



# Annual Report 2013/14

LifeLine & Rape Crisis Pietermaritzburg



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*rape crisis*

K&S PMB





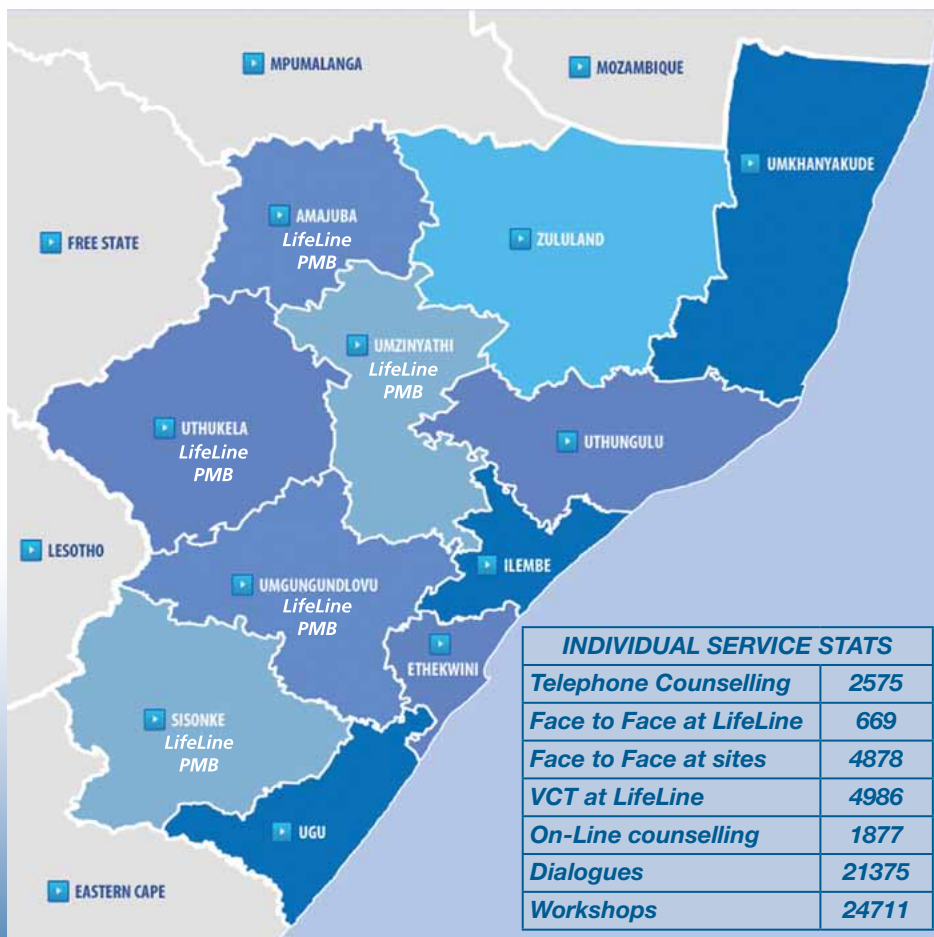
# LifeLine Pietermaritzburg

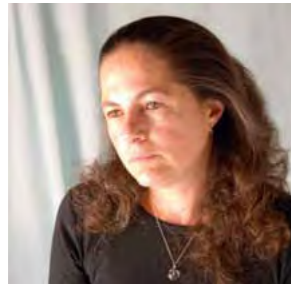
## VISION

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.





## Chairperson's Report

by Jane Harley

On the resignation in March of the previous chairman, Trini Krishnan, who resigned because of pressure of work, I, as deputy chairman, took on the role. I was fortunate that Trini had done such a good job, as there can be little doubt that during his tenure as treasurer and later chairman he put in place professional management systems that have greatly benefited the organisation.

LifeLine Pietermaritzburg is one of the healthiest NGOs in the country, and our health is a tribute to the fine people who have offered so much time and dedication to the organisation over the years. Debbie Harrison, who led LifeLine Pietermaritzburg so ably for many years, stepped back in January 2012, and since May 2013 Debbie left the organisation to work as a consultant. We are extremely fortunate that she is now a free-lance consultant and that we can still turn to her when we need her help. Before she left, she groomed Sinikiwe Biyela, our current director, to take her place, and we are indeed extremely fortunate to have Sinikiwe at the helm. Her abilities have deservedly been recognised far and wide, and internally there can be no doubt of the very high esteem in which she is held. Between her and Navi Chetty, general manager, they run an extremely tight ship, leaving not very much for the chairman to worry about!

The various reports go into more detail, but I would like to highlight a couple of important achievements over the past year.

Our training section has done exceptionally well. This section is tasked with generating some income for LifeLine Pietermaritzburg, and managed to generate over one million Rand in the last financial year. Well done to all. This is truly a remarkable achievement. In addition, the Education, Training and Development SETA has accredited some of our training courses, something not to be sneezed at.

During the year, LifeLine Pietermaritzburg expanded into two new areas: Pomeroy and Utrecht. We are now covering a very substantial portion of the province, and enabling large numbers of people to reach for true emotional health. In particular, we are helping women and children to learn their own worth, and this can only help the country to mature.

The work that we do is very important, and we do it very well. This statement is endorsed by the fact that funders are renewing their contracts with us, and are offering to fund new projects. Over the last financial year, organisational revenue went up by over 25%, from R6 851 511 in 2013, to R8 815 431 in 2014, and we anticipate another increase in the forthcoming year.

In days gone by, LifeLine was essentially a volunteer organisation. This has changed dramatically in the past decades, and we now have a substantial paid staff. This does not take away, however, from the dedication that is shown by the staff, many of whom put

in a lot more than is expected of them. While the number of volunteers is reducing, those who come in to man the telephones and those who answer e-mails every day are providing a service that is priceless.

It makes me very proud to think that between us all – the staff and the volunteers of LifeLine – we have touched many thousands of people over the last year, making their lives that much easier. So, I should like to thank the board, which is made up of volunteers who receive no payment for the time and effort that they put in, the management, the staff and the volunteers for their part in making LifeLine Pietermaritzburg the very, very special establishment that it is. Three cheers for you all!

### BOARD MEMBERS 2013/2014

- Trini Krishnan
- Des Winship
- Gerrit Ter Haar
- Ester Mungai
- Mandy Cox
- Lyn Tungay
- Heather Nicholson
- Jane Harley
- Clare Van Daele
- Doris Khumalo

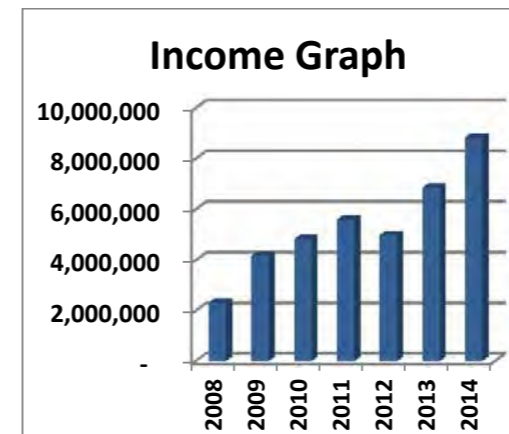


## Treasurer's Report

by Doris Khumalo



The audited financial statements for 28 February 2014 reflect significant changes and growth of the organization. Income grew by 23%. Contributing to the increase in total income mainly were First Rand Foundation, USAID, 1st for women, Joint Gender Fund, Terres des Hommes and Training. The graph below reflects the funding pattern of LifeLine PMB.



There has been a significant growth in training income due to the organization becoming Seta accredited. This has resulted in increased fees for our courses and intensified marketing of these courses. The increased training income has helped mitigate the loss in the Core costs.

The graph below tracks the training income.



LifeLine's staff complement had to grow to accommodate the increase in revenue and projects. We now have a total of 81 staff members. This has led to changes in the organisation's organogram and streamlining of our human resources policy. In the 2013/14 financial year we hired a bookkeeper Kogie Moodley in the finance department on the advice of our auditors.

LifeLine PMB sustainability fund has increased from R2 983 140 in 2012/13 to R3 147 699 in 2013/14 which is steady increase. The sustainability fund is invested in respectable and long standing financial institutes on low risk terms.

In order to maintain this exponential growth in a sustainable and controlled manner the management of LifeLine PMB has endeavored to put in new structures and control measures to assess, monitor and evaluate our existing programmes. Presently we would be able to operate for 12 months with our sustainable income should we lose all our funding. It is management's vision that we need to increase our sustainable income to operate for 18 months.

The preparation of the monthly finance reports and accounts has been done diligently with no adverse opinions from the auditors. In conclusion we would like to thank our Board, volunteers and staff for the diligent work and contribution throughout this past year. Without their support LifeLine PMB would not be in such good standing.



Navi Chetty - Finance Manager



## Director's Report

by Sinikiwe Biyela

It is always a pleasure to have our Volunteers, Representatives from LifeLine centres, representatives from the sister organisations, the community we are serving, as well as fellow staff members attending our AGM. Thank you; without your support this AGM would not be constitutional.

It is always exciting to look back on the programmes implemented last year and share our experiences with the public. 2013/14 was the year for growth for LifeLine Pietermaritzburg. The growth was noted in many sections of the organisation. We saw growth in the work we are doing and we have expanded to three new areas within the five district municipalities. We successfully expanded our gender-based violence program in uMzimkhulu municipality, Utrecht as well as Pomeroy. All these areas had a high prevalence of GBV and had no GBV services. This exciting opportunity was made possible by TDH, FNB as well as Joint Gender Fund. We are also grateful to offer our psychosocial support services in Edendale Thuthuzela Care Centre (TCC) again, through NACOSA funding.

