

Celebrating our

40th

Birthday


LifeLine

Annual Report 2011/12

LifeLine & Rape Crisis Pietermaritzburg

rape crisis







LifeLine Pietermaritzburg

VISION

LifeLine PMB aims to be a leading provider of psychosocial support, skills and opportunities to enable individuals and communities to grow, develop and enhance emotional wellbeing.

MISSION

To promote emotional wellness for individuals and communities through counselling, community dialogues, skills development, training, network and partnership within the private and public sector of our designated areas.

It's OK to ask for help!

0861 322 322





Lat Ntuli - Chairman

Chairman's Report

L.N. Ntuli

OUR FOCUS

Ladies And Gentlemen, we are back here for an important meeting today, the AGM, to account for the previous year and hope that you will give us another year to go on with our assignments. On a day like this we need to remind ourselves what

we exist for, namely

1. Emotional Wellness
2. Building Community Heart
 - a. Encouraging communities to be assertive and fully take responsibility of themselves and their health
 - b. Reducing unwanted pregnancies and sexually transmitted diseases

All the above mentioned missions are met through our dedicated staff with effective programmes.

as Ntabamhlophe & Msinga and in peri-urban areas such as Wembezi, Madadeni, France, and Esigodeni. While this work, which focuses mainly on preventing gender based violence, is vital in times when South Africa is given the dubious title of the rape capital of the world, it brings a new set of organizational challenges.

The central office control, held by our strong Pietermaritzburg office, must be developed and diversified to manage projects far afield. Projects in community are complex and must take poverty, unemployment historical disempowerment and changing cultural norms into account. It is sad that during the year we had to deal with one or two of our members who had gone astray. Unfortunately they had to leave. The management is developing and investigating practical monitoring mechanisms, such as tracker, to try and mitigate problems in supervising distant projects.

As board members and employees of LifeLine we carry responsibility of the brand. Our behaviour in public will either enhance our brand or destroy it. I urge all our members to ensure that their personal and professional behaviours promote emotional wellness at home and in society.

GRATITUDE

On behalf of the board, I think it's my duty to show appreciation of sacrifice of both board members and staff they have made during the year. Esther and Trini had to cover the chair on days the chairman could not make it. Volunteers are always supportive of our cause. We are also grateful to our Donors who have stood with us for all the years.

CONCLUSION

May I end by wishing all in coming boardmembers a good year ahead.

I Thank You.

Chairman
Lat Ntuli

BOARD MEMBERS 2011/12

- Amanda Helen Cox
- Gerrit Ter Haar
- Lat Themba Ntuli
- William Desmond Winship
- Trini Krishnan
- Sanelisiwe Orbeline Ndlovu
- Lynn Peta Tungay
- Heather Benedict Nicholson
- Ester Mungai
- Deborah-Sue Harrison

HIGHLIGHTS DURING THE YEAR

1. A first class function was organized to thank our outgoing director, Debbie Harrison for her hard work for the past twenty two years. It was well attended and what a night to remember. Debbie Harrison has stepped sideways and now she will be responsible for organizational development, so we will not be losing her expertise completely.
2. Sinikiwe Biyela, our new director, is well known to the LifeLine community having occupied the position of deputy director for the past 3 years. On the same night Sinikiwe was introduced to the public. We look forward to supporting Sinikiwe as she directs LifeLine in this new phase of our development.
3. As we are all aware Life Line is celebrating 40 years in existence. We had to live up to the occasion by organizing a gala dinner for our volunteers. With the support of the Golden Horse we had an excellent function, inviting LifeLiners, past and present, to celebrate with us. What an occasion. Suffice to say thank you to Linda Hofmeyr and the LifeLine team for putting it all together.
4. This year we have expanded our reach to include the Bergville area. This area has difficulties regarding the issue of ukuthwala (abduction of women). We hope that LifeLine can play role in reducing this practice in the community.

WORD OF CAUTION

During the past year we have trained some 80 community volunteers to be ambassadors for LifeLine in rural areas such



Trini Krishnan - Treasurer

Treasurer's Report

Trini Krishnan

It is with pride and honour that I deliver this overview of LifeLine Pietermaritzburg's (PMB) Financial standing for year ending February 2012.

At the outset I must congratulate the Finance manager, the outgoing Director and the current

Director for their diligence and work ethic that has the non-executive members of the Board inspired to serve them and their team. Their years of practical knowledge combined with strategic thinking and sound governance creates a flexible, well focused team.

The strangled funding from NLDTF in this financial period has had a significant effect on LifeLine (PMB). This is reflected in excessive pressure on "Core" costs and re-assignment of overheads to traditional operating expense line items. A tactic used to mitigate the nil disbursement by NLDTF was to expand and intensify training offerings linked to core business. This has created some breathing space and unlocked a potential course of partial independence.

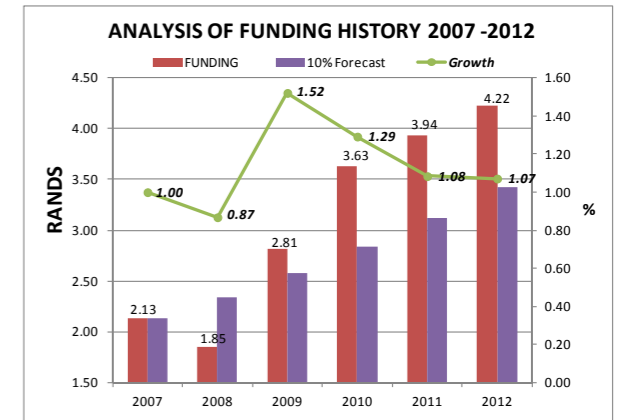
Whilst general fundraising efforts had increased qualitatively and quantitatively, under-performance in Crossbow sales year on year coupled with a lack of revenue from external workshops and talks have stultified these value-adding activities.

The key measure of NGO projects is to ensure that the funds received are spent in accordance to the budget for the project rollout. LifeLine PMB has proved to be resilient and have not compromised any service to its communities.

LifeLine sustainability income has been a learning area which necessitated a review in investment policy to invest conservatively and to associate with "A" Grade Banks. Investments for sustainability have grown from R2.135k to R2.229k comprising 4.4% growth year on year of 2011 which is low risk return as required. A covenant for sustainability level must be a strategic consideration going forward. The stewardship appears to be proactive and there is comfort here in the event of any form of downturn.

Funding is the primary source of Lifeline so it would be remiss of me not to share the view of funding behavior in recent history. The graph below depicts Year-on-year Lifeline

funding for discussion.



The graph depicts the funding behavior of LifeLine PMB: There is a comparison of Actual Funds to a 10% Forecast growth increase. The growth trend percentage year on year shows a slow-down in growth since 2009 and a plateau since 2011

LifeLine Pietermaritzburg must diversify the funding base, and is expected to plan for funding shocks. This may come in various ways, namely, the exit of funders, timely informed withdrawal from funding, reduction or end of cycle of funding.

My advice to my colleagues is that we must manage organizational expenses and income, fulfill planned project activities, go beyond donor expectations and pursue actions towards long-term sustainability of the organization. The non-financial characteristics of successful NGOs are to strengthen leadership and governance, innovation and empowerment of human capital to buffer financial uncertainty and build resilience.

In conclusion a huge "Thank You" is extended to our members (the majority) who have answered the call to pay their dues showing care and confidence in the affairs of the institution.



Navi Chetty - Finance Manager



Director's Report

by Sinikiwe Biyela



Sinikiwe Biyela - Director

raised the full 2012/13 budget and secured three funders for 2014. This is due to a combination of different factors such as good governance, strict monitoring of all donor funding and good project implementation by different staff members. Without a good team of skilled staff members that LifeLine Pietermaritzburg has we would not have achieved this. I wish to express my special thanks to Debbie Harrison for working hard in raising the full budget, Navi Chetty for looking after every penny of LifeLine and all the staff for their commitment and dedication shown to LifeLine and for all the extra hours they have put to support the organisation.

LifeLine Pietermaritzburg had a strategic planning in October 2011 where a team consisted of Volunteers, Board members as well as staff members reviewed the strategic plan with success to ensure that the organisation is still serving its purpose. A special thank you goes to the team and committee members for their wisdom in giving the organisation a direction. LifeLine Pietermaritzburg vision, mission and goals were reviewed as follows:

LifeLine Vision: LifeLine PMB aims to be a leading provider of psychosocial support, skills and opportunities to enable individuals and communities to grow, develop and enhance emotional wellbeing.

Mission: To promote emotional wellness for individuals and communities through counseling, community dialogues, skills development, training, network and partnership within the private and public sector of our designated areas.

GOAL 1: Maintain the highest quality 24hr counseling and emotional support services by recruiting, training and mentoring volunteer counselors.

GOAL 2: Increase awareness and knowledge relating to HIV prevalence and gender based violence through community-based interventions support.

GOAL 3: Strengthen family relationships through culturally appropriate interventions addressing parenting and youth development.

GOAL 4: Preserve existing fiscal stability within our LifeLine office by pursuing new opportunities, developing partnerships and maintaining efficient, effective office procedures.

I would like to extend a warm welcome to LifeLine members, distinguish guest, members from the Secretariat office, the community we serve, as well as fellow staff members.

