



Process Evaluation of Global Fund-Funded NGO Services at Thuthuzela Care Centres Sexual & Reproductive Health (SRH)

Final Evaluation Report
July 2018

PROCESS EVALUATION OF GLOBAL FUND-FUNDED PSYCHOSOCIAL SERVICES PROVIDED AT THUTHUZELA CARE CENTRES – SEXUAL & REPRODUCTIVE HEALTH

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Evaluation Conducted By Creative Consulting and Development Works (PTY) LTD

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SEXUAL AND REPRODUCTIVE HEALTH

This report addresses the evaluation question on needs¹ for follow-up support in terms of:

1. Emergency contraception; and
2. Choice on Termination of pregnancy (CCTOP) services.

THE ROLE OF SUB-RECIPIENTS IN THE DELIVERY OF EMERGENCY CONTRACEPTION AND TERMINATION OF PREGNANCY SERVICES

Both emergency contraception and termination of pregnancy are services rendered by Department of Health Health Care Professionals (HCPs) either at Thuthuzela Care Centres (TCCs) or at the health facilities in which some TCCs are located. Accordingly, evaluation participants described DOH HCPs as providing emergency contraception services within the TCC, while CTOP services are largely referred to the Gynaecological Departments within the hospital where the TCC is located. In instances where the hospital does not have a Gynaecological Department to provide CTOP services, survivors are referred by DoH HCPs to outside neighbouring clinics or hospitals providing CTOP services. Whilst most clients reporting to TCCs were noted to receive emergency contraception, referrals for CTOP were reportedly seen less frequently. HCPs were noted as the personnel who provide significant information on the CTOP options available, should patients qualify to pursue CTOP procedures. Referral to a psychologist was also mentioned as part of the CTOP process. This finding was reported consistently across by all evaluation participants across the TCC sites sampled.

“That one, we’re not much in, we’re not actually involved in that, because as I said, we’re not dealing with HIV AIDS comprehensively, we’re a social work based organisation, so we’re not involved in the CTOP or sexual reproduction and [inaudible]. When a client comes here for the termination or the reproduction [inaudible] it is actually the nurses who are dealing with it and the doctors, not us per say, we try to do the psychological part of it.”
– SR Programme Manager or Director

Although SRs reported no direct involvement in the referral process for emergency contraception/CTOP or the related referral activities, they did report **involvement in the psychological part of this process**. SRs saw the **provision of psychosocial support and follow-up as their primary role** within these services. This included:

1. **Psychosocial support** which included both **counselling on the decisions surrounding the CTOP** as well the **further psychosocial support around other issues of Sexual Reproductive Health (SRH)**.
 - a. CTOP counselling is reportedly provided **directly after a client’s initial consultation** with DoH HCPs, **after a decision around CTOP has been made**, and thereafter **as and when identified or required by the client**.
2. **Follow-up support**. In accordance with the follow-up systems illustrated for long-term psychosocial support and Post-Exposure Prophylaxis adherence, SRs perform similar roles in terms of following-up with the SRH outcomes of survivors. This included **following-up with clients to determine whether the CTOP had been successful**.

¹ In the clarificatory phase of the evaluation it was determined that these needs would be those subjective needs as perceived by evaluation participants via interviews conducted at TCCs.

Follow-up support was undertaken by social auxiliary workers/ first responders and social workers through **home visits, telephone calls**, as well as **follow-up with referred service providers**.

3. **Understanding referral networks for CTOP and linking clients to relevant service providers** based on their needs.
4. **Recording and reporting** of all support and follow-up activities.

“The NGO in this instance - they do the...the home visits - which is also the follow-up. Just to know how their state of mind is, how the sessions was that they received the services, do they need any more services, did they complete the PEP, all those things. And there was a CTOP that had to be done, was it done successfully and things like that.” – SAW/FR

CHALLENGES IN SRH SUPPORT AND FOLLOW-UP

In accordance with themes reported in relation to follow-up support provided to survivors for PEP adherence, **challenges in relation to accessing client files from DoH were also reported in relation to emergency contraception and CTOP services**. Since emergency contraception and CTOP fall within the mandate of DoH, SRs require access to DoH client records and follow-up information in order to perform the follow-up services. As reported in the PEP section of the main evaluation report, **where there is a good relationship between SRs and DoH, access to client information for the purposes of client follow-up is facilitated**. However in instances where these relationships are not optimal, SRs frequently report the inability to access did not have access client records. Consequently, this **restricted access inhibits the SR from performing a follow-up role** in relation to emergency contraception and CTOP.

“It is really hard, because there is no way we can access that confidential information to see whether the client went for CTOP when CTOP was requested. We don’t know if they went there, or they were convinced otherwise or if they rocked up?” – SR Programme Manager or Director

FURTHER NEEDS OF SRs

SRs report the need for further training in SRH topics as well as the need to strengthen the relationships between the TCC service providers, as a means to support the SRs SRH role at the TCCs. This is further discussed as part of the recommendations section in the main evaluation report.

“Well I think training on all aspects and continuous training is always needed because things change so much especially on termination of pregnancy for the social to work more effectively deal with the clients that wants to do the CTOPS. So I think continuous training is always needed regarding the health sector because we as social workers are not always clued up with everything.” – SR Programme Manager or Director