



NACOSA

Maximising HIV Prevention Efforts in Post-Rape Care in South Africa

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SVRI Forum

23 October 2019



PROGRAMME BACKGROUND

The Global Fund Grant

- 1 April 2016 – 31 March 2019
- Investing for Impact against Tuberculosis and HIV
 - Reduce new HIV infections by at least 50% using combination prevention approaches
 - Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation
 - Reduce the number of new TB infections as well as deaths from TB by 50%
 - Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP
 - Reduce self-reported stigma related to HIV and TB by at least 50%



Social awareness & shifting norms workshops
Police officer training

Economic Empowerment
HIV Testing Services

Intimate Partner Violence,
Thuthuzela Care & Designated Centres
IPV & rape survivors: HIV Testing Services, Counselling

GENDER BASED VIOLENCE BASKET OF SERVICES

PRIMARY PREVENTION

SECONDARY PREVENTION

TERTIARY PREVENTION & RESPONSE

NATIONAL ADVOCACY CAMPAIGNING
Stop Gender Violence | Consultations

3,072
young women
& men

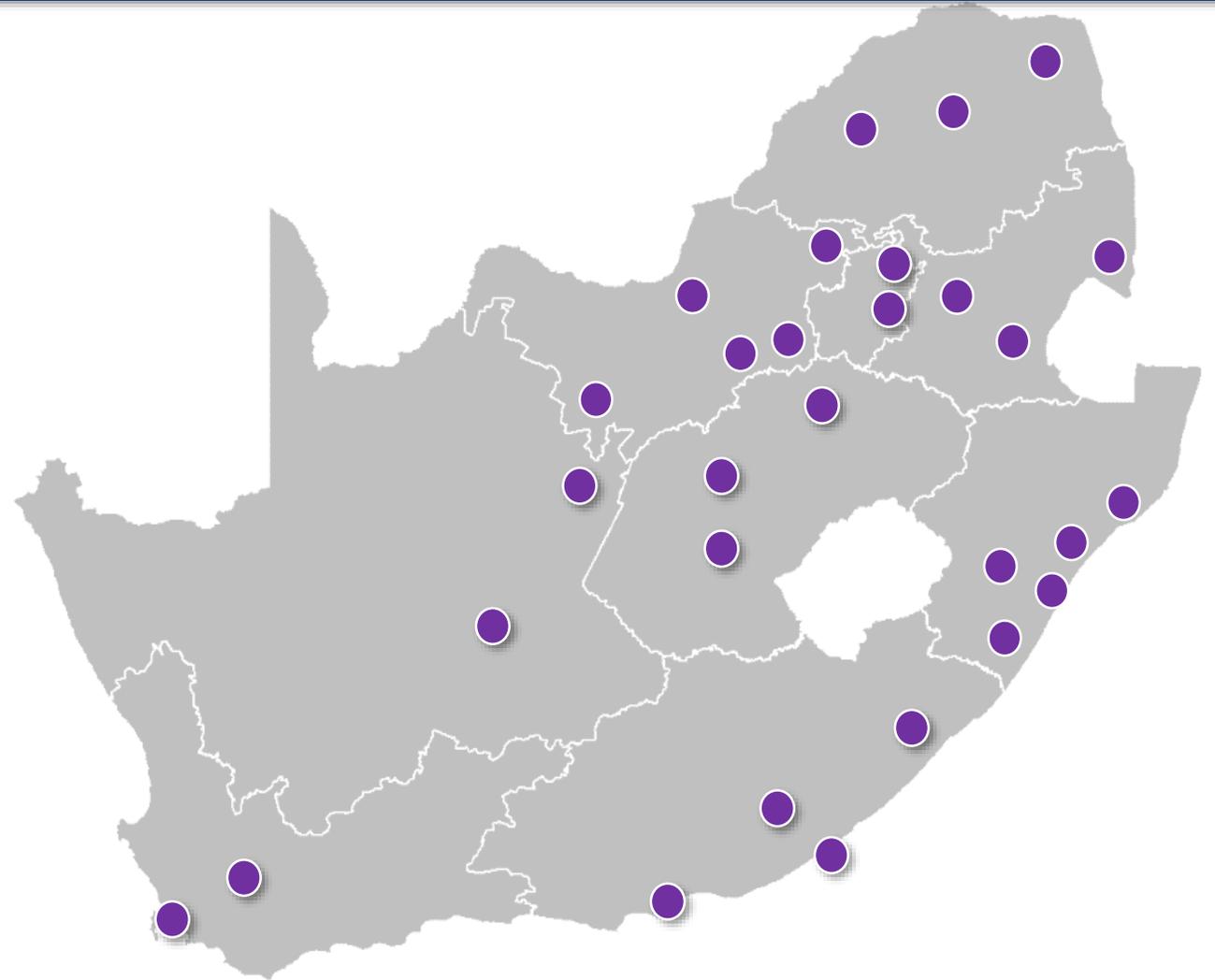
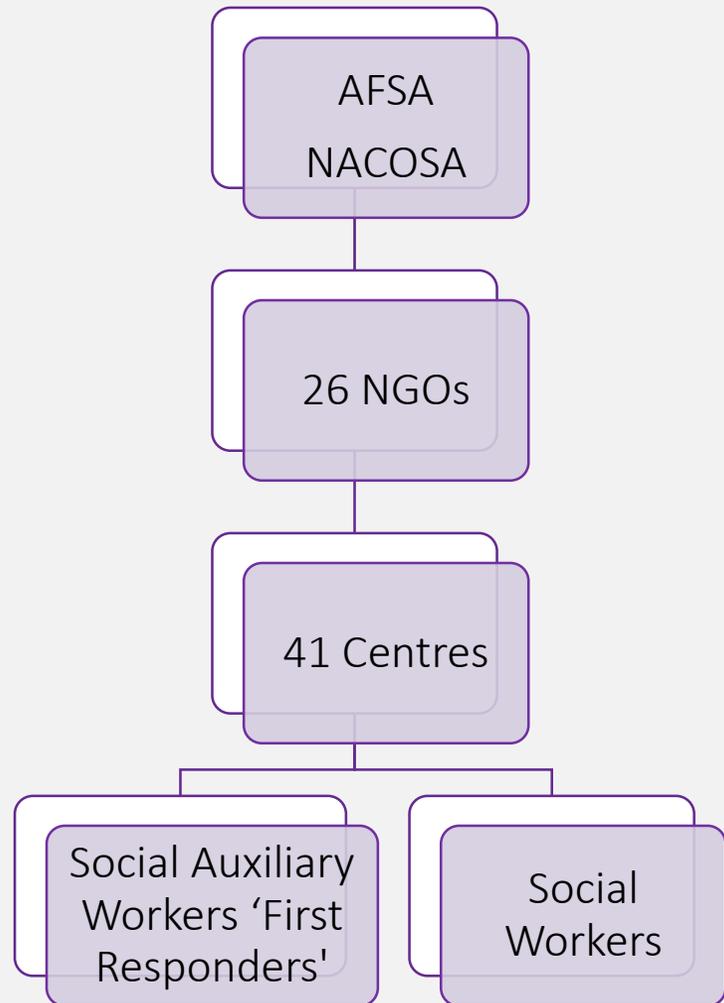
572
police
officers

1,900
shelter
residents

60,993
rape
survivors

180,749
victims of IPV

Post-Rape Care (TCC) Programme



Thuthuzela Care Centres (TCCs)

- Established by Sexual Offences & Community Affairs Unit of the National Prosecuting Authority (NPA)
- One-stop centre based at government hospitals
- Provides a broad range of essential services in a multi-sectoral setting
- 28-day post-exposure prophylaxis (PEP)



“The Thuthuzela’s integrated approach to rape care is one of respect, comfort, restoring dignity and ensuring justice for children and women who are victims of sexual violence.” - NPA