It is my pleasure to report on LifeLine achievements for the year 2011/12. I must say that most of the achievements took place during Debbie Harrison's leadership as I'm only two months old in my new position as the director of LifeLine Pietermaritzburg. Debbie Harrison stepped sideways at the end of December 2011 after serving the organisation for 22 years, allowing Sinikiwe Biyela to take a leadership role of LifeLine Pietermaritzburg in January 2012. LifeLine Pietermaritzburg is pleased to announce that Debbie has taken an important role of Organisational Development which focuses on three areas viz, Seta accreditation, Fundraising, as well as Mentorship of the new director. This was a good strategy as Debbie's valuable skills and knowledge will be continuously used in a different role to strengthen LifeLine Pietermaritzburg further. We are also blessed to have Debbie Harrison nominated as a KZN representative in the LLSA Board of Directors in house. That makes it easy for LifeLine Pietermaritzburg concerns to be escalated to the high level through Debbie.

2011/12 has not been a good year for many NGO's in the country as they were faced with shortage of funding especially because the funding pie is shrinking a very day. LifeLine Pietermaritzburg is pleased to report that we have

Following the strategic plan, four committees were formed to further look at each goal and activities for each goal. All committee members are currently meeting after hours; once the objectives and activities are formulated they will be presented to the board and form part of the broader strategic plan of LifeLine Pietermaritzburg.

The main core business of LifeLine Pietermaritzburg is Emotional Wellness which was implemented through Community dialogues and Counselling. These two main activities were evaluated by the external person and Liz Clark prepared the report for LifeLine. It is a great pleasure to announce that the evaluation results were quite encouraging. These reports are available in LifeLine house for reading. To all the coordinators, counsellors and the ambassadors working in communities out there, thank you very much for your hard work and dedication!

LifeLine is pleased to report that our services were extended to cover UKhahlamba area focusing mainly in Bergville and surrounding areas. The same package was offered in Bergville, which is a very rural community with lot of challenges when it comes to GBV issues, ukuthwala in particular. This project was made possible by First for Women. Thank you Nozipho for doing all the ground work introducing the project to the stakeholders including Amakhosi and political leaders.

The 40th birthday of LifeLine Pietermaritzburg was marked with a special celebration in Golden Horse Casino where all volunteers and retired volunteers were invited to celebrate this special milestone. There are many organizations that are mushrooming everyday in South Africa, but very few reach 40 years, of existence. LifeLine would not have achieved this special milestone if it wasn't because of the volunteers, who have given themselves and their skills to LifeLine free of charge. Among other guest, this special event was blessed by the attendance of our city Mayor Honorable Chris Ndlela of the City of Choice in February 2012. I would like to thank our Honorable Mayor, LifeLine volunteers, the community at large for the on-going support given to LifeLine; without you LifeLine would not have survived through the tough times in the past.

I would like to take this opportunity to say good bye to Nontobeko Khumalo, Busisiwe Ndlovu, Thembeke Magojo, and Gugu Zikalala, who resigned last year. Thank you for making a remarkable contribution to LifeLine. A warm welcome to the following staff members who have joined LifeLine: Nhlakanipho Lushaba, Namhla Kheswa and Sanelisiwe Ndlovu, hope your skills will contribute in strengthening the organisation further. Congratulations to Sikhumbuzo Xulu for being blessed with a baby boy!

A special thank you goes to the LifeLine board for giving LifeLine Pietermaritzburg a direction, support, and turn of skills and knowledge. Thank you for giving LifeLine quality time and having the best interest of the organisation at heart! To all the volunteers answering telephone, e-mails and doing face to face counseling; you are the back bone of the organisation. You have given us your time, knowledge and skills for free, and you have helped thousands of distressed people out there expecting nothing in return, thank you!

Staff members and community volunteers who worked hard, putting extra hours to make sure that the community gets quality services, you make LifeLine shine. Keep up the good work! To all communities that we work with, thank you for supporting LifeLine and contributing in making a difference in the lives of those who are distressed.

To all our donors (new and on-going), thank you for believing in us and trusting that our programmes will make a difference in the lives of those we touch! Without your support, LifeLine wouldn't have reached 40yrs of existence and we wouldn't have managed to extend our quality services to poor communities who can't afford paying for such services! Thank you.

It's OK to ask for help!

0861 322 322





Debbie Harrison

KwaZulu-Natal Regional Representative's Report

by Debbie Harrison

the unravelling of the Braamfontein office will be a complex process, placing long serving and dedicated staff in a vulnerable position. For many reasons the process needs careful planning and sensitivity.

This Pietermaritzburg centre needs to consider its stance on, what has to date, been our carefully guarded autonomy. In order for the LifeLine ZA to function well it will need to have a very competent national leader who is able to speak for LifeLine ZA. He/she will need us to fall in line with some of the main standards which that office will need to set. We will need to give the LLZA office the ability to make decisions (within a strategic plan) but without consulting all 18-20 centres each time. This will not mean 'giving up' on our NPO numbers but it will mean providing that office with a level of authority to match the level of responsibility we will expect.

There is a huge opportunity for LifeLine to grow and provide emotional wellness services to many countries in Africa where trauma levels have been exceptionally high for many years. The proposal to the October AGM will, in all probability, request recognition of LifeLine Africa and the dissolving of LifeLine Southern Africa. This development is unlikely to meet any resistance as LifeLine International has previously requested our help with the other centres in Africa. It is envisaged that the assets (human and financial) of LifeLine Southern Africa will be split between LifeLine Africa and LifeLine South Africa, as is appropriate. The functioning of LifeLine Southern Africa will continue until the current projects and programmes contract periods are completed. No new contracts will be signed once the mandate for this process has been received from the October 2012 AGM.

However in preparation (KZN is altydevoor op die wa), I will report as if we are already LifeLine South Africa (LLZA) and LifeLine Africa (LLA), and in the process, I think, it will become apparent that this is a sensible strategy.

LifeLine Africa news: Zimbabwe currently has a small but enthusiastic core of expats living in South Africa who are engaging in developing the LifeLine concept for Zimbabwe, they have been given provisional affiliation. It is hoped that LifeLine Zimbabwe will join us during 2013 as full affiliates. Namibia goes from strength to strength. It is an extensive combined LifeLine-Childline operation, extending throughout the country, and receiving considerable support both internationally and from the Namibian Government. Zambian LifeLine is also supported by the Zambian government and recently won a tender to run Childline Zambia in a similar manner to LifeLine Namibia, currently receiving over 60 000 calls per year. All the cell and telephone service providers offer free calls to the LifeLine centre, as a CSI contribution in Zambia. LifeLine Botswana, who seldom attends meetings in Joburg, has scaled back due to funding shortages. They have been operating for many years and provide telephone and face-to-face counselling. Malawi is struggling to get funding, and remains small but committed and also has partial affiliation.

International News: LifeLine International is floundering and is being kept alive by a small band of dedicated people, mainly operating out of the USA. Our CEO Alfred Mikosi is our representative on all matters international.

LifeLine South Africa: LifeLine South Africa remains stable, with one or two centres especially low in funds and the rest of us keeping our nose just above the waterline. Some centres were especially vulnerable to the slow roll out of funds from the Lottery, leaving them in dire straits and obliged to carry out retrenchments. By and large however most of the centres have similar problems, low volunteer numbers, a small band of dedicated volunteers and larger numbers of "come-and-go" volunteers. Increasing staff salary bills and decreasing CSI support against a background of increasing social ills mainly relating to increased unemployment and gender based violence.

Currently the LifeLine South Africa group are working on three pillars of development – all very new and in exploratory stages – Emotional containment, Building community heart and Economic enterprise. Basically the counselling, community and funding sections. The move towards economic enterprise is very interesting as it implies the ability to develop "for profit" projects which will have the objective of funding the charity! There have already been some interesting developments and it is hoped that this type of thinking will take the pressure off the organisation, allowing us to rather focus on our core work of promoting emotional wellness for individuals and communities through various person centred approaches.

After several attempts to gain a quality Director, Durban LifeLine is starting to jog along at a merry pace once again, in the very capable hands of Pravisha Dhanalong. An exceptional project is in the downtown area of Warwick Triangle which focuses on HIV and youth at high risk. This project has cases of children younger than 10 years being reunited with families after working as commercial sex workers. They now work with adults too, and have the support of the National Prosecuting Authority (NPA).

Zululand LifeLine is one of the centres hit by a severe lack of funds. Sue Stephenson has retained a small hardworking staff, and continues to run the Ford Foundation and CIDA project as well as various other volunteer based interventions and lots of training courses to pay the bills. This is a most unfortunate situation as we are all aware of the high levels of poverty in these rural areas and the accompanying social ills which LifeLine Zululand is now struggling to service.

LifeLine Pietermaritzburg is currently in a strong position with sound funding and good projects. It is now under new leadership of Sinikiwe Biyela, the previous deputy director who is well known to the community. Pietermaritzburg has been developing the Building Community Heart approach over the past 4 years and has done two reviews which indicate that this project is having excellent results. LifeLine Southern Africa is very interested in the Pietermaritzburg methodology and we intend sharing the results of the Critical Review undertaken by Liz Clark.

Organisational Development

By Debbie Harrison

As I took this role on in January 2012, returning from leave half way into the month, I have little to report in my new role. Fund Raising continues to be a major section of my work and these initial few weeks were spent almost exclusively on fund raising. However this was not in vain, as in these current times we can be pleased with ourselves for having raised the full 2012/13 budget. We have something of a good start into the 2013/14 years as three current funders have signed to support us into 2014, but one must be constantly looking for opportunities and cannot rest easy for anything more than a moment. I would like to appeal to our volunteers and staff to assist the funding section by keeping an eye open for ideas or contacts, it all helps enormously.

