The Global Fund's Young Women and Girls (YWG) programme is a multi-pronged HIV prevention programme targeting young women and girls and was implemented in 10 districts in South Africa from April 2013 to March 2016. This briefing paper reports on the lessons learnt from a process evaluation of the child protection component of the programme. The National Strategic Plan for HIV, TB and STIs (2017 – 2022) emphasises HIV prevention among adolescent girls and young women because of this groups' disproportionate and extremely high rate of infection. The HIV incidence rate among young women (aged 15 – 24 years) is four times that of men of the same age.

At the same time, young women and girls experience higher levels of violence. More than a third of children in South Africa have experienced some form of sexual abuse. ‘This may result in physical injury, mental health problems, self-harm and risk-taking behaviour' and increases the risk of intimate partner violence in adulthood.' The consequences of sexual abuse can differ between boys and girls. While the psychological consequences for girls include depression, anxiety disorders, suicidality, substance abuse and unwanted pregnancy (as well as stigma associated with threat), consequences for boys include externalizing behavior such as aggression, truancy, gang violence and crime. Young women who have been sexually abused as children also have a considerably higher risk of acquiring HIV.

Research has identified various pathways through which sexual violence and gender inequality can increase women's risk of HIV infection. For instance, child sexual abuse may cause psychological distress which may in turn increase risky sexual behaviour (e.g. more partners) and reduced protective powers (e.g. decreased condom use), both of which are risk factors for HIV infection. HIV prevention should therefore address structural drivers of the disease such as GBV and gender inequalities. In addition, it is important to provide mental health services to reduce psychological distress which could help reduce risky sexual behaviour and promote healthier intimate relationships.

Lessons learnt from the child protection component of the Global Fund’s Young Women and Girls Programme in ten districts in South Africa

Background

In South Africa, young women and girls are exposed to extremely high levels of gender-based violence (GBV) and HIV in- fection. Given the link between the two epidemics, it is important that HIV prevention programmes also address violence against women and children.

Understanding the links between violence and HIV infection

The National Strategic Plan for HIV, TB and STIs – 2015 – 2020 emphasises HIV prevention among adolescent girls and young women because of this group’s disproportionate and extremely high rate of infection. The HIV incidence rate among young women (aged 15–24 years) is four times that of men of the same age.

At the same time, young women and girls experience high levels of violence. More than a third of children in South Africa have experienced some form of sexual abuse. "This may result in physical injury, mental health problems, self-harm and risk-taking behaviour and increases the risk of intimate partner violence in adulthood." The consequences of sexual abuse can differ between boys and girls. While the psychological consequences for girls include depression, anxiety disorders, suicidality, substance abuse and unwanted pregnancy (as well as stigma associated with threat), consequences for boys include externalizing behavior such as aggression, truancy, gang violence and crime. Young women who have been sexually abused as children also have a considerably higher risk of acquiring HIV.

Research has identified various pathways through which sexual violence and gender inequality can increase women’s risk of HIV infection. For instance, child sexual abuse may cause psychological distress which may in turn increase risky sexual behaviour (e.g. more partners) and reduced protective powers (e.g. decreased condom use), both of which are risk factors for HIV infection. HIV prevention should therefore address structural drivers of the disease such as GBV and gender inequalities. In addition, it is important to provide mental health services to reduce psychological distress which could help reduce risky sexual behaviour and promote healthier intimate relationships.

Recommendations

We make the following recommendations to strengthen alignment between the child protection intervention and broader HIV prevention programmes:

- Conceptualize the child protection component as part of the broader HIV prevention programme
- Develop an evidence-based theory of change which explains the pathways between violence against women and children and HIV and how the child protection component supports HIV prevention goals
- Strengthen programme fidelity by identifying and communicating the core elements of the child protection programme
- Consider adaptation may be necessary to ensure that the programme responds to local contexts and is scalable; core elements that are instrumental for its success should not be adjusted or omitted; in addition, standardised procedures need to be developed and shared with all relevant stakeholders at the programme implementation to ensure programme fidelity.

