different sites situated in KwaMashu, Umlazi, Marianridge, Mayville and Durban Central.

We have received many positive responses from the schools that we were involved in and who have already put in a good word with the neighbouring schools detailing the great work that the volunteers have done in their schools.

We have, however, experienced some challenges, since the program employs the assistance of volunteers, many of the volunteers are often in pursuit of greener pastures. Volunteers resign frequently and as a result, we lose skilled volunteers whom we have trained and tasked accordingly, meaning that we need to offer training to new volunteers as and when they join the program.

The volunteers are provided with training to ensure that they have a clear understanding of children's rights, dealing with disclosures and where and how to refer children and families for services within their different placement communities.

The volunteers have been provided with Crisisline counselling training, which covers an array of subjects and areas they need to know as well as training in working with children who have been sexually abused and children displaying inappropriate sexual behaviours

International Engagements

In 2014, Ms Nala, Childline SA National Executive Officer was elected the African Region Representative for Child Helpline International (CHI)

In her capacity as the regional representative, Ms Nala attended three CHI meetings.

A) Supervisory Board Meeting: Amsterdam

May 2015 & December 2015

The focus of this meeting was to look at the CHI strategic plan for the next 5 years, restructuring within the CHI office and reviewing of CHI membership across the world.



Amsterdam Netherlands





Anne Frank Statue in Amsterdam

Ms Nala also used this opportunity to meet with the CHI Africa Region Programme managers. This time was spent discussing the helplines in Africa, challenges experienced and strategies to strengthen the helplines in the regions taking into account the change in strategy within CHI, the economic crisis experienced in Africa and the ever increasing vulnerability of children in Africa.



Senegal Dakar

B) Africa Regional Conference: Senegal Dakar

August 2015

The African Regional Conference was held in Senegal Dakar. The Theme of the conference was:

Harnessing child helpline data for evidence based advocacy: use of data for advocacy: techniques and methods, collecting analysing and exploitation of data.

Other discussion included: The participants were given an update on the Deaf Kids international Project. Helplines expressed concerns about their survival in different countries. Concerns about perceived and experienced take over by government department were raised. Issues of fundraising and sustainability were also deliberated on. At the end of the conference, a detailed follow up plan was developed for the African Region Network.



Aletta Jansen Africa region Programme Manager CHI: Ms Nala, Africa Region Representative CHI & Childline South Africa and Richard Ombono Africa Region Programme Manager CHI



Directors of different Helplines in the African Region.





African renaissance Monument: Senegal Dakar



Shiela Donovan (Executive Director, CHI); Director, Helpline in Senegal; Richard Ombono Africa Regional Programme Manager, CHI; Barry Aissatou, Deputy African Regional Representative & Dumisile Nala, African regional representative.

Administration Report

DURING THIS REPORTING PERIOD THE FOLLOWING STAFF MEMBERS JOINED CHLDLINE SA:

Ntombifuthi Vezi (Programme Manager) – June 2015

Letoya Oliphant (Office Manager) – July 2015

Nteboheleng Mahapa (M&E Officer) – October 2015

DURING THIS REPORTING PERIOD, THE FOLLOWING STAFF MEMBERS RESIGNED FROM CHLDLINE SA

Kudai Muhwati (Marketing Manager) –February 2016

Nosibusiso Mfula (Volunteer) – February 2016



Chapter

2

Childline Eastern Cape



Eastern Cape Report

SUCCESS STORIES:

A school teacher called in to ask for assistance for 2 children that she was teaching as their mother was bedridden. All the necessary processes were followed. Social Workers investigated the circumstances of the family and arranged for a wheelchair for the mother be donated as well as various food parcels. The family continues to be supported by the Social Workers in their area.

GROWTH WITHIN THE CRISISLINE:

15 Crisisline Counsellors were trained, including 4 CLEC staff members. Some continued to the 6 month mentoring programme. 2 Crisisline Counsellors were appointed as staff members in November 2015. The Crisisline was not fully operational previously, but has seen operationalization, as well as an increase in the number of calls, in the last year.

Counsellor story 1: Lungakazi Mkosana-Klaas

My name is Lungakazi Mkosana. I applied for Childline because I enjoy working with children and helping them. Children are the future of our beautiful country. I saw an advert in the Daily Dispatch newspaper and decided to take the opportunity to apply for the post. I found the training very interesting and informative as I have learnt a lot of things about children which I never knew about before. The reason why I continued to be volunteer after 6 months without getting a stipend is that I was learning a lot of things every day and I enjoyed what I was doing on a daily basis, even the team work of my colleagues, including my coordinator, they were very friendly and they have taught me a lot.

When I was officially working for the organization, I was happy and excited and glad to be part of Childline team. Being part of the Childline team for more than one year is a great experience. I enjoy working at Childline it has taught me a lot of things about life, and children's lives. Being part of other programmes and outreach programmes is a very good opportunity to be in touch with other children's problems, because some children do not have access to cell phones and they are unable to contact Childline to talk about their problems.

Children are the future of our beautiful country and children are the most vulnerable people, so other people tend to take advantage of children. They are innocent and they do not deserve to be treated badly.



Counsellor story 2: Noluvuyo Mafongosi

My name is Noluvuyo Mafongosi I am a proud Crisisline counsellor for over a year. I applied for the post for a Crisisline volunteer in 2013. I have always been one to find contentment in helping others. I heard about the post from a friend who was working for Childline that year and she knew my passion for helping others. She proposed the post to me and I immediately fell in love with it.

She explained that I will be volunteering and that there is no guarantee of a stipend. That still did not put me off; I still wanted that post. We then went off to training which was held in Southernwood at a guest house. We were 12 and it felt wonderful interacting with different personalities. I enjoyed mostly the role plays we did as they taught me a lot. I learned practical things that I thought I knew but had no clue about. The training was insightful as we touched upon things that happen in our daily lives factors that affect society as we know it.

We finished the training in 7 days and then waited to be called back to start the mentorship. The calls came in and we reported for duty. The experience was wonderful. We all had shifts and were taught how to answer calls, capture cases and how to counsel callers over the phone.

6 months went by so quickly and then we had successfully completed our mentorship. The others felt the pressure of not

getting remuneration and decided to quit and felt they had done what they had to do in order to get their certificates. I felt that I was gaining a lot of experience and growing with Childline. That is why I felt I should continue volunteering.

When we were finally appointed as formal employees of the organization, I was so excited and happy; even more emotional as I looked back from where I come from and appreciated the acknowledgement of my work for the organization. I feel very humbled that I have completed a whole year with Childline it is always a pleasure working with my colleagues as they add so much value to me. I am continuing with Childline because at my organization we help children who have been abused and I for one feel a responsibility to protect them as I have a soft spot for them.

I have been a part of a lot of awareness campaigns and outreach programmes. I feel so happy knowing that we reach out to our communities and help them resolve any problems they might have regarding children. That is, we are looking out for our future leaders. It is our destiny to create a better future for the next generation and so we must take care of our future leaders.

Protecting children is everyone's business.

OUTREACH PROGRAMMES

Various approaches to Outreach and Awareness programmes are employed at the organization and sometimes, programmes are crafted to the specific needs of a particular school. This has also led to strengthening relationships between the organization and the education network.

During the reporting period, 32 schools and 68 Day Care Centres were serviced by Childline Eastern Cape.

This was thanks to the hardworking team members who are committed to making Child Protection everybody's business and to educating as many children as they can about their inherent rights.

6 948 children benefitted from the passion of this team and 178 educators were reminded about their rights and responsibilities too.

76 Awareness campaigns specifically about Children's Rights were held and the number of children who were reported to the Child Protection Register was 91.

It is imperative to note that these programmes were implemented without the availability of an organizational vehicle and team members made use of public transport in order to bring the services to the community.

SCHOOL OUTREACH AWARENESS PROGRAMMES

TOTAL NUMBER OF SCHOOLS:	32
TOTAL NUMBER OF DAY CARE OR EDUCARE CENTRES:	68
TOTAL NUMBER OF CHILDREN/LEARNERS:	6 948
TOTAL NUMBER OF EDUCATORS:	178
NUMBER OF AWARENESS CAMPAIGNS ON CHILDREN'S RIGHTS:	76
NUMBER OF CHILDREN REPORTED AND PLACED ON THE CHILD PROTECTION REGISTER:	91



CHILD PROTECTION WEEK 2015

Child Protection Week is a notoriously busy time at all Designated Child Protection Organizations and it was no different at Childline Eastern Cape in 2015. 6 schools were targeted and Child Protection Talks and Shows were held with their learners.

Child Protection Week is also the time when Childline Eastern Cape traditionally does Crèche Teacher Training because it is believed that many more children are reached through their teachers reinforcing the importance of Child Protection consistently over a period of time, than once-off talks and puppet shows.

25 teachers from 18 crèches were trained during the 2015-2016 financial year. The team felt so strong about empowering crèche teachers that the second training was conducted although the funder had withdrawn from the programme.

A total number of 1 451 persons attended the Child Protection Week activities.



16 DAYS OF ACTIVISM AGAINST VIOLENCE AGAINST WOMEN AND CHILDREN

Childline Eastern Cape is committed to working together to protect children from abuse and to create a culture of children's rights in the Eastern Cape. We also understand that children do not exist in isolation. Children are borne by women, fathered by men, belong to various unique family structure and form part of vastly different communities.

When one takes such a holistic approach to Child Protection, it becomes obvious that it is imperative that violence against women and children should be stopped AND that families need to be preserved and strengthened so that they can protect OUR children.

The organization hosted 6 events and 2 radio talk shows, but due to extremely bad weather during this period, there was a low attendance rate with only 1 200 attendees being recorded.
6 events + 2 radio Interviews + 1 200 attendees



THERAPEUTIC SERVICES

Childline Eastern Cape, in partnership with Childline South Africa and Isibindi, conducted a number of Residential Therapeutic Camps where children and their parents/caregivers were engaged regarding the abuse of the children concerned. This approach was adopted as there are vast rural areas in the province where children and their families are not able to access services on a regular basis.

The importance of therapeutic intervention subsequent to the sexual abuse of a child is however, deemed to be critical enough to warrant a creative alternative. 59 children and 74 parents/caregivers received services through this programme. It is important to note the sacrifice of the therapists involved in this programme as it requires them to be away on camp for 7 days and 6 nights. A heartfelt thank you is sent to them.

Number of children accessing services through Isibindi model: 59

Number of caregivers receiving training through Isibindi model: 74



Social Worker story: Thandokazi Jonga:

How did you find out about Childline Eastern Cape and why did you apply for a job here? What did you feel like when you finally got the job here?

- I have known about Childline Eastern Cape from way back when I started my varsity; it was based in Port Elizabeth at the time. I learned more about Childline and some of the services they offer from my first year facilitator who was doing her final year at Childline EC at the time.
- I applied for a job at Childline because I was unemployed, looking for a job and there was a vacancy available and advertised at Childline Eastern Cape.
- Getting an opportunity to be part of Childline Eastern Cape was a very exciting time for me. Even more exciting because the organization's focus is on children and it always have been my desire to work with children.

How did it feel to do Isibindi and being the Lead Social Worker for Therapy for the better part of 2 years? What did you learn and what are you taking away from the experience?

- Being part of Isibindi program have been a heartwarming yet heart breaking experience for me. What was heart breaking was seeing so many young children having been exposed to such a traumatic experience of sexual abuse. The most heartwarming experience was being part of the team that was assisting those children to overcome the trauma and going through the healing process with them.

Tell us about the TCC and how you work with the complex system.

Thuthuzela Care Centre is one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy, aiming to reduce secondary trauma for the survivors of rape. Survivors don't have to move from one place to another to get help; they are offered the necessary services at one place with all the relevant stakeholders.

- I have been working with Sinawe Thuthuzela care Centre base at Umtata general hospital as a supervisor of the counsellors who are working as first responders to the survivors. Our counselors have been doing a great job into assisting the survivors in order for them to deal with the trauma if being rape in an appropriate manner. Their assistance include emotional support to the survivor, education about the processes and procedures that are being followed at the Centre in order for the survivor to receive complete assistance and care, and they also do follow ups to make sure that the survivor is still coping well emotionally.
- As their supervisor I have been offering all the necessary support to the counsellors to make sure that they are coping well with the work they do and making sure that they receive all the necessary resources in order for them to render effective services to the survivors.

- Being part of this Multi-disciplinary team has been a challenging yet a pleasant experience for me. Although we all working the same goal there are challenges we come across within the process of achieving our goal but what I appreciate the most about working in this team is the fact that the needs of the clients are the top priority for every stakeholder involved.

Explain your challenges. Tell us a little about how difficult it has been to start a Coping with having a Special Needs Child support group for parents and what your learnings are.

- The issue of not having an office vehicle have been and still is the biggest challenge in the office since we have programs that we have to do outside the office. Our biggest target areas are rural areas but due to transport issues we had to limit our outreach programs to the nearest township areas as they are easy to reach when using public transport.

STARTING SPECIAL NEEDS PROGRAM:

Starting this program have been very challenging. Recruiting parents have been the biggest challenge, I approached various places that work with children who have special needs they also highlighted that having this kind of a support group have been the part of their plans for a long time but the parents just do not want to be part of the group. Some would make an excuse that they are too busy to attend the group, some are just in denial to admit that they need assistance and support. I therefore experienced similar problems whereby members did not want to commit to the group as a result they would drop out of the group before the group end. Parents/ caregivers do not seem to be seeing emotional support as that important for them.

Why are you still at Childline Eastern Cape?

- I am still at Childline because I still want to grow and gain more experience in this field of child protection and Childline is a well-established organization within the field of child protection

Where do you see yourself in 3 years' time?

- In 3 years I see myself in a better position in the organization that is working towards a common goal to make a difference to the vulnerable communities. I would like to see myself growing within the profession and developing programs that will be of benefit to the communities at large.



Families without Fathers programme

A teacher from a specific school in the community contacted Childline Eastern Cape explaining that they were experiencing problems with male learners who are increasingly aggressive and displaying uncontrollable behaviour.

A similar report from another school was received. A brief situational analysis was done and it was found that in a number of cases, the learners that were breaking the schools' code of conduct were in home situations where there was no father figure at all.

The learners were entering puberty or were already teenagers and challenged all authority figures. This led to the development of the Families without Fathers programme. 34 male learners went through the programme and by all accounts, their general demeanour and behaviour had significantly improved.

Families without Fathers programme beneficiaries: 34

Family Preservation services

As alluded to earlier, South Africa has a few unique family structures and it would be impossible to define all or encompass all, but the closest would be to say that family members are those who regard one another to be members of the same family, regardless of blood relationships. Childline Eastern Cape supports the intention of the Children's Act 38 of 2005 [as amended] that families should be preserved as far as possible, as long as it is in the best interests of the child.

This organization thus goes the extra mile to offer family support services. 420 families were engaged in Family Preservation services and 40 families in specific parenting programmes. 565 Orphaned and Vulnerable Children received services and are not included in the Family Preservation services statistics as they are a unique group of children with their own unique needs. 336 children received psychosocial care and 178 parents received psychosocial care specifically related to the abuse of their child. These parents were not perpetrators of abuse, but needed assistance in supporting their child who was a survivor of abuse. As interlinked as humans are, it should come as little surprise that parents also need

support when their children's rights are violated.

