

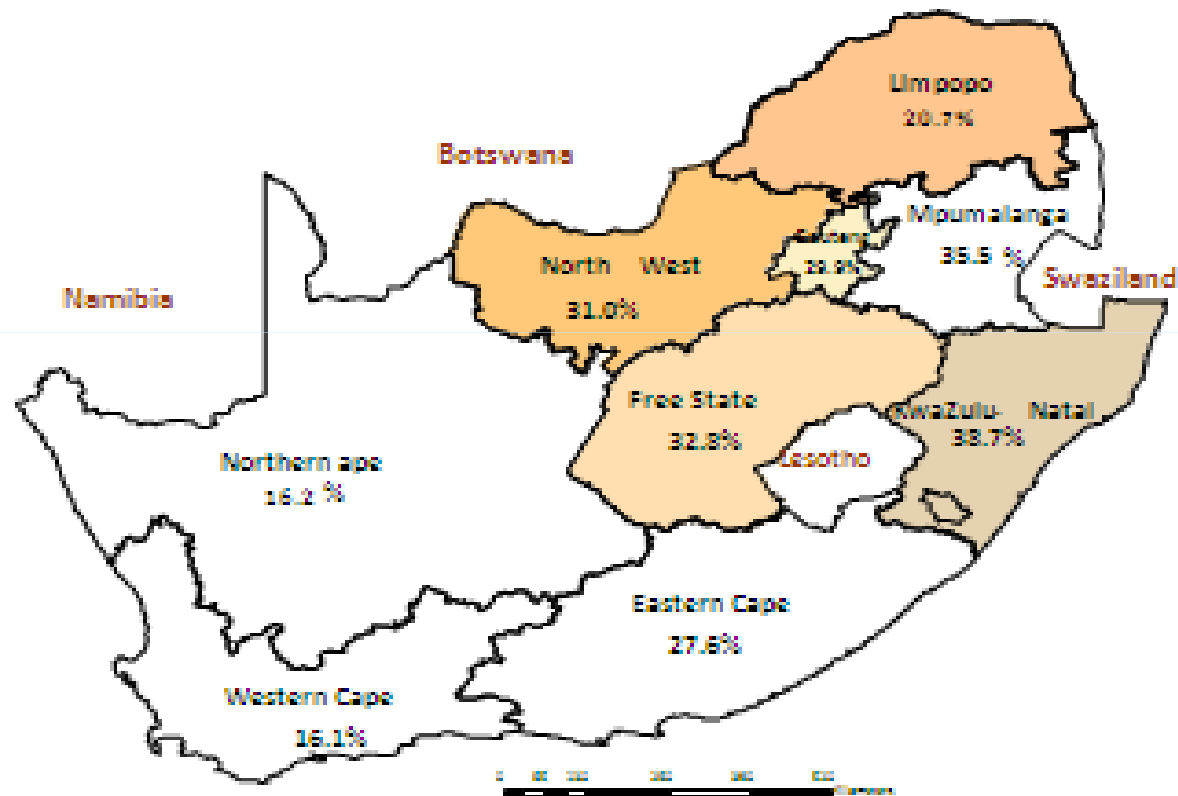
Improving access and delivery of comprehensive post- exposure prophylaxis (PEP) for sexual assault

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Population Council**

Objectives

1. Increase access to and quality of PEP for sexual assault for adults and children
2. Increase access to PEP for MARPS (MSM, Migrants, Incarcerated Populations)
3. Systems Strengthening to the DOH and SAPS
4. Strengthen systems for collecting data to monitor delivery of PEP, adherence and outcomes
5. Increase awareness and access to PEP for those at risk of occupational exposure

Provinces supported by Population Council during Phase 1 of the PEP program implementation and the Provincial HIV prevalence



12 November 2010



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Strategy 1: Conducting of Baseline assessment

Assessed 84 Health facilities

- **Key findings of the health facility assessment**
- Only 29% of the facilities had HCW trained on sexual assault care and PEP service provision
- Policies and guidelines were not universally available
- All sites had PEP medication supplies and HIV testing commodities
- Data recording tools with comprehensive indicators for sexual assault – generally unavailable
- Client flow generally not clear difficult to assess where delays occurred
- Referral systems not captured

