



CASE STUDY

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Implementation Successes of the
Global Fund TCC Programme

Background

The Global Fund ZAF-C grant, implemented from 1 April 2016 to 31 March 2019, intends to strengthen South Africa's national response to HIV, TB and STIs within the GBV sector. As Principal Recipients of the grant, NACOSA and AFSA manage this via the disbursement of funds to NGO implementation partners who are responsible for direct service delivery through strategic interventions.

Within the broader Global Fund GBV grant, the Thuthuzela Care Centre (TCC) programme provides finances to community based organisations to place Social Auxiliary Workers (or first responders) and Social Workers at TCCs and designated centres to support government service providers and to fill the gaps in the provision of psychosocial services to survivors.

This case study was developed as a part of a process evaluation conducted in between 2017 and 2018 to assess the progress and quality of the implementation of services provided by these NGOs. The focus was on identifying factors that were affecting implementation and providing recommendations that aim to assist in strengthening the programme via the improvement of the implementation quality of psychosocial services for the remainder of the grant period

This case study highlights success in the implementation of services by of Global Fund-funded NGOs based at TCCs across South Africa. 18 AFSA - and NACOSA - funded NGOs are represented in this case study, which focuses on the implementation of quality psychosocial support services for rape survivors provided at TCCs.

Key Implementation Successes:

-  **1. NGOs are specialised in dealing with rape survivors**
-  **2. NGOs assist in providing 24-hour services**
-  **3. NGOs assist in the provision of longer-term psychosocial support**
-  **4. NGOs use quality standards in the provision of psychosocial support**

Stakeholders across evaluation sites believe that NACOSA- and AFSA-funded NGOs offer services that were essential to the functioning of TCCs. There is an immense need for the specialised skills of first responders and Social Workers that enable TCCs to serve extreme and difficult cases.

"If we do not have any NGO support, it means the psychosocial services are going to literally come to a standstill. There is going to be such a long waiting list for this one Social Worker. And she does not even specialise in children. So, the presence of the NGO here is of utmost importance. They really do a major, major part of the service."

- TCC Doctor



NGOs provide key psychosocial services required at TCC's and play a critical role in ensuring 24-hour services. In order to achieve programme outcomes, it was essential that NGO staff took an approach to working that focused on trauma-informed care and strong client follow-ups. Given the immense challenge of working with traumatised clients, the most important way to ensure a strong approach was to provide staff with supportive inputs. These are described in further detail the following sections of this case study.

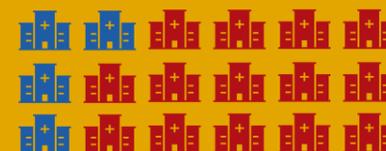


24-Hour Service Provision

One of the most significant contributions of NGO first responders and Social Workers was their ability to assist in ensuring that TCCs are operational after hours and on weekends. NGO first responders and Social Workers assist other TCC service providers in ensuring that TCCs remain functional 24/7 to ensure survivors receive services and can start the healing process.

"They are doing it 24 hours. So it makes it easier because some victims would come at night, we are not here as the NPA. But they are working with them. It makes our work easier as well, they will refer back to us on the cases that was reported overnight."

-NPA Site Coordinator



14 out of 18
TCC's offering 24-hour
service with assistance from NGOs

Specialised in Dealing with Rape Survivors



The responses by evaluation participants highlighted the skill and attention required to respond to survivors of sexual assault. Called 'trauma-informed care', a unique set of skills, techniques and tools are utilised by NGOs and this was noted as a key success of implementing quality psychosocial services for survivors.

One of the most important skills first responders use is non-judgemental listening techniques.

"I'm not here to judge them I'm here to comfort them and empathise with their situation."

Since survivors lack control over the initial trauma, it is of upmost importance that they are given choices in their response to the incident. One technique is to invite survivors to return for additional services later as highlighted by a first responder:

"What I normally do is let them be calm and say to them, "If I understand you correctly, you said you don't [want] help?" And so I leave her because you cannot force her. But I explain that should she need to talk she can always come back here at the TCC or call."

When survivors enter a TCC in a traumatised state, it is difficult to offer further services such as statement taking and PEP initiation. The act of calming survivors and alerting them about what to expect helps other service providers (i.e. NPA and DoH) to be more effective and efficient.

"You know what it makes our life easier? Remember most of the time the patients come in such a terrible state. At least when the first responder is there, [they] counsel the patients, calm the patients down and give patients guidance on what is going to happen. So I find the patient fairly calm, cooperative."

- TCC Nurse

Longer-Term Psychosocial Support



A key role played by NGO staff is the provision of longer-term psychosocial follow-up services for survivors after they have left the Centre.