To ensure sustainability of our GBV work in communities where we have no presence, LifeLine has secured CARA funding through National DSD to empower CBO's to better manage GBV cases. The main purpose of this programme is to empower local CSO's and communities in the seven districts to provide both prevention and victim-support interventions so as to improve reporting and prosecution possibilities and reduce GBV. The programme is implemented in partnership with LifeLine Zululand.

Another milestone was reached when LifeLine became accredited with the Education Training and Development Practises SETA (ETDP) in 2013. Since then we have developed two other SETA-accredited courses after receiving our initial accreditation. This has allowed the organisation to offer SETA-accredited courses to the public who wishes to take that root. We would like to thank our funder, First for Women for funding our SETA accreditation process. Our training section is growing stronger and stronger each year and has generated over 1million Rands revenue for the organization to ensure sustainability in the 2013/14 financial year. This great achievement is a combination of both LifeLine volunteers and the staff who selflessly contributed their time, skills and knowledge to the training section. A heartfelt gratitude goes to Junior Ndlovu for increasing our unallocated funds!

Growth in programs did not happen in isolation, as growth in human resources and finance were also noted. Currently we have 81 staff members and over 70 stipend paid ambassadors. LifeLine Pietermaritzburg is pleased to report that we raised the full 2013/14 budget and secured twelve funders for 2014/15. As a result none of our investments or the interest earned on those investments has been used. This is due to a combination of different factors such 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 would like to thank Navi Chetty for taking care of our pennies, Coordinators as well as the staff for their commitment and dedication shown to LifeLine and for all the extra hours they have put to support the organisation.

New developments in 2013/14 in different sections were also noted, and again contributed to LifeLine Pietermaritzburg going to the next level. Another exciting work is around the online support group for teenage parents that LifeLine has started. This support group will address the needs of teenage parents especially support as most of them indicated having no support at all which leave them with no other alternative but to go for back street abortions or for sugar-daddies. The teen parents support group is one of the advocacy initiatives LifeLine recently developed. The website has been created as [www.lifelinepregnancysupport.org.za](http://www.lifelinepregnancysupport.org.za). This was made possible by Ford Foundation.

We cannot talk about LifeLine PMB work without mentioning the work done by our volunteers; they are the backbone of LifeLine Pietermaritzburg. The biggest and most significant growth in this section is the on-line/email counselling. This reporting period we assisted 1 877 clients via this service. This is a significant increase when compared to the 462 and 493 people who accessed our services in 2011/2012 and 2012/2013 respectively. This growth stems from a number of factors: the use of Google Ads to increase advertising of the service, a remote system that allows counsellors to counsel clients any time and anywhere, thus reducing turnaround time, an increased, skilful email counsellor base and a talented and committed administrative team who oversee the entire service. My sincere thank you goes to the team: Dr Ter Haar, Jane Harley, Clare Van Daele, Lynn Tungay for all their hard work and putting the system in place.

The growth of LifeLine was experienced even outside of LifeLine PMB as we saw the establishment of LifeLine South Africa in October 2013. This brought hope for future development of LifeLine as an organisation, and will put LifeLine back on the map. LifeLine Pietermaritzburg would like to applaud the board of LifeLine Southern Africa for managing the difficult process well.

My sincere thank you goes to Debbie Harrison for working hard in raising some of the budget for 2013/14 and for making a meaningful contribution in the organisation. LifeLine celebrated the time Debbie spent building the organisation by naming one of LifeLine buildings after her. Even though Debbie has left LifeLine as a staff member; but we are grateful that her skills will be utilised as she still volunteers her services and work as a consultant.

I would like to take this opportunity to say good bye to Hannifer Nzama and Nondumiso Gule who were absorbed by Dept of Health as GBV Counsellors. We also had to bid farewell to Nozipho Nkosi, Lindiwe Mchunu, Dolly Ngcobo, Jabulani Mdluli, Caitlin Smith, Mpume Kubheka, Khanyisani Zulu, Linda Goswell, Phindile Mvuyane, Nokulunga Ndlovu, Lucky Mncwabe, Gugu Mzolo, Portia Sigodi and Nonjabulo Gwala 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: Vanessa Chetty, Kyle Mostert, Marie Sarhe, Nobuhle Molotsoane, Bongani Ndlovu, Londeka Duma, Zandile Dlamini, Msizi Mvelase, Thandiwe Dlamini, Thandeka Duma, Ntombizonke Magoso, Thuli Nkosi, Sbhongile Mthethwa and Sthembiso Mjikwayo, Zama Ngubane, Melusi Sikhakhane, Phille Ndlovu, Bongiwe Zondi, Sphamandla Gumbi, Nokwazi Hlophe, Nomfundo Madlala and Zama Mnikathi; we hope your knowledge and skills will take LifeLine to the next level. Congratulations to Marie Sarhe, Londiwe Zuma and Thobile Dladla who got married, we wish them all the best in their marriage! We would also like to congratulate Sikhumbuzo Khoza for being blessed with a baby boy and Mthobisi Mthimkhulu on the birth of his daughter!

To the LifeLine Board, 2013/14 was full of challenges and excitements thank you for your firm leadership! Your on-going support contributed positively to LifeLine vision and mission and you paved the way, thank you very much. We thank you for giving us direction, support, and tons of skills and knowledge. All those long meetings attended were for a good cause, we are all proud to have such a committed Board who is 100% behind us! Thank you for giving LifeLine quality time and having the best interest of the organisation at heart. A special thank you goes to Trini Krishnan, Des Winship, Doris Khumalo who stepped down from the Board due to other pressures. Your contribution took LifeLine PMB to the next level! We wish you all the best in your future endeavours.

To the volunteers answering the telephone, e-mails and doing face to face counselling; you have helped the organisation to change lives! You have given us your time, knowledge and skills for free and made a difference in the lives of those who are distressed without expecting anything in return. We are all proud of you, thank you very much!

To all LifeLine Staff members and the community volunteers you are my Heroes and Heroines! Wherever you are in all five districts, 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. I thank you abundantly!

To all our donors (new and on-going), it is through your financial support, special trainings conducted and mentorship that LifeLine Pietermaritzburg still exists when some NPO's are closing down. 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 managed to extend our quality services to poor communities who can't afford paying for such services!

Thank you.





## PROGRAMMES IMPLEMENTATION REPORT

It is always exciting that we can look back on the programmes implemented last year with a smile, especially when one sees how many people were touched by our programmes. LifeLine Pietermaritzburg's strength and core business has been the emotional wellness of individuals and communities. In 2013, LifeLine Pietermaritzburg implemented services in five district municipalities: uMgungundlovu, uThukela, uMzinyathi, Amajuba and Sisonke district municipalities. Our Emotional Wellness Programme was delivered through Counselling Services, Building Community Heart Programme (Community Dialogues) as well as Training, which is a combination of both pro-active and reactive services. Our counselling services covered Gender-Based Violence, HIV and AIDS as well as generic counselling programmes.

### 1. GENDER-BASED VIOLENCE PROGRAMME by Sane Ndlovu



2014 is the year in which South Africa celebrated twenty years of democracy in many ways. It is noted with concern, however, that many women and children are living in fear as gender-based violence (GBV) remains one of the most daunting challenges in South Africa. South Africa adopted a 365 Day National Action Plan and signed the South African Development Community (SADC) and Gender Development Protocol in August 2008, which sets governments the target of halving

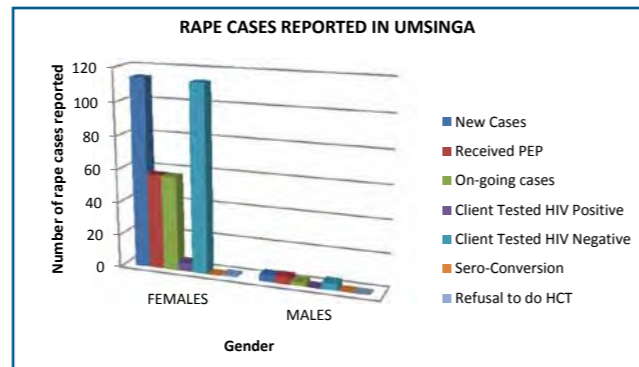
current levels of gender-based violence by 2015. Therefore it is crucial for LifeLine Pietermaritzburg, alongside other stakeholders, to take the lead in such intervention strategies and push the GBV agenda in their programmes. Our GBV counsellors and ambassadors have harnessed the requisite skills and human resources to undertake this formidable task. They seek to restore human dignity and ubuntu into the hearts and lives of individuals and families affected by GBV. The programme was implemented in four areas: uMsinga, Estcourt, uMzimkhulu and Pomeroy. This report will give highlights and achievements of this programme.

#### 1.1 MSINGA, CHURCH OF SCOTLAND HOSPITAL

The GBV counsellors stationed in Church of Scotland Hospital in uMsinga showed commitment in rendering effective and efficient services to the survivors of GBV, including cases of abduction. The team continued to educate the community about GBV and their rights in order to reduce the on-going problem of ukuthwala (abduction) of women and girls in this area. Our proactive work included 132 GBV talks and workshops aimed at raising awareness, conducted in communities and reaching 9536 learners and 3722

community members in 2013/14. These workshops discouraged cultural practices and beliefs that perpetuate gender-based violence and encourage people to seek legal help.

