

Strengthening comprehensive post-rape care services in South Africa - Lessons learnt in achieving scale and planning for sustainability

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Acknowledgement

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- South African Government Departments
 - National and Provincial Departments of Health, Limpopo, North West, Free State, KwaZulu-Natal, Gauteng and Eastern Cape
 - South African Police Services (SAPS) North West and Limpopo Provinces and
 - Department of Correctional Services
- Non-government PEPFAR Comprehensive HIV Service Partners



Current Policy Context

- ***Sexual Assault***

National Management Guidelines for Sexual Assault Care - first developed in 2005, and later reviewed in 2008

- ***Voluntary exposures in South Africa.***

NDOH issued a directive on provision of PEP to clients reporting condom breakage or accidental/deliberate non-use.

SAPS Sexual Assault Statistics

Province	2009/2010	2010/2011
Eastern Cape	9,047	9,380
Free State	4,581	4,838
Gauteng	15,645	13,987
KwaZulu Natal	13,269	12,793
Limpopo	4,905	4,883
Mpumalanga	4,603	4,442
North West	4,759	4,706
Northern Cape	1,845	1,868
Western Cape	9,678	9,299
RSA	68,332	66,196

Problem Statement

- Barriers to accessing PEP exist - need to better understand the true situation and document the evidence
- Police and health care providers generally not well informed about PEP
- MARPS need special efforts to improve access to PEP
- More advocacy on national policy on other exposure voluntary exposure
- No focus on the PEP program

Program Objectives

- Increase quality and access to PEP services for sexually assaulted adults and children
- Systems strengthening for the DOH and SAPS including data management to monitor delivery of PEP, adherence and outcomes
- Provide support for PEPFAR funded partners on comprehensive delivery of PEP
- Increase access to PEP for MARPS (Children, MSM, Migrants, Incarcerated Populations)
- Increase awareness and access to PEP for those at risk of occupational exposure
- Support policy development and implementation to increase access to PEP

Program Scope

- Comprehensive Post Rape Care Services
- Occupational Exposure
- Voluntary Exposure

Program Activities Conducted

Activities

- Advocacy with wide range of stakeholders, establishment of **strategic partnerships**
- **Baseline assessments** in district hospitals (Incl. CHC providing PEP): Limpopo, NWP, KZN, Gauteng, FS and EC
- **Training:** nurses, doctors, information officers, pharmacists, police
- **Site support:** follow on support, tools, management

Strategic Partnerships

Government

- National and Provincial Departments of:
 - Health (HAST, Medico-Legal, MCWH)
 - SAPS (Employee Wellness, Forensic, Training)
 - Correctional Services (Development and Care through Deputy Commissioner's Office)
 - SANDF

Other

- MatCH
- Foundation for Professional Development
- Anova Health Institute
- Kheth'impilo
- DENOSA
- JUDASA
- AgriAIDS
- Ubuntu

Baseline Assessments: Key Findings

- Lack of trained personnel in most facilities
- Availability of policies and guidelines not universal
- No flow charts available as job aides
- Not all sites had PEP medication supplies and equipment
- Availability of monitoring data – generally unavailable

Baseline Assessments: Key Findings

- Client flow not always clear and leads to delays at the facility level – generally clients come after reporting to police and accompanied by SAPS officer, complicated further for children
- Referral systems not clear or standardized
- Lack of standard indicators and no follow up data available

Objectives of Training

- Strengthen systems by increasing knowledge about PEP
- Equip providers with knowledge and skills to provide non-discriminatory, comprehensive PEP services for non-occupational (sexual assault and voluntary) and occupational incidence
- Address barriers that might hinder uptake of PEP
- Equip trainees with data management skills

Training content and curriculum consisted of seven (7) modules (through a process of consultation and baseline assessments conducted in three provinces).

