**THE SOUTH AFRICAN DEPARTMENT OF HEALTH (DOH), STRATEGIC PLAN 2014 – 2019**

“*In South Africa, the biggest challenge is the provision of quality and affordable healthcare for all. One of the strategies to support the demands of shareholders, government and customers will be the effective use of ICT and leveraging technology to support profit growth, affordable healthcare, quality healthcare and improved customer service.”*

**OVERVIEW OF TEARS FOUNDATION**

TEARS Foundation provides victims of Rape and Sexual Abuse access to assistance, by utilizing existing technology, and re-purposing it to assist in the prevention of abuse (sexual, physical, domestic violence), encouraging victims to report their abuse, and increase conviction rate of perpetrators.



**THE PROBLEM**

Children are vulnerable and at the mercy of adults and should be protected and nurtured by those bigger and stronger, unfortunately many need an unknown hero.

Ending violence against children isn’t a “cuddly” campaign. To support and advance this cause is to face and acknowledge the ugly side of humanity. Indeed, the wall of silence and taboo still surrounds violence against children, and the sheer scale of this most widespread of human rights issues often become an obstacle that prevents people from getting actively involved with this cause.

*“Hundreds of children are abused, beaten, tortured and raped – atrocities beyond anything I have ever heard of, or imagined. For a problem, so big and complicated, where do you begin? What I have found and believe, is that you begin somewhere, anywhere, but you must begin. You must act. And that is what I did when I started TEARS Foundation: to transform education about rape, abuse and sexual violence!” Mara Glennie, Founder TEARS Foundation*

Primarily self-funded, we have developed a service, Medi-App, to record physical and behavioral indicators of child abuse and neglect in a way the perpetrators can be identified and brought to justice.

**OUR INNOVATIVE SOLUTION**

**ABOUT MEDI-APP**

Medi-App is a cloud-based system which facilitates the capturing of relevant information relating to vulnerable groups (current trial focuses on children u/12). Our solution assists and enables medical practitioners in identifying child abuse (sexual, violent or maltreatment) and records their suspicions or scepticism, and possibly identify with a greater certainty whether a case should be reported for further investigation. The medical practitioners can track if multiple entries have occurred for a single individual, and can access other related electronic reports, within the system.

This is vital as many abusers/perpetrators utilise different medical facilities to receive medical treatment for themselves or their victims to intentionally avoid detection, and Medi-App enable medical practitioners to easily detect if the child has routinely visited other medical facilities, thus resulting in more convictions, higher vigilance by medical practitioners and identifying of perpetrators.

**OUR INNOVATIVE SOLUTION continued…**

Currently, there is no national system to track health records of individual citizens, including victims of abuse. A patient’s records are generally kept at various facilities with no way of connecting the files and determining that the information belongs to the same person. This makes it difficult to treat patients effectively, particularly in emergency situations, as medical practitioners may not have all the relevant information required, such as current medication, allergies of the patient or past injuries they incurred.

Medi-App will enable the patient’s records to be available immediately, containing relevant information of past injuries, treatments and dates admitted/treated by authorised personnel only.

Medi-App establishes a framework to be expanded nationally and has the potential to be replicated globally.

**Long-term Outcomes**

* Our innovation accrues to society as the spill over effects the understanding and care of survivors
* Our innovation when scaled up, will inform public policy making since it provides unique sought-after information
* Enable children to live in a society that upholds the basic human right to dignity

**Broader System Impact**

**Common Agenda**

All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions

**Shared Measurement**

All participants agree on the ways results will be measured and reported, with a short list of common indicators identified and

used for evaluation

**Mutually Reinforcing Activities**

All stakeholders, across all participating sectors, share a mutually reinforcing

 plan of action

**Continual Communication**

All players engage in frequent open communication to build trust, assure mutual objectives, and create a common motivation

**Backbone Support**

We provide ongoing support by guiding the initiative’s vision and strategy, supporting aligned activities, establishing shared measurement practices, advancing knowledge, and mobilising resources

**Long-term Community Impact**

* Implementation of the service will create awareness of physical and behavioural indicators of child abuse and neglect and make the community at large aware
* Frequently only the physical indicators are noted. These indicators or warning signs of abuse are evidence that something is happening that should be identified for remedy.

**Transformational Community Impact**

Medi-App is addressing the lifetime prevalence of violence against children and aims to support and enhance the development of appropriate and targeted policies and interventions.

Implementation has brought greater awareness of child abuse and a commitment to dealing with it which has been shown in the overwhelming support of the app

**PLAN TO SCALE**

* Medi-App is a replicable product that is feasible, scalable and replicable and we plan to roll it out nationally (to every medical facility, clinic, etc) and ultimately replicate globally.
* We need to add sales and training teams therefor we need to invest in headcount to accelerate (and scale) the service.
* Scaling Medi-App involves strategic spread, rather than sprawling out. This involves negotiating sustainable income rather than once-off grants or capital; handling effective supply and demand (evident results); leading organisational change (founders are replaced by managers); choosing the right organisational form (grow the organisation, license, franchise, etc.)
* We have developed a systematic and effective strategy that is not costly and revolves around the “buy-in” from the participants which is one of our key strengths.  All present users actively support Medi-App, hence our word-of-mouth endorsement will play a vital role in the implementation and scale-up.
* Medi-App is cost-effective and scalable and aims at maximizing value for patients i.e. recording information, achieving the best outcomes at the lowest cost, towards a patient-centred system organized around patient outcomes, to deliver high-value outcomes whilst ensuring that the medical information is available for convictions of perpetrators.

**PARTNERSHIPS/COLLABORATIONS**

* Multi-sectorial collaborations and partnerships are vital for Medi-App.
* We have garnered the collaboration of all the participants who are made aware that Medi-app will enhance the quality of services and benefits and they will be able to make more efficient use of resources and improve the lives of children by utilizing Medi-App.
* Support and train medical practitioners (this is a crucial element as this is one of the excellent aspects).
* Flexibility – we have amended the questions, in collaboration with all of the medical practitioners, so they are ‘fit-for-purpose’ and we foresee this as an ongoing process.
* Identify a common purpose, improve the connections between services or between people and services to improve outcomes.

**RESULTS ACHIEVED TO DATE**

During the Proof of Concept (2015), an 8 week period (which took place over 3 months).

Participants:



Within these numbers there were several cases opened at police stations that are under investigation. The youngest victim of abuse, at the time of visiting the medical facility, was 3 weeks of age.

Approval has been received for the next trial from January 2017 (6 months) thereafter national roll-out will commence.

**RESOURCES / PEOPLE**

**People**

We need dedicated professional people – Medical Practitioners, Trainers, and Trauma Counsellors. First year we will identify the personnel we require for national roll-out

Key focus – reliable, innovative personnel who will work on a contract basis and possible implementation of youth training e.g. Microsoft

**Resources**

Implementation of licencing model for software with all the relevant terms, conditions, documentation, protocol, procedures and control for sales and roll-out

Envisage partnering with other NGO’s and NPO’s e.g. TCC, Childline, etc

Support from communities, police and other private security organisations

Business support and funders