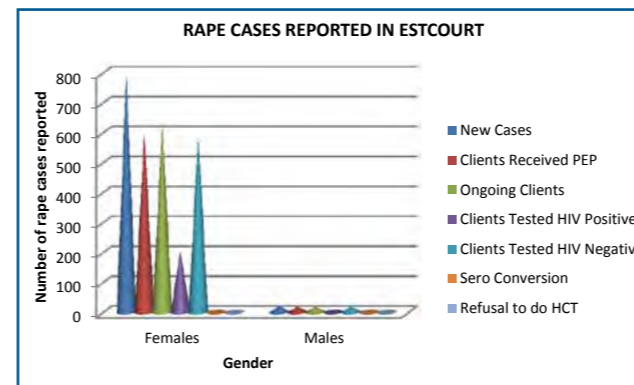
The pro-active work done in the area has led to an increase in the number of cases reported to the crisis centre in 2013/14 compared to 2012/13. Out of the 176 rape cases that were seen, sixty-one clients received PEP because they reported within seventy-two hours. Generic counselling and emotional support were given to 220 clients. We are pleased to report that we had zero sero-conversion in this crisis centre. This was made possible through the great support of the devoted professional nurse who was always willing to assist where she could. The graph below indicates the ratio of cases reported in the crisis centre:



We would like to extend our gratitude to this team (Ntombifuthi and Celimpilo) for their incredible run. Last, but far from least, we would also like to extend our admiration to our much-admired funder Anglo-American for their assistance in keeping this project running.

#### 1.2 ESTCOURT

Based in Estcourt hospital, this is one of our busiest crisis centres, and is managed by two LifeLine counsellors, Nondumiso Gule and Hannifer Nzama. The considerable increase in the number of new rape cases reported over the year in the Estcourt crisis centre - from 577 in 2012/13 to 807 in 2013/14 - was noted with sadness. This statistic clearly indicates the huge challenge our country is faced with as far as GBV is concerned. It is encouraging though to report that 607 of those clients were assisted to get Post Exposure Prophylaxis and the sero-conversion rate was still kept at zero percent. This project was also able to reach 8220 people in Estcourt through GBV talks, awareness-raising sessions and presentations.



We are delighted to report that the same project has created permanent job opportunities for the two GBV counsellors who, based on their great performance in the work that they are doing, were both absorbed by DOH in October 2013. This has increased the sustainability of the services offered in the crisis centre. LifeLine, sadly, had to bid farewell to two other dedicated counsellors, Nondumiso and Hannifer. It is important to mention that the GBV counsellors have huge support from the sister in charge of the crisis centre and from the hospital management.

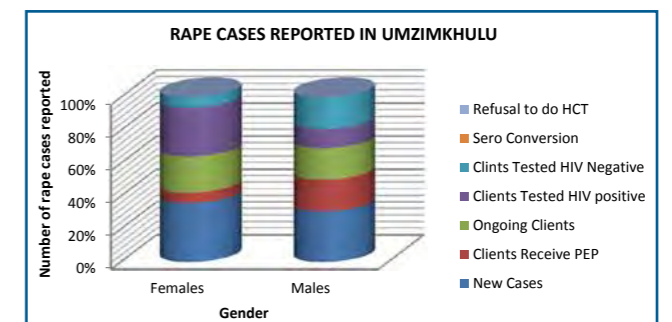
This amazing project was made possible by terre des homes swiss funding, up until June 2013. Thereafter, the same project continued with the support of the Mary Slack and Daughters Foundation, which enabled us to keep our incredible work going. This funding was received in July 2013 and it was used to employ six rape crisis counsellors and one fieldworker to work seven days a week in Wembezi Police Station. It also helped us to pay stipends to the ambassadors conducting dialogues in the Estcourt community at large. We reached 252 clients through counselling services in Wembezi Police station. We are very grateful to have donors who share the same vision as LifeLine, and without their generous support LifeLine would not have managed to turn victims of GBV into survivors.

#### 1.3 UMZIMKHULU

LifeLine entered Sisonke Municipality district in January 2013, which makes the project one year old. This district was identified because of its high rate of GBV cases, including the abduction of women and girls. There is a dire need of such services in the district as there are no NGO's rendering GBV services. LifeLine is very excited and grateful to be funded by terre des homes swiss to work in this under-resourced municipality.

LifeLine trained twenty community members to become GBV ambassadors and counsellors. Two counsellors were thereafter placed in Rietvlei hospital in uMzimkhulu to offer emotional support to all survivors of GBV. LifeLine has forged good partnerships with different stakeholders in the area and with the Department of Health, and that has created a very strong foundation for this project. Our GBV counsellors worked hard towards sensitizing and educating community members about GBV and their rights to dignity. Between July 2013 to February 2014 the project has provided support to 109 rape victims and provided 403 clients with generic counselling and

support. Sadly, only twenty-three rape survivors were assisted to access Post Exposure Prophylactics. Eighty-six clients presented late at the crisis centre, as they were not aware of the crisis centre services and some tested HIV positive. The two GBV counsellors decided to spend more time educating communities about GBV and the role of PEP in order to reduce HIV infection rate. Abduction of women and girls (ukuhulwa) is also very common in this area, therefore workshops and talks were designed to raise awareness on these issues as well.



Our sincere thank you goes to our generous donor tdh, the two professional nurses stationed at the crisis centre for their on-going support and their willingness to assist, as well as our two GBV counsellors for working tirelessly to support rape survivors.

#### 1.4 POMEROY

LifeLine involvement in the Church of Scotland crisis centre was not enough to decrease high statistics of GBV in uMsinga and its surrounding areas. The twisted cultural practices and societal norms that perpetuate gender-based violence in this community called for an integrated approach that will assist the community to identify root causes of GBV. Forced by increasing statistics on rape and abduction, LifeLine approached the Joint Gender Fund for additional funds. It is exciting to report that funding was granted in December 2013 specifically to render a GBV programme in the Pomeroy area.

The programme implementation is in its early stages, but the community entry was done with success. The programme will offer comprehensive services to the survivors of GBV and will contribute towards a GBV-free generation through community dialogues, workshops and talks. It will also encourage communities to revisit cultural practices that encourage the abuse of women. Two counsellors will be placed in a local hospital to offer support and empower survivors to reclaim their lives. One field worker and ten ambassadors will participate in the programme after a 5-week-long training course. Watch the space for the exciting developments in this area! A sincere thank you goes to Joint Gender Fund for supporting us with funding for two years.

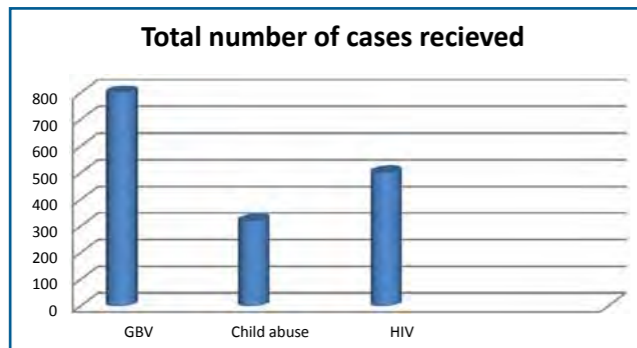


## 1.5 MADADENI HOSPITAL by Nozipho Nkosi



This project has been running for more than six years and has run well under the supervision of Nozipho Nkosi in a small satellite office in Madadeni area. This office is mainly providing psychosocial support services to clients. The project has been continuously supported by FNB, Ford Foundation and Department of Social Development. There are two staff members (a social worker and a counsellor) in the office and one female counsellor based in Madadeni Hospital. These employees offer

mainly counselling services and educate patients about GBV-related issues. In the 2013/2014 financial year there were 1700 counselling cases, compared to 1500 in 2012/13. Clients seen mainly presented with the following issues:



Out of 800 GBV cases seen, 347 successfully completed PEP medication. It is exciting to report that the Madadeni crisis centre has been converted to a TCC, based on the number of clients seen over the period of three years. This is a great achievement for LifeLine, as the organisation pioneered psychosocial support services for the GBV survivors in Madadeni through FNB funding.

LifeLine assisted 378 clients with disabilities this year with counselling and one client was assisted to source a wheel chair from the Church of Christ. Our ambassadors encouraged full participation from all community members and tried to make sure that dialogue venues are accessible to people living with disabilities. In total 7493 people were reached with different services, including family interventions, counselling and workshops. Sadly, Nozipho resigned from LifeLine towards the end of 2013.

My big thank you goes to the team (Phindile, Busi and Jabu) for their dedication and on-going support, to the hospital management for making sure that the survivors get the best service at the crisis centre, and to the whole LifeLine team for supporting us when we have events and being there for us!

## 1.6 EMMAUS HOSPITAL ( BERGVILLE) by Nozipho Nkosi

The project is three years old and funded by First for Women. There are two counsellors stationed at Emmaus hospital, Barbara Buthelezi and Lungile Hadebe, as well as a community fieldworker, Nomakrestu Madondo, and ten ambassadors doing community dialogues on GBV related issues. Through this project LifeLine accessed funds for SETA accreditation. Training of all ambassadors on a SETA-accredited HIV unit standard was done with success, and POE's were submitted. We are currently waiting for the results. Through this project LifeLine has also managed to develop two other SETA-accredited courses, although finalisation of these is still in progress.

