

# 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

2000  
Gender In  
Development  
Division

2012  
National SGBV  
Guidelines

1994  
Victim Support  
Unit (VSUs)

2011  
Anti-GBV Act

Current focus:  
Developing skills,  
tools, systems

Informing  
Programming  
Needs

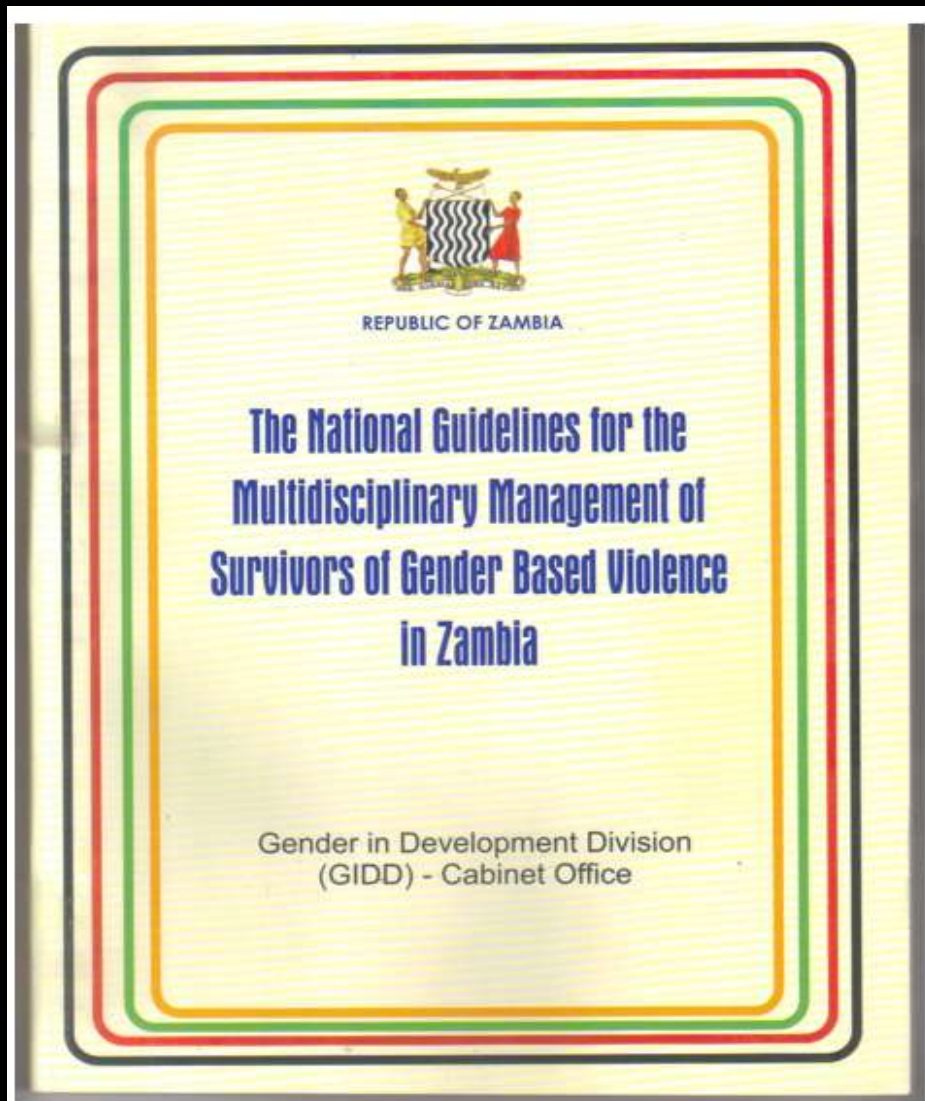
***SIDA-funded  
Studies***

Prevention of SV-  
related  
pregnancy

Police  
delivery  
of ECP

Police  
delivery  
of PEP