**MODULE 1:
SEXUAL ASSAULT IN SOUTH AFRICA-CONTEXT, MAGNITUDE, AND
CONSEQUENCES**

**MODULE 2:
INITIAL APPROACH TO A RAPE SURVIVOR**

**MODULE 3:
PREVENTION OF HIV AFTER RAPE**

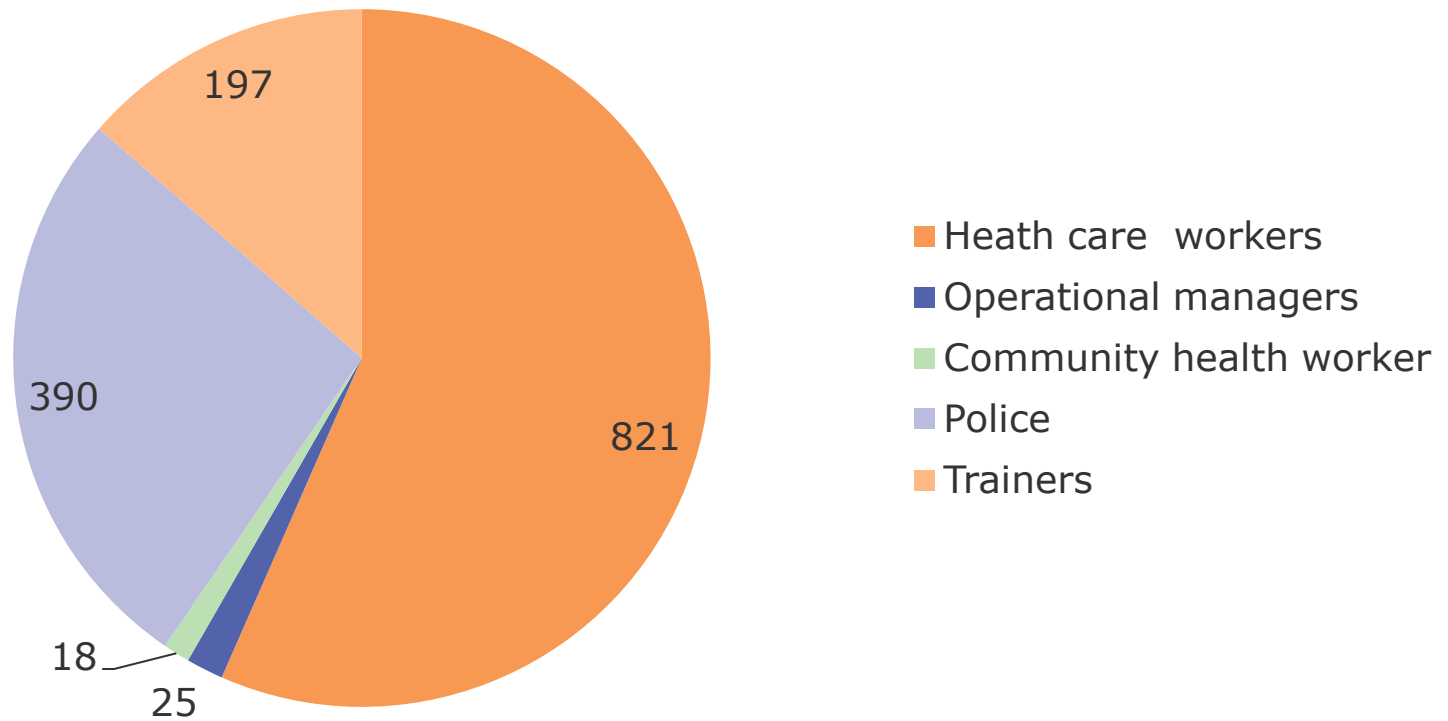
**MODULE 4:
OCCUPATIONAL POST EXPOSURE PROPHYLAXIS**

**MODULE 5:
PREVENTION AND MANAGEMENT OF INFECTIOUS DISEASES AND
PREVENTION OF PREGNANCY AFTER SEXUAL ASSAULT**

**MODULE 6:
MANAGEMENT OF CHILDHOOD SEXUAL ABUSE**

**MODULE 7:
MONITORING AND EVALUATION**

Numbers trained by Cadre (N-1451)

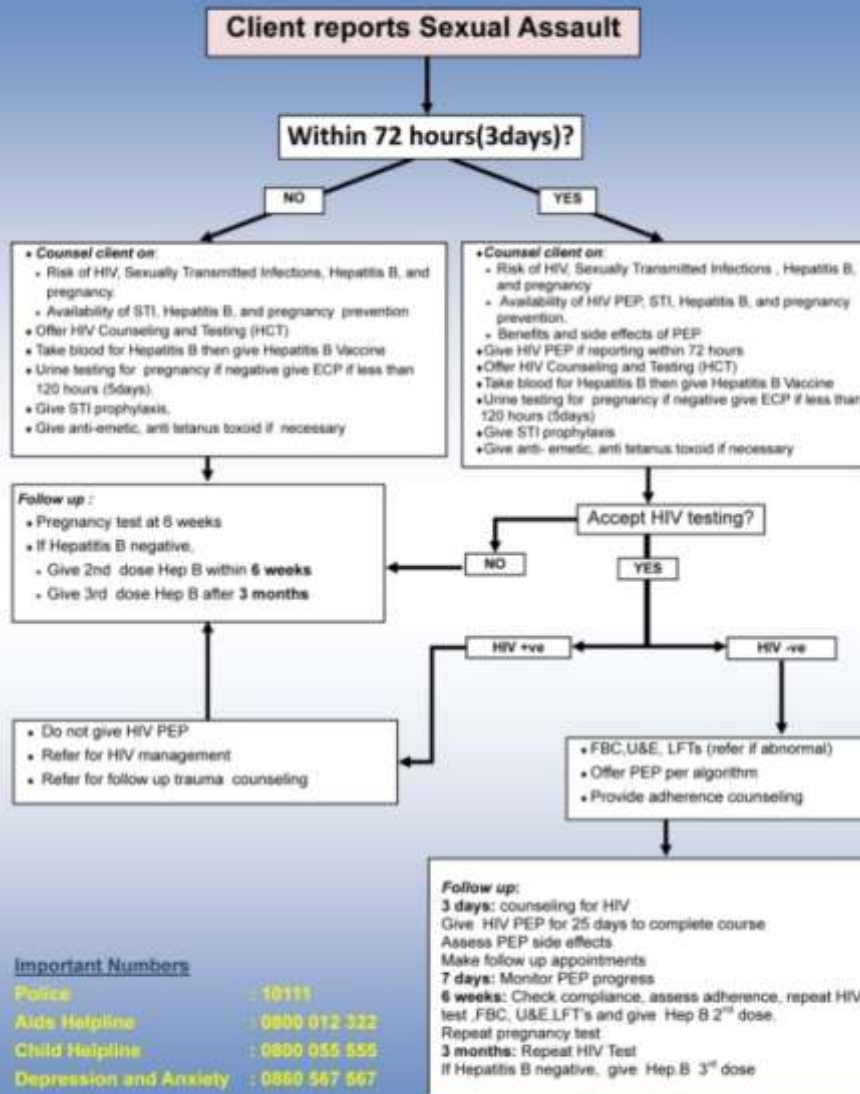


Resources Developed to Strengthen Systems

- Data collection tools
- Training manual
- Sexual assault register
- Pharmacist tool
- Job aids (Algorithms, Fact sheets)



Flow diagram showing the management of sexual assault survivor

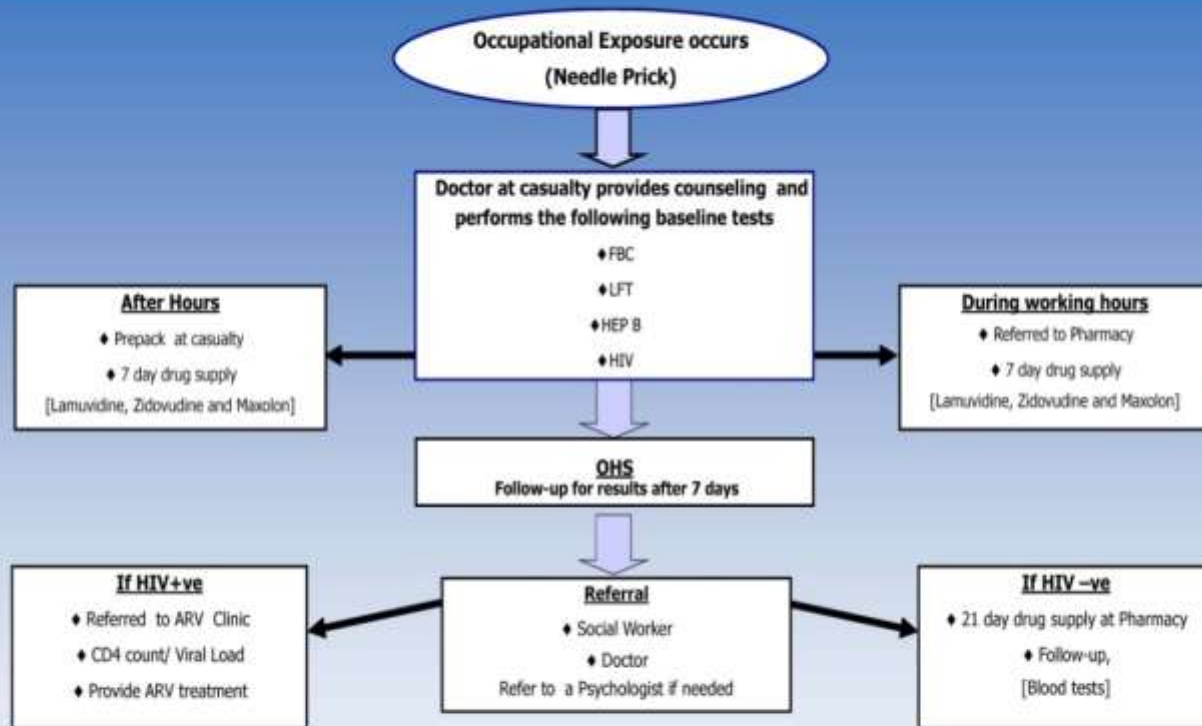


Important Numbers

- Police : 10111
- Aids Helpline : 0800 012 322
- Child Helpline : 0800 055 555
- Depression and Anxiety : 0800 567 567



Flow diagram showing the management of Occupational Post Exposure Prophylaxis



AIDS Helpline : 0800 012 322

HCW Hotline(PEP Line) : 0800 212 506

Depression and Anxiety : 0860 567 567

Key Messages

- Any sexual assault survivor should seek medical care immediately, within 72 hours.
- After the suspected sexual assault, survivors should not bathe or change clothes.
- It is the responsibility of all community members to prevent sexual assault.
- Sexual assault and rape are violations of human rights and crimes against humanity.
- Survivors should never be blamed for being violated.

South African Definitions of Key Terms

- **Post Exposure Prophylaxis (PEP)** – A combination of services and medicine, including short-term (28 days) provision of antiretroviral drugs given to sexual assault survivors (female or male) who have been raped and are HIV negative; are seen within 72 hours. Medicine to prevent pregnancy, sexually transmitted infections (STIs) and Hepatitis B counselling, and risk assessment are components of PEP and are provided to all survivors regardless of their HIV status.
- **Sexual Assault** – “A person (A) who unlawfully and intentionally sexually violates a complainant (B), without the consent of B, is guilty of sexual assault.”³
- **Rape** – “Any person (A) who unlawfully and intentionally commits an act of sexual penetration with a complainant (B) without the consent of B, is guilty of the offence of rape.”³

Key Target Group for PEP Education/Information

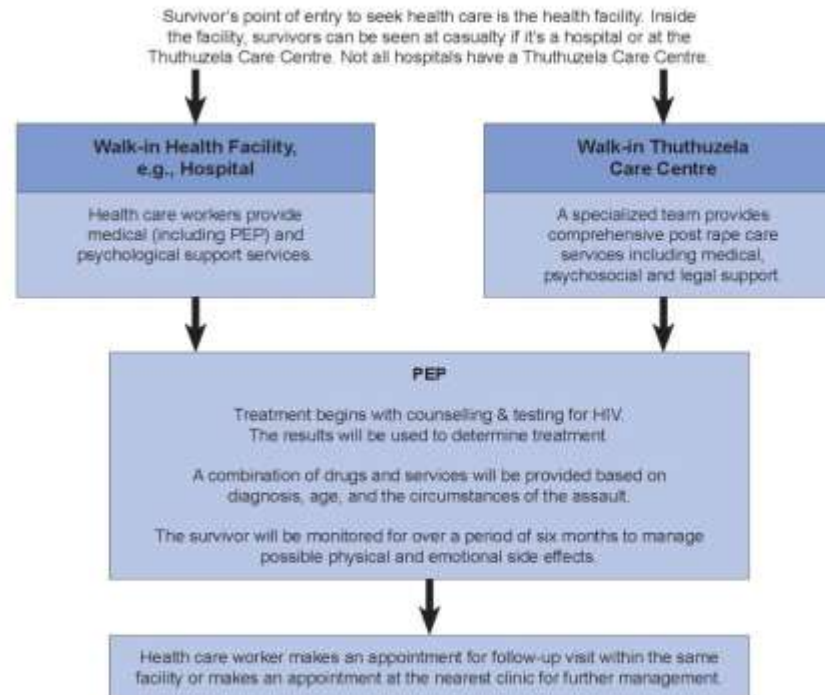
- General population for awareness

Key Target Group for PEP

- Survivors of sexual assault including men and children

³As defined by the Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007.