Interviews on Radio Ikhwezi (a community radio station in Bergville) were conducted five times this year. Topics covered GBV and the root causes, how the community could contribute in fighting GBV in their own areas, domestic violence, human trafficking and risk associated with dressing in a way that makes teenagers look much older than their age. LifeLine services in Bergville and our contact details were always given to the public. The two GBV counsellors advocated for minor rape survivors to be given correct PEP medication. The counsellors noted with concern that doctors examining minors were giving them wrong medication, for example tablets instead of PEP syrup. At times they forgot to prescribe PEP, even if the client qualified for PEP. The two Trauma Counsellors that are based at St Emmaus Hospital Crisis Centre rendered counselling services to 158 new GBV survivors. Out of these, 128 were tested for HIV and sixty-six successfully completed PEP. We had a zero percent sero-conversion rate after taking PEP.

It is exciting to report that the training of the ambassadors on the Solution Focused Approach has helped and changed ambassador's lives. Fifty percent of them registered to study psychology or social work through UNISA in 2014. Ambassadors reported having changed their behaviour, and now they are placing more value on themselves. They have gained confidence in conducting workshops and talking in public.

The ambassadors took turns to go out with hospital mobile clinics and conducted mini workshops in very remote areas such as Bethani where GBV issues were more severe and human trafficking was also reported. They managed to reach 21613 people. Their main role was to educate communities about their rights and conduct dialogues to discover the root causes of GBV in those communities.

A huge thank you goes to 1st for Women for their on-going financial support. To the group in Bergville (both counsellors and the ambassadors), I salute you all for working hard in supporting survivors of gender based violence.

## 1.7 UTRECHT

LifeLine was fortunate to receive additional funding from FNB to provide psychosocial support services in Utrecht. Emadlangeni municipality was previously known as Utrecht local municipality and is part of Amajuba district municipality. This area has a population of 150 442 which is 24% of the total population of Amajuba district municipality. The area is 80% rural with a high unemployment rate

due to coal mining closing down, leaving only cattle farming as the predominant economic activity. The area is under-resourced, and has one hospital and only four schools. HIV positivity is also high. GBV is the main challenge in this community.

The project started in July 2013 and LifeLine successfully completed community entry and gained buy-in from all stakeholders. The recruitment and training of twenty-six counsellors and ambassadors was done with success. They all wrote a Locus of Control Test, which indicated whether the individual has an internal locus of control or external locus of control. Sadly, 85% of the candidates had external locus of control, which means that they believe that their world, abilities and opportunities are externally controlled and that they have no influence or control over their future or how their future should look. A five-week-long training course was conducted by the LifeLine training team. The training included a five-day Personal Growth component, a five-day basic counselling skills session, a five-day HIV/AIDS and Sexual Reproductive Health information-given segment, a five-day Gender-Based Violence training, and a five-day Dialogue and Facilitation training. Two GBV lay counsellors were appointed to work in Utrecht crisis centre.



The programme implementation is in its early stages, but the team has started the implementation with success. Twenty ambassadors conducted their first groups of dialogues with three hundred participants. The programme will offer comprehensive services to the survivors of GBV and will contribute toward a GBV-free generation through community dialogues, workshops and talks. More activities will be reported in our 2014/15 report - watch this space!

We would like to send our gratitude to FNB for thinking of LifeLine when they have extra funding and for believing in our work. To the team implementing in Utrecht: thank you very much!

## 1.8 CARA PROJECT

This is also a new project, funded by CARA-DSD national. The main purpose of this programme is to empower local CSO and communities in the seven districts to provide both prevention and victim-

support interventions so as to improve reporting and prosecution possibilities and reduce GBV. The programme is implemented in partnership with LifeLine Zululand. We invested a lot of time developing the material required for an effective implementation. A manual was developed, consisting of four different phases. Recruitment of the seven CBOs has taken place; there seems to be a great hunger for this service in these districts as the majority of the CBOs responded positively to the programme. The training of these CBOs will commence in April 2014, followed by mentorship. We have employed a social worker who will be coordinating this program, and are looking forward to welcome her to our offices in April. The project is funded for one year, and we hope that DSD will consider funding such programs continuously.

Our gratitude goes to the National Department of Social Development (CARA funds) for funding this program. A big thank you to Namhla Kheswa for caretaking this programme while waiting for the coordinator.

## 2. THE AIDS WELLNESS PROJECT: by Marie Sarhe



LifeLine is very happy and grateful to have two donors that are contributing and enabling us to offer services regarding HIV prevention and generic health care services to clients in need, especially orphans and vulnerable children (OVCs). Because of these donors, which are USAID and CDC through PEPFAR, we are able to fulfil two of our goals towards reaching LifeLine vision. The programme is continuously growing, reaching more people and hard-to-reach communities to: 1) increase awareness and

knowledge relating to HIV prevalence; and 2) to strengthen family relationships through culturally appropriate interventions addressing parenting and youth development.

The programme has forty-five staff members working tirelessly, trying to raise awareness on HIV infection and to increase the quality of life and life expectancy of those already infected with HIV. This report covers the two main projects and the work that has been done within AIDS Wellness Project.

## 2.1 THE MAY'KHETHELE PROJECT

The May'khethele Project is now in its second year of the second five-year funding cycle and will continue running until 2017. This project started in 2007 and concentrated on direct service delivery on HIV prevention and education services to learners in high schools, the second funding cycle is now shifting and putting its main focus on system strengthening and technical assistance. In order to increase the sustainability of the project post-2017, LifeLine has trained community caregivers on child protection intervention, and 155 teachers on HIV/AIDS counselling, to equip them with



the necessary skills to carry on our work. Between 2013 and 2014, fifty-six CCGs from the Department of Social Development were trained on child protection workshops through the May'khethele Project, to further enable them to identify and successfully handle abuse cases within their respective areas of operation. They had previously only been trained on HIV prevention. We have proven our ability to effectively implement services and to successfully render the work we have always been doing.

On the side of direct service delivery, May'khethele continues to implement the same services as last funding year in the Greater Edendale area, which is Elandskop and Imbali, as well as Mkhambathini. In 2013, the project expanded to three new areas: uMshwathi, uMngeni and Sweetwaters. Three-day training on parenting skills was given to 640 caregivers, while 194 CCGs and caregivers received training on child protection. LifeLine continued to offer emotional support through support groups to learners and care givers infected with HIV. The table below indicates services rendered to both OVC and learners who are not OVC in 2013/14.

Service	OVC	Total learners
HIV Prevention Education Dialogues	1707	2552
Child Protection Intervention	1871	
Counselling	270	318
HIV Counselling and Testing (HCT)	986	
CD4 counts	18	18
Health care referrals	10	10
ID documents	24	27
MMC	54	101
TB and STI referral	5	6
Removals from abusive homes	9	9

Parenting skills training photo.



I would like to use this opportunity to say a big thank you to USAID for the continuous support and for believing in us. We are grateful for the workshops and training you have provided this year to the implementing staff as well as management, and also for the assistance and guidance in the strategic positioning of LifeLine.

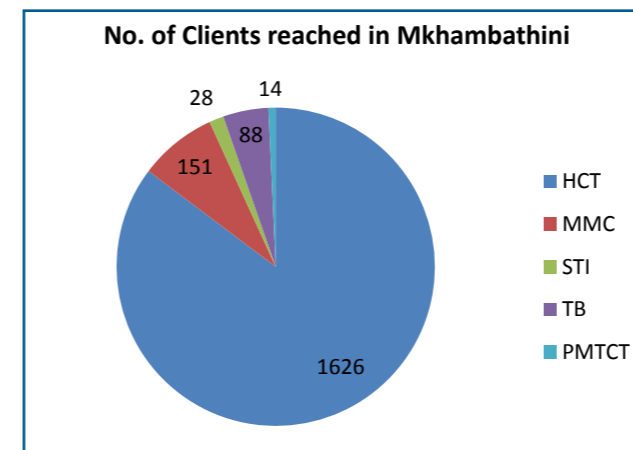
I thank the CINDI May'khethele team for the technical support, assistance and mentorship throughout the year. A big thank you to senior management Sinikiwe and Navi for your guidance and advice; thank you to Bongwiwe for the assistance and help in guiding the team and thank you to all non-May'khethele staff-members for your help whenever we were in need. Last but not least, a huge thank you to the May'khethele team for your tireless work! This project is a success because of you.

## 2.2 HIV PREVENTION COMBINATION PROJECT

The HIV Prevention Combination Project is in its second year and has grown and expanded to Impendle municipality. Impendle was chosen due to the fact that it is a remote area and is far from health care and other government facilities. The project's aim is to increase the uptake of HIV Counselling and Testing (HCT) and primary health care screening services, to promote safer sexual behaviours and to increase education on HIV prevention in the communities. The target group is people of all ages, specifically aiming though at most-at-risk-populations (MARPs), for example farmworkers, truck drivers, sex workers and so on.

In order to reach this goal, the project implements the following services: HIV counselling and testing (HCT); referrals for medical male circumcision (MMC); health care screening for TB, glucose, blood pressure, BMI, STIs, CD4 count; and referrals for ART, PMTCT, STIs and TB. HCT and health care screening are provided on and off LifeLine premises. CD4 count screening is offered at our office. Furthermore, the team conducts household visits, going from door to door on a daily basis, encouraging community members to know their status and to test for HIV and TB. The referrals are done to local health care facilities within the respective area. Community dialogues were also done, focusing mainly on culture, masculinity and gender issues, as they are fuelling the spread of HIV in rural communities. It was noted with concern that the high consumption of alcohol, in conjunction with ARTs, is a challenge in Mkhambathini farm areas and even hinders the implementation of support groups at times.