My other major responsibility is the accreditation of our courses and our centre with a SETA. During February and March the way forward was devoted to investigating the best fit SETA. Of course the obvious one is the Health and Welfare SETA, however after careful thought and some advice from those in the field we decided to register with the Education Training and Development Practises SETA (ETDP). One of the most compelling reasons was to ensure that we could, in the long term, develop SETA registered courses for the financial empowerment of women in the more rural communities. It has been a concern for the staff that we provide women in these areas with knowledge about rights and social skills but as an organisation we have not engaged the very important financial needs of these women, who often remain in disempowered situations as a result of financial dependency. Our research does not show that empowering women leads to family disintegration where there has been a history of abuse. As a woman is able to become a contributor in her family she gains a status which appears to help to protect many (not all) women. This idea of preserving family, promoting emotional wellness and financial security all at the same time is extremely appealing to LifeLine and an area for further investigation.

I look forward to providing you with up-dates on the progress of the SETA registration and course development over the coming year.



PROGRAMMES IMPLEMENTATION REPORT

LifeLine Pietermaritzburg has two main core products which our services falls under viz: Counselling services and Building Community Heart programmes (BCH). This report aims at giving an overview of all counselling work done internally and offsite as well work done under BCH program.



Celeste Matross

1. COUNSELLING AND VOLUNTEER PROGRAMME by Celeste Matross

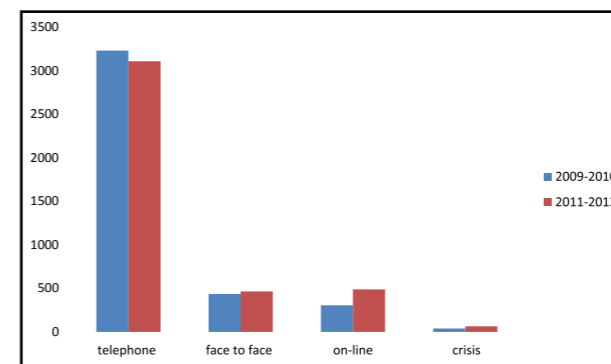
It is a great honour to mention that this service is 40 years old, the very first LifeLine Pietermaritzburg service to the community. Many community programmes die before they reach the age of 10. What is the secret of this programme success? For many years the programme was volunteer driven with little support from the office. Only recently, the Volunteer Counsellor Programme is managed by a team which consists of two people: a Volunteer counsellor coordinator and an Administration clerk. However, the project owes its success to its group of dedicated volunteer counsellors who for 40 years has offered support and encourages each other as well as the overseeing team to ensure the high quality counselling standards. The aim of the Volunteer Counselling Programme is to promote emotional wellness for all people by providing free, confidential and accessible counselling by highly trained volunteer counsellors.

It is exciting to report that this role is now shared with the Volunteer Counsellor Coordinator who is also involved in overseeing the counselling standard of LifeLine. One of the ways of doing this is by providing informal supervision to the all counsellors at LifeLine who request it. Also responsible for training the other coordinators in the Narrative Debriefing method so that they may provide debriefing for the people that they supervise. Occasionally the Thuthuzela Care Centre is visited and reports are read to ascertain if there are any areas of concern for the counsellors and the clients.

The period of 2011-2012 has been very eventful for this section both in the personal lives of our volunteer counsellors as well as in the life of the counselling project. We welcomed three new counsellors to LifeLine and are very excited to have on board Keelan Moses, Amina Moosa and Zandile Ntuli. We were also happy to share in the joy of Rochelle Kloka and Bridgette Campbell who recently became mothers for the first time and Amina Moosa who welcomed her second child into the world. We had a number of our LifeLine family retire and we give a huge amount of gratitude to Margaret Ann Basson, Claudine Slabbert and Bill Deas. Bill will continue in his role as a volunteer counsellor despite retiring as a member of staff. A few of our other counsellors have taken a well-deserved break and we look forward to their return.

On a sadder note, a number of our volunteer counsellors have lost loved ones and we extend our condolences to them once more. We have also had two of our volunteer counsellors pass on. We remember Denise Stainbank and Edna Carter. Edna was the last remaining active counsellor of our founding members and was on the first LifeLine training course. Her passing is indeed the passing of an era.

At 40, this programme is still bearing fruits as we had some new developments in the section to further strengthen this very important service. A new addition to the LifeLine training product bouquet is the creation of an afternoon LifeLine course which begins at 15h30. The creation of this course means that we now run three LifeLine courses per year. It is hoped that the addition of another course will increase our volunteer base and hence decrease the pressure that additional duties have put on our existing counsellors and sister centres. Some of you will recall that 40 years ago, LifeLine Pietermaritzburg was established as a telephone crisis intervention in response to suicide cases. Over the years LifeLine identified gaps on the service delivery and saw opportunities for growth, therefore aligned counselling services to cater for different needs of the community we are serving. Below is the graph showing counselling services offered using various counselling mediums:



The number of people assisted with generic counselling at LifeLine via the various counselling mediums

From the above graph it may be seen that although the number of telephone clients has decreased, there have been increases in the number of people we assisted through in-house face to face counselling and email counselling. However, telephone counselling still remains the medium through which the Counselling Programme assists the largest number of people. The demand for the service was relatively high with 3109 calls received. This is up from last year's calls of 2908. The majority of our clients are women, which remains the same as last year. Their reasons for seeking counselling are varied but we received high numbers of clients asking for assistance around issues such as child abuse and child sexual abuse, rape, HIV/AIDS, depression, education, stress and anxiety and various relationship issues.

Counsellors are capacitated to deal with stressful cases through the on-going counsellor development plan, where different trainings and presentations are offered to counsellors including the following: Self-defense skills, thank you to Many Tyrer; HIV/HCT counselling skills, thank you to Sister Thembisa Mchunu and her team; Caro Smit from South Africans Against Drunk Driving (SADD) informed us of the dangers of "drink" driving; Assertiveness skills, thank you to Leon Grove; and training on Relationship counselling skills, thank you to Philip De Bruyn. LifeLine is very fortunate to have professionals who provide mentorship and training to our volunteer counsellors, specifically Gerrit TerHaar, Graham Lindegger, Leon Grove, Clive Willows, Philip De Bruyn, Dylan Evans, Cathy Birkett, Caro Smit, Neelan Chetty, Cherri Forsyth, Hospice (especially Elmarie Wichmann), Cindy Pavacic, Fiona McCrimmon, Mandy Tyrer,

Vivien O'Neill, and Gail Pocket. The value of their input cannot easily be quantified as they spread their knowledge willingly amongst our dedicated volunteer counsellors and staff.

We have had assistance from other sister centres as well. Many thanks to all the centres who have assisted us especially Vaal Triangle, Ekurhuleni, Johannesburg, Port Elizabeth, Cape Town and Zululand. A special thank you to Lorraine and her team at Durban LifeLine, we are most appreciative. The support that we receive allows us to be available for our clients despite the limitations that a small volunteer counsellor base puts on us.

The low numbers of people graduating from the LifeLine training process and becoming regular active counsellors remains a challenge. We have put in place certain changes, such as a two month period in which to complete your co-piloting training and an increased number of LifeLine courses per year, which we hope will address this issue.

This section has on-going plans to strengthen the counselling programme in the New Year. To mention the few: Next year we will be increasing the number of LifeLine courses we run in a year to four. This will probably be in the form of an afternoon or evening course as there seems to be in greater demand. More on-going trainings for the existing counsellors are planned including; Financial counselling, A women's' morning, Generic counselling skills and Suicide ASIST, A Life coach workshop, and goal setting.

Last year it was mentioned that LifeLine and Rape Crisis Pietermaritzburg will be moving towards becoming more generic in our counselling. With this in mind, Debbie Harrison together with a group of representatives from other LifeLine centres are developing an emotional wellness plan that ensures that all counsellors receive the same training and then split off into the areas that are of interest to them, for example generic telephone and email counselling or community dialogues. This move ensures that all LifeLine counsellors receive the same standardized training which ensures that they are multi-skilled and competent in a variety of areas. It also ensures that all the projects of LifeLine are less isolated from each other. In conclusion, I wish to thank everyone who makes the volunteer counselling programme work so well. To all the volunteer counsellors and their families, the Board, senior management and my fellow colleagues, thank you for all that you do.





Thembisa Mchunu

2. THE AIDS WELLNESS PROJECT by Thembisa Mchunu

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond

measure... We are born to make manifest the glory of God that is within us. It's not just in some of us, it's in all of us, and where we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others". By Nelson Mandela, at his 1994 inaugural speech.

This motivational quote directly confirms Lifeline's developmental agenda of instilling self-belief to people and it encapsulate our Lifeline vision "Leading provider of psychosocial support, skills and opportunities to enable individuals and communities to grow and develop."

The AIDS wellness team is proud to have been associated with many vital projects that have improved the lives of individuals and communities within designated areas in the province. Our wellness services are continually striving to assist our communities to better manage the high rate of HIV infection. Services offered include in-house/facility based HCT catered for both young and adult people, as well as off-site (external) HCT services, on-going support and counselling, support groups for PLWHA both adults and learners. These services were provided mainly through three projects viz: May'khethele project, In-house HCT services and the new AFSA project funded by Aids Foundation.

2.1 The May'khethele Project

The May'khethele project has been running for the past five years, providing HIV services including HCT to learners in the seven high schools. This was done on-site (on school premises) whereby the team would first go to school educate learners on HIV and motivate them to get tested for HIV, thereafter interested learners will be tested for HIV. This service was stopped after a statement by MEC of Education released indicating that the service must be halted until follow-up guidelines for learners who test positive are in place. Therefore a facility based HCT for was done that meant

collecting learners to be tested at LifeLine house using a PEPFAR vehicle on Saturdays.