Accessing PEP



Post Exposure Prophylaxis Following Sexual Assault Fact Sheet

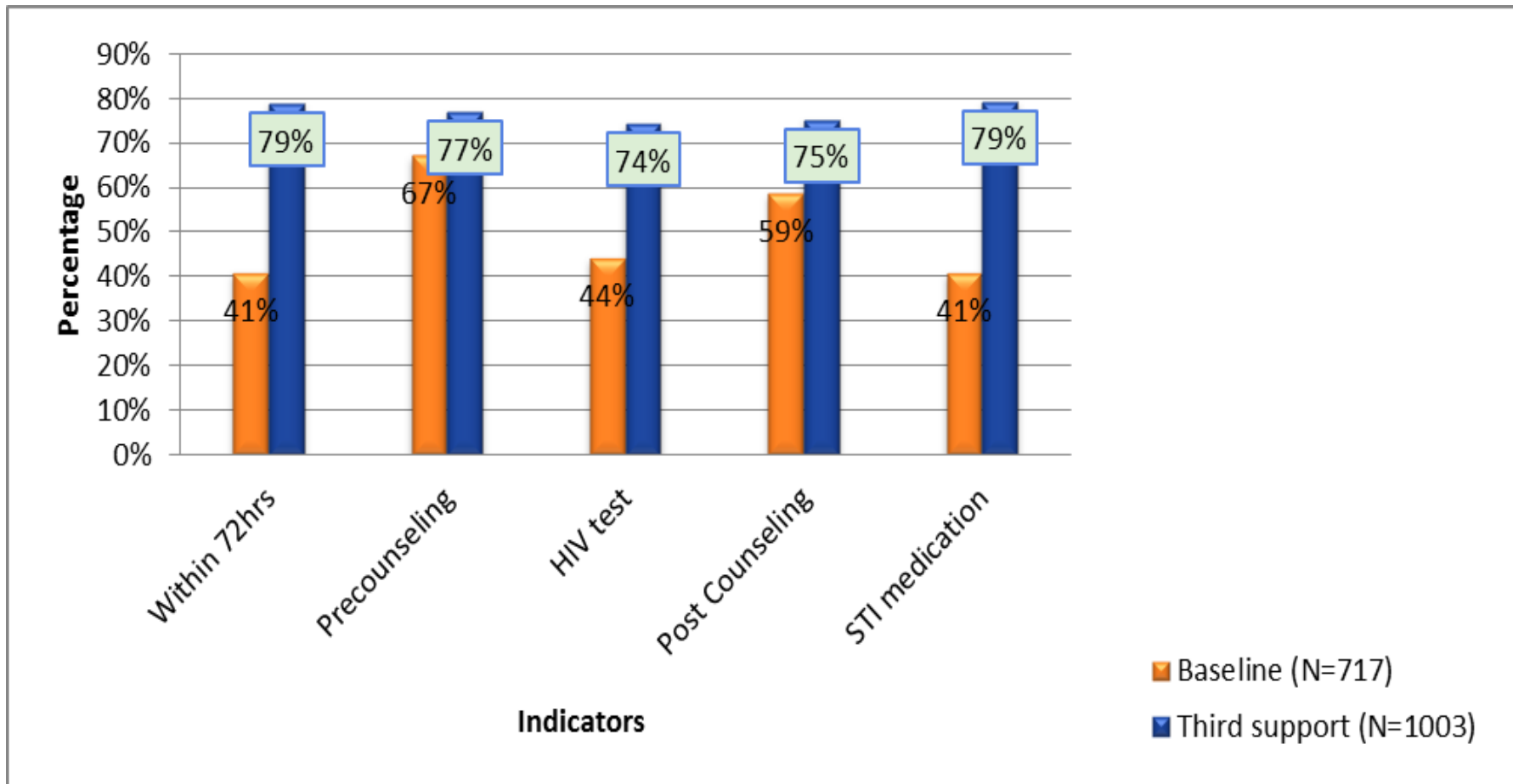
Achievements

- Number of sites assessed: 97 in 6 provinces (GP, FS, EC, NW, KZN and LP)
- Number of providers trained: 1451 in 3 provinces
- Number of sites supported: 63
- Signing of MOU's
- Development of provincial profiles
- Consistent promotion of SAG policies
- Development of more communication between units within a facility
- Development of committee meetings between DOH and SAPS

