

**Mpumalanga: Breakaway session 1**  
**Rapporteur: Elvis Ngobeni**

Activities	What is good	What is bad	What is missing
Inter sectoral collaboration of stakeholders	NGOs: Good consultation	Lack of commitment especially with regards to cascading of information (Depts)	MOU/SLA: needs to be in place with regards to TCC working relations(NGOs)  Need for role clarification
	Establishment of interservice team	Communication not channeled to the relevant directorates (esp. DOE)	How is communication done in terms of protocol(s) (Depts)
	Buy- in from stakeholders		Buy-in from management
	Coalition of the Civil society organizations(CSO) formed on 03.09.08(DSD)		Need for more meetings and capacity building
	Plans built into operational plan (DSD)		
	Launch of the Victims charter in the province on 12.09.08		Insufficient public education regarding the charter
Committee on the implementation of the charter in existence			No proper implementation of the charter esp. with regards to the protection of the family
	Increase in no. of cases – indicates knowledge about		More marketing is still needed

	the service		
	Monitoring and evaluation through reports- submitted monthly to NPA and Health		
	Audit assisted in collecting data from different stakeholders	Lack of uniformity in data collection	
<b>Effective, comprehensive and sensitized service delivery (incl Accessibility)</b>	Service providers: (VAO, volunteers and 2 forensic nurses) appointed and placed at the hospital	Centre not yet built: still under construction  Challenges with the contractor	TCC model not yet effective-  Still striving to reach the TCC model (blueprint)
	Effective service rendered by NGOs and departments		
	Centre being built in KaBokweni and not KaNyamazane (which was identified)- however this site (KaNyamazane) identified by the audit to be a satellite TCC	KaBokweni was not identified in the previous Indaba	Centre needed for KaNyamazane, Embalenhle
	KaBokweni was identified in the first audit		
	Induction on norms and standards conducted- covered in the training		Need for more training on ethics (e.g. confidentiality) for all service providers
	Multi disciplinary training conducted , last year, 2008 and periodically	Training not sufficient	More training for doctors, nurses, SAPS, educators (training should be for the

			holistic team)  Need for more trained personnel
		No 24 hr comprehensive service delivery	Need for social workers and nurses (24 hrs)
	Provisions in place from SAPS with regards to taking of photographs (SAP 308 form)		Need for guidelines to regulate taking of photographs
<b>Resources and capacity (incl Infrastructure)</b>	Clear commitment from various partners and stakeholders e.g. Social workers, psychologists, forensic nurses, VAOs, volunteers, doctors, NGO services, SAPS	Specialized service providers not yet recognized esp. with regards to pay progression (PMDS, OSD) etc  Lack of doctors – affects their commitment to attending to rape survivors  Government departments short staffed*	Need to utilize human resources that NGOs have to offer  Trained doctors designated to the TCCs
	Case Manager has now been appointed for the centre  Nelspruit Magistrate’s Court is a dedicated sexual offences court		No document regulating relationship between the case manager and the sexual offences prosecutor Budget required for the maintenance of the specialized courts e.g. child friendly room(s)
		Centres operating without the	Need for more resources esp.

		relevant resources e.g. beverages for survivors	w.r.t government departments: e.g. more training for doctors, nurses and SAPS
	Referral system in existence.	No continuity of care and opens up to secondary victimisation  Lack of synergy in service provision	Multi-disciplinary approach must be replicated to all departments
	Two(2)debriefing sessions conducted for health officials in 2008	Two sessions- not sufficient	Need for a collaborative effort and more sessions on debriefing inclusive of other stakeholders..
	Social workers and psychologists available (on weekdays) to assist children	Lack of child friendly material e.g. toys etc and lack of child friendly space in the centre  Children sometimes not properly assisted due to a lack of resources	Need for a playroom for young children in the centre
	NGOs assisting, NPA assisting w.r.t VAO and case manager Health assisting w.r.t health personnel	No proper clarification of budgetary obligations, responsibilities and duties	Need for clarity with regards to budgetary responsibilities and allocation: Who is doing what? Who is funding what?