Number of families participating in Family Preservation services: 420

Number of families participating in parenting programmes: 40

Number of OVC's receiving psychosocial services: 565

Number of children who received psychosocial care: 336

Number of parents and caregivers who receive psychosocial care: 178

Chapter

3

Childline Free State



1) Provincial Crisisline Report

This year was marked by extraordinary achievements and accomplishments, impacting the communities we serve in even more significant ways than before. The following success stories were recalled from the effective screening and appropriately referral of all incoming calls:

3 Children abandoned by their mother, father unknown. Caller is the maternal uncle who had been a supervising caregiver. He was concerned about the wellbeing of the children as he was going to travel a lot with work and would no longer be able to check on the children. Childline assisted the uncle to get in touch with a social worker. The social worker has since been able to find a willing family member to assist in taking care of the children.

9 Children who were removed with a Form 36 due to the fact that they were abandoned or lost were reunited with their biological families. One of the lost children was mentally ill.

A 2 month old baby was subjected to the environment of a local tavern where both her parents were. As the parents were getting drunk in the tavern they also started to give the child alcohol. The father of the baby got into a tavern brawl and was stabbed to death. The mother was detained as an alleged suspect, while Childline coordinated with other service providers to ensure the safe removal and placement of the baby. Through Childline, the baby was unharmed and safely placed into care.

A 17 year old wanted to commit suicide. She called the line saying that the family does not understand her. She spoke with the counsellor and informed her that she sometimes feels like killing herself. She informed the counsellor that she has these thoughts often, but they are not triggered by anything. The counsellor was able to empathize with the child. Social workers then went to investigate the situation and ensure her wellbeing. The child called back again to inform Childline that she felt a little bit better. The case has since been referred to the area worker for further intervention with the child

A concerned neighbour reported on the wellbeing of their neighbour/friend. The caller indicated that her neighbour was 10 years old and was also being left alone together with his 2 year old sibling. The mother abuses alcohol and is neglectful of the children. The telephone counsellor gave supportive counselling to the call, who chose to remain anonymous. The telephone counsellor referred the case and the case was attended to as a matter of urgency. The social worker attended to the case and the mother admitted that she had been neglectful.

Trafficking: A 17 year old female was rescued as a family member was trying to sell her to Nigerians in order to get drugs from them. She jumped out of the window and ran to the police. Social workers were able to place the child in safety.

Protect a 12 year old girl by placing her in temporary safe care. Her father threatened and also tried to kill her as she is the only witness to murders that he committed. The child is safe and the police is dealing with the case. We were able to place an abandoned baby with a lady that is willing to adopt him. The mother just told the hospital after birth that she doesn't want the child

29 Volunteers were recruited and trained as telephone counsellors. Trained counsellors have completed their practical placement and have been screened. In order to ensure sufficient recruitment, trainees have been attending supervision and mentorship programmes. Two of the trained volunteers were placed on the line over the December holidays. They adjusted well, and managed to keep the services of the line going.

The Line was marketed at the Film and Publications Board panel discussion on 'cyber bullying'. There were 29 participants from different organizations including community members, UFS, Constitutional Court, and Love Life. The Film and Publications Board also shared information of the panel discussion together with a summary of useful cyber safety tips on Facebook, linking our organisation in the post, as part of the Child Protection Week awareness campaigns.

The toll-free number has been marketed within schools in which we render services. This is inclusive of Grade 9 classes within high schools in Ficksburg, Cloccolan, Parys, Mangaung and Vredefort since implementation of the programme. All staff members within the organization market the toll free number after each engagement with the clients – this is inclusive of the Isibindi sites that we have in Vredefort, Ficksburg, Cloccolan and Mangaung.

Focus groups took place within the Free State Province including youth, adults and stakeholders, in order to establish relevant promotional material. Promotional material was received from our National body - Childline SA - and was distributed to stakeholders.

Continuous promotion of the toll-free line took place on social media platforms such as Twitter, Facebook; through radio talks; linking with local newspapers and radio stations to report abandoned and lost children.

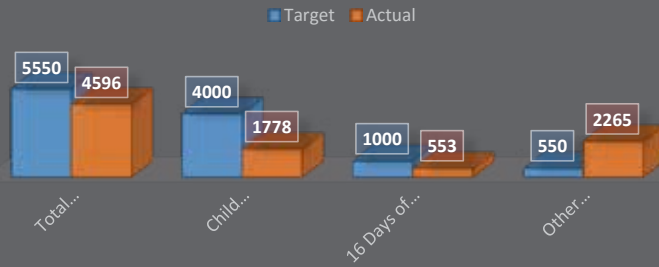
2) Outreach Programmes

Outreach programmes refer to activities that stop a social or psychological problem from arising, and are therefore designed to make people safer. A drug awareness talk was conducted for 1 270 Grade 8 to 12 learners of Barnard Molokoane Comprehensive School.

Leadership development project: An Implementation Day was held at



OUTREACH PROGRAMMES



Bloemfontein High School for 44 learners aged 16 to 18 years, to empower the children with leadership and teamwork skills, so that they can make an objective decision when voting for school leaders, and to improve their leadership skills. A Leadership Camp was held in Zastron, focusing on conflict management. It was attended by 30 learners from the school, to make them aware of what their perception of conflict is, and to try and change their perceptions into something positive, so that it is not something they feel they should avoid. Their conflict-handling skills were thus improved.

We partook in a late birth registration outreach project in collaboration with the Municipality and Mangaung Home Affairs. The project reached out to individuals who were struggling to register their children prior to the deadline of late child birth registrations, namely 31 December 2015. Home affairs rendered a mobile service. Community members received clarity on concerns from all stakeholders, e.g. Mangaung Local Municipality, Dinatla, Ward Councillors, Department of Justice, SAPS, Road Accident Fund, SASSA, Department of Health, Department of Home Affairs, Department of Education, and the Master High Court Official.

During Child Protection Week Campaign 2015 we reached a total of 1 778 direct beneficiaries (1 100 children and 678 adults) through awareness talks that were conducted at:

- Poloho School for parents, raising awareness about the services rendered at Tshepong Thuthuzela Care Centre, and giving informative advice to parents if they suspect rape or any abuse. The rights of disabled children were highlighted.
- Heidedal office to equip children of the After School Care Project with knowledge and skills on bullying, sexual abuse, alcohol and drug misuse, to protect themselves from any kind of abuse.
- Boitumelong Special School celebrated CPW by informing the learners about different services provided to children in assisting them with protection against abuse. Different stakeholders came in numbers to share their

knowledge about abuse, types of abuse, and how to report it. The children were entertained and educated through puppet shows, which highlighted abuse and the importance of reporting incidents of abuse to the toll-free number of the crisis line.

- Mokwallo Crèche, Vredefort empowered Grade R children with skills on how to protect themselves against abuse.
- Boitumelo Crèche, Parys empowered Grade R children with skills on how to protect themselves against abuse, and how to say no.

Our OVC support service was designed to target children at both the individual and community level. The programme has two entry points, namely through schools-based prevention interventions and through the child and youth care workers, social workers and social auxiliary workers identifying children in need within their communities. The approach entails special outreach efforts to ensure that children at risk in an HIV prevalent area and OVCs affected by HIV benefit from certain key services in order to stay HIV negative as far as possible; to ensure that learners are aware of their HIV status; and to ensure access to HIV care and support services. A total number of 10 206 beneficiaries were served, across the three districts – Mangaung, Thabo Mofutsanyane and Fezile Dabi.

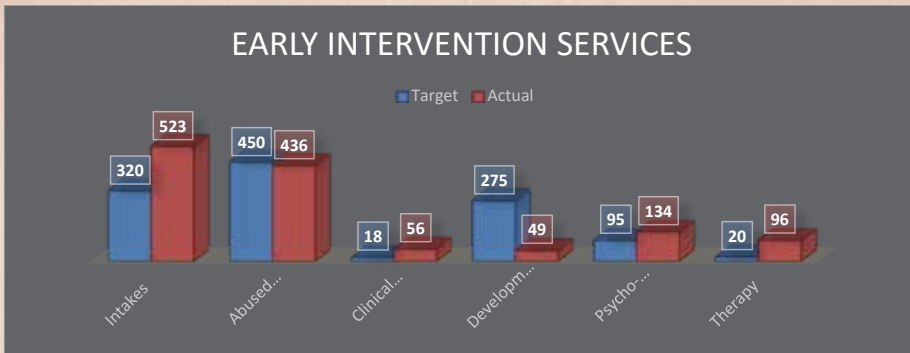
Talitha Cumi Child and Youth Care Centre, temporary care for children from birth to 10 years of age are registered by the DSD. In 2015, Talitha Cumi kids took care of 99 children and 31 babies. The project is run in partnership with the Christian Revival Church in Bloemfontein.

73 Early Childhood Development (ECD) Centre's received training, support and guidance to ensure compliance with legislative requirements for partial care facilities. As part of Child Protection Week, 117 Educators and Matrons of centres were provided with a presentation on the Children's Act and current legislation, in particular the NORMS and STANDARDS for ECD centres.

3) Therapeutic programmes

Early intervention services are activities aimed at halting the development of a problem which is already evident and indicates the need for intensive services such as therapeutic programmes at an earlier stage, in order to boost protective factors and reduce risk factors. During the year under review a comprehensive, accessible reception service was available at our 3 intake offices in Bloemfontein, Heidedal and Mangaung for any person to report a child presumed to be in need of care and protection. In total, 532 intakes were reported and followed up through early intervention assessments.

EARLY INTERVENTION SERVICES



In total, 436 Form 22's were submitted for child victims, according to the following subsets:

- Sexual abuse: 252
- Physical abuse: 41
- Neglect: 127
- Emotional abuse: 16

96 Children received individual therapy, according to various social work models such as Gestalt, Structured Play Therapy, Attachment Therapy, Strengths perspective, Healing Package and Rational Emotive. Goals of the therapeutic processes included working through the process of sexual abuse; dealing with grief and bereavement; improving self-esteem; establishing behavioural change; the teaching of coping skills with trauma events such as divorce; dealing with ADHD; dealing with depression and attachment or bonding.

Therapy with a young girl contributed to the fact that her relationship with her father improved so much that she can now visit him without any conflict occurring.

56 Clinical assessments were done by trained social workers to determine the attachment and social-emotional functioning of the children. 49 Developmental assessments were done to provide clarity on abused cases reported. 134 Children presenting with challenging behaviour or emotional needs received psycho-social support services.

One of the social workers did a victim impact report on a girl and had to testify in the sentencing of the accused. The man that sexually assaulted the girl, got 25 years imprisonment as sentence.

Families are at the heart of children's worlds. Yet children's families sometimes fail to care for and protect them.

- 239 family assessments were done to provide clarity on the family's functioning.
- 492 families participated in family preservation services. Family preservation supports the viewpoint that many children can be safely protected and treated within their own homes when parents are provided with services and support that empower them to change their lives.

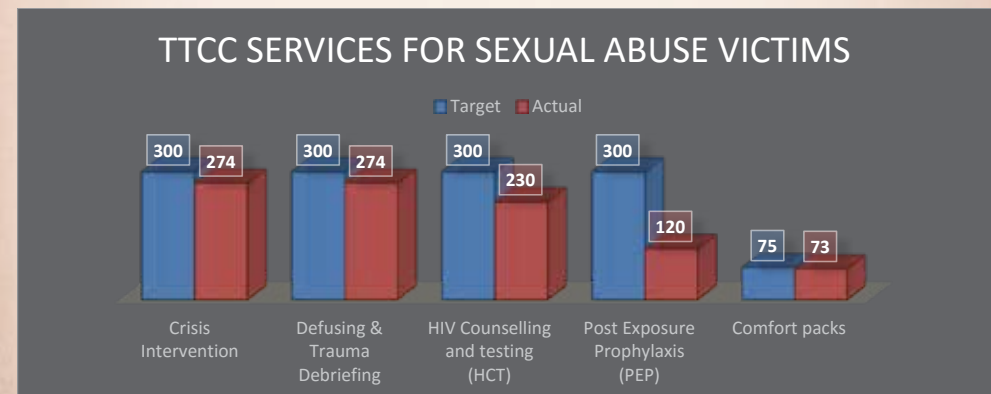
Intervention services to children and families in custody matters, divorce and maintenance disputes were rendered, and comprised of services such as counselling, mediation and assistance with parenting plans.

74 Children were reported at the offices with family conflict as a causative factor to the families becoming dysfunctional. The family circumstances of these children were assessed because of their reported exposure to family violence or conflict.

- 22 risk assessments were done to determine whether a child's life is at risk within the family.
- 239 family assessments were done to provide clarity on the family's functioning.
- 46 families received intervention services due to care and contact (custody) issues. Intervention services included parental guidance and counselling.

We were privileged to be a sub-sub-recipient via CHILDLINE SA and NACOSA of the Global Fund funding. Through the partnership, we were responsible for providing a comprehensive package of HIV-prevention services to victims of gender-based violence who attended the Thuthuzela Care Centre. A total number of 274 children received services.

TTCC SERVICES FOR SEXUAL ABUSE VICTIMS



14-Year old double-orphaned child was living with her maternal aunt and family. She started having uncontrollable behaviour and disregarding the house rules. It became evident that the girl, together with a peer-friend and two others were being threatened and used by a man in the community.

The man would rape the child and her friends and would then threaten to kill them. He would then make them commit additional crimes like stealing from home. The child was able to relate well to the counsellor and to disclose everything, which she could not do with her aunt. The aunt has indicated that the child's bad behaviour has subsided.

Grief group, consisting of five sessions of two hours each based on the Khukit Manual, were offered to 63 bereaved children. 39 Caregivers of OVCs attended Abangane Parenting Grief Groups, focusing on grief and bereavement. This grief group interventions were measured through research done by Tulane University. Evidence of positive impacts among adolescent female participants with respect to Depression and Problematic Grief symptoms were found.



Chapter

4

Childline Gauteng



This year, Childline Gauteng has continued to live up to our vision: Caring for Children. Our passionate and dedicated team, made up of over 65 staff members, interns and volunteers, have rendered professional and caring services to thousands of children, their families and communities in Gauteng.

Our community-based offices are situated in 7 sites around Gauteng: The inner city, Soweto, Orange Farm, Sebokeng, Tembisa, Katlehong and Diepsloot. These CBOs are centrally situated, accessible and well-known in each community, and our teams work tirelessly to build and maintain relationships with key stakeholders.

Childline Gauteng offers a comprehensive basket of services:

- 24 Hour toll free Helpline
- Community Awareness and Prevention Programme (CAPP)
- Therapeutic Services
- Sunlight Safe House
- Training

CHILDLINE GAUTENG HELPLINE

The Childline Gauteng Helpline facilitates child protection services, in collaboration with a large number of partners and stakeholders, and provides interventions that are preventative, supportive and empowering, and advocate for children and their families. The Helpline operates 24/7, 365 days a year, and our team of 23 offer the service in all 11 SA official languages, as well as French.

This year, thanks to our continued relationship with the Foundation for Professional Development (FPD), 2 groups of recently qualified interns were trained and joined our team. The combination of new graduates and long term experienced counsellors on our Helpline has contributed enormously to the growth and skills development in the team.

