CASE STUDY

4

Sustainability of Psychosocial Support Services for Rape Survivors

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 outlines the anticipated impact of the loss of NGO services on the functioning of TCCs at the close-out of the GBV Programme funded by the Global Fund. Methods for dealing with the loss of funding proposed by NGOs are presented and these efforts are then located within the broader landscape of funding for post-rape care. Final conclusions are drawn around broadening approaches to post-rape care beyond the TCC model. Recommendations around how these may be pursued are addressed in case study 5.

Given the trends of decreased and insufficient funding across the GBV sector, there is immense concern that the current funding for psychosocial services at TCCs is largely insufficient.

Anticipating the end of the Global Fund ZAF-C Grant in South Africa

The end of the grant period will have dire consequences for the services currently offered should the services not continue to be funded by another donor or government. Loss of NGO services was expected to affect:

- **Availability of services after hours and on weekends.** A time at which health staff are most unavailable and clients most in need of care.
- **Quality of services.** It was highlighted that services may suffer and their psychosocial dimensions be lost, thus reducing the TCC to a health and legal service only. It is unlikely that the PEP adherence support offered by NGOs would continue.

"Mmmh, Yoh! I just told you now, oh my God where will we get a social worker if they are not around? Meaning that I will have to send my patient home uncounselled and come back after five days and have this person now who is so suicidal. No! It will not work! No!" **- TCC Nurse**

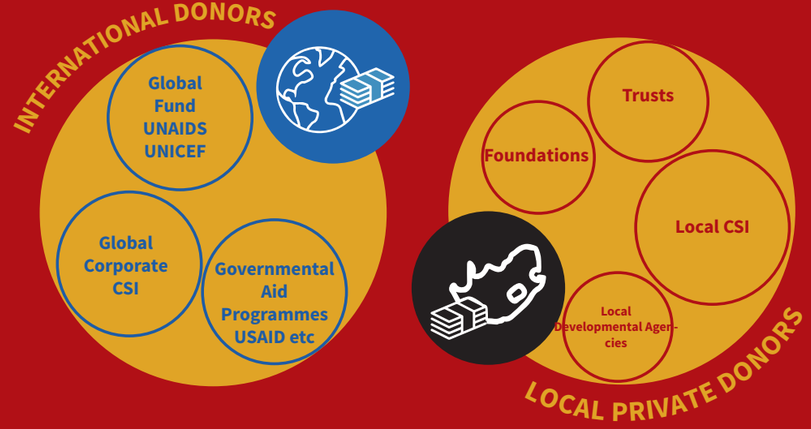
Some TCC service providers had previously experienced the effects of the loss of NGO services following the ending of funding contracts while others had worked at health facilities without the kind of integrated support offered by NGOs and were thus able to contrast these with services where NGOs were present.

Sources of Funding

At the time of the evaluation, NGOs derived funding from a combination of government and private sector funding and other income generation schemes.

It was not clear how NGOs planned to expand upon these funding sources and few had detailed or systematic proposals for exit and sustainability strategies. Some SRs reported having held financial planning meetings and participating in AFSA or NARCOSA-run sustainability training workshops.

Most had identified a range of potential alternative funders and many had funding proposals in the pipeline to these potential supporters. This predominantly included applications to the Department of Social Development (DSD). Other private funders included foundations and trusts, local development agencies, local CSI efforts, and international donors as illustrated below.



PRIVATE FUNDING

Challenges with private and international funding from donors are often due to the fact that donors:

- Often do not prioritise care and support services for funding - this is seen as the responsibility of government.
- Often do not see the appeal of care and support services as they seemingly lack novelty and do not appear innovative.
- Tend to favour funding prevention activities over services.
- Believe that work with women has not been effective in stopping violence.
- Have difficulty in seeing how post-rape care and support is directly linked to HIV and where TCC services could be located programmatically.

Corporate funders do not appear to be a ready source of financing either as the social welfare sector attracted only 15% of corporate social investment with victims of violence and abuse receiving 4% of the funds disbursed within this category.

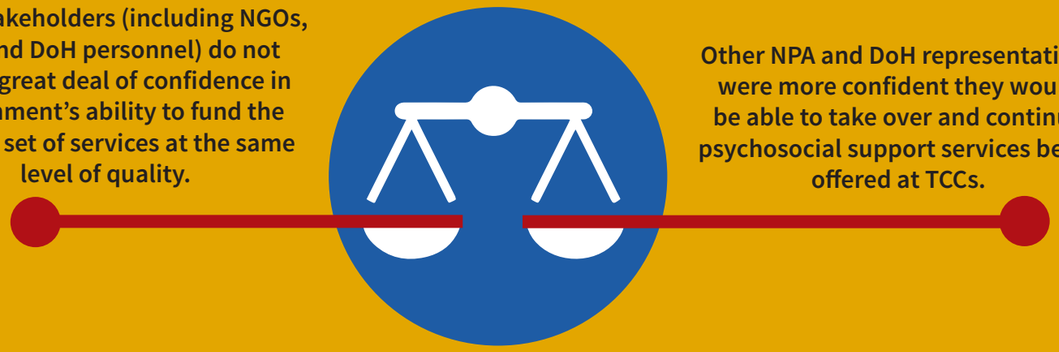
Against this backdrop, NGOs reported experiencing many challenges in trying to attract and manage diverse, changing and unpredictable funding sources since this:

- Requires juggling reporting and auditing requirements for multiple funders;
- Makes long-term planning difficult;
- Limits NGOs' ability to sustain quality services and retain experienced staff; and
- Limits NGOs' ability to develop of services to better meet beneficiaries' needs.