PROCESS EVALUATION

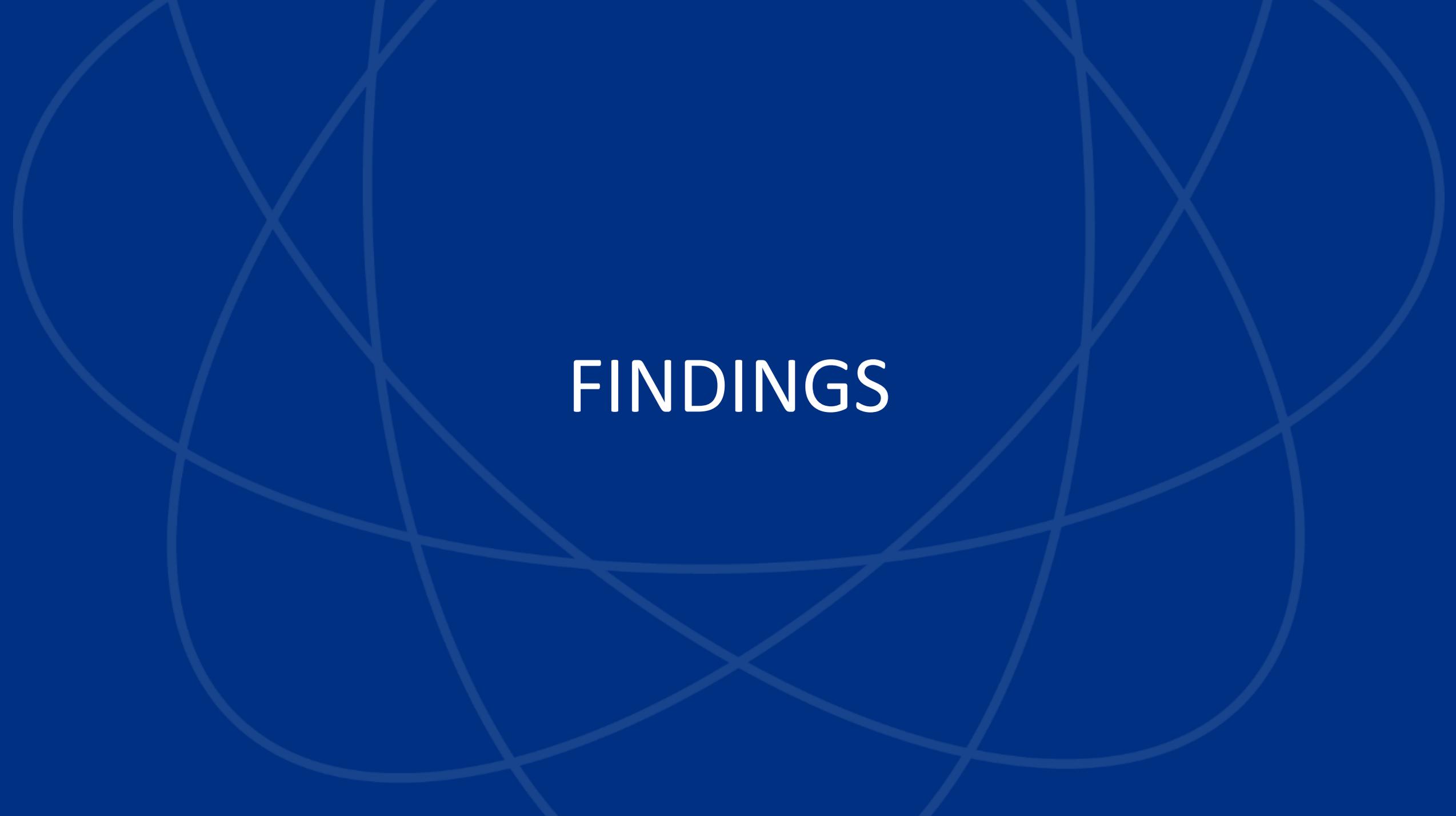
Evaluation Objectives

1. Assess the quality of NGO services implemented at TCCs
2. Document data on current follow-up and PEP adherence practices at TCCs
3. Identify barriers and enablers to successful outcomes for rape survivors
4. Identify factors affecting implementation
5. Provide recommendations that aim to strengthen the programme via the improvement of psychosocial services