We have also expanded our services online and have been rendering an email counselling service during working hours. The service is growing and has been well utilised by adults in need of assistance.

Due to the serious nature of both our email and telephone counselling cases we often find ourselves in need of a legal opinion. We have been working very closely with our legal advisor Liezel Power who has a wealth of legal expertise and donates her valuable time to consult on our challenging cases ensuring that our clients receive a quality service.

The Helpline is, of course, dependent on reliable equipment and top class systems. We are currently utilising a telephony and case management system.

During this financial year our telephony service provider, BITCO, donated an upgraded license for our telephony que metrics system, which has enabled us to conduct monitoring and evaluation and quality assurance relating to the service provided by the Helpline. Our data capturing system was designed and developed pro bono by Majestic, and they continue to offer their support services to us at no cost.

The combination of our dedicated team, service providers and volunteers have made it possible for the Helpline to answer 237 171 calls and intervene in provide telephonic counselling to 44 768 callers and intervene in 4 942 serious cases involving children.

COMMUNITY AWARENESS & PREVENTION PROGRAMME (CAPP)

The CAPP team aims to share information about children's rights and related issues and to empower children, their parents, educators, and all those who work with children.

School Programme

In each primary school, we facilitate class-by-class, age-appropriate talks. We also provide a voluntary workshop to the educators on identifying and responding appropriately to child abuse. Children are invited to speak to our facilitators one on one about anything that might be troubling them. In this way, many children are counselled and referred for further services.

This year we completed the programme at 81 primary schools and 108 crèches, reaching 61 740 children, and 1 474 educators and caregivers. 1 036 of these children came forward for brief counselling. 10% of these were for sexual abuse, 35% related to various problems within the family, and 31% related to bullying.



A mother called asking for help to get her child an ID. She herself did not have one, as her own mother had passed away before she could register her birth. Her child was now unable to register for his matric exams. Our counsellor referred the Caller to Home Affairs, but sadly she was not helped. When she called back, we contacted the organisation, Pro Bono, and arranged for a lawyer to take the case. The caller phoned us shortly afterwards to let us know that she and her child now had IDs and it was all because of Childline.



The LEADers

Leading by Example, Acting on our Dreams.

This programme aims to increase participants' self-esteem, give them a positive sense of belonging, and develop their leadership and communication skills by showing them that they can make a difference in their own lives and in their communities. We also facilitate Positive Parenting workshops for the LEADers' parents, and the Schools Programme is conducted at the LEADers' schools.



5 groups completed the LEADers programme (71 children in all), and feedback from both educators and parents was extremely positive. Many of our LEADers were selected as prefects for the following year.

Holiday Programmes

This year, the CAPP teams facilitated 4 holiday programmes for 58 children. The team made use of the Firemaker model, engaging children in creative activities designed to build their resilience on a number of levels.

Parenting Talks and Workshops

We recognise that working with parents is essential to our efforts to ensure that children's needs are met. We make use of every opportunity to talk to parents, ranging from short talks in community clinics, to presentations at school parents' meetings, to more in-depth workshops on Positive Parenting. This year our teams conducted 46 short talks, and 23 workshops for 4 156 parents and caregivers.

"This workshop has really opened my eyes. We grew up differently, but now I understand that it is important to communicate with my child."

Events and Campaigns

Our teams all engage actively with their local intersectoral committees and key stakeholders in the planning and implementation of various events and campaigns throughout the year. Together the teams at our community-based offices reached 33 459 adults and children in community outreach programmes (including assembly talks, presentations at child and youth care centres and drop-in centres) and community events, such as Child Protection Week and 16 Days of Activism, and community safety campaigns.

THERAPEUTIC SERVICES

We offer counselling and therapeutic services in 7 sites: The inner city, Soweto, Orange Farm, Diepsloot, Katlehong, Tembisa and Sebokeng. Our team of highly trained social workers deal with all child-related problems. Each client receives an individualised counselling service depending on the clinical assessment, including: individual, group, family, marital and play therapy. We also provide court preparation and support.

This year our social workers offered a total of 9 310 individual sessions to 1 881 families/ children, and 82 group therapy sessions. The main reasons for clients receiving counselling services were related to some form of violence: sexual abuse 23.4%; emotional abuse 10.4%; domestic violence 4.6%; bullying 4.4%; physical abuse 3.7%; trauma 4.5%.

Family relationship problems featured significantly, as did neglect and poverty.



SUNLIGHT SAFE HOUSE (SSH)

The SSH is a unique service, which ensures children's safety by providing emergency after-hours care for abandoned, abused, orphaned, neglected and exploited children who have been removed by SAPS after hours. We also support our SSH foster children and families.

Overnight Care

During the period under review, 174 Children were placed in overnight care. This represents their entry into the child protection system, which can be very traumatic, and is therefore crucial in terms of preventing secondary trauma.

Of the 174 children, we provided 168 repeat placements for Child Welfare and the Department of Social Development to ensure the best outcome for each child, as statutory social workers were unable to find suitable interim placements.

Social workers are on call after hours to advise the Child Protection Unit and do a risk assessment. Children are warmly received by our child and youth care workers, often in the middle of the night. They receive debriefing and a simple explanation of what to expect on their journey through the child protection system. They are given a warm meal and a care pack with a change of clothes, a teddy bear and toiletries, as well as a safe, warm bed for the night.



Foster Care

In 2002 we began providing a foster care service for HIV positive children, as well as vulnerable teenage children. We currently have 111 children in foster care. The social workers provided reunification services to 11 families and have successfully reunified some of these children with their families.

Services rendered to these children include compilation of Individual Development Plans (IDPs), individual and group counselling, homework assistance and remedial lessons, referrals for assessment and treatment, and assistance with documentation.

Independent Living Programme

Once children in foster care turn 18, they are considered adults, and are no longer supported by the State. We therefore started an Independent Living Programme in which we support our young adults. We currently have 11 children in the Independent Living Programme: 2 are permanently employed; 1 is a graduate from the Regenesys Business School; 3 are pursuing a BA Administration degree through the Maharishi Institute; 1 young man, who is a successful DJ, recently signed a contract with E TV (Rhythm City) for his music; 1 is studying towards a pharmacy assistant diploma; 1 is doing an engineering diploma; and, 1 an FET diploma.

TRAINING

The Training Department offers training internally and externally to professionals and laypersons who work with children, as well as caregivers in the community. The department saves Childline Gauteng a substantial amount of money that would otherwise be spent on training, and is also a source of some income for Childline.

Our training team conducted 22 workshops of varying length and complexity for 446 adults, including staff members, volunteers, educators, community caregivers, and other professionals and non-professionals working with children. In addition, we were able to secure a large amount of training at no cost to the organisation, as well as a discretionary grant from the HWSETA after submission of our Annual Training Report and Workplace Skills Plan.

Donors

Donations in kind:

A large number of goods and services were donated to Childline Gauteng, such as food items, stationery and computer equipment, which could be offset against our budget, as well as donations such as outings for the children, training, and both new and second-hand goods which could be sold to raise funds for Childline Gauteng.

Chapter

5

Childline KwaZulu Natal



Childline KZN strives to touch, change and develop the lives of those who have had to endure unimaginable suffering. Our comprehensive programmes addresses issues of abuse, neglect and exploitation focusing not only on bringing perpetrators to book but also on helping children, their families and communities to rebuild their lives, protecting victims educating and raising awareness in order to prevent Child Abuse, neglect and exploitation. This report will take you through our programmes and the activities for the year 2015/2016

Crisisline

The crisis line received a total number of 163 690 calls between 1 April 2015 to 31 March 2016.

The nature of the calls taken was as follows:



Success Stories

Case 1

The caller reported three orphans who were living under poverty stricken conditions because their basic needs; such as food; clothing; and transport to school were unmet. The youngest child has Epilepsy; although on treatment; he has serious seizures where he hurts himself. The caller was very concerned about the said children due to their circumstances and requested that the social worker investigate this case as a matter of urgency.

Intervention and Outcome

The counsellor contacted the community health worker in the area to intervene in this matter. She conducted a home visit and a psycho-social assessment was completed. She will monitor the child in terms of adherence to his medication. Food parcels were accessed and provided to the said family. The counsellor redirected the case to the Department of Social Development as it was a known case to them. The counsellor; social worker and community health worker collaborated on the case. Feedback from the caller reported gave evidence that the children's circumstances had improved drastically. The community health worker assisted the family with budgeting and ensured that the family's basic needs were adequately met. The area social worker will continue to monitor the case and supervise the children concerned.

Success Stories

Case 2

The caller reported that a child was raped by her educator after a school excursion. The child was allegedly drugged and taken to his home. The caller assumed that the child was oblivious of her environment due to the fact that she was inebriated. The caller further reported that the said educator purchased alcohol for the learners. According to the caller the child was severely traumatized; terrified and ashamed of the events that occurred.

Intervention and Outcome

The counsellor documented the details from the caller. The matter was referred to the Department of Education for intervention. The counsellor followed up with the school inspector who indicated that the matter was investigated and a disciplinary hearing was conducted in respect of the said teacher. Subsequently he was suspended and a case was opened. The criminal case is proceeding. The child concerned received counselling and supportive services. She was able to resume grade 12 in January 2016.

Challenges and successes in the Crisisline Department

The challenge we have encountered is that Crisisline statistics have not improved in the period being reported on. This is due to various reasons mainly the lack of marketing of Childline Services. The plan of action to combat this is to conduct a more effective outreach program and to implement a new marketing and media strategy.

The Crisisline Centre however has received a generous pledge of about R460 000.00 from Isibaya Community Trust for the renovation of their workspace. We are optimistic that these renovations will be under way if not complete by the next reporting period.



SIYAKHANYISA OUTREACH PROGRAMME

Introduction:

The Siyakhanyisa outreach team aims to work preventatively to reduce the prevalence of child abuse, neglect and exploitation and reaches learners, educators and communities by:

- Providing educational programmes aimed at promoting children's rights.
- Encouraging members of the public to report cases of suspected child abuse.
- Stimulating widespread discussion of children's issues.
- To provide crisis debriefing to learners in situations of exploitation
- To provide training to communities and professionals and all those working with children to ensure the best interests of children is upheld at all times
- To mobilize children to participate in issues that affect them
- To impart positive parenting to ensure the protection of children

Programme for Children:

SIYAKHANYISA outreach programme comprised of the following activities:

Learner's Programme:

1 – 2 Hour sessions in schools with learners in different age groups. The sessions were divided into 3 different sessions depending on the age group of the children.

From past experience and research the facilitators learned that it was most easy for children to share their stories and experiences when information shared with them was at their level and easy for them to process. This made them feel that there was a need for the facilitation at school because the content was tailor-made for the learners. The session was conducted to a smaller group of learners. The team felt that more impact had been identified and learners expressed their thoughts freely and were interactive when a debate question was introduced.

36 917 learners were reached through the outreach programme

Educator's Programme:

The objective of the programme was to raise awareness on challenges faced by learners. The educators were equipped with skills and information to deal with issues affecting children in the schools and community.

Community Programme/Parenting programmes:

To raise awareness and equip parents with information on abuse cases and managing protection of children. To provide positive parenting programmes to create safer homes and a violence free society

To address gender based violence and encourage sexual responsibility; to address the prevalence of HIV/AIDS and encourage child participation and to empower children with lifeskills to cope with challenges and make wise informed decisions.

The outreach team targeted 1 217 community members.

Just for baby Campaign in partnership with Childline KZN

Just for baby; as part of their marketing campaign partnered with Childline KZN, puppet shows were facilitated by Childline facilitators in the month of October 2015 in 29 schools reaching 3120 Pre-schoolers in KZN.

The puppet show highlighted themes which assisted young learners to protect themselves and identify dangers within their environment. The children were ecstatic to receive the gift bags from "Just for baby", it was no doubt a memorable experience for the children.

The puppet shows were conducted at the schools



16 days of Activism and Child Protection week



National Child Protection Week

Childline KZN launched Child protection Week at Sherwood Primary School in KZN. Care and protection of children was highlighted. An art competition was held where childrens' artwork depicted abuse and this was displayed at the school. Children were handed green ribbons to show support for promotion of the rights, care and protection of the child.

16 Days of Activism for no violence against women and children is commemorated annually from 24 November to 10 December. During the 16 Days of Activism campaign women were encouraged to speak out against violence and to report cases to the Police to ensure that they receive help. School children were encouraged to report bullying to the school authorities and Communities were encouraged to wear a white ribbon to never condone violence against women and children. Childline KZN's Policy has been 0(zero) tolerance for gender based violence 365 days of the year.

Therapeutic Programmes

Childline KZN offers a holistic and comprehensive service to victims of abuse and their families. A critical component of ChildlineKZ service delivery is the provision of psychosocial services to children and their families affected by abuse. Play therapy, psychotherapy and group therapy are used to address the scourge of abuse and the deep wounds incurred following the trauma. Through these interventions, children and their families are encouraged and enabled to lead well adjusted, fulfilling lives. Psychosocial services are provided at 12 satellite offices throughout KZN.

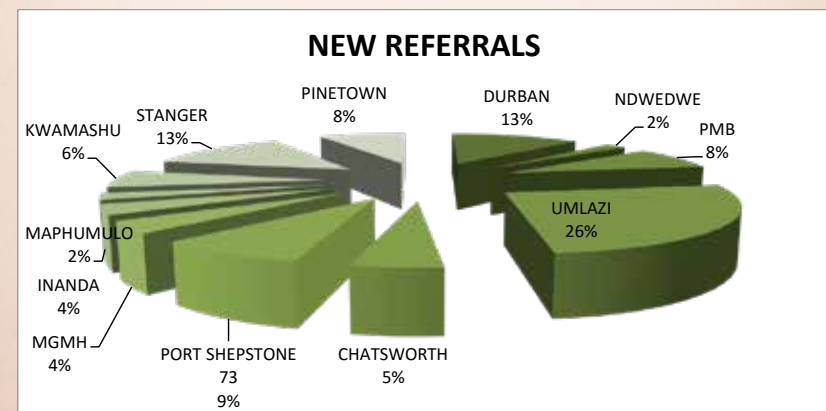
Social workers ensure that therapeutic intervention is adequately planned to meet the developmental needs, and the therapeutic goals for each individual child i.e. trauma therapy if a child has been abused, bereavement, if a child has suffered a loss, HIV/AIDS support, court support, etc. Childline KZN ensures that this is addressed with both parents and victims as part of therapy. The aim of services rendered is to empower children to process the trauma and pain they have suffered to be able to regain their full functioning as members of families and society

Adult survivors of sexual abuse receive the necessary intervention and support to facilitate process of healing. During the reporting period we had a total caseload of 4154. Therapeutic Services are easily accessible in the different communities. Services are rendered from 12 satellite offices

Area	District
Provincial Office - Durban Office	Ethekwini
Prince Mshiyeni Memorial Hospital Thuthuzela Care Centre (PMMH) - Umlazi	Ethekwini
Mahatma Ghandi Hospital TCC – Phoenix	Ethekwini
Port Shepstone Hospital TCC – Port Shepstone	Ugu
Stanger TCC	Ilembe
Chatsworth	Ethekwini
Maphumulo	Ilembe
Inanda	Ethekwini
Ndwendwe	Ilembe
KwaMashu	Ethekwini
Bhamshela	Ilembe

NEW REFERRALS AND CASES CLOSED

A total number of 1220 new child abuse cases were referred to Childline KZN and 24 closed cases during this reporting period. As follows a breakdown of the referrals received in respect of the different sub-offices:



Thuthuzela Care Centres (TCC)

Thuthuzela Care Centre is a one-stop, integrated response to rape care management. Thuthuzela means comfort, where victims and their families receive support and intervention from a multi-disciplinary team comprising of medical staff, police, social workers, overnight counsellors and victim support officers. The aim is to provide victims with maximum support, comfort and assistance to cope and deal with their traumatic experience.

PROGRAMME OBJECTIVES

The overnight support counsellor is a new post that was created. A need arose for an overnight counsellor to be based at the TCC, in order to render debriefing services to child victims of abuse, neglect and exploitation. Children that arrive at the TCC display symptoms that are trauma related, e.g. crying, withdrawn, numb, angry, etc. On the other hand the parents or caregivers of child abuse victims also display trauma related symptoms, e.g. angry, confused, emotional, crying, etc. The counsellor used various skills and therapeutic tools to render support services.

The overnight counsellors are based at the TCC Mahatma Gandhi Memorial Hospital on night shift.

The objectives of the programme are:

- To render debriefing services to children that have been abused, neglected and exploited
- To render support services to parents and caregivers whose children are victims of abuse, neglect and exploitation
- To be a support base to the TCC staff after hours In this period 314 parents received support services from the overnight counsellor based at the both TCCs.

TRENDS

- Parents and caregivers arrived traumatized at the TCC center.
- The counselor had noted that a high number of mothers reported that they themselves are adult survivors. These mothers are extremely emotional during the debriefing session and report that they never had the opportunity to receive counseling or therapeutic intervention.

Chapter

6

Childline Limpopo



Crisisline

Crisisline is the core department operating 24 hours, 7 days for 365 days a year. Our dedicated team consists of a Manager, a Supervisor, a fulltime Counsellor and 14 volunteer Counsellors. In order to keep offering services that are of a good quality we have teamed up with Light and Life Center (under HWSETA) learnerships to train some of our Counsellors in Social Auxiliary Work in order to develop themselves and their careers and to provide better services on the line. In May 2015 we trained 19 new volunteer Counsellors to add on to the existing team, the training was provided by Childline South Africa funded by NACOSA.

Success story

We received a call from an aunt of a 9 year old child who was repeatedly raped by her ex- stepfather. According to the caller the child was repeatedly raped by a man who used to be her step father while him and her mother were still in a relationship. It was not known when actually the rape began but the caller started to realise that the child was walking in an odd way and asked her what was wrong and the child explained everything. The aunt called Childline and the police were called and they went to arrest the perpetrator the child was taken to hospital to be checked for signs of rape and other tests, the tests revealed that the child has been raped for quite some time and as a result was infected with the HI virus. The child is currently undergoing counselling and the perpetrator was released on bail and while on bail he tried to bribe the child's family to drop the charges and he was reported and re- arrested again.

Training and Capacity Building Programme

Training and Capacity Building (TCB) is an outreach program providing education and skills development workshops to key targeted beneficiaries and increase their knowledge and understanding of the legal frame work of Children's Rights. The department consists of a Manager, 2 Facilitators and Interns (recruited under FPD). The TCB program mainly focuses on combining both the theoretical and practical aspects of training by building resilience in children through child protection programs and life skills. Through this program we assist in building relationships between children, educators, ECD practitioners and other organizations within the child protection services.

Service	Program description	Male	Female	Total reached
Vhutshilo 1	Addresses changes children encounter and assists with behaviour modification and skills development for children aged 10-14 years	308	411	719
Vhutshilo 2	Addresses changes children encounter and assist with behaviour modification and skills development for children aged 15-17 years	296	343	639
Child Abuse Prevention	A school program promoting and strengthening child protection services by empowering children about child abuse and increase their knowledge of children's rights and responsibility	77	89	166
Building Resilience in children	A program advocating child protection, aimed at empowering children on matters relating to child abuse such as bullying, self-care and self-esteem.	531	650	1181
Life Skills Camp	5 days life skills camp where children are taught life and leadership skills.	40	57	97
Sexual Reproductive Health talk	This program promotes abstinence and the onset of sexual activities for children aged 14-17 years	328	685	1013
Gender Based violence	Discussions revolving on sexual reproductive health talks, gender roles etc. for girls and boys only groups comprising of 14-17 year old.	99	81	180
Educators Training	A 2 day session program where educators are trained on Child protection matters and the legislative framework within the South African Constitution.	144	232	376
Total		1823	2548	4371

Success story

During the implementation of Building resilience at one of the primary schools we were serving, a child who was sexually abused by her step father was identified. This was revealed through the sexual abuse topic that was rendered and the children within the group started pointing fingers at her and laughing. It was realized that this has been an ongoing situation and the school was aware of it but afraid of the father. The case was referred to our social worker who intervened the step father was arrested and denied bail. The case was also referred to DSD and the child was immediately placed at a children's home.

Youth Development Camps

Childline Limpopo has facilitated 2 five days camps in partnership with the National Department of Sport Arts and Culture and Love Life, alongside Polokwane Municipality. The aim of the 2 camps was to empower children to make informed decisions and how to live a positive healthy life style.

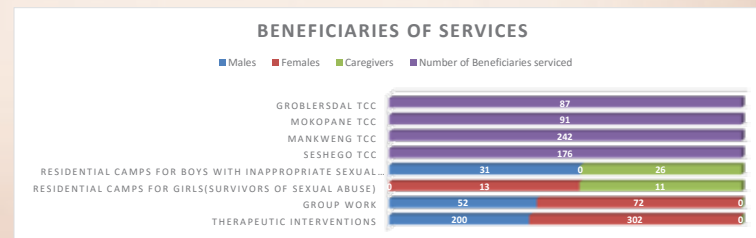
In partnership with the Department of Sport, Arts and Culture and Polokwane Municipality the camp was held at Schoemansdaal (Makhado Local Municipality) and Polokwane Game Reserve respectively. Different activities were done to strengthen the children's sense of community work

Psychosocial Support Services (PSS)

The PSS department aims to provide therapeutic interventions through casework and group work to OVC and their families and care givers, in order to prevent further abuse through the implementation of evidence based prevention and treatment programmes. This is achieved by empowering communities and enabling them to discover their own strengths and to build on them through community projects.

The department is made up of a team of 14 members consisting of the PSS Manager, 7 Social Workers and 6 Lay Counsellors operating in 6 site offices: Waterberg (Modimolle, Bela-Bela, Thabazimbi, Regorogile, Groenvlei, Lephalale, Marapong); Mopani (Phalaborwa, Xithlelani, Matikoxikaya, Humulani, Majeje and Benfarm); Capricorn (Polokwane, Zebediela, Hlakano, Skimming, Mogoto, Bergeneck, Sehlaleng and Aganang) and Vhembe(Thohoyandou, Thulamela, Khubvi, Mutale, Makuya), The 4 Thuthuzela Care Centre offices; based in Seshego, Mokopane, Mankweng and Groblersdal offers services to rape survivors and empowers them through individual counselling and support services.

Below is a graphical representation of the total number of beneficiaries who received services:



SUCCESS STORY

A case of abuse was reported to us by the uncle of orphaned children. The children were under the foster care of a woman in their community as the custody was granted by the court in 2014 but the caregiver was not staying with them instead they were staying with their uncle. During intervention done by the in-house Social worker it was found that the children are being verbally abused by their uncle, and exposing them to substance abuse and chased them out of house when drunk and the children are scared of him.

It was further reported that he denied them food which he bought using their Foster care grant. The foster parent was aware of the abuse, and tried to involve the Moetlane Tribal Office to resolve the matter but with no success. She is not staying in the same household with the children which is violation of the Foster Parenting Agreement. Social worker applied for a protection order against the uncle on behalf of the children, after which a Court Order was issued for the perpetrator to vacate the children's homestead and appear before the court, but failed to comply with the Order and was arrested. The children were prepared and another uncle was requested to temporarily stay with the children. Social worker opened a Docket on behalf of the children and the Magistrate warned the uncle, he acknowledged his mistakes and apologised. Both the uncle and the children were counselled.

COMMUNITY DEVELOPMENT PROGRAMME

The department operates in four districts across Limpopo province namely: - Capricorn District, Vhembe, Mopani and Waterberg. The department consists of a CDP Manager, a CDP Fellow, 7 site Coordinators and 60 Care workers. The aim of the department is to strengthen the capacity of families and communities in caring for Orphans, vulnerable children and youth by improving their well-being through comprehensive and coordinated evidence based interventions. This is done through the development of clear referral systems with stakeholders and in-house programs. The services rendered include Child Protection Interventions, Child protection forums, household economic strengthening, Education support and HIV education, Counselling and testing.

Community Development Services

900 beneficiaries were reached with HCT, our care workers identified children from the age of 10 to 18 that were given services and tested for HIV.

Clinical Nutritional Support

100 beneficiaries were reached. The program was facilitated by professionals within health care sector at clinics to the caregivers of OVC's meeting the criteria for the program.

Child Protection Interventions and Household Economic Strengthening

2900 beneficiaries reached, Care workers through household visits identified OVCs and referred them to in-house Social workers for psycho-social services, non-recipients of social welfare services were linked to stakeholders such as Home Affairs, SASSA and SAPS.

Partners and stakeholders

Department of Health	SASSA	Dira o Direlwe drop in centre	Thabang Children's Home
Capricorn Municipality	Sekgosese FM	Lephalale Municipality	Vhembe Municipality
Lepelle Nkumpi municipality	Ba-Phalaborwa Municipality	Thabazimbi Municipality	Thulamela Municipality
Polokwane municipality	FPD	Old mutual	Child Participation
SABC Radio	Anova	Nedbank	TVEP
Mohodi FM	Phalaborwa Foundation	EXXARO mine	Metropolitan
Turf FM	Waterberg Municipality	SAVF Lephalale	ABSA
Energy FM	Modimolle Municipality	Victim support centre	Leka-gape project
Capricorn FM	Bosasa	Polokwane Municipality: AIDS Centre	Thulamela Local Aids council
Premiers office	Traffic Department	Polokwane Child Welfare	House of Traditional leaders
DoE	Legal Aid	SAPS- CFS	Fhulufhelo special school
DSD	House of Traditional leaders	Polokwane Child Advisory Forum	NICRO
Dept. of Home affairs	Body life	Dept. of Justice	Observer

Training and workshops

Courses attended	Attendees	Service provider
Sexual and Gender Based Violence (SGBV)	Crisis line staff, TCB facilitators and interns, Social Workers, Social Work Interns, Community Development staff, student Social Auxiliary Workers.	Foundation for Professional Development (FPD)
Young women and girl program(teen parenting and parenting program)	Training coordinator	NACOSA
Crisisline volunteers Counsellors training	New volunteer Counsellors	CLSA/NACOSA
90-90-90 training	CDP, PSS and TCB Staff	USAID/PEPFAR
Foster care grants and adoption training	Social Workers	Mopani DSD
First responder training for SAW and SW	Social Workers and Social Workers	TCC
HIV/AIDS workshops	Social Workers	Premier's Office/ Yellow stone
Teenage Pregnancy	Social Workers	Office of the Premier's

Child protection week/ Childline Limpopo 10 year celebrations.

During the child protection week, Childline Limpopo in a bid to raise awareness about child abuse in the province, partnered with many stakeholders, including government departments, SAPS, Municipalities, Private businesses, churches, department of Education, national and Local Media houses. The events were month long activities that were held in various areas in and around Polokwane Municipality.





Crisiline

Crisiline Volunteer Counsellors Trained in May 2015 at training



TCB



Gender based violence (Brothers for life) It is facilitated by a male Facilitator so the participants can be free and participate fully. Youth development camp

PSS



Boy Child Residential camps



CDP



HIV education, Counselling and Testing

Other Childline Limpopo activities



Childline Limpopo walk against Child abuse



Chapter 7 Childline Mpumalanga



Introduction

Childline Mpumalanga is an effective NPO operating within the geographic boundaries of Mpumalanga Province and affiliated to Childline South Africa. The Childline Mpumalanga (CLMPU) office was launched about 13 years ago in 2003 as the need of children in Mpumalanga was observed. The Childline toll free number operates, 365 days a year. Childline provides telephonic counselling and where necessary and appropriate, links children with services they require for rescue and /or assistance in and around their areas. CLMPU has a history of effective service provision to children and their families. The organisation focuses its programmatic efforts on the most vulnerable children in the province. CLMPU (with previous support from USAID) serve amongst others children who have been made vulnerable as a result of the combined impact of HIV/AIDS, abuse, neglect and poverty as well as violations of children's rights that impact on their care, safety and development.

Mpumalanga – “the place where the sun rises” –is the second-smallest province in South Africa. It is a province with spectacular scenic beauty and an abundance of wildlife. According to mid-2014 StatsSA, the population cohort of Mpumalanga was ranked sixth (7.8%) of the total share of South African population. Of these 43% of the total population were children below 19. CLMPU is mandated to serve all of the children in Mpumalanga, comprising of almost 43% of the total population.

CLMPU are in an excellent position to focus its programmatic efforts on rolling out programs on Child protection and prevention of abuse in the province. The organisation is well established and respected in providing services to children and families throughout the province through the 24 hour Crisisline, social work and community development and capacity building services. This year came with new regulations, requirements and challenges from both our clients and funder, and CLMPU had to continuously adjust its programmatic efforts to ensure these were met. Our office has proven itself as effective through the services that will be documented in this report, and I am proud to be a part of the team who work tirelessly to make this happen.

May we be blessed as we continue in providing services to the children and families of this beautiful province!

Dr Benita Nel
Director Childline Mpumalanga



HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

Overall staff profile as on 31 March 2016

Category	Number	Sex		Race			
		Male	Female	B	C	I	W
Permanent staff (Site Coordinators, Social Workers and Training Team)	80	24	56	77	1	0	2
Care Workers	194	19	175	194	0	0	0
HWSETA Interns	6	0	6	6	0	0	0
HWSETA Learners	8	1	7	8	0	0	0
Crisisline Volunteers	5	3	2	5	0	0	0
Board Members	8	4	4	4	0	1	3
Total	301	51	250	217	1	1	5

MONITORING, EVALUATION AND REPORTING (MER)

MER provides the basis of ensuring accountability at different levels of governance within the organization. MER is a key component of performance-based programming. Programme performance was monitored to ensure that organizational objectives were pursued, programmatic goals were attained, and beneficiary targets were reached. The current organizational MER system allowed for: [a] data to be collected, processed and transformed into strategic information, and [b] allowed for informed decision-making at all levels of programme implementation. The activities, outputs and outcomes of programme implementation during the reporting period were shared both with internal and external audiences in a consistent, qualitative and accurate manner.