Lifeline was forced to slightly change the approach for the May'khethele project after the MEC statement to incorporate dialogues in the schools. The aim of this approach is to allow active participation from learners and encourage action to be taken to address issues of HIV/ AIDS and Sexual reproductive health, including teenage pregnancy. The agreement was reached with the schools to conduct dialogues for learners from grade 8-10, in small groups of 20 according to their ages. These dialogue sessions are 15 sessions long focusing on issues around HIV/AIDS, Sexual Reproductive health which covers topics such as: self- awareness, peer pressure, choices and decision making, relationships, teenage pregnancy, contraceptives, HIV transmission and prevention etc.

This program opened up an opportunity for skills development and employment opportunities for 12 Lifeline volunteers who were trained to facilitate the dialogues in schools. We are glad to report that the program was well accepted in all 7 high schools and we started to implement the project in February 2012. Initially we have started to implement the program in 4 high schools and we will be moving on to the other 3 schools later in the year. Sadly we had to close the project in 5 Primary Schools where by we were doing HIV Prevention Education and Homework clubs with learners from grade 6-7 due to limited funding. Teachers were not happy about LifeLine closing the project in their school however we will be working with the school attending to learners who need any counselling services. This project was made possible by PEPFAR through Cindi Network.



May'khethele Team of facilitators working in 7 high schools.

The AIDS section has managed to offer a range of services to clients from all walks of life, including learners as well as employees from different companies. HCT services for

employees were made possible by SABCOH who funded HIV testing. The following table indicates different services rendered for different groups in 2011/12:

Services Rendered	Learners	Adult	Total
Negative Clients	1114	1406	2520
Positive Clients	41	189	230
CD4 Count Done	39	266	305
Referral for ART's	07	30	37
Ongoing	25	189	214
Support Group	24	14	38

There is a notable increase in the number of adults who use HCT compared to the learners this year. This is largely due to the use of Mobile HCT services and also testing in companies for the SABCOH project. The positivity rate among learners has remained the same as we had 41 learners testing HIV positive in 2010/2011 and 2011/2012. Also we have noted that there is an increase in the number of adult clients who test HIV positive which indicates that there is still a need to do behaviour change education.

2.2 VCT Programme through the Doctor's eyes: by Dr GeritTerHaar

During the past year many clients of all ages were counselled by our lay counsellors including many school kids. In an attempt to evaluate the value of the counselling process which includes pre and post counselling sessions we tried to gain an impression of possible changes in the 3 components as observed in our clients namely their Knowledge, their Attitude and their Behaviour all related to the HIV infection.

On the whole it seems that the knowledge of the infection with the virus and all the possible effects and complications has improved considerably. Even school kids seem to know most of the essential facts including how to prevent transmission and what to do when infected.

The same cannot be said of the Attitude towards explicit sexual behaviour. Misinterpretations of the cultural liberties of man and the disrespect of vulnerable women are still prevalent as an excuse for concurrent relationships, irresponsible transitional and trans-generational sex and rampant abuse of vulnerable women and children.

In terms of Behaviour we could see an improvement in condom usage, early testing and compliance with the treatment regimes (ARV use, positive living). Faithfulness and trust are still the most wanted but the least found concepts amongst the general public. Disturbing also was the fact that unprotected sex was recorded regularly amongst those who are supposed to be the leaders to the next generation including professionals.

Stigma is still the cause that many patients suffer in silence and support groups are difficult to get going. Circumcision as an additional preventive measure has gained popularity and virginity testing has lost its traditional influence especially with the educated girls in the towns.

On the whole the conclusion is that we are gaining and the anonymous opportunity offered by Lifeline and particularly the wide coverage we have been offered by our donors to work in the schools and prisons makes us confident that we can reduce the very high incidence of the epidemic in our province.

2.3 The AFSA project in Mkhambathini District by Thembisa Mchunu

This project is fairly new started in February 2012 funded by AFSA (AIDS Foundation South Africa). The program aimed at bringing prevention efforts to scale in the uMgungundlovu District Municipality and to measurably increase the uptake of HIV counselling and testing (HCT), the prevention of mother-to-child transmission (PMTCT), voluntary medical male circumcision (VMMC), as well as sexual behavior change among targeted most at risk population. UMkhambathini sub-district was identified as the most at risk area as it geographically fairly isolated from formal and public health facilities, main transportation routes, as well as other mechanisms that can be used for the delivery of health services. This project was successfully introduced to the traditional leaders and political leaders in uMkhambathini and was fully supported by the district Mayor Mrs Maphumulo. Similar to PEPFAR project, this project opened up opportunities for skills development and job opportunity whereby 6 counsellors were trained by AFSA and equipped to work in community were employed.



AFSA Team of counsellors in action

I would like to take this opportunity to thank the Lifeline senior management team for their commitment, and for guiding me with the task of leading this program to new heights. I also thank my colleagues for working tirelessly to



meet the challenges we have encountered and lastly I would thank all stakeholders who have made our work a success. A special thank you to Esther and Neil for on-going support we have received and Dr Gerrit TerHaar for his support in debriefing HCT counsellors and making sure that we the AIDS wellness team has the most updated information on HIV/AIDS. Thank you all for the confidence you have shown in me and for giving me the strength and support to lead this program. A very special thank you also goes to our funders PEPFAR through Pact and AFSA for the on-going support.

3. GENDER-BASED VIOLENCE PROGRAMME

For the past years LifeLine has worked with different hospitals strengthening the work done in hospital crisis centres. In year 2011/12 LifeLine worked in five crisis centres therefore this report covers the outreach work that has been done in the following crisis centres:

3.1 THE EDENDALE THUTHUZELA CARE CENTER (TCC) by Namhla Kheswa



Namhla Kheswa

The Thuthuzela Care Centre is going from strength to strength with LifeLine staff members working 24hrs to ensure that survivors are not lost in the system. In 2011/12 TCC has reached more cases (895) compared to 2010/11 (567). This is the best practice model where survivors get all services under one roof, and the TCC team has worked tirelessly to ensure that survivors are cared for. I

would like to thank the TCC team members viz DoH, SAPS, NPA and LifeLine counsellors for turning the victims to survivors. However the increase on the new cases is a great concern because it means that there is a high rate of sexual assault in the communities. In addition to counselling services 370 clients

were prepared for court by the Victim Assistant Officer and a LifeLine Social Worker. Out of the 895 people that presented at the TCC 281 received Post Exposure Prophylaxis to prevent HIV infection for clients who are HIV negative. It is sad that 19 clients defaulted on PEP due to different reasons including financial constraints and forgetting their appointment dates.

The following graph indicates number of cases received at TCC per month.

The team has worked hard under the supervision of a new social worker Namhla Kheswa who conducts debriefing sessions on a weekly basis to ensure that the staff is supported and cared for. A special thank you goes to all TCC counsellors who worked long hours and weekends to ensure that survivors gets quality service. To all TCC team for on-going support and their caring nature, lastly our funder RTI for taking care of the project financially.

3.2 MADADENI HOSPITAL by Nozipho Nkosi

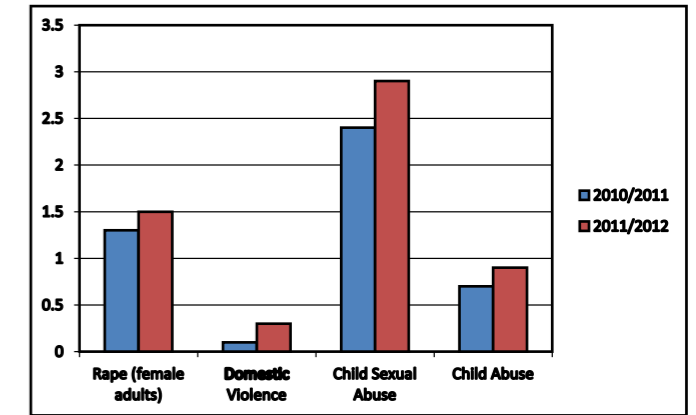


This project is doing very well under the supervision of Nozipho Nkosi in a small satellite office in Madadeni area who is mainly providing psychosocial support services for clients as well supervising staff members in the office. The office continues to grow and to touch and change lives in a positive way. There are two staff members (a social worker and a male counsellor) in the office and one female counsellor based in Madadeni Hospital. The project is financially supported by FNB, we would like to thank FNB for their on-going support of the project.

The number of cases reported has increased during this reporting period. This has remained a concern as the scourge of GBV is not going down in our communities. This maybe the result of community work done in the area by the ambassadors that have raised awareness about LifeLine and the Crisis Centre. The individual cases seen were 984 for counselling and include all the categories mentioned in the

graph below. Of the 984 cases, 60 % were of sexually abused children, 30 % were for raped adult females, 15 % were of abused children and 5% were of domestic violence. There were 24 couples seen during the whole year. It is encouraging that the figure for domestic violence cases is lower this year. Sadly, children's cases continue to be the highest in number compared to the rest of the cases.

Below is the graph illustrating the cases dealt with in the past year.



The following table gives the exact breakdown of clients in terms of gender and age:

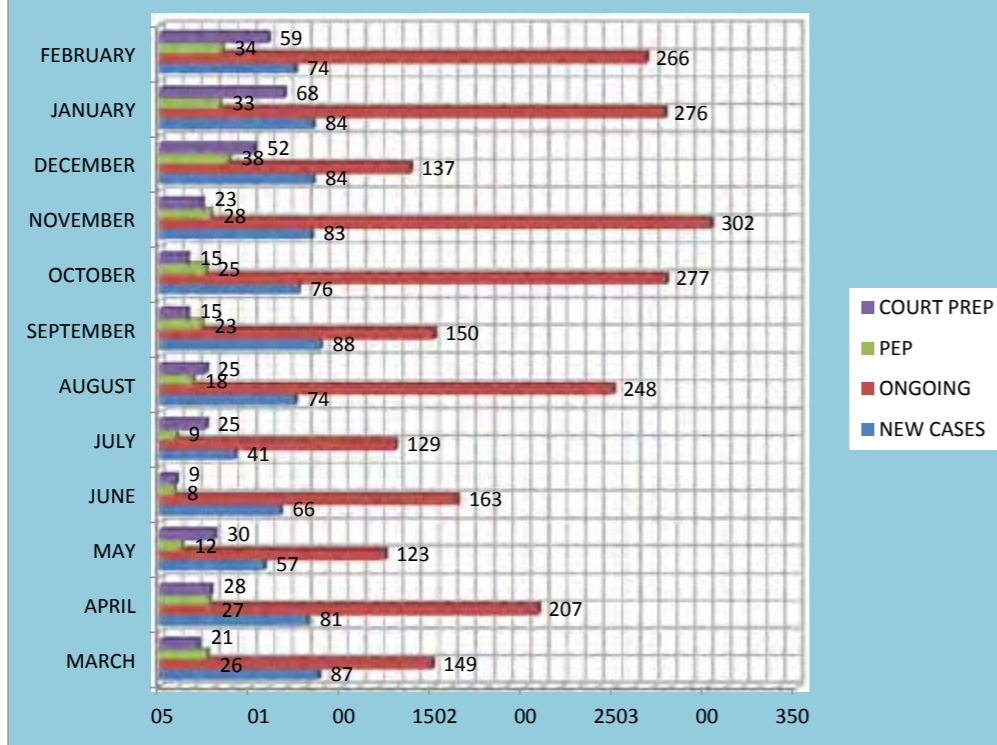
NATURE OF CLIENT	NUMBER
Female Children	492
Female Adults	295
Male Children	147
Male Adults	49

This year has been an exciting yet challenging year as LifeLine trained staff are "poached". Lungile Mthembu who was employed as a Trauma Counsellor at the Madadeni Hospital left us to join the Department of Health as a VCT Counsellor in 2011. She is the second counsellor in Madadeni to be absorbed by the hospital. She was replaced by Busisiwe Mtembu who joined LifeLine as an ambassador in 2008, who was followed by Ndumiso Grantham who was replaced by Dumisani Mthombeni. While we are pleased to have staff gaining more permanent employment than the NGO sector can offer, the retraining process is a constant stressor for the senior staff.

3.3 BERGVILLE PROJECT by Nozipho Nkosi

The project started in April 2011 with the help from First for Women. After introducing the project to all relevant stakeholders (both traditional and municipal) a recruitment

TOTAL NUMBER OF CASES RECEIVED MARCH 2011 –FEB 2012



and selection process began where 54 people were selected from the 14 wards of the Bergville area and 28 (2 per ward) successful candidates were trained as LifeLine counsellors. This project is the first project at LifeLine to cover the entire geographical area. Thereafter 2 counsellor positions for the Emmaus hospital were advertised and Barbara Buthelezi and Thulisile Mthabela were appointed; as well as a Community Fieldworker (Nomakrestu Madondo). The rest of the trainees will be working in the community conducting dialogues on GBV related issues.

The two counsellors started working at the hospital in December 2011. The number of people reporting for medical assistance in the Emmaus hospital was very low. However these numbers began to peak as the counsellors started visiting general wards and the OPD in hospital to talk about the services offered by the Crisis Centre. The hospital is currently experiencing staff shortages and this inhibits the proper functioning of the Crisis Centre.

Below is the table giving a picture of the number of cases seen in Emmaus Hospital:

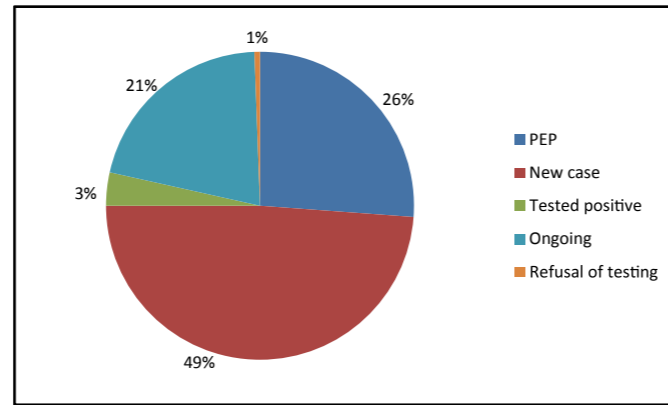
Month	Number of Cases Received
December 2011	3
January 2012	7
February 2012	13

3.4 MSINGA, CHURCH OF SCOTLAND HOSPITAL by Nhlakanipho Lushaba



This project was coordinated by Thembeke Magojo who sadly left LifeLine in November 2011 to work for another NGO in Gauteng, thank you Thembeke, your contribution made a difference. Nhlakanipho Lushaba a male social worker was then employed to coordinate two projects including this one.

The two female rape crisis counsellors placed at Church of Scotland Hospital worked very hard at the crisis centre to provide services to the survivors of GBV, including cases of ukuthwala (abduction). Their work was made difficult by the redeployment of a dedicated nursing Sister to another hospital, and the crisis centre was left with mainly counsellors who had to work with Out Patients Department (OPD) team to ensure that proper services were rendered to the survivors. Despite the challenges, it is exciting to report that this hospital had zero sero-conversion rates this year. The graph below indicates the ratio of cases reported in the crisis centre:



Over and above rape counselling services at the crisis centre, counsellors conducted 24 rape crisis interventions such as awareness workshops and talks in OPD, schools and in the community on GBV and rape. Other services such as HIV and AIDS counselling for the clients were also offered. A strong working relationship with mobile clinics, school health and community based forums, has helped us to achieve so much. The crisis is still faced with some challenges eg, some clients don't come back for follow-ups due to financial constrains. This project was funded by LifeLine until recently where Lotto funded services for a year. A big thank you goes to the two counsellors Du and Celimpilo who worked with lot of passion in helping survivors claim back their lives with very little resources in the area. To all the organizations and government departments that we worked with to make a difference in the lives of the survivors, thank you very much!

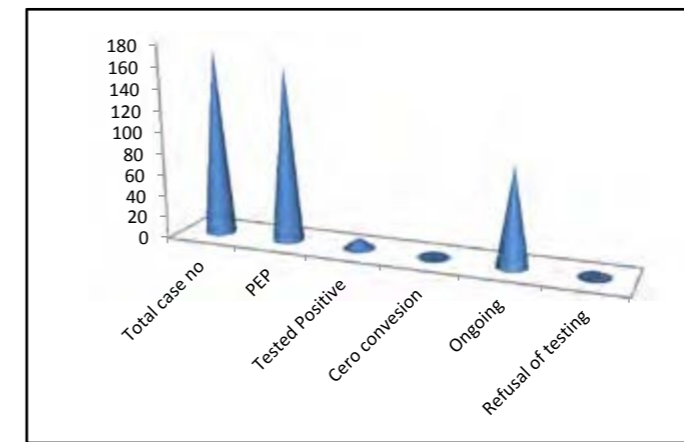
3.5 ESTCOURT HOSPITAL by Nhlakanipho Lushaba

People will remember that this project started in November 2010, and now is 15 months old. Two counsellors stationed at the hospital crisis centre are working to ensure that counselling services are available during the week as well as over the weekends. This service provides containment, counselling for rape survivors and education, information, to the community at large. The number of cases receiving attention from the

counsellors placed at crisis centre increased steadily over the months being 5 in November 2010 to 178 new cases. It is exciting to report that 160 of those clients managed to get PEP and sero-conversion was reduced to zero %, only 10 clients tested HIV positive and 89 on-going cases received. Besides doing counselling, the two counsellors placed in hospital conduct talks at O.P.D to patients, community and schools about different GBV topics.

Our services have received buy-in from different stakeholders in the community and inside hospital and our services are nicely linked with the patient flow system of the hospital. The counsellors have full time support from professional sister in charge at crisis centre and hospital management and staff. Our counsellors receive debriefing and on-going training time and again to enhance their performance. The graph below indicates services rendered per category. This project has been funded by Terre des Hommes Swiss for two years.

Number of cases reported in Estcourt Hospital



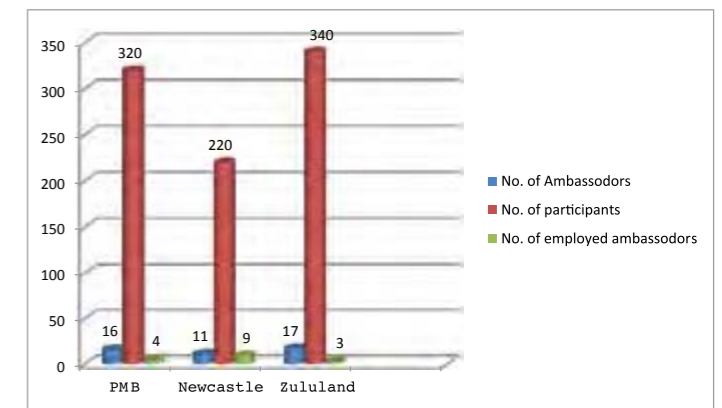
4. BUILDING COMMUNITY HEART PROGRAMME

This is one of the core products of LifeLine Pietermaritzburg. This programme focuses on prevention services as we all know that prevention is better than cure. LifeLine Pietermaritzburg adopted community dialogues as a model to use in facilitating change in different communities. Most of the dialogues were conducted in deep rural areas with a small stipend paid to the ambassadors facilitating the community dialogues. Nozipho, Thembeke and Nontobeko (sadly left LifeLine in 2011) were leading this process in different communities. Dialogues were facilitated in different communities in five district municipalities. The dialogues are grouped into two main focus areas viz; Sexual reproductive health, and Gender-Based Violence work.