The graph below indicates the number of clients reached in Mkhambathini with different services:

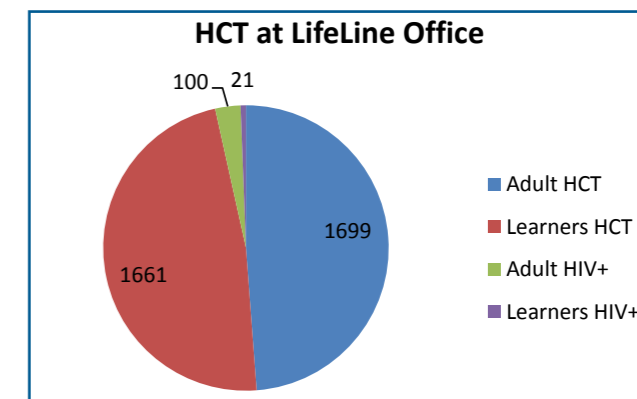


A big thank you goes to CDC and AFSA for the generous funding, technical support and the numerous training courses that were provided to the implementing team throughout the year! Thank you to Sinikiwe and Navi for your guidance and support: you kept the project alive through many difficult times. A very big thank you to the implementing team! The long hours of work, regardless of weather conditions and geographically challenging circumstances, are noticed and honoured!

## 2.3 IN-HOUSE HIV COUNSELLING SERVICES



Our in-house HCT service remains a popular service for people who work and have no time to go to the clinic or hospital and join the queue. HIV positive clients are referred to the Department of Health for further assessments and to be initiated on ARTs. The decrease in the number of learners testing HIV positive when compared to 2013 is encouraging, and gives hope for an HIV-free generation. The graph below indicates number of people reached with HCT services and the positivity rate.



Our heartfelt thank you goes to Dr. Gerrit Ter Haar! Your undivided and uninterrupted support to the whole of LifeLine over many, many years cannot be expressed in words. The weekly debriefings to all staff working in the HIV/AIDS Services Section; the in-depth knowledge provided on HIV, SRH and many other health related topics and the feedback on all HIV counselling reports are much valued. We thank you!

## 3. Families Matter Programme by Namhla Kheswa



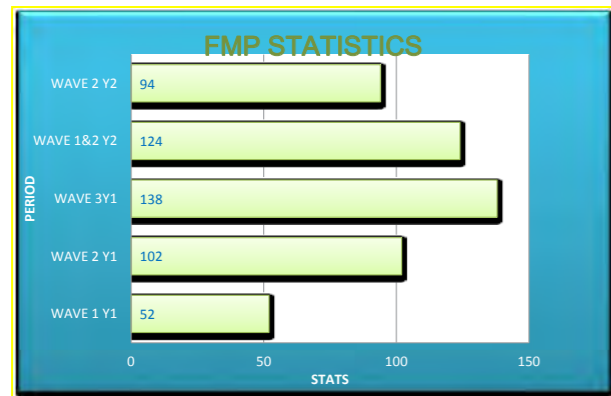
The programme is for parents and guardians of children between the ages of nine to twelve years. The vision of the programme is to enhance protective parenting practices that are associated with reduced sexual risk among adolescents, and to promote parent-child communication about sexuality and sexual risk reduction in order to address the systemic threat of HIV/AIDS in South Africa. This programme fits in well with Lifeline's strategic goals (2

and 3): increasing awareness and knowledge relating to HIV prevalence and gender based violence through community-based interventions within our designated areas. And 3: strengthen family relationships through culturally appropriate interventions addressing parenting and youth development.

The programme is one year old and was implemented in uMsunduzi Municipality, covering Vulindlela area which has nine wards. A lot of work was done to introduce the project and gain entry in different communities. Most stakeholders, especially schools, welcomed the programme and they felt it would assist the educators as they are currently experiencing a great many challenges around teenage pregnancy issues, drug abuse and other social ills in the community.



A total of 522 parents and caregivers were reached with the FMP programme so far and that is encouraging considering that the implementation started in May 2013. The programme managed to retain 93.5% (488) of the reached participants. It was noted with concern that only thirteen males were reached. LifeLine needs to come up with strategies around reaching men because we regard them as advocates for the programme in their own communities. Below is the graph indicating number of people and care givers reached through different waves.



Feedback from both caregivers and children who have participated in the programme is positive and encouraging. The programme has assisted parents and care givers develop the necessary skills to communicate better with their children. The comments and feedback given by parents and children to LifeLine staff indicates that FMP has rebuilt the bridges between the parents and caregivers and their children. These are some of the comments made by children: "For the first time in as long as I can remember, my mother listened to me without shouting and I am grateful to LifeLine for such a programme", and another child said: "Ever since my mother joined this programme she has changed. She sits with me and watches TV with me and we talk and I really enjoy it".

Our sincere thank you goes to CDC and AFSA for their financial support as well as the training received by the facilitators, and to Hulamin for supporting the implementation of the programme in France. To all the stakeholders that have supported us, thank you. To the LifeLine team for working tirelessly to ensure that parents are assisted, thank you very much for implementing the programme with fidelity.

#### 4. COUNSELLING AND VOLUNTEER PROGRAMME by Celeste Matross



come Vanessa Chetty during the middle of last year as the administrative assistant for the programme. She has fit in so wonderfully and understands the programme very well. This really helps to take some of the work load off the coordinator.

This programme continues to act as a support to the other LifeLine programmes internally and externally, thus ensuring that clients are supported even when the team is not there physically in the community. It has been a very busy period for the programme, with many changes implemented in order to ensure the highest standards are achieved. We were glad to welcome Vanessa Chetty during the middle of last year as the administrative assistant for the programme. She has fit in so wonderfully and understands the programme very well. This really helps to take some of the work load off the coordinator.

##### 4.1 Counsellor updates

We facilitated three courses last year and it was encouraging to see the high level of commitment from the group of counsellors that was trained. Eleven new counsellors were welcomed and dedicated this year during our annual Dedication and Long Service Awards Ceremony. This is commendable, considering that we had fewer people attending the LifeLine Course compared to the last reporting period. We are glad to welcome Marion Cooke, Wendy Corfe, Sumaya Dwarika, Poppy Forder-Eagles, Samantha Hart, Lyn Julius, Ann Millum, Delia Miranda, Kyle Mostert, Dasreya Naidoo, and Prissie Pillay. We trust that their time with us will be as fulfilling and meaningful for them as it has been for others.



At the ceremony we were thrilled to be able to acknowledge long standing volunteer counsellor Brenda Winn, who has been serving our community as a volunteer counsellor for twenty-five years.

We also acknowledged counsellors who have gone above and beyond what is expected of them and who gained 10% more Continuous Professional Development Points than were expected of

them. We wish to thank: Alex Bailey, Judy Flett, Christine Forbes, Maggie Govender, Rasha Govender, Jane Harley, Rod Hart, Felicity Kromhout, Molly McGrane, Kyle Mostert, Heather Nicholson, Sifiso Nzama, Morag Pooler, Gerrit Ter Haar, Lynn Tungay, Clare van Daele, Kevin van den Berg and Brenda Wilson for going beyond their call of duty. We also congratulate the counsellors who received additional awards for specific categories, namely: Mark Schonau for the most overnight telephone duties, Myrtle Donnell for the most telephone day duties, Morag Pooler for the most face-to-face clients counselled, Lynn Tungay for the most email counselling duties, and Jane Harley for the creation of the new improvements to the email counselling system. Volunteers were acknowledged and rewarded for their efforts through the use of a token. The unique hand-crafted glass beads were given. These beads were created and designed especially for LifeLine by Jane Harley and a friend. They were received with much enthusiasm by the volunteer counsellors and will become a part of our processes.



On a sadder note, we had to say goodbye to few counsellors who have decided to retire for various reasons, such as furthering their studies. We are extremely appreciative of the time and skills given to us by Alex Bailey, Judy Flett, Jane Flockhart and Christine Forbes. They will always be special friends of LifeLine. Some counsellors took sabbaticals due to changes in their circumstances: we wish them well and hope to see them back at work soon.

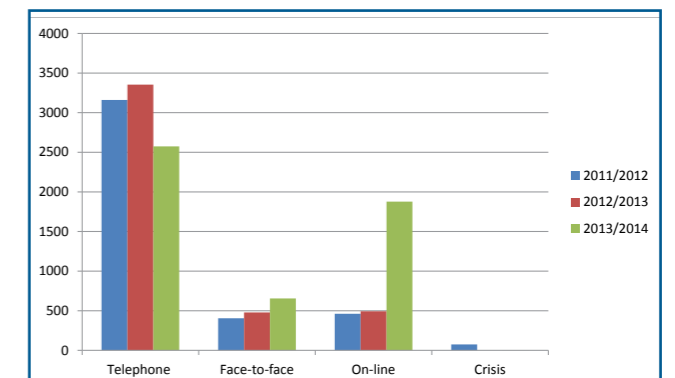
Our counsellors continued to receive on-going development training and support which is made up of monthly debriefings, supervision and skills development sessions through the core group meetings, monthly case supervision with Professor Graham Lindegger

and monthly Saturday Development Sessions with various speakers on a range of topics. We received immense help from outside speakers who donated their skills and time for free, both at our Saturday Development Sessions and on the LifeLine Course. Our appreciation goes to Thenjiwe Ngcobo, Mandy Tyrer, Bronwynn Van Wyk, Umangh and SANCA, Cherri Forsyth, Leon Grove, Clive Willows, Quraisha Baig and Debbie Harrison.