GOVERNMENT FUNDING

Whilst evaluation participants in more than half of the sampled TCCs mentioned that the government (through the DSD given their leadership of the victim empowerment programme) would (or should) take over funding for psychosocial services provided to rape survivors, opinions on government's ability to do so were mixed.

Some stakeholders (including NGOs, NPA and DoH personnel) do not have a great deal of confidence in government's ability to fund the current set of services at the same level of quality.



Other NPA and DoH representatives were more confident they would be able to take over and continue psychosocial support services being offered at TCCs.

*"[But] some of the systems, they are not yet changed regarding the gender-based violence, especially in South Africa...***if you're going to depend on government alone, you're not going to win this war.***"**

- Site Coordinator or Victim Assistance Officer

*"Well I think even of i***t is provided by government I think it will still benefit the survivors... Because they will be providing sort of the same service to the survivors, a holistic service to the survivors,** *like I said, with training and monitoring, ja it can work."*

- SR Programme Manager or Director

"...If they deliver a generic service...community development workers, **these people are not immersed in the topic of sexual violence which is a highly complex and specialised field.** *You need [a] certain character and ethos. All these things come from specialised NGOs that [is] the model."*

- SR Programme Manager or Director

The Department of Social Development and the Funding of Services

Social welfare services in South Africa have historically been provided through money allocated by the DSD towards the provision of social welfare services by the non-profit sector. However, only a subsidy, or partial payment of the full cost of the service, is contributed because it is expected that NGOs will source the balance of their costs elsewhere.

Services receive a small percentage of the DSD's overall budget (i.e. 10%, with the remaining 88% spent on grants and 2% on administration) which:

- Is distributed through the provincial departments of social development.
- Experiences considerable variation across provinces since the size of the subsidy is at the discretion of the province, rather than standardised through national policy.
- Is inadequate to meeting the full cost of the service and has not kept pace with inflation.

Global Fund funding allocated to first responder and Social Worker salaries is more generous than DSD subsidies. Should NGOs be made solely reliant on DSD subsidies following the end of the current grant period, this could present difficulties in terms of NGO workers' rights.

Further challenges likely to be experienced by NGOs in the funding of psychosocial services to rape survivors include:

- Government's increasing focus on prevention over services with care and support the activity least-funded by government. This is likely to be further entrenched through the Integrated Programme of Action Addressing Violence Against Women and Children (2013–2018) developed by the Inter-Ministerial Committee on Violence chaired by DSD.
- The difficulty NGOs may experience in putting pressure on government to fund psychosocial services at TCCs given that so many of them depend on government funding for their survival.
- The fact that, despite a wealth of knowledge on the problems of sexual assault and HIV, little is known known about the urgent lack of funding for critical services across South Africa to address these problems.

Beyond TCCs: Broadening Approaches to Post-Rape Care

TCCs are not the only example of post-rape care in South Africa and at least two alternate models exist which include:

- Kgomotso Centres in North West Province established through the provincial DoH
- 210 designated facilities established by the national DoH which provide clinical forensic medicine services and PEP

However, since hospitals are not evenly distributed across districts and provinces, their accessibility is limited.

DoH MODEL OF POST-RAPE CARE

The national DoH reported planning to develop a model of rape care based at identified clinics linked to police and court structures in order to make services more accessible to a greater number of rape complainants. However, the Department is experiencing challenges for the following reasons:

- Sexual violence can fall under Maternal, Child and Women's Health, as well as Clinical and Forensic Medicine, and HIV/AIDS resulting in blurred lines of responsibility.
- The budget for post-rape care and associated activities is limited and extracted from the budget allocated to PEP under the HIV/AIDS programme.
- T• The Sexual Offences and Related Matters Amendment Act, which came into operation at the end of 2007, necessitated changes to existing health policy, protocols and management guidelines. A draft of the revised policy and management guidelines was completed by 2012, however, these have not been finalised due to disagreements over the section dealing with PEP. The management guidelines on PEP, both for occupational exposure, as well as rape, are only now in the process of being drafted and discussed.

Expanding the reach and number of post-rape care services through health facilities:

- Does not expand the scope and ambit of this care but simply increases the number of sites offering such care.
- Does not solve the existing problem that post-rape care is being primarily driven by the objectives of the legal and health systems and only secondarily by those of psychosocial services.

It is this habit of treating psychosocial services as a means to other ends, rather than a good in their own right, that guarantees the ongoing precarity of NGO services. Until and unless they are seen as core, psychosocial services will continue to be treated as add-on services always subject to the ongoing availability of funds. One way to address this is to develop a model of comprehensive post-rape care.

POST-RAPE CARE: A COMPREHENSIVE APPROACH

Offering comprehensive post-rape care should be implemented by identifying:

1. Various elements
2. Where these elements are best located
   - Police stations, health facilities or courts
3. When these elements should be offered in the process of coping with a rape
   - Crisis or long-term integration
4. Different modalities of service that may be required
   - Individual or group counselling, for example
5. The need to adjust the model to meet the demands of rural, peri-urban and urban areas.