4.1 The Cabanga Clubs (Sexual Reproductive Health)

This project is funded by Ford Foundation with an aim of improving sexual reproductive health; reduce unwanted teenage pregnancy, HIV and GBV in three communities viz: Pietermaritzburg (focusing in Sweetwaters, France and Esigodini); Newcastle in Madadeni as well in Zululand focusing in KwaDlangezwa. It's a busy and challenging project as the issue of teenage pregnancy has been declared a "crisis" in South Africa. LifeLine was approached by DOH to replicate the project in Esigodini and France communities as they had unusually high maternal deaths after giving birth which was associated with teenage pregnancy and HIV. Nine volunteers were trained in these communities to facilitate the Cabanga Clubs.

Dialogues are running well with 44 clubs in different communities. Each club had about 10 group members dialoguing about sexual reproductive health issues. One group in KwaDlangezwa had 25 group members as parents and Izinduna were encouraging young people to participate in the dialogues, LifeLine Zululand had to split the group into two as it was too big for one facilitator. A number of topics were discussed in all the communities including relationships, how to prevent unwanted pregnancies, contraceptives, GBV, Sexually transmitted infections etc. The following is the graph showing the work done by the ambassadors in different communities:



The ambassadors together with their groups worked hard identifying causes and challenges that contribute to high teenage pregnancy rate in communities. The following challenges were identified as contributing factors: Youth especially learners find it difficult to access contraceptives after 15h00 as clinics are only attending to emergencies. Most clinics did not see family planning as an emergency and learners seldom walk to the clinic before 3pm as they are still in school. LifeLine therefore assisted ambassadors to address the issue with the Department of Health, the meeting was



held and hours were therefore extended to cater for the needs of the learners up to 18h00. Another clinic related problem was that the health facilities (clinics) were not user friendly to the youth in new areas of KwaDlangezwa. We brought this matter to the attention of the Department of Health (Uthungulu District) who agreed to open a Youth Friendly Facility at Vulindlela Clinic in KwaDlangezwa, and this is functioning well according to our ambassadors feedback. A teenage Pregnancy forum was formed in the area of Sweetwater's with the aim to reduce teenage pregnancy. 16 schools; 10 NGO's; 7 taverns; clinics; ward councillors; izinduna and pastors were invited to be part of this forum.

The biggest challenge the project is faced with is the number of drop-outs we had during the year. Ambassadors did not leave the Cabanga just to go and stay at home, but as a result of having found formal employment or in the case of the 9 women leaving the Newcastle project, they have received full bursaries to study at a university. It shows that our work is done; they have learned to stand for themselves and make their own decisions. But this requires budget for retraining to keep the project going. A big thank you goes to all the ambassadors for their hard work in implementing dialogues in deep rural areas without a salary. This project was not going to be a success without the support of the project coordinators who monitored the project on a daily basis. To all the communities out there including political and traditional leaders thank you very much, without your support LifeLine would not have made it.

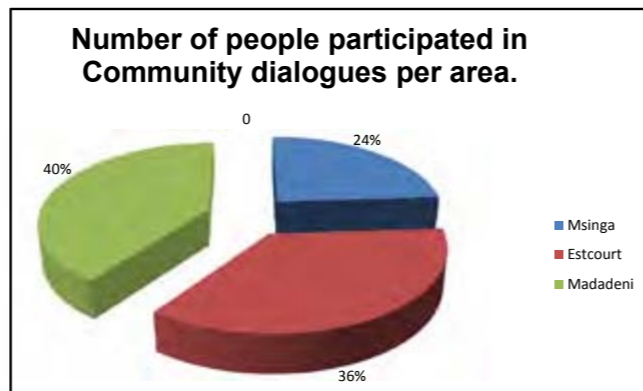
4.2 The Community Dialogues (Gender-Based Violence)

The main aim of this programme is to reduce incidents of Gender-Based Violence in different communities especially in rural areas. This is done through community dialogues; the methodology allows and encourages community members to discuss issues affecting them and empower group members to take actions to resolve the identified issues. The programme is being implemented in the following communities: uMsinga, Madadeni, Estcourt as well as in Bergville. The programme was made financially possible by FNB, Terre des Hommes, First for Women as well as LifeLine using sustainability funds to support dialogues in Msinga. The dialogues started with 18 ambassadors in each area, but there is a high turnover rate as some people find permanent jobs with the government while others are motivated to further their studies in the field of Social Work.

uMsinga and Bergville are very rural communities and the issue of "ukuthwala" is very common. Dialogues became a powerful tool to confront all bad habits that were hiding under the shadow of culture as uMsinga area is rural and they have deep embedded values in culture. With the help of ambassadors in the community people are encouraged to report GBV and referred to crisis centres. Ambassadors in certain parts of uMsinga have dealt with the ukuthwala

issue, it was reported that the incidents in the area where dialogues are conducted has been reduced, while in Bergville "ukuthwala" is still a common practice. It will be noted that the Bergville project is fairly new, 22 active community ambassadors who are currently working on the establishment of their community groups. These members have been starting groups within their residential areas that they will be working with when they finally resume their community dialogues. We are hoping that through the community dialogues and community education we will reach masses of people and contribute towards the eradication of "ukuthwala" and the high rape figures.

About 1300 community members were reached through community dialogues in Msinga, Madadeni and Estcourt in 2011/2012. The dialogues focused mainly on GBV related issues, and in Madadeni they have a high number of young male survivors of sexual abuse, therefore some groups tried to tackle this issue. In Estcourt the dialogues were conducted in two areas, Wembezi and Ntabamhlophe and ambassadors took turns working at the local police station offering counselling services when not facilitating dialogues. Below is the graph showing number of people who participated in community dialogues per area.



The dialogues in Estcourt were evaluated by the external M and E person; the reports indicated that good progress had been made in raising awareness's around GBV. The focus group discussion revealed some of the empowering issues as transformation. Those attending community dialogues acknowledged their own growth, self awareness and sense of empowerment. With ambassador's assistance, SAPS in Wembezi Township were able to deal more sensitively with the victims of GBV and did successful referrals. The ambassadors are networking with different governmental and non-governmental stakeholders within their community to enhance sensitivity on GBV and reach out to more people. We would like to thank our donors for making this service possible to the poorest of the poor. To all the ambassadors who work honestly educating, empowering and supporting their group members, you have made a difference in the community. To the coordinators, thank you for all the extra time and energy you have put in these projects to make it a

success. To all communities participated in the programme, we thank you all!

5. TRAINING AND EAP INCORPORATING SINGAKWENZA PROJECT by Junior Ndlovu



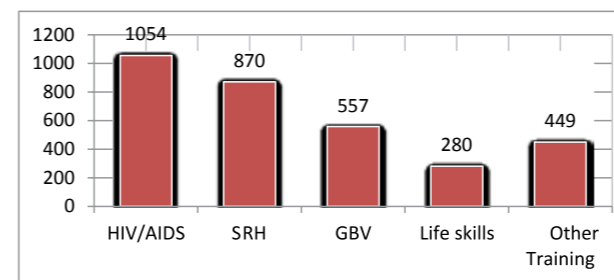
Junior Ndlovu

5.1 TRAINING

This section tries to bring income through training to build the LifeLine sustainability income. The two staff members have worked very hard during the year under the coordination of Busi Ndlovu who sadly left LifeLine for better opportunities. Junior Ndlovu was then employed as a coordinator of the section. The section has only two staff members, with volunteers and other staff assisting. The training section has shown a tremendous growth over the past year, having doubled the funds raised in 2011/12 to R571 935 compared to 2010/11 in R264 096.

Among all the training that we provided 10 day HIV and AIDS is the most popular. We estimate 70 % of community members trained by LifeLine PMB on this course are recruited by state Department of Health within two years of completing the course.

During the year we trained 3180 people attended one of the following courses: 10 day HIV and AIDS, Personal Growth Course, GBV, SRH and Rape counsellor course. A special thank you goes to all our facilitators, volunteers and staff members who assisted the section with their special skills and knowledge. The following graph indicates number of people reached with different training.



Total number of people reached with trainings and workshops

It is interesting to note that Debbie Harrison will be joining this section in future as she is leading the accreditation process of LifeLine courses. The accreditation process has started with phase one completed with success, now the section is busy with phase two. Thank you to Hulamin for funding the accreditation process, which has allowed LifeLine to use a consultant to speed up the process. A special acknowledgement goes to senior management for technical support they have given this department for it to grow and continuous development.

5.1 SINGAKWENZA PROJECT



This project is done in partnership with LLSA Secretariat office and is prison based. The project aims at reducing HIV infection rate in the prison community through training of Peer Educators who will then lead the implementation within the prison. LifeLine Pietermaritzburg had lots of challenges at the inception of the project as this community is unique. Therefore the project was moved to Sevontein correctional facility where 30 offenders were trained as Peer Educators covering module 1 and 2, Emotional Wellness Journey, Stigma and Gender Dialogues.