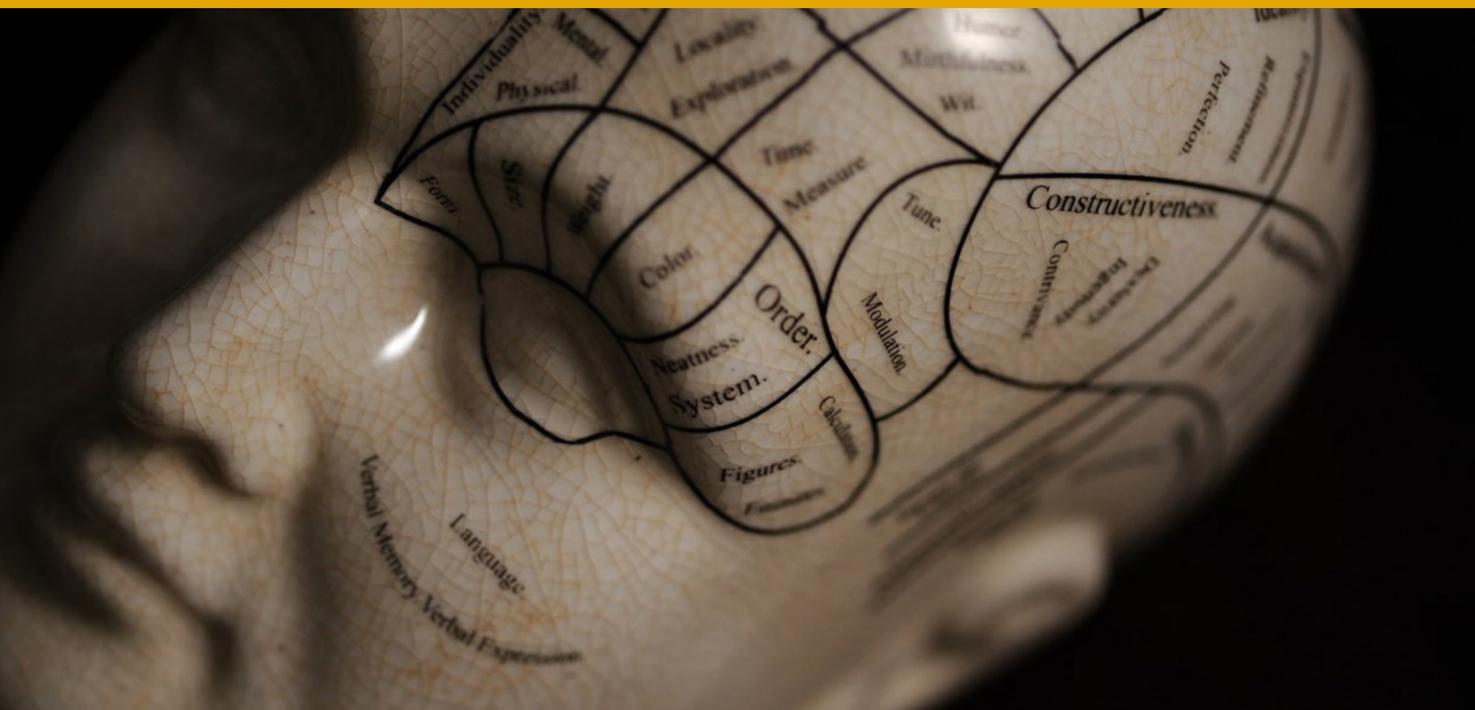
Home visits were seen as a way to assist survivors who may not have been able to return to the TCC for additional psychosocial support services. Evaluation participants spoke about the importance of the NGO's role in tracing and retaining clients.

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Other service providers spoke highly of AFSA- and NACOSA-funded NGOs, describing their approach as "extremely dedicated" and "passionate". This commitment to the importance of the TCC model was overarching and reported widely across evaluation participants.

"Given their scope of practice, I think what they do is beyond, actually they are going the extra mile. Like if I have a client who needs to take a bath, they will be the ones who run around fill the bath for me, help assist me when there is somebody who really needs help washing, they also going there, which I feel is not really part of their duty."

- TCC Nurse



Quality Standards used for the Provision of Psychosocial Support

TRAINING

Training is a key method for supporting staff to conduct the difficult work of counselling survivors. Ongoing training received by AFSA and NACOSA training initiatives, training offered through TCC stakeholders (i.e. the NPA), as well as ad hoc internal training offered by NGOs (according to the needs identified by staff), functioned as a mechanism for ensuring quality psychosocial services were provided to survivors.

"We budget a yearly amount of funding for training and each worker can apply if they see there's something that interests them in a specific area."

- SR Manager

Staff themselves valued the chance to train on new topics in regular intervals and this was seen as a benefit of the job. One Social Auxiliary Worker noted , "There were advanced sessions like trainings on HIV, domestic violence. Each month we will be trained for about a week on something."

QUALIFICATIONS AND EXPERIENCE OF NGO STAFF

The introduction of qualified Social Auxiliary Workers has had positive effects on the quality of psychosocial support service provision. The services lay counsellors were able to provide in previous grant tranches were seen as limited and Auxiliary Workers' ability to implement continuous longer-term support services via conducting follow-ups both in terms psychosocial support and PEP adherence practices was seen as an implementation success of the programme.

OVERSIGHT AND MANAGEMENT

A further key input highlighted in NGOs' ability to render high quality services was the oversight and management provided by:

1. SR Directors and Programme Managers who ensured quality service provision via careful management of caseloads; and
2. TCC stakeholder discussion forums which provided a space for troubleshooting and problem solving.