MAIN CHALLENGE DURING THE REPORTING PERIOD

During 2015, the main programming challenge that confronted CLMPU related to the institutional adjustments that were needed to attain the strategic goals, programmatic objectives and escalated beneficiary targets determined by the national 'Focus for Impact' strategy (also referred to as the '90-90-90' plan) for addressing HIV/AIDS/TB in South Africa.

CLMPU had to:-

- Expand its operation to include two additional Sub-Districts (Emalahleni and Thembisile Hani) in Nkangala District Municipality, Mpumalanga Province;
- Reconfigure geographical boundaries, organizational operations and personnel deployment within the already established implementation sites within Mpumalanga Province. CLMPU is now operating in seven (7) Sub-Districts which collectively embrace a total of twelve (12) Implementation Sites:

- [a] Bushbuckridge Sub-District (Acornhoek & Dwarsloop Sites);
- [b] Albert Luthuli Sub-District (Emanzana & Nhlatzatshe Sites);
- [c] Emalahleni Sub-District (KwaGuqa Site);
- [d] Thembisile Hani Sub-District (KwaMhlanga Site);
- [e] Msukaligwa Sub-District (Ermelo & Lothair Sites)
- [f] Mbombela Sub-District (Kabokweni & Ntsikazi Sites);
- [g] Nkomazi Sub-District (Komatipoort & Naas Sites).

CRISISLINE

CLMPU provides free and confidential telephonic counselling services through a crisis line service that operates 24 hours. Counselling is provided by 8 trained and accredited Counsellors who are work in shifts.

Success story:

Each day is a new day and is better than the one has passed. Each and every day I hear different stories from different places, happened to different people (our children) they are very touching. Some makes me cry/grieve while some makes me angry at the same time gain the strength of waking up each day feeling lucky that I am alive and appreciating the life I have now..... The world is cruel; it has turned into a horror planet where everything and anything (pains, hurt, hatred, anger, etc.) happens with a blink of an eye and that makes me wonder "why these things have chosen our children?"It's very scary.

The answer I get is that some people feel they have more powers on children and they can do anything to them, having an advantage of knowing that children are powerless and scared at the same time.....So the question is " Who want to fight for those vulnerable children?" And I say it is me, it is Childline and it is the Crisisline team (counsellors) together we fighting for bettering the life of our children. I wake up every day knowing that I have capabilities and courage of helping each child trying to install/reinstall what has been taken away from within. It is not easy though, but when as a person you have passion with what you do and loving your job then you have neither limit nor fear to prolong on giving a full hand to helping each and every child who comes out from the cage up to seek help to change his/her life.

I remember one day I got a Want to talk where by a 16 year old boy with an albinism called the crisisline seeking help. He told me that he could not accept himself as an albino because everyone around hates and discriminate him, also stated that he has dropped out of school because teachers and learners were always making a joke out of his condition. He felt like the world was crushing on him he begun to hate himself even more. It was a very tough case to deal with, especially when I think of the pain and hurt he was going through, looking at himself on the mirror every day and realising he is still the same person with the same skin as yesterday. I imagined the pain and I



could tell he regret the day he was born. I felt so deeply hurt and I said to myself I am going to do whatever it takes to help the poor child also to try by all means to rebuild the person that has been crushed down from within.

We talked for a long time and I never got tired from listening to what he was saying and I was able to come up with all the answers he needed and after some time I could hear him smiling and that brought me to tears. I felt happy that I have helped him and that gave me the courage to continue to do more good work of helping the vulnerable children out there.....

It really takes a good person with a good and warm heart to change a life of another person for a life time. I am so thankful to Childline for giving me an opportunity of working in the organisation to be one of those who have contributed so much on changing children's lives.

I love Childline and big up to the organisation. Childline you are really a home of those who have no shelter to hide their head, a hope to those in need of change, a smile to those who never laughed before, a strength to those who are weak, but above all You are truly a life changerStay and Grow older with our Children they need you even more.

Written by Precious Nkosi

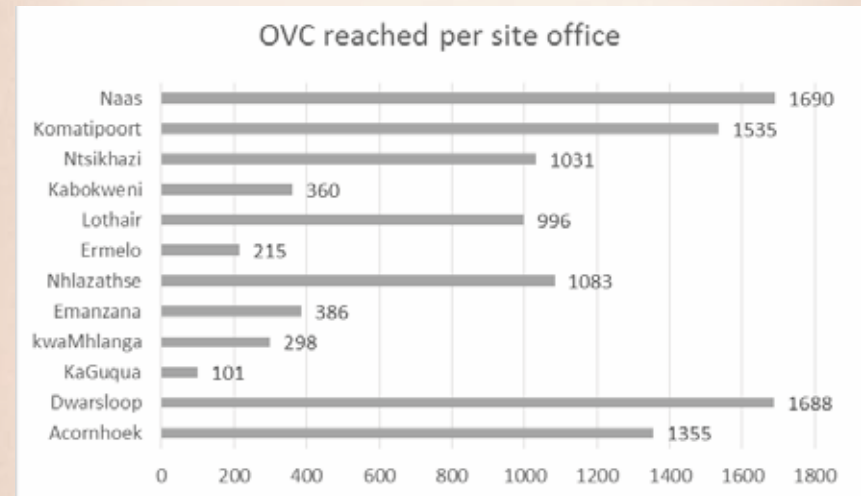
COMMUNITY BASED ORPHAN AND VULNERABLE CHILDREN (OVC) INTERVENTIONS

Donor support was received aimed at improving the well-being of vulnerable families and children in the province of Mpumalanga through the facilitation of comprehensive, coordinated and evidence-based interventions with a view to strengthen the capacity of families and communities to care for OVC within Sub-Districts / Local Municipalities characterized by high rates of income poverty; social and economic under-development; public resource constraints; high incidences of child abuse; high incidence and prevalence of HIV and TB infection; high rates of infant and maternal mortality, and high numbers of OVC.

Number of services received per child	Number OVC
One service	9453
Two services	2221
Three services	3357
Four Services	1508
Five or more services	1503
Average package of 2,2 services provided to each OVC	

Community-based Child Protection Forums (CPF) are established in all twelve (12) implementation sites to strengthen and foster collaboration between CLMPU and stakeholder organizations involved with child protection work at community level. CPF meetings were convened on a quarterly basis wherein child abuse issues affecting the local community are discussed, referrals are made for children affected by child abuse, and where child protection activities at site level are planned and reviewed. CLMPU facilitated capacity building workshops for members of the CPFs.

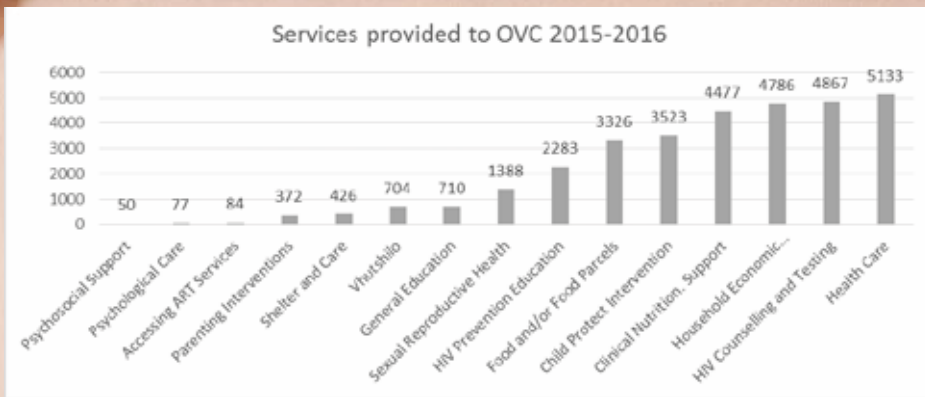
The trainings were aimed at sensitizing ward committees, ward councillors and community development workers and other relevant stakeholders about challenges that adversely affect children within their communities. Discussions also focussed on issues such as child development, family responsibility, parenting style, discipline and the law, domestic violence, human trafficking and comprehensive management of unaccompanied migrant children. The participating members of the CPF were encouraged to continue promoting child safety, care and protection within their communities; to conscientize community members to combat abuse of children, particularly orphan and vulnerable children.



SUB-DISTRICTS	BUSHBUCKRIDGE		EMALAHLENI	THEMBISILE-HANI	ALBERT LUTHULI		MSUKALIGWA		MBOMBELA		NKOMAZI		TOTALS
	Implementation Sites	Acornhoek	Dwarsloop	KaGuqua	kwaMhlanga	Emanzana	Nhlazathse	Ermelo	Lothair	Kabokweni	Ntsikhazi	Komatipoort	
No. of OVC Reached	1355	1688	101	298	386	1083	215	996	360	1031	1535	1690	10738
No. of Services Rendered	4622	5037	131	718	845	4554	388	2880	896	2768	5260	4143	32242
Male	650	794	52	130	173	508	93	461	192	460	735	769	5017
Female	705	894	49	168	213	575	122	535	168	571	800	921	5721
Recognized social & economic services for OVC													
Clinical Nutrition. Support	678	494	0	6	72	688	21	469	116	452	826	655	4477
Child Protect Intervention	440	54	16	8	134	726	43	244	165	314	872	507	3523
Health Care	433	1569	42	192	233	692	111	439	111	436	446	429	5133
HIV Prevention Education	387	0	0	107	23	349	32	37	112	306	779	183	2283
Psychological Care	4	19	0	0	0	3	0	0	0	15	27	2	77
General Education	64	206	10	11	8	15	7	125	2	47	32	90	710
Household Economic Strengthening	808	651	27	38	54	965	100	498	111	374	604	606	4786
Food and/or Food Parcels	559	666	1	185	43	358	50	520	51	194	416	338	3326
Shelter and Care	147	4	0	1	2	82	0	10	10	37	88	40	426
HIV Counselling and Testing	864	962	31	92	171	410	5	368	130	274	702	854	4867
Sexual Reproductive Health	81	218	1	57	67	63	9	22	85	161	296	337	1388
Psychosocial Support	25	5	0	0	0	2	0	3	0	9	1	5	50
Accessing ART Services	8	1	3	1	3	7	0	12	0	2	42	2	84
Vhutshilo	85	120	0	0	0	151	3	82	3	85	107	64	704
Parenting Interventions	39	69	0	20	35	43	7	51	0	62	22	31	372

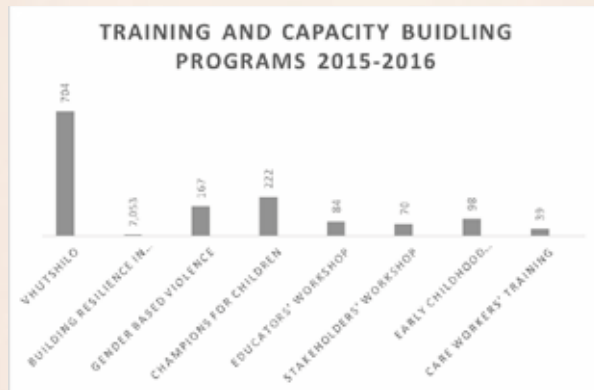
Table: Beneficiary reach statistics per sub-district and associated implementation sites [Reporting period: 1 April 2015 – 31 March 2016]





EDUCATION, TRAINING AND CAPACITY BUILDING INTERVENTIONS

Training and capacity building interventions are facilitated by the CLMPU's Department: Training and Capacity Building (TCB) The TCB Training Facilitators and their Associates, who have been deployed to work from site offices within the local communities, facilitated various child protection education and awareness interventions; either school-based interventions (e.g. Vhutshilo, Building Resilience in Children, Educators Workshops) or community-based interventions (e.g. Champions for Children, Stakeholders & Care Workers Training Workshops). A total of 8,255 beneficiaries were reached through the facilitation of various departmental programmes during the reporting period.

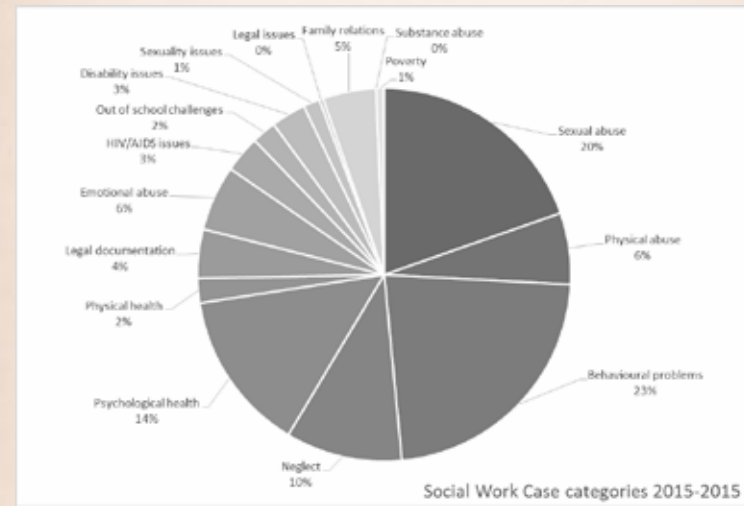


PSYCOSOCIAL SERVICES - THERAPY / COUNSELLING

Social work services to attend to various social issues were addressed by Social Workers of CLMPU during the reporting period. Social work activities included dealing with referrals, providing therapy, facilitating groups for vulnerable children and families, facilitating residential camps for boys who reflected deviant sexual behaviour, assisting migrant children with the provision of 8 various services, etc.



The nature of programmes facilitated and the number of beneficiaries reached during the reporting period were as follows:-



9.1 THUTHUZELA CARE CENTRES (TCC)

Funded by NACOSA/CLSA for a period of one year, CLMPU established and commenced work in June 2015 to assist victims of sexual abuse at three TCCs at hospitals in Witbank, Ermelo and Evander in Mpumalanga Province. At these one-stop centres, clients were able to access protection services, medical treatment, social assistance and legal representation. During the reporting period, 505 females and 60 males who were either sexually or physically abused were attended to at the TCCs. Donor support for the TCC programme ended on 31 March 2016.



Chapter 8



Childline
Northern Cape



1) Crisisline

Childline Northern Cape offered basic counselling and support through the toll-free line. This toll free line afforded the office to reach and assist children in even remote areas. The services that were conducted were guided by Chapter 8 of the Children's Act 38 that deals with prevention and early intervention programs. This year marked seven years since the establishment of Crisisline in the province. The due constrain out of our control the office was forced to move from operating on a 24 hour line to a 12 hour shift. However we have plans of operating on a 24 hours again. We are using the new data capturing system which started to be fully operational in April 2015.

Two of the staff that was trained on Crisisline successfully finished the mentorship in June 2015 and were offered a fixed term contract. This brought the number of the Crisisline team members to seven as we had the resignation of Ms Boniswa Jansen and Ms Julia Moholoeng. In March 2016, Ms Motlalepula Ditshego resigned from Childline Northern Cape. Ms Funiwe Ngubane whose contract ended by March 2016 got an extension for one month.