# 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)

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





# 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 police (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

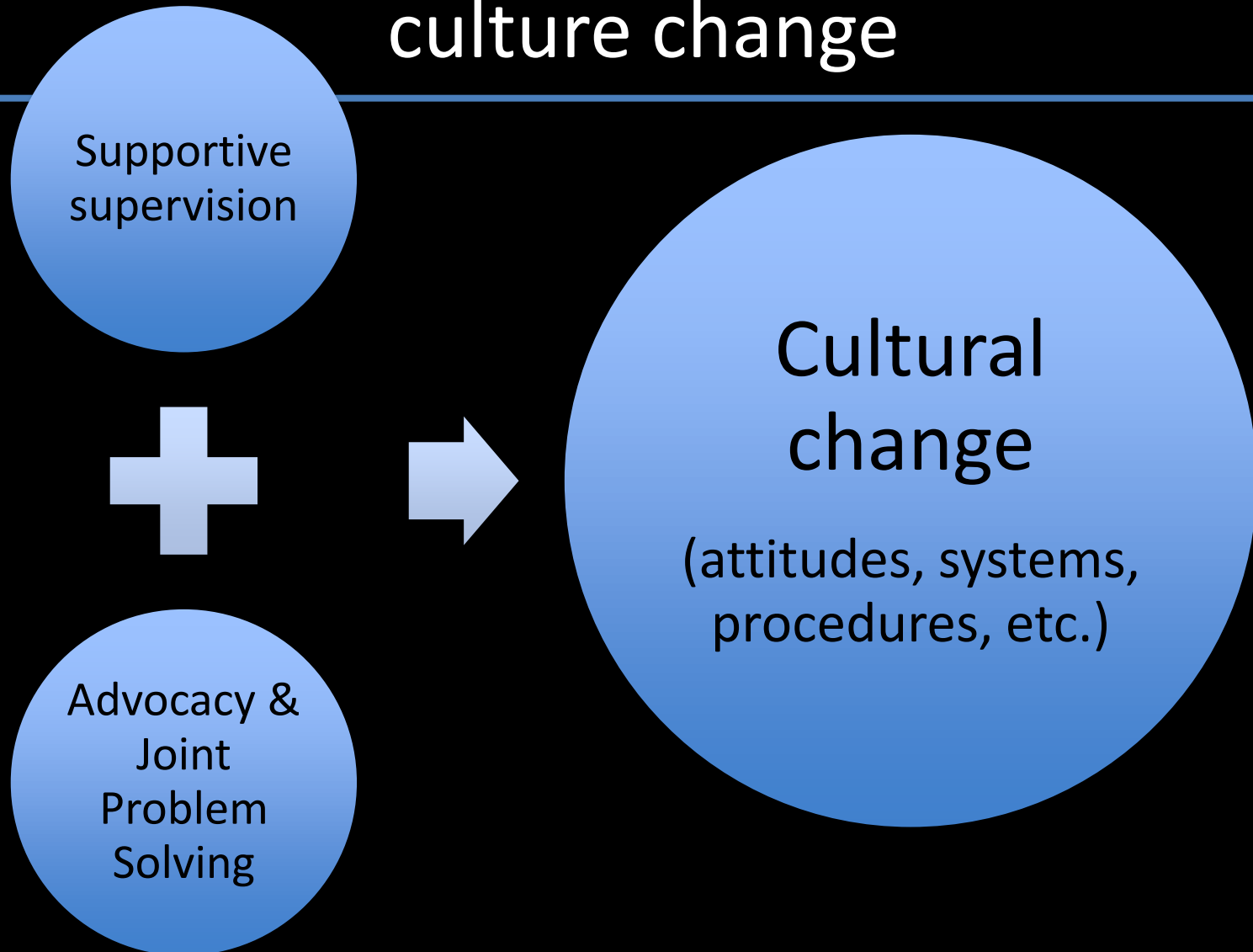
## AT UTH CHILD SV SERVICES -- ONE STOP CENTER

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



Zikomo!  
Asante sana!

Thank you!



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