Results from Client level data

- Of the 1390 records reviewed
- Only 43 (3%) were from males survivors
- The age range of male survivors was 18 months - 70yrs
- 60% of the survivors were children below 14 yrs
- 25/43 survivors were tested for HIV
- 21 (84%) were HIV negative
- Only 22% of eligible clients receive correct PEP (3 drug regimen)
- Only 20% received STI treatment

Strategy 2 Training

Police 450





Training



700 multidisciplinary HCW facility managers

Strategy 3

Support and mentoring

- PC in collaboration with DOH provincial and district conducted site support
 - reinforcing knowledge from training
 - setting up PEP forums/committees
 - strengthening data collection and utilization of the tool
- Linked SAPS with the health facility

Strategy 4

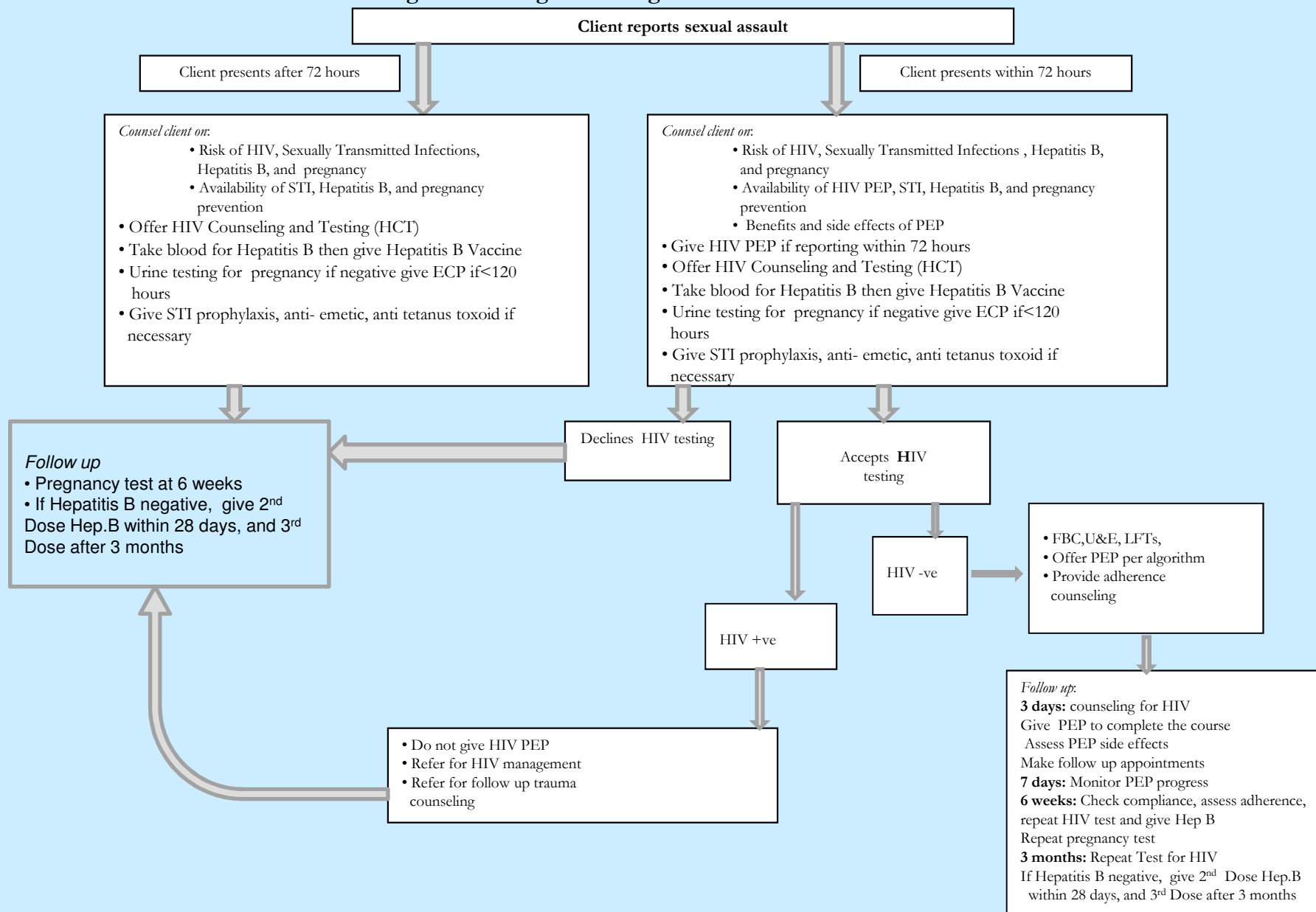
Training of trainers



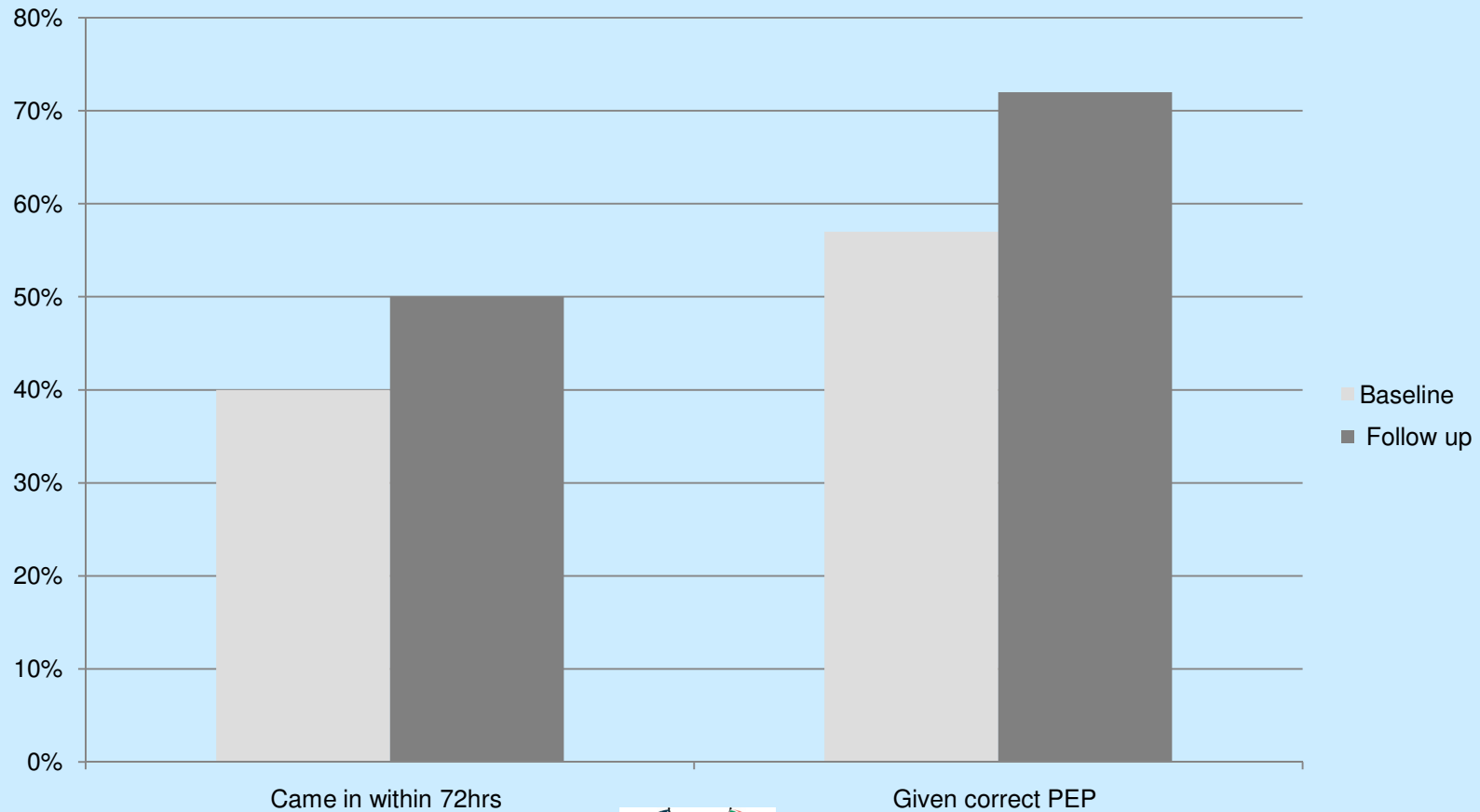
Achievements

- Accreditation of the course
- MOU with the department of Correctional Service and another with the SANDF
- Program approval to scale up to all provinces
- Data collection tools and Job aides are under review at National level