SUCCESS STORIES

- A case of suspected sexual abuse was reported the Childline Northern Cape office, we then with the assistance of the police were able to remove the child to a place of safety. The suspect got arrested and was released on bail. The case is still under investigation.
- A case of neglect, which was report from Ritchie, which is about 30 kilometres, was successfully resolved where the caregiver was offered psychosocial support. The caller called back and thanked Childline Northern Cape for the assistance after seeing the positive change from the caregiver.
- We received a case about the children whose parents were struggling to find placement at schools for them. Childline Northern Cape intervened and the children were placed at a school close to home.
Capacity building
- Two Crisisline team members have successfully completed the Thogomelo skills development program and are in possession of certificates of competence. In addition to the training, two of the staff members plus a Social Worker who was volunteering for the organisation was sent for an Assessor/Moderator full qualification training. They have successfully completed the assessor training and awaiting for the moderation course. They have received certificate of competence.

CHALLENGES

- Like many Non-Profit Organisation (NPO) our biggest challenges remain that of lack of resource that we are constantly faced with to keep on offering service to the needy. The fact that the economy is also constantly on the rise does not make it easy for us. Equally we would like to thank our sponsors for their support in whichever way and hope that more people/institution will see the need to invest in the future of the children of this province.

Future Plans

- Run the Childline toll free Crisisline on a 24 hours basis, as mentioned we are only functioning 12 hours at the moment
- To have a team leader for the Crisisline
- Our dream is to see the helpline being popularised and reaching every corner of the province so that those children in need of care and protection will be assisted.
- In addition to marketing, we need to also put emphasis on the networking to enable us to remain relevant and competitive.

2) COMMUNITY AWARENESS AND PREVENTION PROGRAM (CAPP)

This unit was established after the Crisisline, with the aim of offering an extension to the toll-free line helpline. The program was conducted by 5 outreach counsellors. We are pleased to announce that since its inception Childline Northern Cape has been able to render CAPP services to four of the five districts namely: Frances Baard, Pixley Ka Seme, John Taolo Gaetsewe and ZF Mgcawu. The programs that were conducted for the financial year were:

- Open session
We conducted awareness campaigns on rights and responsibility of children. This was conducted at different institutions such as schools and place of safety. During human rights month in March 2016 the team went out to other districts to raise awareness there. We reached over 400 children during the financial year.



- Fun days were conducted for children as we believe the language of children is play. Children reached were 1375. Children also received gift pack to take home.

- The white balloon campaign program served as both a child protection awareness initiative as well as a fundraising opportunity where we sold balloons at R10,00 each.

This program was held at different institutions but mainly the schools. Most of the learners were encouraged to support the initiative. We reached more than 3000 children at different institutions during the child protection week



- Awareness campaign on 16 days of Activism. Childline Northern Cape took part in different programs that were conducted in and around Kimberley with different stake holders including Commission for Gender Equality (CGE)



- Childline Northern Cape took part in the HIV/AIDS and disability awareness day program that was held at the clinic in Kimberley

- We conducted different skills development programs for the community members including but not limited to Caring for crèches training conducted for practitioners of Early Childhood Development (ECD), life skills talks to parents, educators and learners at parents meeting, gender based violence training in different institution.



- Workshops on gender based violence were conducted and we reached over 60 participants.

- Assembly presentation and open sessions were conducted in schools as far as Colesburg (this is about 288km from Kimberley in the Pixley Ka Seme district). We reached over 2000 children.



In addition to these programs above, the following was also achieved:

- Marketing :
- Promotional materials were distributed.
- Print local media (DFA local news paper)
- Weekly slot on the community radio station (Radio Teemaneng) took place.
- Commercial media (SABC) face to face and telephone statement release.
- Networking was conducted with:
 - Government institution
 - NPO
 - Faith based organisation (FBO)
 - Businesses
 - And others

Every quarter we took part in the child protection forums that were conducted by the Department of Social Development. We also took part in the Child Justice Forum that also took place on a quarterly basis. We have seen a significant growth in the network that was done during this financial year, which has added value in our functioning and skills as an organisation including proposal writing and costing of projects. These platforms also enabled us to strengthen our service delivery plan in that we get to know the resources available for referral system.

SUCCESS STORIES

- The branding of the organisational vehicle has improved our marketing strategy.
- We have had some of the Community Awareness and Prevention Program team who have successfully completed the Thogomelo skills development programs and are in possession of certificates.
- Two staff members had the opportunity to be part of the Sexual and Gender Based Violence (SGBV) Workshop (Skills development program) took place late in 2015 where three staff and a student attended.
- We had debriefing sessions with the outreach team.



CHALLENGES

As mentioned prior that one of our main challenges is resource limitation and sustainability, and this year in March 2016 Nelson Mandela Children's 5 year funding came to an end. As a result, we had to terminate the services of the outreach team. Despite the fact that the economic climate being unfavourable we still pride ourselves with the service we render to the community.

3. THERAPY.

During this financial year we have seen a growth in the number of client that needed the therapeutic services. The services that were offered for this financial year were.

- Case work, this is offered to clients who come to the office, other clients are referrals from Thuthuzela for aftercare and court building. With this program we offer psychosocial support to children and family in need of service. We conducted bereavement counselling, offered court support and had Family Group Conferences (FGC).
- We also offered residential program to learners during school holidays. These were offered to either survivors of sexual abuse or children displaying inappropriate sexual behaviour. In September 2015 we had a residential program for children displaying inappropriate sexual behaviour where we reached 20 children and 4 care givers. The list of children waiting to be in the program is endless. Due to funding constrain we are not able to continue the service until we have secured funding.

The total number of clients reached for the financial year was: 17 females, 4 males, 4 boys and 5 girls.

4. HUMAN RESOURCE

We had to bid farewell to our former director, Mrs Naomi Edwards. Currently the office is operation with the office supervisor, finance, administrator, 5 counsellors and the cleaner.

Two mentorships programs were conducted one with Student Social Worker and two Student Social Auxiliary Workers.

GOVERNANCE



Mr Gomotsegang Meremetsi
(Acting Chairperson)



Mr Phemelo Bosman
(Treasurer)



Mrs Alida Lamb
(Additional Member)

MANAGEMENT



Mrs Naomi Edwards
(Provincial Director)



Ms Ipeleng Louw
(CAPPs Coordinator)



Ms Siphokazi Mapeyi
(Finance Officer)



Ms Kelebogile Thibogang
(Therapeutic Service Manager)

HELPLINE TEAM



Ms Ntombi James



Mrs Julia Mathe



Ms Nozimanga Dondolo



Ms Funiwe Ngubane



Ms Thuli Msindo



Ms Nikiwe Mpongwane



Ms Gladys Mathiba



Ms Motialepule Ditshego

OUT REACH



Ms Ellen Sebane



Mrs Mercy Pieterson



Ms Kegomoditswe Motshabi



Ms Berenice Visagie



Mr Gedeone Lechole

ADMINISTRATION TEAM



Ms Mosadiwapula Grond
(Cleaner)



Ms Lisa Merafi
(Receptionist)



Mr Papi Maphike
(Social Work Volunteer)



Ms Keamogetswe Sekamegeng
(Student Social Auxiliary Worker)



Ms Matilda Hibiyaana
(Student Social Worker)

Chapter

9

Childline North West



Childline North West

Programmes Implemented

Crisis Line

Outreach programmes

Therapeutic program

Capacity Building

1. Crisis Line

Success stories where callers have been helped:

Success story 1:

The caller reported that her sister's six year old child was hit with a hosepipe by a teacher at school. She said the child came home with open wounds on her hand and they took her to the doctor for stitches and also went to the school to find out what happened. The principal apologized on behalf of the teacher. The family was not happy because corporal punishment is not allowed at schools. The mother and aunt approached the Department of Education but they were of no assistance. That was when she decided to contact Childline for help.

Outcome:

Childline North West referred the case to both SAPS and the Department of Education. The police confirmed that a case of assault had been opened and that the perpetrator was arrested and appeared in court.



Success story 2:

This case involved two children who were taken to their paternal family in order to perform a traditional ritual on them. The children visited the family and the family decided that the children would stay with them and attend school nearby as the ritual had not yet been performed. The family denied the mother visitation. The mother reported the matter to Childline. Childline North West arranged a meeting with the social worker from the Department of Social Development who was assigned to the case and his supervisor. The conclusion was made that the social worker would take the children back to their mother immediately after they wrote their exams.

Outcome:

During December 2015 the mother visited Childline North West offices with the children and she thanked Childline for helping her. The two children were with their mother and they were happy to be together.



Growth within the crisis line:

Five very experienced staff member crisis counsellors and six volunteer crisis counsellors manned all shifts around the clock throughout the year. The permanent crisis counsellors have between six and sixteen years' service. Childline South Africa and a co-facilitator from Childline North West trained 17 new volunteers as crisis counsellors from 09/11/2015 to 13/11/2015. Ten of the new volunteer crisis counsellors completed their six months mentorship training under supervision of the crisis line manager. Some of the volunteers got full time jobs or moved out of Potchefstroom and could not complete the training. The trained crisis counsellors are making a huge difference in the communities where they are staying even if they are not volunteering at Childline.

Crisis line staff



From left to right: Thandi Vana (Crisis Counsellor), Sibongile Zuma (Crisis Counsellor), Christina Monaisa (Crisis Counsellor), Joseph Mpedi (Project Manager), Sheila Dioka (Volunteer Crisis Counsellor), Maria Moumakwa (Crisis Counsellor), Agnes Pholoana (Volunteer Crisis Counsellor), Dorah Letebele (Crisis Counsellor)(Not Present)



Message from a crisis counsellor

have grown into a stronger person. I used to have low self-esteem and I was looking for love in all the wrong places because I was sexually abused when I was still a child. I felt so neglected because no one understood what I was going through. I had a lot of pain in my heart and no one to share it with. But since I started to work for Childline, and all the training that I have received, I managed to overcome all my differences. By counselling people about the same things that happened to me, I managed to get healed too. I can now counsel my friends and other family members. I can now talk openly about my situation and my self-esteem is growing every day. Now I am a happy person. I understand better what other people are going through when they call the crisis line because of my experiences. I am now able to love fully, especially because I am a mother and my child wants a happy mother. I must love and protect her. So for me, Childline has had a positive impact for the seven years that I have been working on the crisis line.

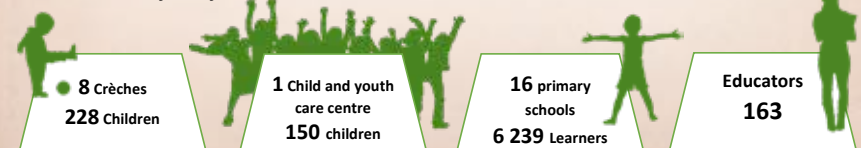
2. Outreach programmes

The awareness campaign facilitators conducted puppet shows focusing on the different types of abuse which included sexual abuse, physical abuse, emotional abuse and children's rights and responsibilities as well as neglect and how children should respond to and prevent child abuse. The facilitators counselled learners who disclosed abuse after the presentation. Most of the cases that had been reported concerned bullying.

The teachers were requested to complete an evaluation form on the session. After the sessions the awareness campaign team reported back to the principal of each school and delivered feedback on the awareness campaign.



Total number of beneficiaries reached



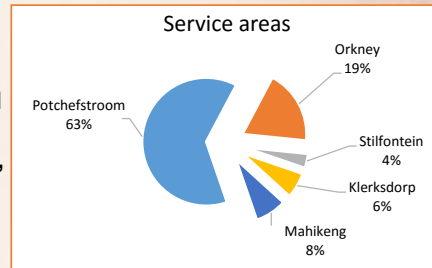
Community outreach

The objective of the project was to invite adults from the area and empower them with knowledge, insight and practical skills regarding violence against women and children. Conducted an awareness campaign on domestic violence in Baipei, a Location situated in the Potchefstroom area. Childline North West decided to have the campaign after a number of shocking cases of domestic violence occurred in the area some resulting in the death of the victims. The heroic stories told by a number of women were truly amazing and they explained how they managed to get away from their abusers in order to protect themselves and their children.

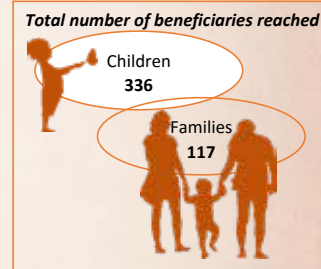


3. Therapeutic program

The social workers rendered specialised therapeutic services to child victims of abuse and their families in order to obtain healing and recovery at the end of the period of therapy in the Potchefstroom, Jouberton, Orkney, Kanana, Stilfontein, Alabama, Khuma as well as in Mahikeng.



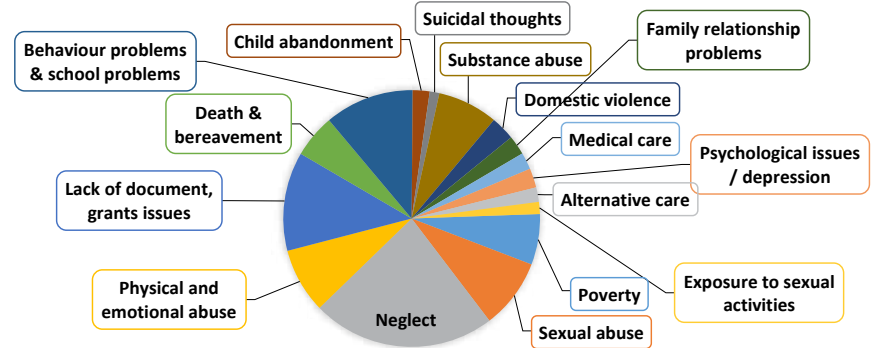
Clients require intensive therapeutic services and frequent contact. The social workers focused on the emotional, physical, cognitive, behavioural and social aspects of children's lives. Children in therapy learned to cope better with a variety of life challenges. It helped them to develop problem solving skills and learnt to express and experience different emotions they developed self-efficiency and better self-esteem. Children became more aware and responsible for their own behaviour and learnt to respect themselves and others.



Highlight of the year: Childline North West opened its first satellite office in Mahikeng in the Modiri Molema district on the 15th October 2015. This office was fully funded by the Department of Social Development.

Social workers are trained in the healer's package to promote and support the healing of children who have experienced sexual trauma by making use of structured therapy. The social workers are also trained in Gestalt therapy to enhance client's self-awareness, self-acceptance, healthy consciousness as well as responsibility through the use of colour. The client then manages his/her own emergency plan to improve his/her own well-being.

NATURE OF PROBLEMS THAT SOCIAL WORKERS HAVE DEALT WITH DURING THE PERIOD.



Other services rendered in this department

A total of 179 food parcels were provided to families that were in dire need of support during the period under review. The food parcels were only temporary and clients were made aware of the fact that they need to explore other ways of generating an income.

14 School uniforms were purchased for children from impoverished families.

Success story 1:

The teacher reported that the child is not performing well at school and also that the child seemed as if he is neglected at home and requested Childline social worker to investigate. During investigations the social worker found out that there were three children and one grandchild in the family. The children's ages were between 11 and 15 years. The social worker conducted parental guidance sessions with the parents. The social worker discovered the father was also physically abusing the mother. The mother was drinking a lot of alcohol and also not taking her HIV treatment. The social worker gave the mother emotional support and also advised the mother to apply for a protection order against the father if the abuse continues. Therapy was provided to the children. Outcome: The mother has stopped drinking and the child is also performing well at school. The mother also told the social worker that the domestic violence stopped and she is also taking her treatment regularly at the local clinic.

