Tracking Improvements in Quality of Post Rape Care Following Staff Training, Supervision and On-Going Support in Limpopo Province

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Sexual Violence Research Initiative Conference
Cape Town, South Africa
10 – 13 October 2011

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Applicability to Conference Themes

• Responding to Sexual Violence: Models of Care;
• Research on the barriers to access and use of services and on how to deliver good quality services for women, men and children, in different settings; and
• How to integrate HIV and violence services.
Problem Statement

• The majority of health care facilities in South Africa do not provide a comprehensive package for post rape care, limiting both immediate access and quality of care for survivors.

• Overall the South African government needs models of care that are cost-effective, replicable on a wide scale and sustainable.
Objectives

• To evaluate the impact of a systems strengthening intervention on access and quality of services

• To develop a cost-effective model, replicable on a wide scale and sustainable for the health sector
Formative Assessment

- Consultation with key stakeholders in DOH, DCS and SAPS
- Baseline assessment of 38 facilities in Limpopo from February to May 2010 to identify existing challenges in the provision of post rape care
System Strengthening Strategy

1. Strengthening human resources
2. Strengthening institutional capacity
3. Strengthening of networks within facilities and across relevant departments
1. Strengthening Human Resources in Regional and District Hospitals

- Multi-disciplinary approach to increase the knowledge and skills of frontline sexual assault service providers
- 102 Professional nurses
- 24 Pharmacists
- 25 Enrolled nurses
- 4 Doctors
- 16 Social workers and information officers
Training Components

Training Components
- Legislative framework
- Management of Survivors
- Clinical responsibilities
- Monitoring and Evaluation

Knowledge Measurement
- Pre-Post test
- Role plays
- Evaluation
- Selected site visits
2. Strengthening Institutional Capacity in 38 Facilities

- Three site visits per facility between June 2010 and January 2011
- Review of client level data
- Meeting with multidisciplinary teams
- Discussion of challenges
- Development of action plans
Resources Developed and Implemented

- Algorithm
- Training manual
- Sexual assault register
- Pharmacist tool
- Job aids
- Data collection tools
Strengthening of Internal and External Networks

- On site in-service training
- Development of more communication between units within a facility
- Development of committee meetings between DOH and SAPS
- Trained community health workers
Methodology

• Limpopo DOH chose district and regional hospitals providing PEP in all five districts
• Facility assessment included structured inventory administered by trained field workers
• Data were collected through observations, interviews with facility staff and review of routine record keeping and systems
• Review of clinic registers: age, sex of client, eligibility for PEP, drugs, tests and follow-up recorded
Increase in Quality of Care

Percentage Indicators

Baseline (n=598)
Third support (n=923)

Within 72hrs (245:720)
78% 41%

Pre-counseling (377:711)
77% 63%

HIV test (335:283)
74% 56%

Post counseling (335:683)
74% 56%

STI medication (245:665)
72% 41%
Increase in Provision of ARVs

Baseline (n=248): 37%
Third support (n=718): 68%
Increase in Survivors Receiving EC and Pregnancy Test

- Pregnancy test (Baseline): 23%
- Pregnancy test (Endline): 79%
- Emergency contraception (Baseline): 14%
- Emergency contraception (Endline): 71%

Indicators:
- Baseline (n=412)
- Endline (n=671)
Increase in Sexual Assault Survivors Referred for Psycho-Social Support

- Social Worker (102:342)
  - Baseline (n=598): 17%
  - Third support (n=923): 37%

- Psychologist (66:342)
  - Baseline (n=598): 37%
  - Third support (n=923): 11%
Strengthening the Information System Through a Reduction in Missing Administrative Information

- Date of examination (77:10): Baseline 13%, Third support 1%
- Time of examination (287:83): Baseline 9%, Third support 26%
- Date of assault (317:129): Baseline 53%, Third support 60%
- Time of assault (359:240): Baseline 0%, Third support 26%

Indicators
Reduction in Percentage of Missing Information for PEP Components

- Baseline (n=598)
- Third support (n=923)

Percentage Indicators:
- Pre-counseling (150:185): 25% Baseline, 20% Third support
- HIV test (155:194): 26% Baseline, 21% Third support
- Post-counseling (155:194): 26% Baseline, 21% Third support
- STI medication (305:212): 51% Baseline, 23% Third support
Increased Access for Survivors

Increase in survivors seen (N=2092)

- Baseline (598): 29%
- First support (157): 8%
- Second support (414): 20%
- Third support (923): 44%
Sustainability

• Integration into provincial and district health plans
• Master Trainers (20) now present at district level to provide additional training and to support trainees
• Accredited by SAMA for 8 credits and endorsed by Democratic Nursing Organization of South Africa
Summary

Achievements

• Consistent promotion of SAG policies
• Model of care rollout to four other provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal)
• Training Manual

Challenges

• Monitoring of completion rates
• Continued use of data collection tools
• Provincial incorporation of master trainers
Thank-you!

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