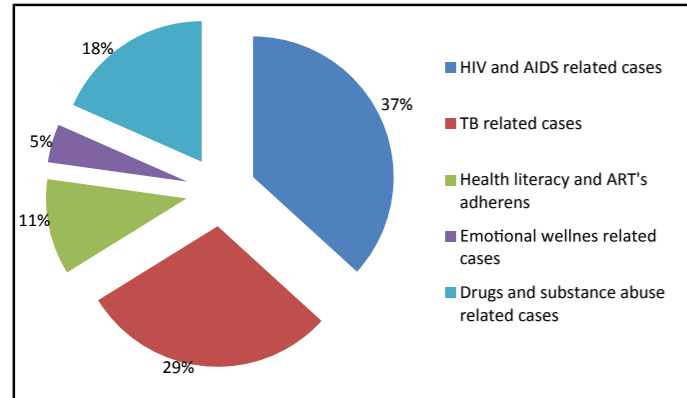
After the long and intense training peer educators went back to the prison community to implement what they learnt. The peer educators mandate is to formulate programs that will tackle the issues affecting their fellow offenders on the following subject; risk reduction/ risk behaviour particular on HIV and AIDS, TB, STI's' health literacy and adherence on ART's. Peer educators had to form a committee structure in order to function efficiently. This committee served as a support for offenders, to ensure high quality work is rendered by peer educators, to facilitate the referral system to hospital and as a link between offenders and DCS members.

Working within the prison system is challenging and lead to the project being delayed on several occasions but we managed to have excellent outcomes. A group of dedicated Peer educators have to date assisted many offenders with different cases and they are support buddies to other



offenders who are on any treatment. Some cases were referred to the hospital within the correctional facility. Peer educators have built a healthy working relationship with the professional nurses, social workers and HIV and AIDS centre coordinator within the correctional facility.

Peer Educators have hosted awareness events in line with the national health calendar which reached more than 2250 offenders. The events included: Candle-Light Memorial day; HCT and MMC campaign; World TB day; Drugs and Substance abuse day as well as National literacy incorporating Health literacy day. Different guest speakers were invited to celebrate these events with Peer Educators in the prison and in one event a Zulu Prince from the royal house was a guest speaker. The following is the breakdown of the services rendered to the prison population by the Peer Educators.



In order to ensure that the ultimate outcome of the project which is to improve and provide offenders with services that will ensure a healthy and quality life is met; LifeLine needed to facilitate the sustainability of the project. For this to be achieved in the long term the project coordinator facilitated the involvement of the Department of Correctional Services staff. Six DCS members underwent a 10 day HIV and AIDS course and 24 DCS members were trained on health literacy and ART's adherence.

The newly trained DCS counsellors now provide HCT and adherence training to the offenders who are eligible to start ART's and the Department of Health district office ensures quality and standard of the work by mentoring all DCS counsellors that were trained. The KZN Department of Health -HAST Division also came on board by assisting with the MMC campaign, which was conducted in all correctional facilities in Pietermaritzburg management area. As a result DCS want to roll out MMC to the rest of correctional facilities in KZN.

A big thank you goes to CIDA for making the project possible and to all the DCS members, DOH and LifeLine Southern Africa staff for their on-going support and diligent project management.

6. RESOURCE MOBILISATION by Linda Hofmeyr



Linda Hofmeyr

6.1 Events and Publicity

LifeLine and Rape Crisis has had a really great 2011/2012 as far as publicity and events have been concerned. This includes internal volunteer events, trainings, a number of public events and publicity that has supported all these has been phenomenal.

LifeLine had quite a number of events this year managed by Linda and the team. Art in the Park was a knock out last year, with so many of our volunteers coming on board not only with manning the table but also with the making of our now famous heart broaches. These were an absolute winner and it was exciting to see so many Art in the Park patrons sporting their newly acquired broaches and key rings. We are looking forward to another successful year this year, and have a beautiful piece of art kindly donated by Mrs Elaine Robb. This was followed by a winter campaign, "Pull up your socks and make a stand of for Rape Crisis" which we held in association with Lara of Just Boutique. Several hundred pairs of funky stripy and spotty socks were sold at her Winter Wonder Land open day, with the profits coming to us. We had several photos in all the local media, and the support from the public was touching.

Swing into Spring was a fabulous evening full of fun, superb food and outstanding music by the Hairy Legged Lentil Eaters! Our very own Mark Shonau was on stage, and the evening again provided LifeLiners as well as friends of LifeLine and the public an evening of fun, fellowship and a whole lot of toe tapping bopping and jiving, with many guests coming dressed in true spring 60s style! For something to help kick off the Christmas spirit The "Butler Family" performed for us at a Picnic which we held at Aintree B & B. It was a wonderful evening of song, from Elvis and Louis Armstrong's "Blueberry Hill", to a touch of opera, some country and everything in between, finishing off with the audience joining in for some old Christmas favorites.

The Hot Pink Christmas Affair in aid of LifeLine and Rape Crisis was a knock out! The 2 day market of Just Boutiques gorgeous vendors, kindly hosted at St John's school, was quite beautiful. The exclusive Hot Pink Christmas Cocktail Party was the launch of a very special challenge issued to

our community through the Maritzburg SUN Community Newspaper. We requested that members of our community to make unique and beautiful Christmas Stockings prior to the event and donate them to us. The most beautiful original 12 were chosen, as the 12 days of Christmas, and filled with amazing prizes, on which the Pietermaritzburg community could bid. Riddles were supplied to help bidders choose the stocking they wanted and bidding was managed through the Maritzburg SUN's sms line up until the week of Christmas. The top bids were then notified and the lucky bidders got the wonderful prizes their hearts desired as well as the exquisite stockings. The additional stocking donated, of which there were approximately 90, were sold for donations towards our organization at the launch.

2012 began with a bang, and in true "black tie and evening gown style" LifeLine hosted its 40th Birthday Celebration at the White Horse, Golden Horse Casino, taking guests back in time to 1972, the year it all began. Old and new counsellors, friends, Board members, dignitaries including our Honourable Mayor Ndlela, joined us for a spectacular evening where we took a trip back down memory lane to the early beginnings of our organization, as well as being formally introduced to our new Director, Sinikiwe Biyela, who shared a little on the future and where LifeLine sees itself going forward. A dedication ceremony was held, as well as certificates of appreciation and long service presented, after which all counsellors rededicated themselves to the organization.

Also worth mentioning was the combined Volunteer and Staff Christmas party held at LifeLine in December. It was a fun filled Indian themed luncheon, and all were asked to come dressed for the occasion. Awards and token gifts to volunteers who have gone that extra mile over the past year were given out.

6.2 Networking

Networking continues to grow and we at LifeLine continue to benefit from the enhanced relationships formed and the continued support which we receive from these meetings. Women in Business, The Pietermaritzburg Chamber of Business, Hirsch's Network, Kingdom Business Network, the AHI Institute, Corporate Network and Winning Women are to mention just a few which we at LifeLine attend regularly. We are also members of the Local and Provincial Victim Empowerment Forums which meet monthly and allow us to learn more about, and build stronger relationships with other NGO's, as well as Government Departments that work in our field.

LifeLine has forged a good working relationship with the Jess Foord Foundation, who has donated hundreds of handbag care packs to support our GBV project. These are filled with a few essentials such as a face cloth, a tooth brush, tooth paste, soap, cream, a comb as well as panties and pads for after the

medical examination.

Through networking a relationship had also been established with the Netcare St Anne's Hospital in Pietermaritzburg, whereby the management of the hospital has offered their facility to us in casualty for us to bring victims of rape, gender based violence or trauma. They will provide for us, on a 24/7 basis, a private area where we can safely meet with our client, and potentially the SAPS or district surgeon, depending on what is required .

6.3 Donations

LifeLine created quite a stir with our request for Peanut Butter this past year. Our email request to our data base went viral and we were getting emails of support and of collections as far afield as the Eastern Cape and Gauteng. Locally we collected quite literally thousands of kilograms of peanut butter! As well as jam, other spreads, bread, as well as other groceries. This was an incredible blessing, as not only were we able to continue to feed the children in the schools in which we worked with, but we were also able to pass this forward to other NGO's including children's homes and other feeding schemes. The generosity of the community has literally left us speechless! We also received donations towards our care packs, as well as stationary and clothing.

Conclusion

Our Facebook page is up and running, please like it and share it with your friends. Also feel free to comment or add your thoughts to the page. We would love to hear from you. Have you noticed the new uniforms the staff is now wearing? We are all very proud to carry the LifeLine and Rape Crisis logos with us on our daily routines, and you would be surprised at the comments and questions they have sparked from the public who see us in them! We are looking forward to another bumper year of fun events, some more development and growth, as well as fun and laughter... after all; laughter really is the best medicine!