STOP CHILD ABUSE



Success story 2:

A case of the rape of a 16 year old teenage girl was reported to Childline North West. The girl told the social worker that she felt scared and confused after the incident and it felt to her as if she does not have any purpose. The social worker intervened and conducted bereavement counselling and therapy with her. The teenage girl then reported that the social worker's visits to her has helped and empowered her a lot. The therapy and counselling encouraged the teenage girl to have hope for them future. During the therapy sessions the girl came to a point where she understood that what happened to her was not her fault and that no child should go through such a terrible experience. It also motivated her to encourage other girls of her age that there is hope after being raped and that no one should keep quiet about it. She also mentioned that she appreciate the work social workers do.

Outcome:

After several successful therapeutic sessions the girl started to show more confidence and revealed a more positive attitude towards her life and future. The girl also wrote a letter to her mother, telling her about her feelings and that she would like to have a better relationship with her and told her in the letter that she don't want to do anything that would hurt her mother on purpose. The girl has also matured on an emotional level. She had the courage to write her perpetrator a letter whereby she was able to decide to forgive him and made the decision to put the past behind her and to start focusing on the things that she is grateful for and things that give her life meaning.

- Childline social workers engaged with the clients and did home visits, school visits and office interviews.
- Therapy was done with child victims of sexual and physical abuse.
- Bereavement therapy was also done with children who lost someone dear to them.
- Social workers often needed to assist parents to register their children at the Department of Home Affairs, The receiving of birth certificates enabled parents to apply for grants for children and strengthened the socio-economic circumstances of clients.
- Food parcels were provided on a temporary basis to families identified as poverty stricken.
- Clothes and shoes were also handed out to the above vulnerable families.
- Social workers engaged with other role players in the community and ensured that services were rendered to the clients.
- Parental guidance was provided to parents/ caregivers by social workers.

4. Capacity Building

The trainer's post has been vacant since 2002 due to lack of funding. This negatively impacted on the amount of training workshops that could be conducted.

Drop in Centre training	23
Crisis counsellor training	17
Caregiver Training	13
Total	53

Feedback from caregiver:

I learned how to best meet the needs of the children in the community. To focus on the whole child and the development of comprehensive life skills and not just on one aspect of the child.

Office staff and social workers



From left to right:, Krisdan Bezuidenhout (Administrative assistant), Joey de Koker (Administrative / financial officer), Boitumelo Modiakgotla (Social Worker), Marlize Bisschoff (Social Worker), Lettie Nikele (Cleaner), Alice Carnell (Director), Joseph Mpedi (Crisis Line Manager). Patience Digoamaje (Social Worker) & Ntombizodwa Mongemezulu (Social Worker) were absent.

List of Donors

AngloGold Ashanti	Lions Club Potchefstroom	North West University (SJGD)
Childline South Africa	Montana Spur	Ribs for Africa
Department of Education	Nedbank Foundation	Girls High School Potchefstroom
Duet Congregation	Department of Social Development	Winners Family
Ellerines	Industrial Synthetic Oils	
Health Spas	Investec	



Chapter 10 Childline Western Cape



1. INTRODUCTION

Childline in the Western Cape is part of the hybrid organisation, LifeLine/ Childline Western Cape, and is well known as an organisation that is dedicated and committed to child protection. For us this means being engaged in various prevention and early intervention programmes in schools and communities and providing therapeutic counselling and court readiness with children and their families at our centres and in sexual offences courts as part of our effort to confront the problem of high levels of child sexual abuse.

¹A recent research study conducted in South Africa by the Institute of Justice and Crime Prevention and the University of Cape Town was designed to estimate the annual incidence and lifetime prevalence of child sexual abuse and maltreatment in South Africa. The study drew on two data sources, firstly, household (5631 participants) and school-based (4086 participants) surveys which were completed by 15 – 17 year old boys and girls and secondly, an agency component that included in-depth interviews and focus group discussions with frontline staff serving the communities identified through the sampling process.

The findings from the school-based survey showed that 35.4% of young people experienced some form of sexual violence at some point in their lives; and the household survey showed that 26.3% of young people experienced some form of sexual violence at some point in their lives. This means that 784 967 young people in South Africa had experienced some form of sexual abuse by the age of 17 years old!

The study went on to find that other forms of abuse and neglect was experienced as follows:

- Neglect 12.2%
- Physical abuse 34.8%
- Emotional abuse 16.1%
- Exposure to family violence 31.4%
- Other forms of victimisation: 65.2% direct victimisation and 63.4% indirect victimisation

Other consequences of sexual abuse included problems with school work 20.4%; injuries 29.9%, high risk of sexual abuse 37.4% and risk of substance abuse 43.2%.

Our prevention and early intervention programmes are aimed at supporting and promoting the creation of an environment in which communities, parents and caregivers value, nurture and protect their children and ensure their safety; empower children to access and claim their rights and keep themselves safe.



Therapeutic counselling is another form of prevention and early intervention and is aimed at, among others, enabling the child to deal with the painful emotional issues; accept their limitations and strengths and to feel okay about them; change their behaviour that have negative consequences; enable the child to function comfortably.

A staff complement of 58, comprising social auxiliary workers, community development workers, lay counsellors, court support workers, social workers, administrators, finance and human resources make up the committed Childline team. In addition we are supported by social work students, volunteers, board members, fund developers, funders and networking partners.

2. OVERVIEW OF ACTIVITIES:

April 2015 to March 2016

- The Childline counselling crisis line 08000 55 555 where children and adults can call for counselling and/or to report child abuse.
- Therapeutic face-to-face counselling with children who have been raped, sexually abused, experienced some kind of trauma or loss, and who require court support and preparation.
- Counselling and support for parents/caregivers of children who have experienced abuse or trauma.
- Our Child Witness Project (CWP) provides support and counselling to children and their families in five sexual offences courts (Khayelitsha, Cape Town, Wynberg, Paarl and Atlantis) when they have to appear to testify against the alleged perpetrator.
- Therapeutic, educational and supportive group work for children and adults relating to children's issues.
- Therapeutic face-to-face counselling and group work with child sexual offenders.
- Life skills and recreation camps for primary and high school learners respectively.
- Peer Support Programmes in High schools.
- Prevention and early intervention talks, workshops and training for children and adults on various issues including:

- o Signs and symptoms of child abuse, dealing with disclosures, and reporting procedures
- o Parenting skills
- o Bullying
- o Teenage sexuality, including sexual harassment
- o The pros and cons of social media
- o Peer Support
- o Children's legislation
- o Ad hoc requests relating to children's issues

3. A GLANCE AT SOME OF OUR ACTIVITIES

- Childline partnered with numerous other stake holders to render various programmes including the following, to mention just a few:
 - o the Montrose Foundation Equine Youth Development programme to youth at risk to address dysfunctional behaviour, handling challenging life situations and empowering youth to make positive life choices. We were privileged to be part of an eight week programme where we were taught about Equine assisted intervention while we facilitated group work processes
 - o the Sozo Foundation based in Vrygrond where we facilitated a number of programmes to youth at risk, such as teenage sexuality, child abuse, reporting procedures and children's rights. The Sozo Foundation aims to equip and empower the people of Vrygrond to live with dignity, purpose and hope.
 - o Beautiful Gate in Nyanga, to host a Human Rights Day Event; and we have since been rendering a number of community interventions at the organization, including parenting programmes and group work intervention.
 - o the Department of Social Development, the Darling Outreach Foundation and Africa Jam to provide a Prevention and Early Intervention Program at a holiday club in Darling. This was an exciting opportunity for us to again reach out to children in a rural area where there are few resources for child protection.
 - o Community Chest for a year-long sanitary drive where we facilitated quarterly interactive educational discussions with girls at 12 high schools. The discussions related to matters of sexuality and included issues on self-esteem, healthy relationships, decision-making, hygiene and health during the monthly menstrual period. Our discussions coincided with the delivery of sanitary towels by Community Chest to these same schools. This initiative was a response to informal findings that many girls do not attend school when they have a menstrual period because they cannot afford to buy sanitary towels.

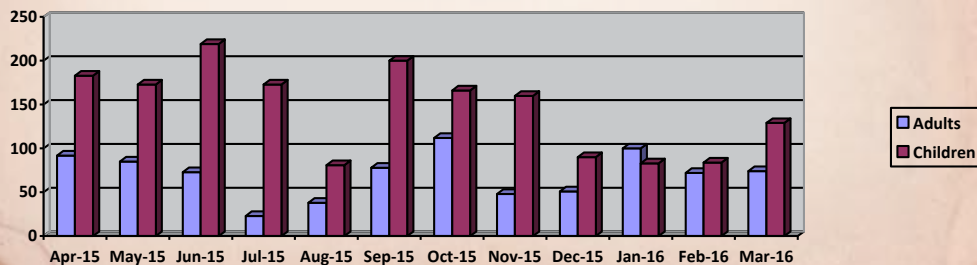


- Our Child Witness Project (CWP) continues to be involved in training, coaching and mentoring staff at the Department of Social Development in the Eden Karoo District to set up a CWP in the Thembalethu Sexual Offences Court in George. This initiative has since allowed us to affirm the relevance of the service, advocate the service to people in George and to establish relationships with social work intervention stake holders in George.
- Six Childline Social Workers attended a six week programme conducted by The Equinox Trust and benefitted from a an exciting and new experience of equine therapy that includes therapeutic activities with horses to promote physical, occupational, and emotional growth in one's self. It gave our social workers better insight into how children experience the process of counselling which they receive from us.
- We presented prevention and early intervention programmes in schools for children with special needs at the Filial School in Goodwood and Oasis School in Belhar, allowing us to reach children who are more vulnerable because of their special needs.
- Three of our telephone counsellors enrolled with Cefa to study Social Auxilliary Work and are doing their practical placements with us while they continue to serve on our crisis line.
- Our Peer Support programme at 10 high schools in Khayelitsha and Mitchells Plain received constructive feedback from the participants and the school management, with impact indicating that the participants experienced a significant increase in personal growth and awareness of themselves and their own strengths. The narrative sharing of the participants indicated an understanding and ability to support their peers through the many challenges that they faced, and confirms that the programme had immense value.
- Special events were held to celebrate 20 years of Childline services in the Western Cape and included the AGM of Childline South Africa being held in Cape Town and a celebratory dinner.

4. CHILDLINE STATISTICS

Therapeutic counselling sessions:

Individual Counselling Sessions for the current Annual Report (2015-2016):

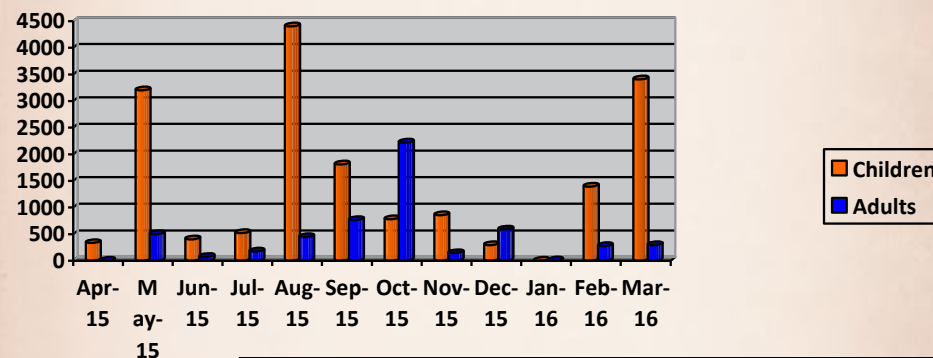


Crisis line statistics:

We provide counselling to children and parents on our crisisline. Our counsellors also use the opportunity to simply talk and listen to children who want to check if we are really there, and receive reports of child abuse. Here we either refer our callers to contact the relevant statutory organisation themselves if they so wish or we do the referrals for them. The number of cases which we referred for statutory investigation and intervention was 134.

The crisisline was moved from our office in Roeland Street to our office at the Wynberg Centre. This was done as part of the internal restructure of Childline Western Cape in preparation for the separation of LifeLine and Childline in 2017. Our aim is to develop the volunteer arm of our telephone counselling services, as our tele-counsellors would like to become more integrated into the organisation and involved in the Prevention and early intervention workshops that we present in schools and communities. We also have a number of our tele-counsellors studying to become qualified Social Auxilliary Workers. We believe that through this process of studying, while it is a benefit to the tele-counsellors themselves, it will benefit the organisation and ultimately the beneficiaries of the crisisline.

Prevention and Early Intervention workshops statistics:



Life skills camps with at-risk children	117
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Child Witness Project statistics:

Court readiness sessions with court support workers 2015-2016:

Name of court	Number of children provided with meals	Number of children & families debriefed	Number of children referred for counselling	Number of telephonic follow ups	Intake (New cases)
Atlantis	44	101	4	21	3
Cape Town	304	550	53	149	53
Wynberg	385	806	180	19	170
Paarl	294	554	19	118	40
Khayelitsha	303	628	145	15	36
TOTALS	1362	3016	510	408	302

Therapeutic counselling sessions with social workers 2015-2016:

Court	Clients	Caregivers	Individual sessions	Family sessions	Telephonic calls/follow ups
Atlantis	45	37	40	30	57
Cape Town	42	30	41	26	80
Khayelitsha	11	13	25	14	43
Paarl	46	39	53	30	100
Wynberg	59	46	72	37	188
TOTALS	203	165	231	137	468

5. SUCCESS STORIES

A case summary from the Child Witness Project:

Portia (not her real name) is a 15-year-old girl from a township in Cape Town. Her biological father left home when she was young and her family has no knowledge of his whereabouts. Her biological mother re-married and she is living with her 3 siblings, biological mother and step-father. Growing up without her biological father has been difficult for Portia, creating questions for her about her sense of belonging. Her relationship with her step father has not been very close as he has needed to work long hours in order to support the family financially. Being vulnerable, Portia was raped. This made her extremely aggressive and angry, which she took out on her family.

By coming to court Portia could access the support of the court support workers and therapeutic interventions from the social worker. The social worker assisted Portia and her family through the trauma of the sexual abuse and the family difficulties experienced. Portia began to feel confident to testify in open court against the accused. Testifying in open court takes a huge amount of courage as it means being in the same room as the accused, rather than testifying in a separate intermediary room. Portia wanted to show the accused he had no power over her and she was strong enough to tell the truth.

The accused was found guilty and was sentenced to 16 years in prison. The prosecutor, court support workers, social worker and family are so proud of Portia's growth, courage and strength that she demonstrated throughout the process. Her resilience in the face of trauma inspired many and was a testament to the vital work done within the CWP.

A letter of thanks:

Dear XXXX

I would hereby like to provide my written feedback of the Awareness programme rendered at XXX primary school on the 17th of March 2016.

The programme presentation was excellent. You have captured your audience (156 learners) attention and held it with the fun and age-appropriate activities. Your sense of humour and age appropriate language that you used was brilliant.

The programme content was very good, age-appropriate and captivating. There was never a dull moment. The children have enjoyed the sessions, especially the ice breakers, the video clip and the group work. I have enjoyed it myself and have laughed the loudest even though I'm an adult and supposed to behave accordingly.

Thank you very much for the programme and your time and effort, XXXX. It was greatly appreciated. Your made work seem like fun times. Kindest regards.

