

# Integrated Models

# Goals and Objectives of the Project

- To implement best practice and use of national guidelines for sexual assault cases.
- Strengthened referrals between the police and the hospital.
- To improve documentation of sexual assault survivors cases.
- To improve case and support for the sexual assault survivors both at the police and the hospital.
- To improve coordination among stakeholders, i.e. the civil society, judiciary, police and the hospital.

# Project Activities

- Improve the current system which is available by having focal persons in all departments dealing with sexual assault cases i.e. gynecology, pediatric, medical and surgical.
- To train clinicians and nurses on management of sexual assault
- Continue integrating management of sexual assault by having all necessary drugs and equipment under one roof. That's PEP, HTC, Urine test kits, prophylaxis and psychosocial counseling.
- Submitting monthly reports to Ministry of Health (MoH) and UNC Project as they jointly support in procurement of resources for STI clinic.

# Measurement Strategy

- Increased number of referral cases with documentation from police to hospital.
- This can be evidenced through our clinic records.
- A good number of assault cases are able report to the hospital first before going to the police following the resolution that was reached with stakeholders especially looking at the timing for PEP and EC.
- This data has also been instrumental for planning purposes i.e. purchase of STI drugs PEP EC pregnancy test kits etc. This data also helps the govt to know how sexual assault cases are increasing and is able to make decisions

# Activities To date

- The introduction of referral letter from the police to the hospital.
- The survivor chooses whether to go first to the police or hospital unlike in the past whereby people were not attended to at the hospital if they don't bring a from the police.
- Having PEP, STI prophylaxis, EC, HTC, urine test for pregnancy test kits under one roof. Before the project, people used to first go to the gynae ward for examination and have a vaginal swab taken – wet preparation to see if there are any sperms, then family planning clinic, medical dept for PEP and HIV test, lastly STI clinic. The survivors were spending a lot of time at the hospital and sometimes were told to come the next day
- Currently all sexual assault survivors are seen at the STI clinic. Examination is done to see if there are any injuries to the genital area, an HIV test is taken. HIV test is done immediately – it should be within 72 hrs of the assault. If negative PEP is given, if she is positive counseling is done STI prophylaxis is given and urine test for pregnancy is done. If negative the EC is given. Currently we are using microgynon 4 tablets then repeat after 8 hrs counseling is done. Then write a brief report of the findings, photocopy the documents the survivor the original and we keep the duplicate in a special file. Not everyone has access to that file.

# Challenges

- Survivors reporting late for effective medical interventions
- Medical legal hiccups between the health workers and the police and the judiciary.
- Survivors bushed between departments within the health facility especially during the weekends when the STI clinic is not functioning.
- Lack of ongoing psycho-social support.
- Not all nurses and clinicians are conversant with sexual assault management.
- Community awareness on roles of the police, health and the judiciary on sexual assault is low.

# Lessons Learnt To date

- Coordination meeting is helped to improve documentation of sexual assault victims and stimulated use of sexual assault guidelines
- Integration of sexual assault management i.e. HTC, PEP, Emergency contraceptives, STI treatment is achievable

# Need for Technical Assistance

- The main areas of support that could help strengthen the work is through training of clinicians and nurses on sexual assault management



# Recommendations

- We recommend multisectoral collaboration as an approach to effective sexual assault management.
- There should be strong health facility level commitment and collaboration for effective services.
- The stakeholders meeting should continue because we need to improve on the loopholes

Thank You

ZIKOMO KWAMBIRI

NATASHA SANA

HELLEN MILONDE