##### 4.2 Counselling services

There has been growth across all vehicles of service delivery compared to the previous two reporting periods. This growth is phenomenal as more people have accessed our services. This can perhaps be attributed to our involvement in more awareness events, the use of social media and better advertising through the use of Google Ads. 5127 people were reached by this programme this year. The number of females accessing our services is still greater than that of men at 3513 female clients. What is encouraging, however, is the increase in the number of men who are accessing services from our centre. In this reporting period we assisted 1614 male clients. It would appear that despite gender scripts and the influences of a patriarchal society, men are becoming more comfortable making use of psychosocial support services. This is very encouraging as it is a start in alleviating many different social ills.

The number of people calling in to the telephone crisis line has decreased from 3 161 and 3 354 in 2011/2012 and 2012/2013 respectively to 2575. However the number of clients seeking face-to-face counselling has increased to 657, compared to 2011/2012's 405 and 2012/2013's 479 clients. The biggest and most significant growth is in the on-line/email counselling section. This reporting period we assisted 1 877 clients via this service. This is a significant increase when compared to the 462 and 493 people who accessed our services in 2011/2012 and 2012/2013 respectively. This growth stems from a number of factors: the use of Google Ads to increase advertising of the service, a remote system that allows counsellors to counsel clients any time and anywhere, thus reducing turnaround time, an increased, skilful email counsellor base and a talented and committed administrative team who oversees the entire service. The graph below shows the total number of clients who received counselling services in the last three years.



We as a programme have always been involved in awareness campaigns as a way to perform some proactive work, as so much of our



work is reactive in nature. This year we have attended many events and opportunities whereby we were able to speak about LifeLine's services. At many of these events we asked the AIDS Wellness team to come along to perform HCT as well as speak about LifeLine. Some examples of the events that we attended were: The Love to Live Campaign (for which LifeLine and Rape Crisis received an award), St Anne's Health Day, Vula Career Day, Grey's Hospital Health Day, and Varsity College Health Day, and so on.

sources and volunteer retention that this programme continues to face, we have had one of the most successful years to date. This is such a huge achievement and I cannot thank my team, as well as our sister centres, enough for all that they have done this past year.

## 5. BUILDING COMMUNITY HEART PROGRAMME

entention services through community dialogues, 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, Sanelisiwe, Marie and LifeLine Zululand 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, namely Sexual reproductive health and Gender-Based Violence work.

### 5.1 The Cabanga Clubs (Sexual Reproductive Health)

This project was implemented in three areas: Pietermaritzburg and Newcastle, as well as in Zululand by our sister centre, LifeLine Zululand. The aim is to improve sexual reproductive health and reduce unwanted teenage pregnancy, HIV and GBV in those areas. LifeLine Pietermaritzburg is now in its last year of implementing Cabanga Clubs in high schools, covering topics like teenage pregnancy, Sexual Reproductive Health, peer-pressure, STIs, including HIV prevention, and GBV. It was noted that this information becomes important at an ever-younger age, as more and more primary schools are requesting the same intervention. This speaks of behavioural problems of many learners and engagement in sexual activities at a very young age while still lacking appropriate knowledge.

Our most exciting work is around the online support group for teenage parents that LifeLine has started. This support group will address the needs of teenage parents, especially emotional support as most of them indicated having no support at all, which leaves them with no other alternative than to go for back-street abortions or date sugar daddies. This teen parents support group is one of the advocacy initiatives LifeLine is currently developing. The domain has been already registered as [www.lifelinepregnancysupport.org.za](http://www.lifelinepregnancysupport.org.za) and we believe that this initiative will be finalized by the end of June 2014.

Working in schools has helped LifeLine Pietermaritzburg to improve and revive partnerships with many stakeholders, including Oxford University press, Department of Health, Department of Education, Department of Social Development, Child and Family Welfare Society, Thuthuzela Care Centres, as well as Ward Counsellors and amakhosi. These relationships make our referrals for health care, psychological and statutory intervention a success. The project is now well-established in the community, and more and more cases are referred to us from community members. LifeLine's presence in

schools seems to provide an opportunity for community members to turn to us for intervention, and we are grateful to be able to provide a wide range of our services to the wider area.

During this reporting period we had quite a number of rape cases reported to us, either from learners themselves or from neighbours and community members. The learners were supported throughout the process of medical examinations, police procedure, removal, counselling and so on. Though difficulties were experienced, most cases are successfully terminated and the learners are in safe care.

Following is the table that indicates number of individuals reached by the programme per site:

Site where the project was implemented	Dialogues conducted @average of 15 sessions per group	No. of club/dialogue members	Additional workshops conducted	No. of learners attending additional workshops
Newcastle	96	889	3	3057
Zululand	71	760	2	1500
Pietermaritzburg	142	2840	5	6070
<b>Total direct impact per site</b>	<b>309</b>	<b>4489</b>	<b>10</b>	<b>10627</b>

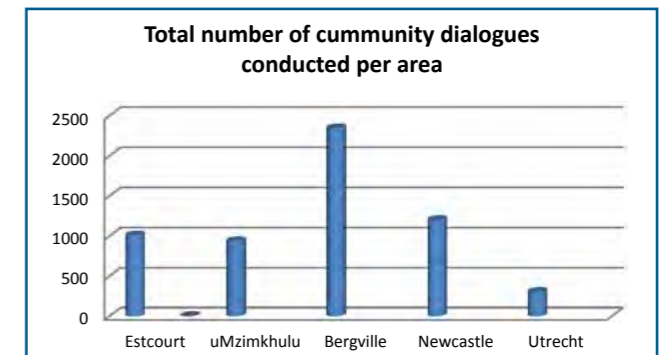
Our heartfelt gratitude goes to our funder Ford Foundation for enabling us to continue rendering such an important service. A huge thank you goes to our colleagues in LifeLine Zululand for working very hard to ensure that the project achieves its goal. To the whole LifeLine team for their on-going support of the project and to the ambassadors who have worked hard to support teenagers out there, well done!

### 5.2 The community dialogues (Gender-Based Violence)

The community dialogues aim to bring together ordinary community members from all walks of life to unite as one voice in calling for the end in violence against women, children and other men. These ordinary community members are encouraged to identify common root causes of GBV and come up with possible solutions to address the causes. We believe that when GBV is addressed from all angles, the possibility of prevention becomes a reality. Therefore, these dialogues are used as a preventative strategy to reduce incidents of Gender-Based Violence in different communities, especially in rural areas. The programme is being implemented in the following communities: uMzimkhulu, Madadeni, Estcourt, Utrecht as well as in Bergville. The programme was made financially possible by FNB, terre des hommes, First for Women and the Mary Slack Foundation.

Seventy-four stipend-paid ambassadors conducted community dialogues in the above-mentioned communities twice a month. The ambassadors use their collective strength to ensure that survivors of GBV are able to realise their rights as citizens and to live in safe

communities. The ambassadors conducted 727 community dialogue sessions, reaching 5786 community members. The 16 Days of Activism Campaign against GBV were held in Estcourt, uMzimkhulu and in uMzinga.



There were fifteen ambassadors who left the organisation for better career opportunities in all the areas. This was a huge loss to the organisation, but we were also excited as we were able to empower them and now they are more employable. We would like to express a great gratitude to our funders Terre de Homes Swiss, FNB, First for Women and Mary Slack Foundation for their endless support. A huge thank you goes to the ambassadors themselves for working hard and contributing in supporting victims to become survivors!

## 6. TRAINING AND EAP

by Junior Ndlovu



The training section is well known for its ability to generate revenue for the organization to ensure sustainability. This is done in through conducting training, talks and workshops across all LifeLine-designated areas in five municipal districts. The training section strives to strike a balance between continuous growth and delivering training of

high quality. In order to maintain our good standard and reputation it is imperative to have current, relevant information in all subjects and to be a reliable institution in disseminating information. Hence networking and good working relationships were established and maintained with institutions such as the Department of health (District office), Msunduzi Municipality (HIV and AIDS unit), Department of Health (HAST unit), HSRC (Sweetwaters office) and other NGOs. Constant consultation with these institutions ensures that the training section has good training material.



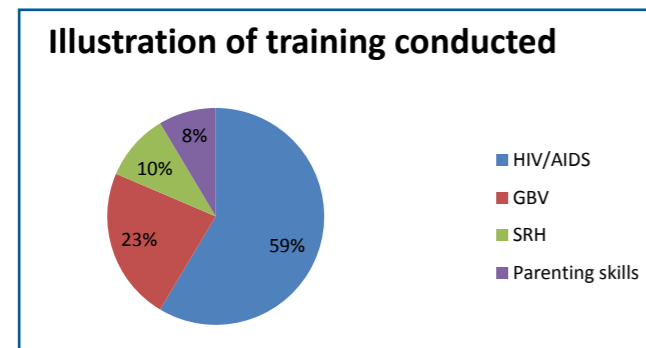
Our sincere thank you goes to the Pietermaritzburg Community Chest for financially supporting our counselling services. To the Department of Social Development for funding the salaries of the Social Workers who deals with difficult cases, thank you very much. I am incredibly proud and grateful for my team of volunteer counsellors and Vanessa as the administrative assistant. It is through their hard work and sacrifice that we are able to grow in this way and be a help to all the people who are hurting and need someone to listen. Despite some of the usual challenges, such as poor re-



## 6.1 INTERNAL TRAINING

Training objectives are informed by the LifeLine mission statement: "To promote emotional wellness for individuals and communities through counselling, skills development, training, networking and partnership with private and sectors of our designated areas". Hence training, talks and workshops are delivered with tenacity and diligence. An emphasis has to be put on the gradual increase in the number of males trained compared to previous years: this number increased by at least 20%. This was noticed in all training topics, namely: ten-day HIV/AIDS, GBV, SRH, Personal growth and parenting skills. It is of essence to mention that a total estimated number of 20 711 people was reached through training, workshops and talks.