Capt XXXXX

Kraaifontein FCS.

6. THANKS

It is sometimes difficult to fully understand or to explain the passion which drives people to do the work which we do. We therefore want to simply say thank-you to all staff and supporters of our services. Your dedication is humbling and enriching not only to our clients, but to those of us who see what you do.

We would like to thank Ms. Dumisile Nala, Childline National Chief Executive Officer, as well as the Board of Childline South Africa, our funders and partners. "As I have said, the first thing is to be honest with yourself. You can never have an impact on society if you have not changed yourself... Great peacemakers are all people of integrity, of honesty, but humility." – Nelson Mandela

¹ Sexual victimisation of children in South Africa. Final report of the Optimus Foundation Study: South Africa May 2016

² Geldard, K. & Geldard, D. (2010). Counselling children. A practical introduction. Sage: Los Angeles



SA National Board Members



Mr Gomotsegang Meremetsi
Board Member Childline Northern Cape



Dr Pat Mayers
Board Member Childline Western Cape



Mr Piet Mahlo
Board Member Childline Limpopo



Mr Philip van Dyk
Board Member Childline North West



Mr Jeffrey Nkosi
Board Member Childline Mpumalanga



Ms Zibuyile Mbambo
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Dr Benita Nel
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Ms Aisha Abrahams
Director Childline Eastern Cape



Ms Alice Carnell
Director Childline North West



Ms Marietha Johnson
Director Childline Free State



Ms Naomi Edwards
Director Childline Northern Cape



Ms Priscilla Molaudzi
Director Childline Limpopo



Ms Lynne Cawood
Director Childline Gauteng



Ms Ricki Fransman
Director Childline Western Cape



Ms Vanespiri Pillay
Director Childline KwaZulu Natal

No picture available at time of printing

Mr Sigamoney
Board Member KZN



Childline SA National Office Staff



Dumisile Nala
National Executive Officer



Philippe Bouffe'
Finance Manager



Kudzai Muhwati
Marketing & Fundraising
Manager



Joan Van Niekerk
Marketing & Fundraising Manager



Bhavna Lutchman
Online Counselling Project
Manager



Ntombifuthi Vezi
Global Fund Project Manager



Nomfundo Mhlong
Project Manager Gender Based
Violence



Nolusindiso Sikhakhane
Senior Social Worker



Nonhle Ntetha
Therapeutic Manager



Reshma Singh
Training Officer



Siphindile Ngobo
Social Worker



Nomfundo Mhlongo
Social Worker



Thoko Modise
Social Worker



Nteboheleng Mahapa
Monitoring & Evaluation Officer



Zinhle Mthiyane
Monitoring & Evaluation Assistant





Thembi Ndlovu
Case Tracker & Referral Monitor



Beauty Makhanya
Therapeutic Services Officer



Cynthia Gumede
Assistant Case Tracker



Evelyn Chingua
Finance Officer



Letoya Oliphant
Office Manager



Happiness Ndlangisa
Receptionist



Tasneem Henry Mohamed
Online Counsellor



Shahina Bux
Online Counsellor

Chapter

12

Financial Report



**Income Statement
Childline South Africa:
National & Provincial Offices**

Reporting date:

31-Mar-16

PERIOD: 1 APRIL 2015 - 31 MARCH 2016

	Rand									1 Apr 2014 - 31 Mar 2015		
	ALL OFFICES TOTAL CURRENT YEAR 2016		*CLSA (NATIONAL)	MPUMALANGA	EASTERN CAPE	GAUTENG	FREE STATE	NORTH WEST	WESTERN CAPE	KZN	ALL OFFICES TOTAL PRIOR YEAR	
Revenue	100%	89,987,677	16,483,455	25,284,035	1,196,524	10,182,364	17,995,942	1,791,862	10,639,380	6,414,115	81,973,941	100%
Accounting & audit fees	1%	621,575	63,432	174,016	-	49,230	204,233	10,450	51,700	68,514	510,725	1%
Advertising and fundraising	0%	385,551	25,549	36,789	-	235	208,657	1,490	15,800	97,031	193,077	1%
Depreciation/Capital costs	2%	1,627,533	106,941	822,884	19,107	33,173	389,758	29,694	85,246	140,730	1,184,851	1%
Employee costs	61%	54,661,910	5,389,123	11,072,159	1,166,497	10,517,886	11,520,271	1,245,499	8,738,818	5,011,657	50,919,488	62%
Lease rentals	3%	2,584,937	260,294	1,261,092	157,621	496,692	160,846	-	248,392	-	2,423,968	3%
Meeting expenses	0%	52,273	20,789	-	-	25,452	-	6,032	-	-	178,735	0%
Office & sundry expenses(IT, printing, postage etc.)	10%	9,671,375	680,945	2,338,393	116,038	1,384,759	2,164,597	401,338	1,420,920	1,164,385	10,663,086	13%
Thuthuzela Care Centres/Special Programmes	4%	3,508,101	2,435,196	-	-	-	1,072,905	-	-	-	1,057,141	1%
Training expenses and subscriptions	3%	2,627,055	507,606	201,264	59,334	324,481	1,490,818	19,025	4,435	20,092	1,464,572	2%
Travel/accommodation & workshop expenses	10%	9,600,489	5,983,545	2,909,960	28,571	9,976	371,156	27,757	225,512	44,012	11,362,734	14%
Childline Limpopo operating expenses	6%	5,151,420	-	5,151,420	-	-	-	-	-	-	-	0%
TOTAL EXPENSES	100%	90,492,219	15,473,420	23,967,977	1,547,168	12,841,884	17,583,241	1,741,285	10,790,823	6,546,421	79,958,377	98%
RESERVES												
Childline South Africa EXCO Reserve	1%	455,835	455,835								744,762	1%
Childline Foundation	1%	550,000	550,000								250,000	0%
TOTAL EXPENSES & RESERVES	102%	91,498,054	16,479,255	23,967,977	1,547,168	12,841,884	17,583,241	1,741,285	10,790,823	6,546,421	80,953,139	99%
TOTAL SURPLUS/(DEFICIT)	(2%)	(1,510,377)	4,200	1,316,058	(350,644)	(2,659,520)	412,701	50,577	(151,443)	(132,306)	1,020,802	1%

* Distribution Income allocated by National to Provincial Offices: R 954 114 (prior year R 921 977)

* Not received: Childline Limpopo & Childline Northern Cape (audit in progress at time of report)



**Childline South Africa:
National & Provincial Offices**

Balance Sheet

	Reporting date:	31 Mar 2016	31 Mar 2016	31 Mar 2016	31 Mar 2016	31 Mar 2016	31 Mar 2016	31 Mar 2016	31 Mar 2016	31-Mar-15
	31-Mar-16	CLSA (NATIONAL)	MPUMALANGA	EASTERN CAPE	GAUTENG	FREE STATE	NORTH WEST	WESTERN CAPE	KZN	ALL OFFICES TOTAL PRIOR YEAR
	Childline Rand	Rand	Rand	Rand	Rand	Rand	Rand	Rand	Rand	Childline Rand
ASSETS										
NON-CURRENT ASSETS										
Property, Plant & Equipment	8,458,287	154,523	644,039	-	-	2,615,009	2,061,221	1,505,067	1,478,428	8,505,709
Investments	15,065,765	-	-	-	11,968,391	3,097,374	-	-	-	16,552,784
	23,524,052	154,523	644,039	-	11,968,391	5,712,383	2,061,221	1,505,067	1,478,428	25,058,493
CURRENT ASSETS										
Accounts receivable	5,240,387	1,264,479	709,492	-	134,349	2,520,040	-	133,041	478,986	3,413,094
Cash and cash equivalents	13,986,263	2,486,419	5,844,216	-	132,448	1,312,541	535,647	431,699	3,243,293	10,867,864
	19,226,650	3,750,898	6,553,708	-	266,797	3,832,581	535,647	564,740	3,722,279	14,280,958
TOTAL ASSETS	42,750,702	3,905,421	7,197,747	-	12,235,188	9,544,964	2,596,868	2,069,807	5,200,707	39,339,451
EQUITY AND LIABILITIES										
Current Liabilities										
Trade Payables	5,287,920	332,010	2,383,503	256,216	165,634	1,625,574	78,595	213,964	232,424	4,534,157
Income Received in Advance	3,270,797	240,507	2,385,000	-	49,654	107,625	-	488,011	-	2,746,555
	8,558,717	572,517	4,768,503	256,216	215,288	1,733,199	78,595	701,975	232,424	7,280,712
RESERVES										
EXCO reserve	2,509,600	2,509,600	-	-	-	-	-	-	-	2,053,765
Service Delivery Continuity fund	4,500,000	-	-	-	-	4,500,000	-	-	-	4,500,000
Other Funds - Building & Vehicles	1,700,000	-	-	-	-	1,700,000	-	-	-	1,700,000
PROJECT FUNDS										
Surplus brought forward	26,992,762	819,104	1,113,186	94,428	14,679,420	1,199,064	2,467,696	1,519,275	5,100,589	22,784,172
This period's result	-1,510,377	4,200	1,316,058	(350,644)	(2,659,520)	412,701	50,577	(151,443)	(132,306)	1,020,802
	25,482,385	823,304	2,429,244	(256,216)	12,019,900	1,611,765	2,518,273	1,367,832	4,968,283	23,804,974
TOTAL EQUITY AND LIABILITIES	42,750,702	3,905,421	7,197,747	-	12,235,188	9,544,964	2,596,868	2,069,807	5,200,707	39,339,451

* Not received: Childline Limpopo & Childline Northern Cape (audit in progress at time of report)



Childline South Africa: National & Provincial Offices

Reporting date:

PERIOD: 1 APRIL 2015 - 31 MARCH 2016

31-Mar-16

EMPLOYEE COST vs REVENUE & NETT SURPLUS/(DEFICIT)					
	REVENUE	EMPLOYEE COSTS	% EMPLOYEE COSTS vs REVENUE	TOTAL SURPLUS/(DEFICIT)	BANK BALANCE
TOTAL NATIONAL & PROVINCIAL OFFICES	89,987,677	54,661,910	60%	(1,510,377)	13,986,263
CHILDLINE SOUTH AFRICA	16,483,455	5,389,123	45%	4,200	2,486,419
NORTH WEST	1,791,862	1,245,499	48%	50,577	535,647
MPUMALANGA	25,284,035	11,072,159	60%	1,316,058	5,844,216
GAUTENG	10,182,364	10,517,886	63%	(2,659,520)	132,448
FREE STATE	17,995,942	11,520,271	67%	412,701	1,312,541
WESTERN CAPE	10,639,380	8,738,818	78%	(151,443)	431,699
EASTERN CAPE	1,196,524	1,166,497	90%	(350,644)	-
KWAZULU-NATAL	6,414,115	5,011,657	90%	(132,306)	3,243,293

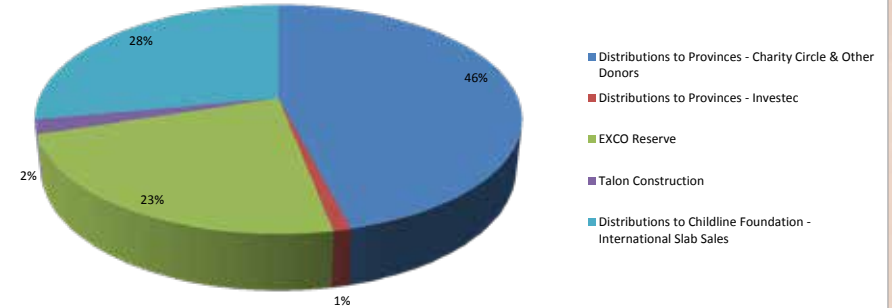
* CLSA (Childline South Africa - National) - Excludes Distribution Income of R 954 114.

* Provincial Offices include Distribution Income.

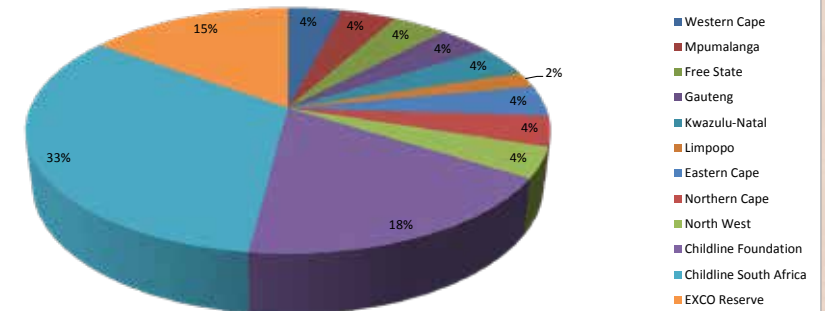
* Total Nett Surplus/Deficit takes into account all Reserves.

* Not received: Childline Limpopo & Childline Northern Cape

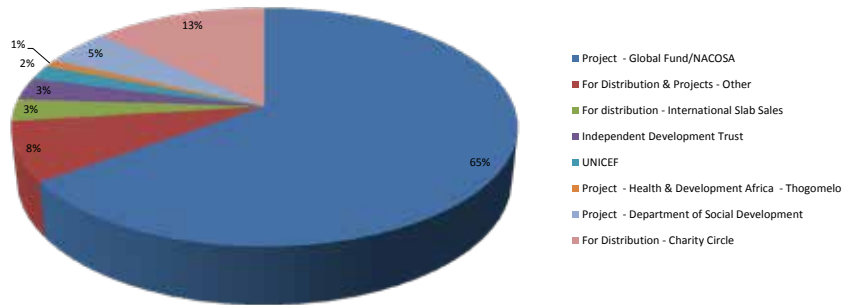
CHILDLINE SOUTH AFRICA - DISTRIBUTIONS ANALYSIS



CHILDLINE SOUTH AFRICA - DISTRIBUTIONS SHARE

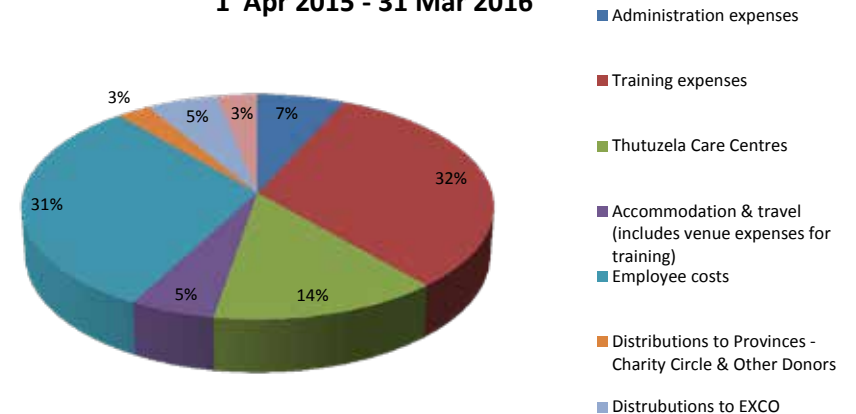


CHILDLINE SOUTH AFRICA ALL INCOME



CHILDLINE SOUTH AFRICA EXPENSES

1 Apr 2015 - 31 Mar 2016



Chapter

13

Donors List

Telkom

Foundation



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



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