Consider continuity of services in the design of child protection interventions:
- To promote sustained impact, the child protection component needs to build in different levels of support (e.g. caregivers, CYCWs, case conferencing for referrals and after-care services) and should be delivered in collaboration with key government stakeholders (e.g. the Departments of Social Development, Health and Basic Education)
- Explore alternative, community-based models of therapy
- Consider alternate evidence-based treatment approaches at the community level which can provide therapy and support over a longer period of time, and which lend themselves to scale-up. Evidence from other low-resource settings suggests that therapeutic models using lay-counselors hold potential, but will require further investigation in the South African context.

Suggested citation:

For further information contact:
The Global Fund to Fight AIDS, Tuberculosis and Malaria
www.theglobalfund.org

Endnotes

2 More women (35%) who have experienced physical violence in their lifetime also have a higher risk of acquiring HIV. This study also showed that women with a high level of violence exposure are more likely to have more partners (4.7 vs 3.0) and more sexual partners in the past year (10.2 vs 8.0) compared to women with low levels of violence exposure. Doherty, S., Delany, K., Mckenzie, L. & Holloway, S. (2015) Programme Evaluation of the Global Fund’s Young Women and Girls (YWG) Programme in ten districts in South Africa. Cape Town: Children’s Institute University of Cape Town.

3 Women who have been exposed to violence in their lifetime have a considerably higher risk of acquiring HIV. "Women who experience violence have a higher likelihood of acquiring HIV, with increased rates of HIV infection among women who have experienced physical violence. In rural South Africa, for example, the incidence of HIV among women who have experienced physical violence is 7.4 per 1000 compared to 3.8 per 1000 among women who have not experienced physical violence," according to a study by the Gender and Health Research Unit at the University of the Witwatersrand. Doherty, S., Delany, K., Mckenzie, L. & Holloway, S. (2015) Programme Evaluation of the Global Fund’s Young Women and Girls (YWG) Programme in ten districts in South Africa. Cape Town: Children’s Institute University of Cape Town.

4 In South Africa, young women and girls are exposed to extremely high levels of gender-based violence (GBV) and HIV infection. Given the link between the two epidemics, it is important that HIV prevention programmes also address violence against women and children.

5 The Global Fund’s Young Women and Girls (YWG) programme is a multi-pronged HIV prevention programme targeting young women and girls and was implemented in 10 districts in South Africa from April 2013 to March 2016. This briefing paper reports on the lessons learnt from a process evaluation of the child protection component of the programme.

6 More research is needed to understand the mechanisms by which exposure to violence increases the risk of HIV infection. "This may result in physical injury, mental health problems, self-harm and risk-taking behaviour and increases the risk of intimate partner violence in adulthood." The consequences of sexual abuse can differ between boys and girls. While the psychological consequences for girls include depression, anxiety disorders, suicidality, substance abuse and unwanted pregnancy (as well as stigma associated with threat), consequences for boys include externalizing behavior such as aggression, truancy, gang violence and crime. Young women who have been sexually abused as children also have a considerably higher risk of acquiring HIV.

7 Research has identified various pathways through which sexual violence and gender inequality can increase women’s risk of HIV infection. For instance, child sexual abuse may cause psychological distress which may in turn increase risky sexual behaviour (e.g. more partners) and reduced protective powers (e.g. decreased condom use), both of which are risk factors for HIV infection. HIV prevention should therefore address structural drivers of the disease such as GBV and gender inequalities. In addition, it is important to provide mental health services to reduce psychological distress which could help reduce risky sexual behaviour and promote healthier intimate relationships.

8 Endnotes


10 More women (35%) who have experienced physical violence in their lifetime also have a higher risk of acquiring HIV. This study also showed that women with a high level of violence exposure are more likely to have more partners (4.7 vs 3.0) and more sexual partners in the past year (10.2 vs 8.0) compared to women with low levels of violence exposure. Doherty, S., Delany, K., Mckenzie, L. & Holloway, S. (2015) Programme Evaluation of the Global Fund’s Young Women and Girls (YWG) Programme in ten districts in South Africa. Cape Town: Children’s Institute University of Cape Town.

11 In South Africa, young women and girls are exposed to extremely high levels of gender-based violence (GBV) and HIV infection. Given the link between the two epidemics, it is important that HIV prevention programmes also address violence against women and children.

12 More research is needed to understand the mechanisms by which exposure to violence increases the risk of HIV infection. "This may result in physical injury, mental health problems, self-harm and risk-taking behaviour and increases the risk of intimate partner violence in adulthood." The consequences of sexual abuse can differ between boys and girls. While the psychological consequences for girls include depression, anxiety disorders, suicidality, substance abuse and unwanted pregnancy (as well as stigma associated with threat), consequences for boys include externalizing behavior such as aggression, truancy, gang violence and crime. Young women who have been sexually abused as children also have a considerably higher risk of acquiring HIV.

13 Research has identified various pathways through which sexual violence and gender inequality can increase women’s risk of HIV infection. For instance, child sexual abuse may cause psychological distress which may in turn increase risky sexual behaviour (e.g. more partners) and reduced protective powers (e.g. decreased condom use), both of which are risk factors for HIV infection. HIV prevention should therefore address structural drivers of the disease such as GBV and gender inequalities. In addition, it is important to provide mental health services to reduce psychological distress which could help reduce risky sexual behaviour and promote healthier intimate relationships.
In the following section, we summarise ‘what works’ and ‘what doesn’t’ to inform the development of new child protection programmes. Lessons learnt

A set of core elements are necessary to support effective programme implementation (see Box 1), and these are noted where relevant below.

### Implementation

A key question was whether the child protection component was implemented consistently across the districts. In the VWG programmes, a large number of role players were involved in oversight and implementation which led to variations in how the intervention was delivered across the districts. The Thuthuzela Care Programme, for example, was implemented in a different manner in each district and the districts’ understanding of the intervention varied. Figure 2 outlines the way in which the child protection component was implemented in each district and highlights the different methods (strategies and methods) to meet the objectives of the programme. All therapists were trained in the particular methods of the programme and the recruitment and referral of children

### Research on successful implementation and scaling up of programmes indicates that the core elements of the intervention need to be identified and shared with all role players from the outset to promote programme fidelity. In addition, Standard Operating Procedures (SOPs) or other guidelines which clearly outline all necessary processes should be available to all role players. In addition, different methods (strategies and methods) to meet the objectives of the programme. All therapists were trained in the particular methods of the programme and the recruitment and referral of children.

### Standardisation implementation

A key question was whether the child protection component was implemented consistently across the districts. In the VWG programmes, a large number of role players were involved in oversight and implementation which led to variations in how the intervention was delivered across the districts. The Thuthuzela Care Programme, for example, was implemented in a different manner in each district and the districts’ understanding of the intervention varied. Figure 2 outlines the way in which the child protection component was implemented in each district and highlights the different methods (strategies and methods) to meet the objectives of the programme. All therapists were trained in the particular methods of the programme and the recruitment and referral of children.

### Research on successful implementation and scaling up of programmes indicates that the core elements of the intervention need to be identified and shared with all role players from the outset to promote programme fidelity. In addition, Standard Operating Procedures (SOPs) or other guidelines which clearly outline all necessary processes should be available to all role players. In addition, different methods (strategies and methods) to meet the objectives of the programme. All therapists were trained in the particular methods of the programme and the recruitment and referral of children.

### Standardisation implementation

A key question was whether the child protection component was implemented consistently across the districts. In the VWG programmes, a large number of role players were involved in oversight and implementation which led to variations in how the intervention was delivered across the districts. The Thuthuzela Care Programme, for example, was implemented in a different manner in each district and the districts’ understanding of the intervention varied. Figure 2 outlines the way in which the child protection component was implemented in each district and highlights the different methods (strategies and methods) to meet the objectives of the programme. All therapists were trained in the particular methods of the programme and the recruitment and referral of children.

### Research on successful implementation and scaling up of programmes indicates that the core elements of the intervention need to be identified and shared with all role players from the outset to promote programme fidelity. In addition, Standard Operating Procedures (SOPs) or other guidelines which clearly outline all necessary processes should be available to all role players. In addition, different methods (strategies and methods) to meet the objectives of the programme. All therapists were trained in the particular methods of the programme and the recruitment and referral of children.