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Center of Excellence on Democracy,  
Human Rights and Governance

## Increasing Services for Survivors of Sexual Assault in South Africa

### Background

South Africa has one of the highest rates of sexual and gender-based violence (SGBV) in the world. In response, USAID has been working with the Government of South Africa since 1999 to establish Thuthuzela Care Centers (TCC). The TCCs provide a range of essential services to SGBV survivors, including emergency medical care, psychosocial counseling, post-exposure prophylaxis, counseling and testing for HIV, and case reporting and court preparation in an integrated and victim-friendly manner.

### The Problem

Despite the advances made in establishing and strengthening the TCCs, they have remained underutilized for a number of reasons, including lack of knowledge of the TCCs, social stigma against reporting, and inadequate institutional support from police, teachers, and medical professionals. This evaluation asks: How can TCC utilization be increased and what interventions are most effective?

### The Interventions

This impact evaluation was implemented as a randomized controlled trial to examine two approaches to increasing utilization. These interventions represent two distinct components of the USAID-funded “Increasing Services for Survivors of Sexual Assault in South Africa (ISSASASA)” program, implemented by the Foundation for Professional Development and its partner civil society organizations (CSOs).

**Demand-side intervention: Community Dialogues:** This bottom-up intervention provided information about TCCs and TCC services to local communities, educated community members about sexual assault and SGBV issues, and addressed common misperceptions of TCC services. The CSOs hosted community dialogues for women and girls; community dialogues for men and boys; and mixed community events about TCCs and SGBV.

### Supply-side intervention: Service Provider Trainings:

This top-down intervention provided training for selected professionals in TCC referral and care networks. Within each community, approximately thirty service providers, including police officers, teachers, and TCC staff were trained on the legal framework and support standards for SGBV, child protection, and court/litigation preparation.



### Design

The intervention targeted 50 TCC catchment areas. Three communities in each of the TCC catchment areas were selected and randomly assigned to one of three groups: a demand-side treatment group, a supply-side treatment group, or a control group not receiving any intervention.

The evaluation used several data sources to track changes in TCC utilization, knowledge of TCCs, and attitudes toward sexual assault and SGBV:

- **TCC intake data:** To complement existing data, the evaluation team developed an intake form used by TCCs to document TCC utilization for the duration of the evaluation.
- **Community survey:** A randomized household survey was administered to adult women in demand-side treatment and in control communities at baseline and endline (n=1,530).
- **Professionals survey:** Surveys were administered to all professionals who attended trainings at baseline and at endline.

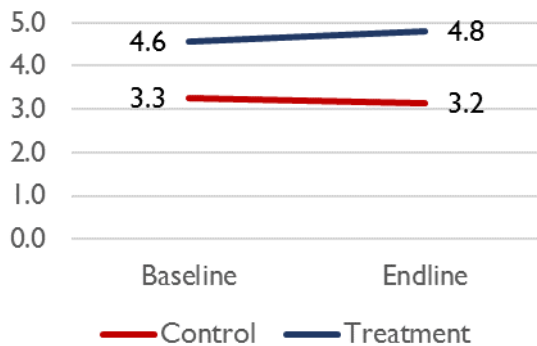
## Limitations of the Impact Evaluation

- TCCs underreported utilization on supplemental intake forms. While concerning, this problem affected treatment and control areas equally.
- The decision to test a discrete demand-side intervention (i.e., community dialogues) rendered the theory of change insufficiently robust.
- The household sampling approach was not designed to be nationally or provincially representative, and should not be interpreted as such.
- Some TCC staff refused to participate in the evaluation at some stages of the evaluation.

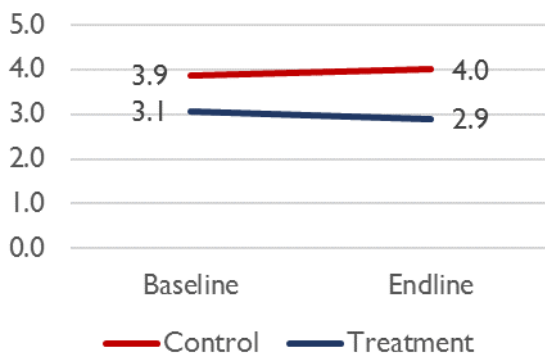
## Impact Evaluation Findings

- TCC capacity is limited, with unfilled staff positions, supply shortages, facility deficiencies, and limited operating hours. NGOs provide important supplemental services that fill the gaps in TCC capacity.
- We find no impact of community dialogues or service provider training on TCC utilization (See Figures 1 and 2).

**Figure 1: Community dialogues**  
Treatment effect = 0.3pp



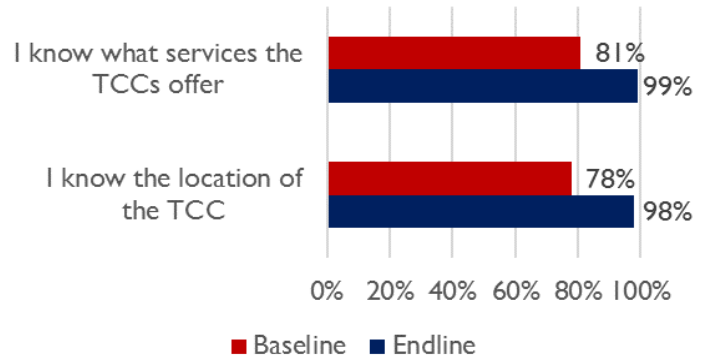
**Figure 2: Service provider trainings**  
Treatment effect = -0.3pp



- We find no impact of community dialogues on broader community knowledge or attitudes.
- There was a positive impact of training on service

providers' knowledge and attitudes (See Figure 3). Service providers were also more likely to report informing an SGBV survivor about resources available at the TCC at endline.

**Figure 3: Service provider knowledge**



## Recommendations

- Support TCC capacity.
- Test the effects of an intensive “saturation” based approach to raising awareness about TCCs and SGBV.
- Adopt a train-the-trainer approach to community dialogues to allow for a broader reach.
- Formalize SGBV training for police and other professionals in the system of care who are not already motivated by SGBV issues.
- Use the survey data on community knowledge and attitudes in future curriculum.



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