Counselling Stats

Category	March 11	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Total
Abuse - Child	7	15	11	20	5	4	57	2	0	2	3	0	126
Abuse - Child Sexual	162	170	110	129	81	97	28	107	82	105	189	174	1,434
Abuse - Partner	10	3	5	4	8	12	9	7	7	3	22	7	97
Aids / HIV	518	263	165	409	151	357	418	384	117	68	882	325	4,057
Alcohol Abuse	4	4	3	3	3	3	2	2	0	1	9	5	37
Bereavement	3	3	2	8	17	5	10	2	6	3	5	2	66
Depression	25	30	19	21	16	6	33	16	27	15	28	9	245
Destitution	3	4	0	5	5	2	3	2	3	6	1	2	36
Divorce / Separation	9	5	1	0	3	3	1	0	3	0	5	3	33
Drug Abuse	3	6	0	3	5	5	2	4	3	2	1	10	44
Eating Disorders	0	0	0	1	0	0	0	0	1	0	0	0	2
Education	22	54	63	86	86	4	18	29	47	4	11	33	457
Employment	7	2	4	3	2	2	2	2	0	2	1	6	38
Health / Mental	12	2	16	6	7	9	9	5	16	13	17	18	124
Health / Physical	5	6	2	7	9	6	3	6	4	5	3	4	60
Legal	16	0	1	5	2	2	5	0	1	0	3	3	38
Loneliness	25	33	36	27	30	25	42	39	19	48	28	31	383
Pregnancy	7	2	1	10	8	2	3	3	3	2	12	3	56
Rape	93	92	84	107	147	101	89	71	77	60	108	94	1,123
Relationships - Family	55	53	25	61	59	30	43	32	37	46	39	40	520
Relationship - Intimate	18	34	24	51	41	17	30	31	39	29	31	42	387
Relationship - Social	5	12	11	7	5	7	6	5	22	18	4	6	108
Sexual - Deviance	0	3	0	11	4	6	10	11	9	9	8	0	71
Sexual - Identity	4	2	2	1	3	2	3	3	2	0	1	3	26
Sexual - Problems	26	17	11	2	11	11	11	2	8	8	18	22	147
Spiritual	2	0	0	1	0	0	0	3	1	0	0	1	8
Stress / Anxiety	43	20	39	31	23	13	38	43	48	23	51	43	415
Suicide	12	9	5	9	6	4	12	11	13	8	9	5	103
Violence	4	7	7	3	5	2	7	4	11	2	13	7	72
Others	26	15	22	30	16	118	102	65	148	84	13	18	657
TOTAL	1,126	866	669	1,061	758	847	999	887	755	565	1,520	917	10,970
Males	365	261	208	347	227	295	347	238	265	190	595	279	3,617
Females	761	605	461	714	531	552	652	649	490	375	925	638	7,353
TOTAL	1,126	866	669	1,061	758	847	999	887	755	565	1,520	917	10,970
Telephone Counselling	268	255	248	291	281	204	289	240	369	225	212	279	3,161
Face to Face at LifeLine centres	13	34	22	63	37	28	57	41	49	41	46	15	405
VCT at LifeLine	249	204	195	286	280	239	190	192	174	164	1155	275	3,603
On-Line counselling	497	251	148	393	134	342	412	368	99	60	85	310	1,143
Crisis	44	24	21	28	26	34	51	46	64	75	22	27	462
TOTAL	1,126	866	669	1,061	758	847	999	887	755	565	1,520	917	10,970

Financials

INDEPENDENT AUDITOR'S REPORT

TO THE MANAGEMENT BOARD OF LIFELINE PIETERMARITZBURG

We have audited the annual financial statements of LifeLine Pietermaritzburg, which comprise the statement of financial position as at 29 February 2012, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, and the directors' report, as set out on pages 4 to 16.

Directors' Responsibility for the Financial Statements

The directors are responsible for the preparation and fair presentation of these financial statements in accordance with Generally Accepted Accounting Standards and the requirements of the Companies Act of South Africa, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Financials

LIFELINE PFI FERMARLEZBURG FINANCIAL STATEMENTS FOR THE YEAR END FEBRUARY 2012

The reports and financial statements set out below comprise the annual financial statements prepared to the members.

Index	Page
Management's responsibility for financial reporting	1
Preparation of the annual financial statements	1
Management's approval of the annual financial statements	1
Report of the Independent Auditor	2-3
Statement of Comprehensive Income	4
Statement of Financial Position	5
Statement of Changes in Equity	6
Costs Revenue and Expenditure	7
ALPS Women's Revenue and Expenditure	8
Gender We Press Revenue and Expenditure	9
Entity Income and Expenditure	10
Statement of Cash Flows	11
Accounting Policies	12
Notes to the Financial Statements	13-15

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING
The annual financial statements and other financial information set out in this annual report were prepared by management in conformity with Generally Accepted Accounting Standards applied on a consistent basis throughout the year.

Management is also responsible for the systems of internal control. These are designed to provide reasonable assurance that the financial statements are reliable, the reliability of the financial statements and to adequately safeguard assets and maintain accountability of assets and liabilities, and to prevent and detect material misstatements of assets and liabilities. The systems are implemented and monitored by a chief financial officer, with an appropriate segregation of duties and controls. Management has also taken steps to ensure that the financial reporting system is designed to provide reasonable assurance that the financial statements are reliable, the reliability of the financial statements and to adequately safeguard assets and liabilities, and to prevent and detect material misstatements of assets and liabilities.

The annual financial statements are prepared on a going concern basis. Nothing has come to the attention of management to cause it to believe that it is not a going concern at the time of preparing the financial statements.

The nature of presentation of the financial statements, the selection of accounting policies and the nature of the financial information are the responsibility of management and are not audited.

PREPARATION OF THE ANNUAL FINANCIAL STATEMENTS

The financial statements were prepared under the supervision of David Kiddin B.Com.

MANAGEMENT'S APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS

The annual financial statements set out on pages 4 to 10 are the responsibility of the management committee and were approved by the committee on 21 February 2012 and signed as their responsibility.

Chairperson: 
Director: 

INDEPENDENT AUDITOR'S REPORT TO THE MANAGEMENT BOARD OF LIFELINE PFI FERMARLEZBURG

Opinion
In our opinion, the financial statements of LifeLine PFI Fermarlezbург for the year ended 29 February 2012 have been prepared, in all material respects, in accordance with the basis of accounting described in note 7 to the financial statements.

Control over cash collections
In common with similar organisations, it is not feasible for the auditor to substitute accounting controls over cash collections and therefore rely on the entry of the collection in the accounting records. Accordingly, it was impractical for us to extend our audit to beyond the records actually recorded.

Responsibility of member
Without qualifying our opinion, we emphasise that the basis of accounting and the presentation and disclosures contained in the financial statements are not intended to, and do not, comply with all the requirements of Generally Accepted Accounting Standards.

Deloitte & Touche
Registered Auditors

David McArthur
Partner

21 June 2012

Financials

LIFELINE PFI FERMARLEZBURG STATEMENT OF COMPREHENSIVE INCOME for the year ended 29 February 2012

	2012 R	2011 R
Revenue	452,700	2,551,471
LifeLine Fee	375,100	2,212,222
ALPS Women	4,000	1,978,878
Gender We Press	2,447,357	1,975,075
Subsidy	-	1,375,296
Investment income	251,352	220,152
Expenses	1,428,111	5,498,151
Admin Costs	280,815	171,732
ALPS Women	482,729	1,117,985
Gender We Press	2,657,162	2,725,240
Subsidy	-	1,159,214
Net surplus for the year	275,292	162,802
Other comprehensive income	-	-
Total comprehensive income for the year	275,292	162,802

LIFELINE PFI FERMARLEZBURG STATEMENT OF FINANCIAL POSITION as at 29 February 2012

	2012 R	2011 R
Assets		
Non-Current Assets		
Property, plant and equipment	2,229,414	2,137,729
Intangible assets	-	-
Current Assets		
Trade and other receivables	110,911	62,608
Debtors	2,707	2,707
Funds receivable	122,119	-
South African Reserve Army - VAT	202,411	40,086
Cash and cash equivalents	2,437,759	1,945,151
Total Assets	5,102,805	4,848,621
Equity and Liabilities		
Funds		
Common Fund	1,040,867	1,038,187
ALPS Women	1,433,811	1,317,536
Gender We Press - Current	176,599	167,303
Subsidy	64	68
Total Funds	2,651,331	2,523,194
Liabilities		
Current Liabilities		
Debtors received in advance	1,975,985	325,405
Trade and other payables	83,725	169,536
Cash and cash equivalents	5,117	92,614
Total Current Liabilities	2,064,827	587,555
Total Equity and Liabilities	5,102,805	4,848,621



Donor List

LIST OF PEOPLE WHO PAID DONATION FROM MARCH 2011 TO FEBRUARY 2012

- AED**
Art on Victoria
Aintree B&B
Arcelor Mittal
Berg Street Primary School
Beyond Beauty
Biersdorff
BrakeSafe Airbrakes Specialists
Butler Family
CMH Datcentre
Carter A
Cascades Shopping Centre
Caxton Publishing
Centre for Disease, Control and Prevention
CIDA through LifeLine Southern Africa
Deloitte
Decor by Chantal
Durban University of Technology Students
Dyer M AA
Enhance Beauty Salon
Essence Cafe
Fourie Enrin
Fernhill Hotel
First Rand Foundation
Ford Foundation
Foundation for Human Rights
Golden Horse Casino
Govender M
Hair Avenue
Hairy Legged Lentil Eaters
Hedgerow
Herbert Veronica
Hirsch
Honey Accessories
Howes AL
Hulamin
Ireland Aid
Just Boutique
- Ken Collins Charity Trust**
Key Delta
KZN Department of Social Development
LifeLine Pietermaritzburg
Lind B Dr
MacDonalds Garden Centre
Marshall Music Midlands
Mary Cecilia Johnanna Morland Trust
Mitchell's
Mochacho's Chicken Village
Muirheads Hiring
Parklane Spar
Pepfar (USA)through CINDI
Pietermaritzburg Girls High
Pietermaritzburg and District Community Chest
Pillay M
Prosyscom
Quarry Shopping Centre
Ragavalu Mrs
Ramlakan Gangabisson
RTI International
Salon Macleroy
Shri Sathya Sai Service Organisation
Singh R
St John's School
Terre des Hommes Schweiz
Turner BJ
The Maritzburg Sun
The Witness
UNODC
Uthando Dolls – Australia
Valverite
Varsity College
Wilsworth J
Y & N Sales
100's Riders Club
1st for Women Trust







Building Community Heart



LifeLine Pietermaritzburg
Rape Crisis and Aids Wellness Centre
033 394 4444 Or 0861 322 322

Office: 033 342 4447 Fax: 033 345 3946
14 Princess Street, PO Box 2075
Pietermaritzburg 3200
Email counselling: www.lifeonline.co.za
SMS: 079 506 0000