Evaluation Approach and Methods

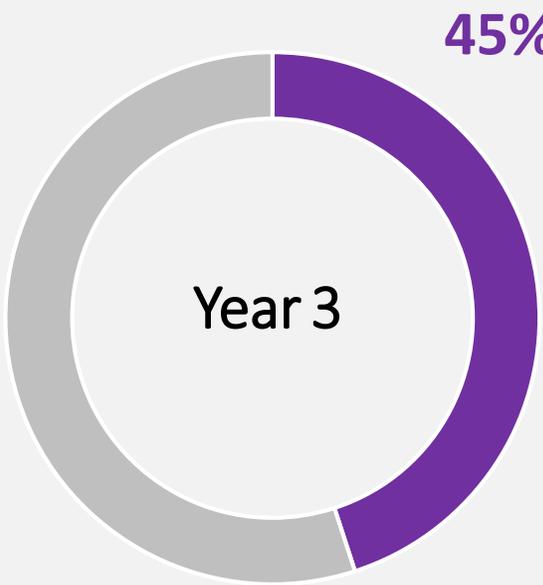
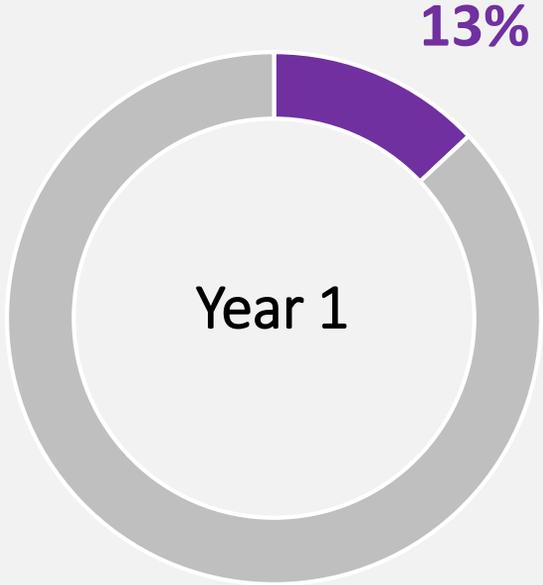
- **18 TCCs** across all **9 provinces**
- Primary qualitative data: In-depth semi-structured interviews with **144 participants**
 - 8 donor and government key informants
 - 60 NGO directors and programme implementation staff
 - 46 government partners at facility level
 - 30 clients
- Secondary quantitative **programmatic data**



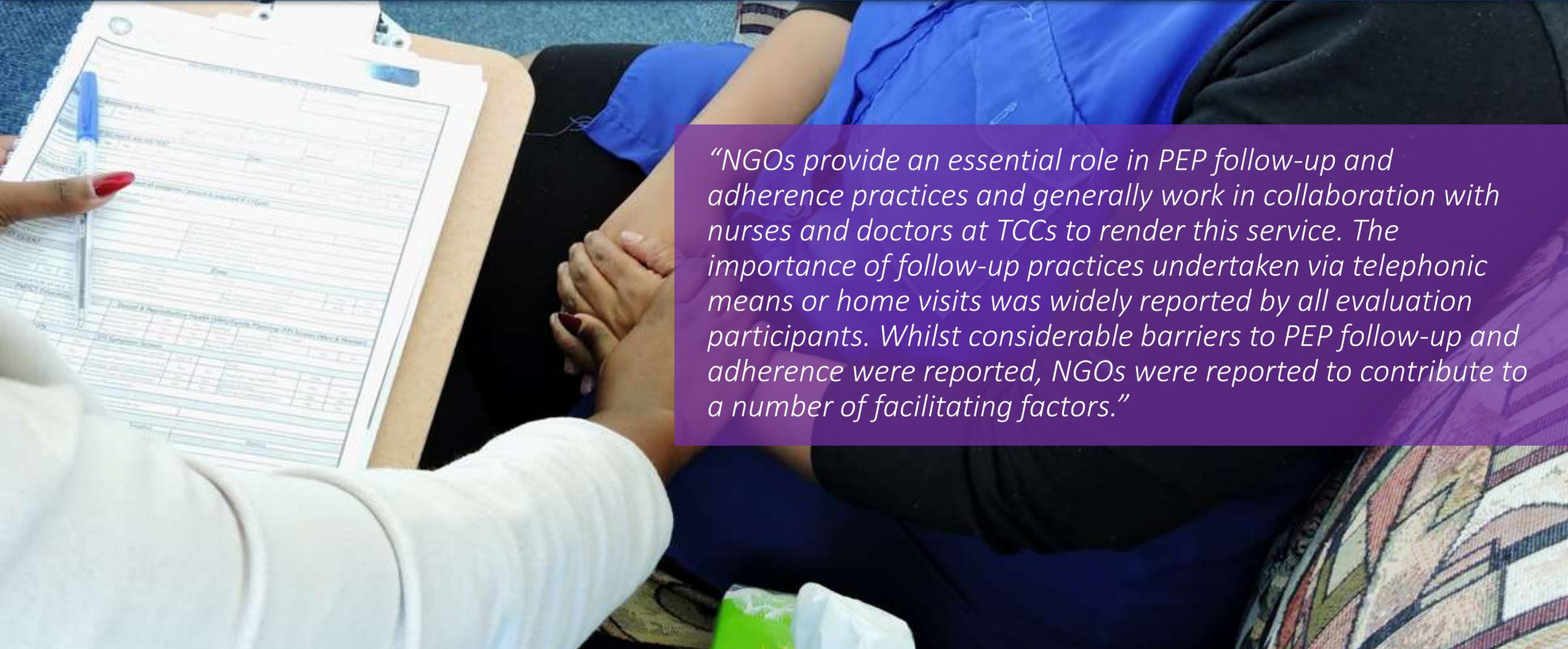
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FINDINGS

NACOSA Programme Data: PEP Completion



PEP Initiation & Follow-Up



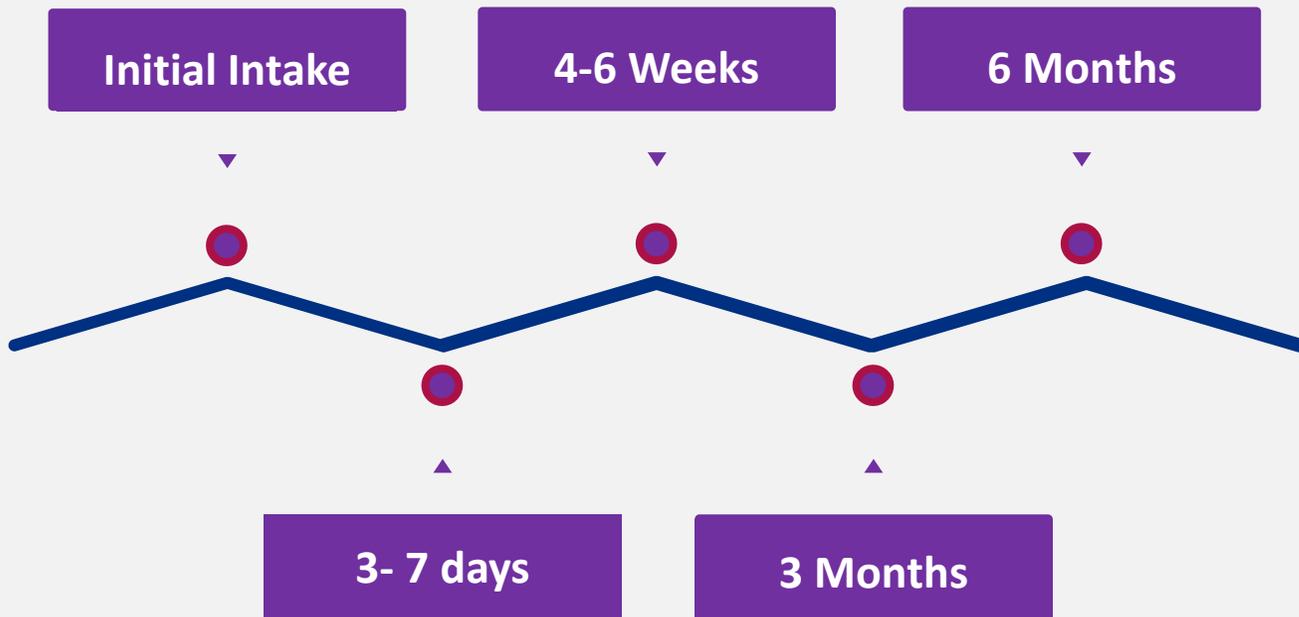
“NGOs provide an essential role in PEP follow-up and adherence practices and generally work in collaboration with nurses and doctors at TCCs to render this service. The importance of follow-up practices undertaken via telephonic means or home visits was widely reported by all evaluation participants. Whilst considerable barriers to PEP follow-up and adherence were reported, NGOs were reported to contribute to a number of facilitating factors.”

Implementation successes

1. Specialised in dealing with rape survivors: Unique set of skills, techniques, tools and passion
2. Assist in providing a 24-hour service
3. NGOs have expanded their programme offering, covering critical gaps in HTS, STI and TB Screening
4. Assist in the provision of longer-term psychosocial and PEP adherence support
5. Play an important role in tracing and retaining clients



NGOs: PEP Initiation & Follow-Up



- Difficulty undertaking adequate PEP counselling at first visit to TCC
- Varied models of follow-up and adherence support practices
- Tailored services to clients' needs
- Dedicated linkage and adherence officer
- Consent and preparing survivors for follow-up
- Identifying 'PEP-supporters'
- Multi-disciplinary model combined expertise from various service providers and allowed first responders and social workers to offer distinctive and specialized support



“The services are excellent because they are doing a lot, counselling and giving them transport and doing home visits and in most of the cases they do the calls. They do call them to come for the results... they even give us reports to say they were able to reach which people and which ones didn't return back and we work hand in glove with them nicely.”

- Nurse

Barriers to PEP Adherence



Side effects



Stigma



Negative Service
Experience



Transport



Food security

“I would be dizzy and get hungry very quickly and other times I don’t even have enough food at my place so I choose to skip a day without taking them because of the after effects, so I’ll find myself not taking them.”

- Survivor

“When I take those pills I was reminded, I was thinking about the things that happened to me. So sometimes it feels like I don’t want to take those pills but because my kids are there for me to take those pills, I was able to take those pills.”

- Survivor

Factors Facilitating PEP Adherence



Psychosocial Support



Motivation and perception



Positive Service Experience



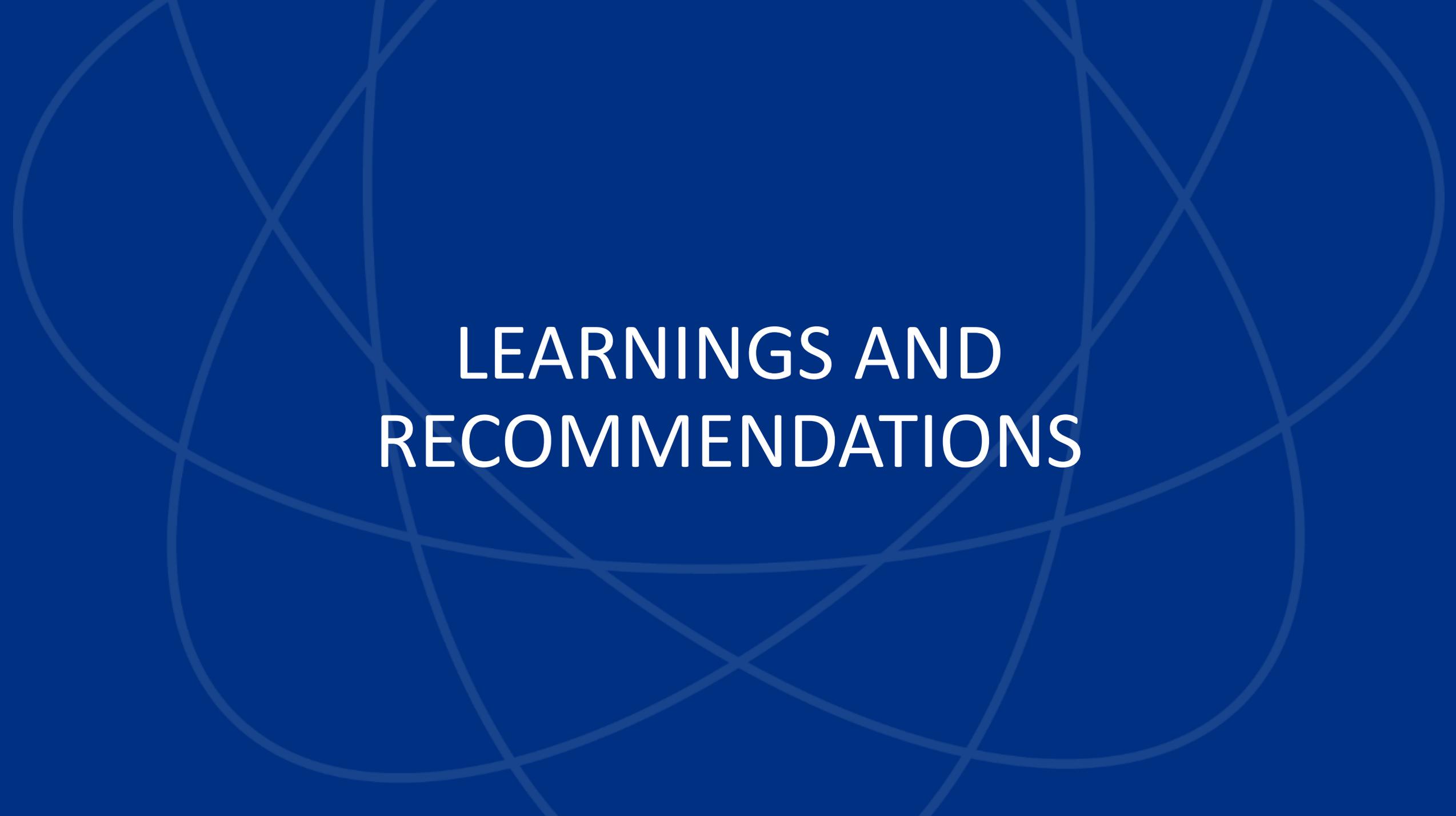
Knowledge and awareness

“My mom at home she always reminds me, sometimes I forget that time. Did you take your pills? Then I’d say no I didn’t. Come and take your pills.”

- Survivor

“I think they are given a space where they can offload. I think it’s the counselling that keeps them coming back, ‘cause when they go back, it’s noted, they are not the same as when they came in.”

- Social Auxiliary Worker “First Responder”

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LEARNINGS AND RECOMMENDATIONS

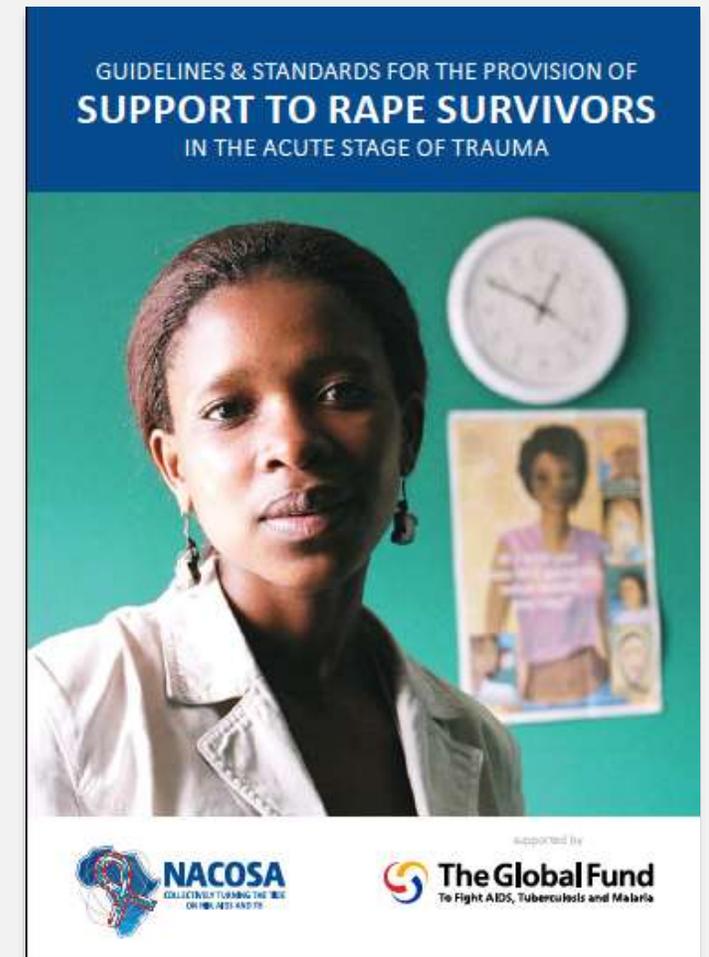
Recommendations

NGOs should strengthen facilitating factors for PEP adherence and completion which include:

- Further supporting the psychosocial well-being of clients via the inclusion of **families** in adherence support, the establishment and facilitation of survivors **support groups**
- The appointment of a Social Auxiliary Workers as a dedicated **linkage and adherence officer**
- Strengthening mechanisms for **verifying PEP completion**
- Providing **comprehensive and integrated information** on PEP and HIV

Lessons Learned

- Equip NGOs to **understand and utilise the monitoring data** they collect for donor reporting in order to follow clients across the clinical cascade of care
- Delivering follow-up and PEP adherence approaches in a way that fits clients' needs through a **multi-disciplinary model** that incorporates flexible follow-up locations and methods
- Increasing access to appropriate **psychosocial support** to address the psychosomatic component of symptoms that would otherwise impact PEP adherence



Acknowledgements

Report available at <https://www.nacosa.org.za/wp-content/uploads/2016/04/guidelinesstandardsrapesurvivors.pdf>

Evaluation Conducted by Development Works Changemakers:

- Lindy Briginshaw - CEO and Founder
- Susannah Clarke-Von Witt - Research and Evaluation Director
- Leanne Adams - Senior Evaluator and Team Lead
- Jenna Joffe - Evaluator
- Mkhululi Mnyaka - Junior Evaluator
- Dr Chris Colvin - Technical Expert
- Lisa Vetten - Technical Expert
- Dr Abigail Hatcher - Technical Expert

Data Collection Team

- Leanne Adams, Jenna Joffe, Mkhululi Mnyaka, Itumeleng Romano, Lele van Eck, Charlotte Checha, Shirley Mphahlele, Zanele Mlambo, Morgan Mitchell.

Evaluation Technical Advisory Team

- Phumelele Ngcobo (AFSA), Nomfundo Majola (AFSA), Dianah Takundwa (AFSA), Caroline Newbert (NACOSA), Lauren Baerecke (NACOSA), Memory Mahaso (NACOSA), Kerry Mangold (SANAC), and Pumeza Mafani (Department of Women).

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"I'm not a hero. This is my work."

Dinah Moasoane is a first responder at the Nthabiseng Thuthuzela Care Centre (TCC) at Chris Hani Baragwanath Hospital in Soweto.



THANK YOU

We're stronger, together.



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ON HIV, AIDS AND TB

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