Below is the graph that indicates an overview of people reached with different training courses.



The above pie graph indicates that HIV/AIDS training remains most popular among the community we serve for various reasons, the main reason being that it enhances opportunities of employment to trainees who seek it. The number of parents and caregivers trained on parenting skills increased compared to the previous year. During this financial year some of training courses were conducted concurrently, and this called for a plan to be made. A new staff member was therefore added on a full time basis, and another on a part time basis.

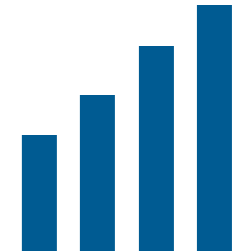
## 6.2 SETA ACCREDITED TRAININGS

Another milestone was reached when LifeLine became accredited with the Education Training and Development Practises SETA (ETDP) in 2013. We have developed two other SETA-accredited courses after receiving our initial accreditation. These will allow the organisation to offer SETA-accredited courses to the public who wish to take that root. We would like to thank our funder, First for Women for funding our SETA accreditation process.

Accredited HCT training was conducted in Bergville for ambassadors as a pilot project. Eleven Portfolios of Evidence were submitted and sent for assessment. This is one avenue that the training section aims to put more emphasis on, to ensure that it is up and running. Application for accreditation of the second course is in its final stages and more exciting news will be reported in the next financial year. The training section has done very well this year and managed to generate just over a million rand for our unallocated funds.

Heartfelt gratitude is extended to all volunteers who have selflessly contributed to the training section, facilitators and staff members who are always keen to assist and who worked tirelessly. Last but not least, we'd like to acknowledge our management. To our Director: we thank you for your continuous guidance and support, complimented by strong financial management. We thank the General Manager for her guidance and for ensuring we operate within our budget and save funds at all times.

## Counselling Stats LifeLine PMB 2013 - 2014



LifeLine PMB March 2013 to February 2014	13-Mar	13-Apr	13-May	13-Jun	13-Jul	13-Aug	13-Sep	13-Oct	13-Nov	13-Dec	14-Jan	14-Feb	2014 Total
Abuse - Child	7	2	3	10	6	6	22	6	9	15	42	10	138
Abuse - Child Sexual	40	17	50	53	60	46	40	32	52	51	7	39	487
Abuse - Partner	27	17	5	21	21	18	43	55	24	34	48	43	356
Aids / HIV New	319	281	250	612	372	412	661	526	358	435	345	415	4,986
Alcohol Abuse	1	7	2	0	2	4	9	12	4	25	4	13	83
Bereavement	8	4	6	22	10	13	25	25	16	36	12	19	196
Depression	11	10	31	19	15	25	47	28	44	72	36	30	368
Destitution	1	3	2	0	2	7	2	3	4	7	0	3	34
Divorce / Separation	1	1	4	3	5	8	8	13	11	16	13	13	96
Drug Abuse	6	5	1	6	3	8	15	13	7	10	13	9	96
Eating Disorders	-	0	0	0	0	4	0	0	0	2	1	4	11
Education	51	16	13	7	2	13	10	0	5	20	27	8	172
Employment	4	3	6	10	6	5	13	5	7	24	12	15	110
Health / Mental	8	4	10	11	3	7	8	7	8	11	8	18	103
Health / Physical	2	5	9	1	5	1	7	7	13	21	3	10	84
Legal	1	2	0	0	0	0	1	6	1	13	0	7	31
Loneliness	26	9	21	20	30	52	35	26	20	29	17	23	308
Pregnancy	3	7	4	2	11	8	4	15	10	29	29	40	162
Rape - New	174	183	95	132	118	171	232	180	249	111	197	208	2,050
Rape - Ongoing	103	91	75	82	89	95	107	103	84	82	73	115	1,099
Relationships - Family	37	38	27	41	55	71	71	55	90	160	56	69	770
Relationship - Intimate	24	21	23	52	31	85	64	61	71	97	61	96	686
Relationship - Social	30	36	40	42	19	15	35	10	19	33	14	35	328
Sexual - Deviance	11	4	11	21	15	12	6	6	6	12	9	12	125
Sexual - Identity	11	3	0	4	8	7	12	5	0	4	2	9	65
Sexual - Problems	6	1	7	1	2	11	5	3	1	8	2	8	55
Spiritual	-	0	0	0	1	0	2	1	1	4	0	0	9
Stress / Anxiety	49	25	29	52	39	57	50	59	65	61	65	53	604
Suicide	13	9	20	7	15	15	28	33	30	35	42	43	290
Violence	2	3	6	7	11	23	29	27	16	29	30	44	227
Others	56	43	38	51	56	74	135	84	65	89	92	74	857
Totals	1,032	850	788	1,289	1,012	1,273	1,726	1,406	1,290	1,575	1,260	1,485	14,986
Males	292	325	356	529	559	477	642	540	493	727	458	678	6,076
Females	740	525	432	760	453	796	1084	866	797	848	802	807	8,910
<b>TOTAL</b>	<b>1,032</b>	<b>850</b>	<b>788</b>	<b>1,289</b>	<b>1,012</b>	<b>1,273</b>	<b>1,726</b>	<b>1,406</b>	<b>1,290</b>	<b>1,575</b>	<b>1,260</b>	<b>1,485</b>	<b>14,986</b>
Telephone Counselling	153	198	168	134	221	178	141	152	260	299	371	300	2,575
Face to Face at LifeLine	47	42	64	50	72	79	55	59	46	37	78	40	669
Face to Face at sites	454	237	139	90	221	363	745	471	375	641	458	684	4,878
VCT at LifeLine	371	333	322	879	344	428	571	502	414	354	112	356	4,986
On-Line counselling	7	40	95	135	154	225	214	222	195	244	241	105	1,877
Crisis	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>TOTAL</b>	<b>1,032</b>	<b>850</b>	<b>788</b>	<b>1,289</b>	<b>1,012</b>	<b>1,273</b>	<b>1,726</b>	<b>1,406</b>	<b>1,290</b>	<b>1,575</b>	<b>1,260</b>	<b>1,485</b>	<b>14,986</b>
Training and Dialogues													
Category	13-Mar	13-Apr	13-May	13-Jun	13-Jul	13-Aug	13-Sep	13-Oct	13-Nov	13-Dec	14-Jan	14-Feb	Total
Trainings and Workshops	2001	2112	1853	2370	1610	2383	2199	3797	1084	1566	617	3119	24711
Support Groups	30	27	38	28	31	21	26	36	24	12	0	25	298
Community Dialogues	880	1053	856	377	789	567	619	623	1635	582	237	452	8670
School Dialogues	2304	2711	1781	2153	0	916	816	158	1120	0	0	746	12705
Totals	5,215	5,903	4,528	4,928	2,430	3,887	3,660	4,614	3,863	2,160	854	4,342	46,384
Male	2481	2835	1657	1774	970	2022	1487	2253	1812	890	386	1866	20433
Female	2734	3068	2871	3154	1460	1865	2173	2361	2051	1270	468	2476	25951
<b>TOTALS</b>	<b>5,215</b>	<b>5,903</b>	<b>4,528</b>	<b>4,928</b>	<b>2,430</b>	<b>3,887</b>	<b>3,660</b>	<b>4,614</b>	<b>3,863</b>	<b>2,160</b>	<b>854</b>	<b>4,342</b>	<b>46,384</b>



## FINANCIALS

### LIFELINE PIETERMARITZBURG FINANCIAL STATEMENTS For the year ended 28 February 2014

The reports and financial statements set out below comprise the annual financial statements presented to the members:

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#### 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 but not absolute, assurance as to the reliability of the financial statements, and to adequately safeguard, verify and maintain accountability of assets and liabilities, and to prevent and detect material misstatement and loss. The systems are implemented and monitored by suitably trained personnel with an appropriate segregation of authority and duties. Nothing has come to the attention of management to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

The annual financial statements are prepared on a going concern basis. Nothing has come to the attention of the management to indicate that the association will not remain a going concern for the foreseeable future.

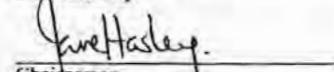
The manner of presentation of the annual financial statements, the selection of accounting policies and the integrity of the financial information are the responsibility of the management committee.


#### PREPARER OF THE ANNUAL FINANCIAL STATEMENTS

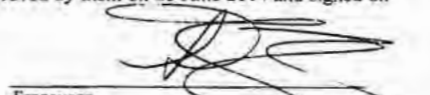
The financial statements were prepared under the supervision of Navi Chetty.

#### MANAGEMENT'S APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS

The annual financial statements set out on pages 4 to 12 and the supplementary schedules out on pages 13 to 16 are the responsibility of the management committee and were approved by them on 20 June 2014 and signed on their behalf by:

  
Chairperson

  
Director

  
Treasurer



## FINANCIALS

### INDEPENDENT AUDITOR'S REPORT

#### TO THE MANAGEMENT BOARD OF LIFELINE PIETERMARITZBURG

We have audited the annual financial statements of LifeLine Pietermaritzburg set out on pages 4 to 12, which comprise the statement of financial position as at 28 February 2014, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

#### 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 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

### INDEPENDENT AUDITOR'S REPORT

#### TO THE MANAGEMENT BOARD OF LIFELINE PIETERMARITZBURG (continued)

##### Controls over cash collections

In common with similar organisations, it is not feasible for the association to institute accounting controls over cash collections and donations prior to initial entry of the collections in the accounting records. Accordingly, it was impractical for us to extend our examination beyond the receipts actually recorded.

##### Opinion

In our opinion, the financial statements of LifeLine Pietermaritzburg for the year ended 28 February 2014 have been prepared, in all material respects, in accordance with the basis of accounting described in note 1 the financial statements.

##### Emphasis of matter

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.

##### Other Matters

Without qualifying our opinion, we draw attention to the fact that the supplementary information set out on pages 13 to 16 does not form part of the annual financial statements and is presented as additional information. We have not audited these schedules and accordingly we do not express an opinion thereon.

Deloitte & Touche  
Registered Auditors

Per Kim Peddie  
Partner

20 June 2014



## FINANCIALS

### LIFELINE PIETERMARITZBURG STATEMENT OF COMPREHENSIVE INCOME for the year ended 28 February 2014

	Notes	2014 R	2013 R
<b>Revenue</b>		8 826 617	6 851 511
LifeLine Core		254 099	413 873
AIDS Wellness		5 349 808	2 874 487
Gender Wellness		3 222 710	3 148 151
Lottery income		-	415 000
Investment income	2	261 752	242 416
Other income		112 000	-
<b>Expenditure</b>		8 346 248	6 551 501
LifeLine Core		682 774	854 186
AIDS Wellness		4 421 791	2 292 460
Gender Wellness		3 241 683	2 991 250
Lottery expenses		-	413 605
Net profit before taxation	3	854 121	542 426
Taxation	4	-	-
Net profit for the year		854 121	542 426
Other comprehensive income		-	-
<b>Total comprehensive income for the year</b>		<b>854 121</b>	<b>542 426</b>



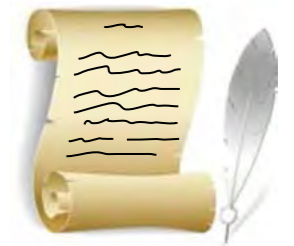
## FINANCIALS

### LIFELINE PIETERMARITZBURG STATEMENT OF FINANCIAL POSITION as at 28 February 2014

	Notes	2014 R	2013 R
<b>Assets</b>			
<b>Non-Current Assets</b>			
Property, plant and equipment	6	500 001	500 001
Sustainability funds	7	3 147 699	2 983 140
		<u>3 647 700</u>	<u>3 483 141</u>
<b>Current Assets</b>			
Trade and other receivables	8	638 793	262 301
Funds receivable	9	642 085	9
Cash and cash equivalents	10	2 649 146	2 040 441
		<u>3 930 024</u>	<u>2 302 751</u>
<b>Total Assets</b>		<u><u>7 577 724</u></u>	<u><u>5 785 892</u></u>
<b>Equity and Liabilities</b>			
<b>Funds</b>			
Core/General		1 751 429	1 806 352
AIDS/Wellness		3 550 453	2 622 436
Gender Wellness/Rape Crisis		314 527	333 500
NLDTF		1 463	1 463
		<u>5 617 872</u>	<u>4 763 751</u>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Funding received in advance	11	1 848 924	818 759
Trade and other payables	12	67 734	202 857
Cash and cash equivalents	10	43 194	525
		<u>1 959 852</u>	<u>1 022 141</u>
<b>Total Equity and Liabilities</b>		<u><u>7 577 724</u></u>	<u><u>5 785 892</u></u>

## DONOR LIST

March 2013 to February 2014



- |  |   |
|--|---|
| 1st for Women                              | Leon Grove                                    |
| Al Howes                                   | Love to Live Campaign                         |
| Aids Foundation of South Africa            | Maggie Govender                               |
| Angela Carter                              | Mary Moreland Trust                           |
| Anglo American                             | Mary Slack and Daughters Foundation           |
| BJ Turner                                  | Midlands Medical Centre                       |
| Blanche Maree                              | Molly McGrane                                 |
| Capital Media                              | Morag Pooler                                  |
| CARA                                       | Msunduzi Tourism                              |
| Cascades Shopping Centre                   | NACOSA  |
| Caxton Publishing                          | Naseema Ballim                                |
| Cheri Forsyth                              | Net Care St Anne's Hospital                   |
| Clive Willows                              | Office of the Premier                         |
| Conco Bryan Architects                     | Pietermaritzburg and District Community Chest |
| CINDI                                      | Philip De Bruyn                               |
| Centre for Disease, Control and Prevention | PMB Delta                                     |
| CREATE                                     | Quraisha Baig                                 |
| Crossbow                                   | Roxanna Cassimjee                             |
| Deloitte                                   | S.Van Schaik                                  |
| Department of Tourism                      | Sawen   |
| Department of Health                       | Shereen Da Costa                              |
| Department of Social Development           | Slangpruit Primary                            |
| Dunrobin Market                            | SMG Pietermaritzburg                          |
| Dylan Evans                                | Terre des Hommes Schweiz                      |
| Epworth Independent High School for Girls  | Uthando Dolls – Australia                     |
| First Rand Foundation                      | USAID   |
| Ford Foundation                            | Valverite                                     |
| Girls High School Pietermaritzburg         | Varsity College                               |
| Health Systems Trust                       |   |
| Hilton College                             |   |
| Hulamin                                    |   |
| Joint Gender Fund                          |   |
| Ken Collin Trust                           |   |



## Ambassadors & Counsellors at LifeLine

### UMZIMKHULU AMBASSADORS

Sindiswa Vakalisa  
Lindiwe Gumede  
Thokozani Khuboni  
Yanga Ndohe  
Mhlengi Msiya  
Amanda Dlamini  
Siindile Mancini  
Sthembele Khowa  
Nomthandazo Jafta  
Thandazile Nkabane  
Nompumelelo Nondabulo  
Nontuthuzelo Dlwathi  
Sisanda Dlangisa  
Zodwa Mjoli  
Thobeka Ngcobo  
Vuyiswa Ndzabe

### ESTCOURT GBV COUNSELLORS / AMBASSADORS

Nondumiso Kheswa	Former Fieldworker (Resigned)
Ntombikhona Masango	Current Fieldworker
Thandiwe Lamula	Gbv Counsellor / Ambassador
Philile Hadebe	Resigned Counsellor
Nomusa Manana	Gbv Counsellor / Ambassador
Nelisiwe Phakathi	Gbv Counsellor / Ambassador
Nondumiso Mvelase	Gbv Counsellor / Ambassador
Londiwe Khulumalo	Gbv Counsellor / Ambassador
Nomakhosi Maseko	Resigned Gbv Counsellor

### UTRECHT AMBASSADORS

Phumelele Ndebele  
Sbonisiwe Kheswa  
Bongiwe Shabangu  
Silungile Mhlongo  
Nomusa Mpungose  
Siimphiwe Nkabinde  
Nosipho Mdletshe  
Thulane Khumalo  
Xolane Nkosi  
Nondumiso Gama  
Sithembiso Mjiyakho  
Mercy Mncube

### BERGVILE AMBASSADORS

Noluvo Hadebe  
Ntaoleng Dlamini  
Majabu Hlongwane  
Nomakrestu Madondo  
Phindile Zondo  
Thandazile Ximba  
Jabusile Nkwanyana  
Hlengiwe Booyen  
Funisile Hlongwane  
Nompilo Zungu  
Busisiwe Xaba  
Ncedile Sishange

### NEWCASTLE AMBASSADORS

Grace Mavuso Sbongile  
Sthabo Zwane  
Gugu Mbali Singo  
Thulile Skhosane  
Jabulile Virgelent Mnguni  
Bongiwe Mdakane  
Ntokozo Dlamini  
Mavela Shozi  
Sindisiwe Genrose Hadebe  
Sabelo Welcome Mavuso  
Sonto Degrecia Dube  
Nonceba Langa  
Nomusa Nkosi  
Lindiwe Sthebe  
Ntombikayise Tembe  
Swazi Nkosi  
Thandeka Cebekhulu  
Sthembiso Mbongwe  
Thandeka Cebekhulu  
Sithembiso Mbongwe  
Nobuhle Ndlovu  
Nonhlanhla Khumalo

### COUNSELLORS

Alex Bailey  
Carol Bailey  
Naseema Ballim  
Soonitha Beharee  
Sindisiwe Chamane  
Mandy Cox  
Marion Cooke  
Wendy Corfe  
Spencer Denny  
Julius Dlamini  
Ann Donaldson  
Myrtle Donnell  
Carol Elliott  
Sumaya Dwarika  
Jane Flockhart  
Judy Flett  
Christine Forbes  
Poppy Ford-Eagles  
Lyn Gissing  
Maggie Govender  
Merle Govender  
Rusha Govender  
Coral Hardman  
Jane Harley  
Rod Hart  
Samantha Hart  
Blessing Hutchinson  
Lynn Julius  
Carolyn Knoesen  
Felicity Kromhout  
Sue Mackenzie  
Sherry Mahabeer  
Hema Maharaj  
Ni Ni Lwin Maharaj  
Blanche Maree  
Molly Mcgrane  
Shannon Milojkovic  
Anne Millum  
Delia Anne Miranda  
Keelan Moses  
Kyle Mostert  
Dasreya Naidoo  
Monica Naidoo  
Heather Nicholson  
Penny Niven  
Zandile Ntuli  
Sifiso Nzama  
Maggie Pain  
Prissy Pillay  
Morag Pooler  
Mark Schonau  
Lynne Seager  
Nobuhle Sithole  
Gerrit Ter Haar  
James Theil  
Lynn Tungay  
Clare Van Daele  
Kevin van der Bergh  
Brenda Wilson