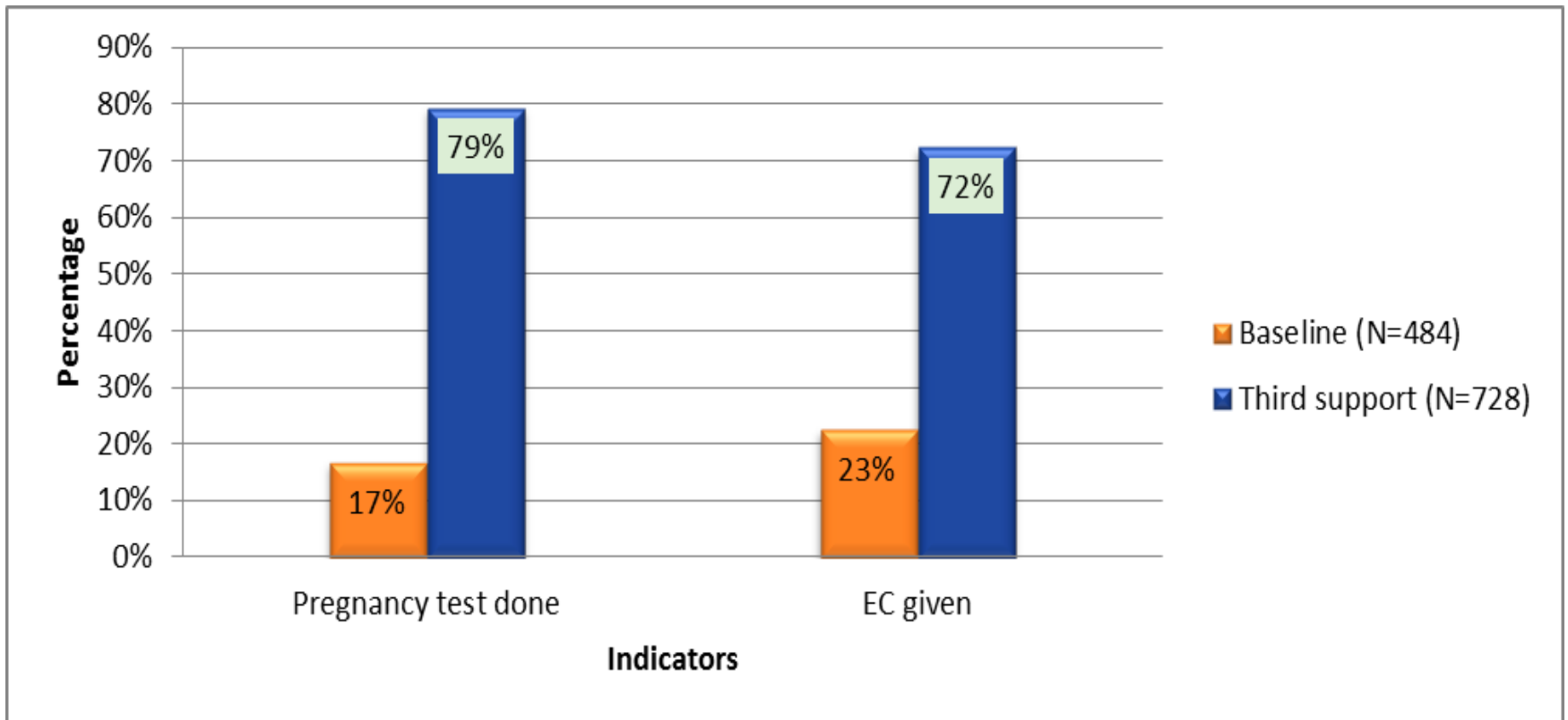
Limpopo

- Case study

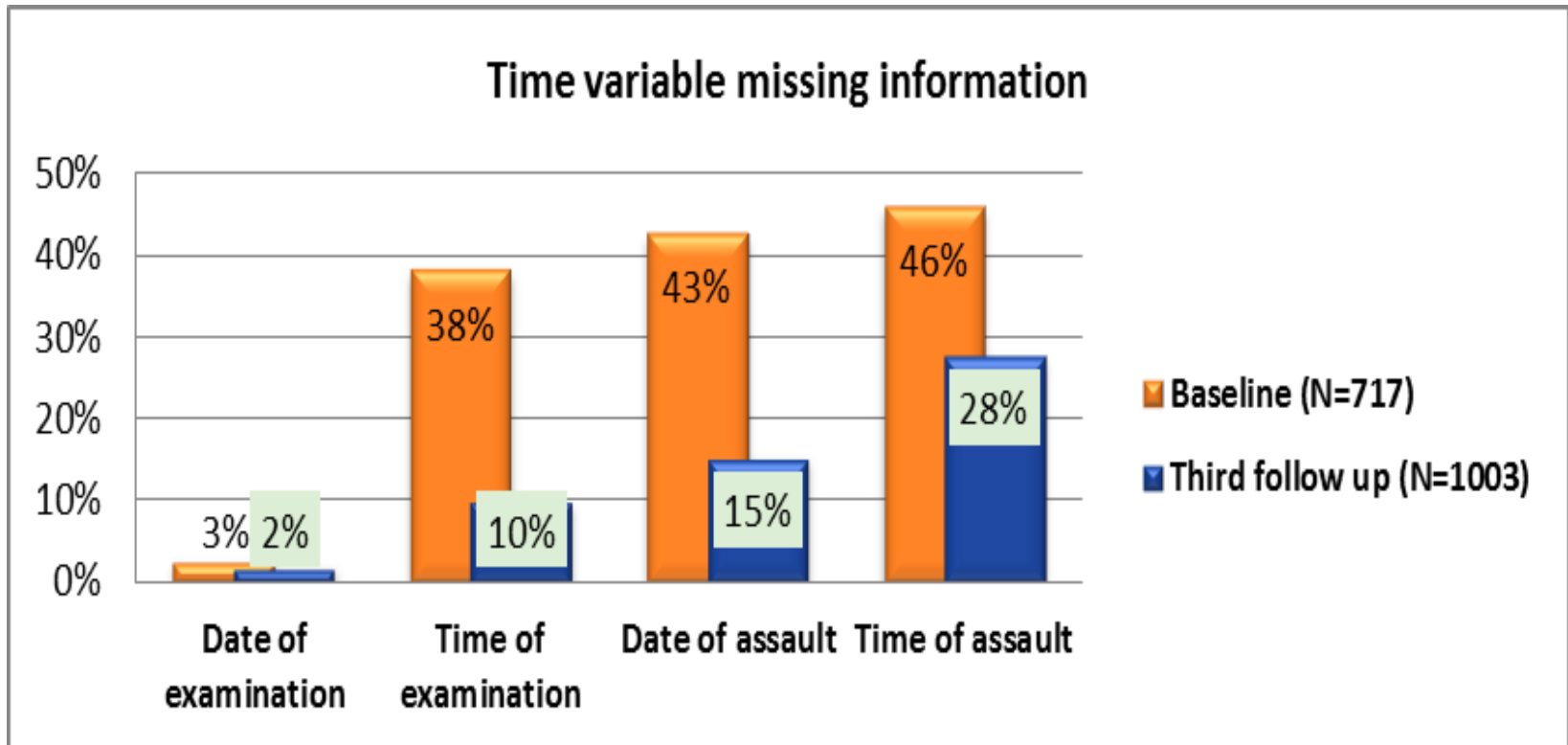
Increase in services provided to sexual assault survivors presenting at Limpopo health facilities



