Sustainability

The Gender Based Violence programme, funded by the Global Fund, supports community based organisations to place social auxiliary workers (or first responders) and social workers at Thuthuzela Care Centres (TCCs) and designated centres to support government service providers and to fill the gaps in the provision of psychosocial services to survivors of sexual violence.

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.

Anticipating the end of GBV funding

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. The end of the Global Fund 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.

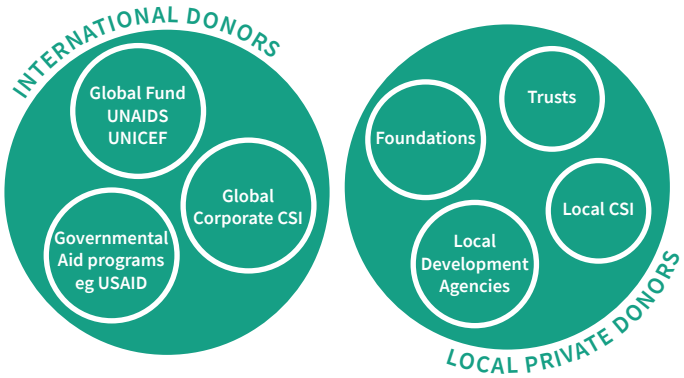
"Yoh! I just told you now, oh my God where will we get a social worker if they are not around? Meaning that I will have to send my patient home uncounselled and come back after five days and have this person now who is so suicidal. No! It will not work! No!" Nurse

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 organisations reported having held financial planning meetings and participating in 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.

"Some of the systems are not yet changed regarding the gender-based violence. If you're going to depend on government alone, you're not going to win this war." Site Coordinator

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
- Limits NGOs' ability to develop 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.

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

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 about the urgent lack of funding for critical services across South Africa to address these problems.

Broadening approaches

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.

"We cannot say TCCs should be a sole responsibility of the Department of Health, because if we say that, then we are implying that the NPA services or the psychosocial services are not important... are not primary. I do not believe that we should make it a sole responsibility of one department. It needs to be a collection of stakeholders coming together."
Doctor

DEPARTMENT OF HEALTH 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.
- 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 precariousness 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.

> ***"Amongst the NGOs we do not have common understanding when it comes to advocating issues because some of them would say once I raise my issues with government they no longer fund me, so it makes it difficult for us to speak with one voice at the end of the day. But if we make noise, the government will be left with no option but to support us."*** Programme Manager

A comprehensive approach

Offering comprehensive post-rape care should begin by identifying its various elements. These would likely include:

- **Health care and treatment** for injuries, sexually transmitted infections (including HIV) and preventing pregnancy (among other things).
- **Victim advocacy and support** during different aspects of the evidence-gathering and trial process.
- **Psychological first aid** and other forms of crisis intervention.
- **Short-term counselling** (including to family members also affected by the rape).
- **Longer-term therapeutic assistance**, including for substance abuse and more complex psychological difficulties.
- **Psychiatric treatment** and intervention.

Once these components have been defined, it then becomes possible to identify where these are best located (i.e. police stations, health facilities or courts), when they should be offered in the process of coping with a rape (crisis, long-term integration), as well as the different modalities of service that may be required (i.e. individual or group counselling). This model would also need to be adjusted to meet the demands of rural, peri-urban and urban areas.

Recommendations

To sustain existing NGO services at TCCs, it is recommended:

1. ***Lobby the Global Fund to continue to support the funding of TCCs.***

2. ***Continue involvement in the care work project housed by the Shukumisa Coalition which has developed a strategy with partner organisations that seeks to influence how this money is allocated, including a focus on post-rape services.***

3. ***Track the release of the Victim Empowerment Bill for comment. In theory, this Bill, once enacted, ought to institute a legislated commitment to the funding of services. As it has not yet been circulated for public comment it is not possible to comment on whether it actually does so. Every effort should be made to ensure that this Bill does indeed allow for the effective funding of post-rape care, as an aspect of victim empowerment.***

4. ***Engage with the national Department of Health's proposals to expand health services to rape patients at clinic level. Even though unlikely to be able to financially support these services, a great deal has been learned through the Global Fund grant about the provision of psychosocial services in the context of health facilities. It is important that this knowledge be shared.***

5. ***Conduct further analysis and sharing of monitoring data. Consider establishing partnerships with research organisations to encourage the analysis of data to further understand the impact and use of the grant. This could be used to show the value of NGO psychosocial services at TCCs to Treasury and would also benefit advocacy at provincial level.***

This case study is part of a process evaluation conducted between 2017 and 2018 to assess the progress and quality of the implementation of services provided by NGOs in Thuthuzela Care Centres as part of the Global Fund grant, Investing for Impact against Tuberculosis and HIV. The evaluation was conducted by Creative Consulting and Development Works for the AIDS Foundation of South Africa (AFSA) and the Networking HIV & AIDS Community of Southern Africa (NACOSA) with funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria.