Assessing the feasibility of improving access to HIV PEP for SV survivors through Zambian Police Services

Africa Regional SGBV Network Partners’ Meeting
June 26-27, 2012
Background

Pre-Independence Law against SV

1994 Victim Support Unit (VSUs)

2000 Gender In Development Division

2012 National SGBV Guidelines

2011 Anti-GBV Act

Current focus: Developing skills, tools, systems

Prevention of SV-related pregnancy

Police delivery of ECP

Police delivery of PEP

Informing Programming Needs

SIDA-funded Studies
Beyond Study Findings, Far-reaching Significance of SIDA’s Work in Zambia

A practical guide to action, which is:

✓ Comprehensive
✓ Multidisciplinary
✓ Multisectoral
✓ Politically-sanctioned
✓ Zambian-owned
### Police-Delivery of PEP Study

**Overall Objective**

Evaluate the feasibility of police-provision of PEP 3-day starter pack (at two VSUs in Lusaka) linked to comprehensive follow-up care at Lusaka’s University Teaching Hospital (UTH)

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<tr>
<th>Specific Aims</th>
<th>Procedures</th>
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<tr>
<td>1. Understand and describe current services and challenges</td>
<td>Semi-structured interviews and direct observations</td>
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<td>2. Increase awareness and engagement of the community</td>
<td>Advocacy (MPs, ministry personnel, providers, community)</td>
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<td>3. Introduce and monitor VSU provision of PEP and UTH referrals</td>
<td>Data extraction from VSU and UTH</td>
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<td>4. Assess quality, consistency, and coordination of SV services</td>
<td>Data extraction, interviews with survivors and key informants, and observations</td>
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# PEP Study Status

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<td>Preparations: approvals, training, tools, etc</td>
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<td>Aim 1: Understanding current services</td>
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<td>Aim 3: VSU service monitoring</td>
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<td>Aim 4: Service quality and consistency</td>
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<td>Write up and dissemination</td>
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Numerous Implementation Challenges: Illustrative Ruptures in the Continuity of Care

FAMILY AND COMMUNITY-LEVEL
1. Fear of family repercussions and stigma
2. Redirected for family counseling
3. Failure to overcome traditional or religious barriers

ENROUTE TO POLICE AND UTH
4. Lack of transport
5. Safety, fear of meeting the perpetrator

AT THE POLICE
6. Lack of privacy
7. Attitude of inquiries’ officers
8. No ZP32 forms; charged for ZP32 forms (e.g., for photocopying)
9. Non-availability of VSU officers
10. Critical drugs and supplies not available

ENROUTE FROM POLICE TO UTH
11. No police escort / no transport
More Illustrative Ruptures . . .

AT UTH

12. UTH large, complex, multiple reporting points for a variety of problems – no signs directing visitors and workers too busy to help with directions

AT UTH ADULT SV SERVICES

13. Too many people at the reporting point (Maternity) – wait too long; no privacy
14. Too many people at gynae ward; providers limited, attending to emergencies making SV survivors wait too long
15. SV survivors referred to police to collect ZP32 before receiving medical services
16. ZP32 not available at UTH police; no money to pay for photocopy costs
17. Critical drugs and supplies not available
18. SV training providers not available
19. No set follow up system to ensure completion of critical services
20. Fragmented, non-standard record keeping – clerk to retrieve file sometimes not available
AND MORE RUPTURES STILL . . .

AT UTH CHILD SV SERVICES -- OUT PATIENT DEPARTMENT (Ao1)
21. Too crowded at reception; no privacy; long wait
22. ZP32 not always available – sent back to UTH policy (10 minute walk)
23. No examination equipment in children’s outpatient ward
24. If child referred to gynae, no transport
25. No transport to One Stop for follow up
26. No child counselors at Ao1
27. No contact lists for places of safety
28. No specimen result

AT UTH CHILD SV SERVICES -- ONE STOP CENTER
29. Closed evenings and weekends
30. Only one examiner
31. If not police officer, child sent to collect ZP32 at UTH police post in the main building
32. No contact lists for places of safety
Key Finding 1: SV Services Hinge on Overcoming “Natural” Silo’s Challenging a Coordinated Response
Key Finding 2: Designing “the Intervention” is Ongoing and Iterative – a culture change

Supportive supervision

Advocacy & Joint Problem Solving

Cultural change

(attitudes, systems, procedures, etc.)
Zikomo!
Asante sana!
Thank you!
The Population Council conducts biomedical, social science, and public health research. We deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world.