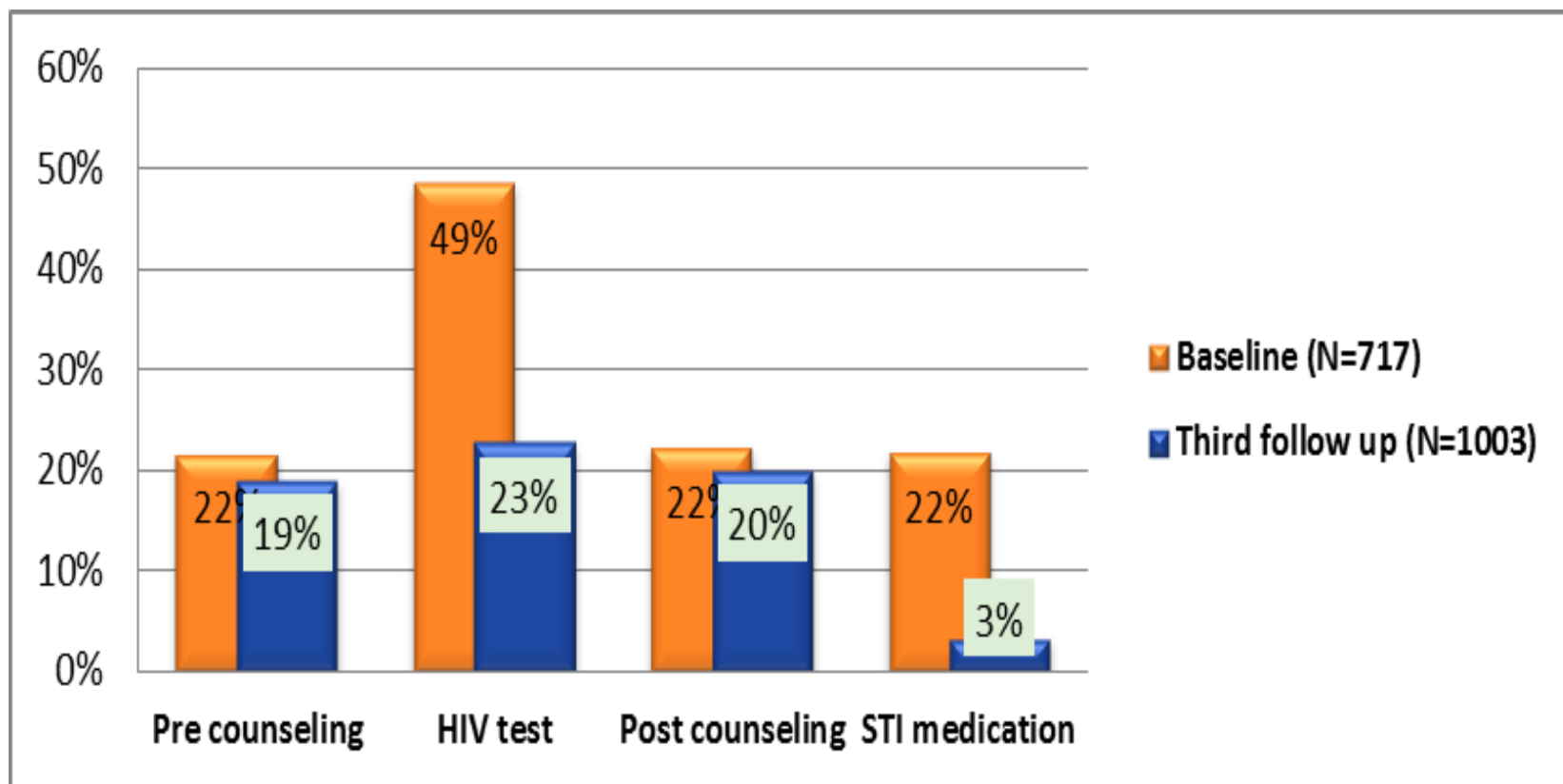
Proportion of sexual assault survivors provided with EC and pregnancy tests (females 12 yrs to 49yrs) in Limpopo



Missing information on date, time of assault and examination from baseline to third support in Limpopo



Missing information on the provision of comprehensive post rape care from baseline to third support in Limpopo



Recommendations to achieve greater scale

- Introduce implementation of PEP at lower levels of health care
- Low cost community awareness targeted at traditional leaders and their constituents
- Build capacity of all PEPFAR comprehensive care partners
- Introduce implementation and monitoring of a policy for non-sexual assault PEP
- Setting up support system for those who have been trained
- Documentation and sharing of best practices

Lessons learnt

- Strategic partnerships important – prioritize government
- Systems strengthening is a critical component
- Data useful for engaging stakeholders
- Implementation, M&E tools valuable
- Multi-sectoral training needed (short)