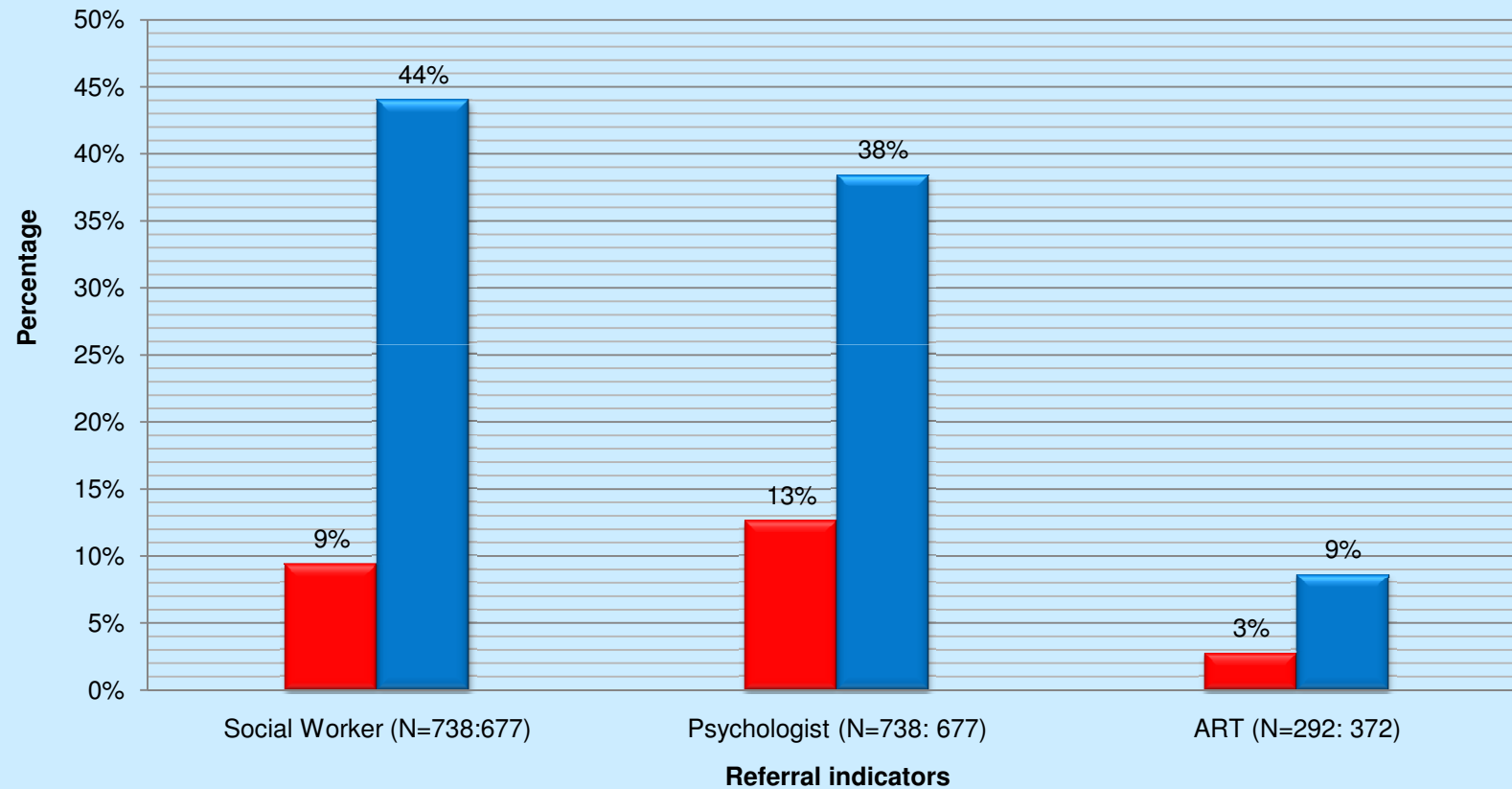
Flow diagram showing the management of a sexual assault survivor



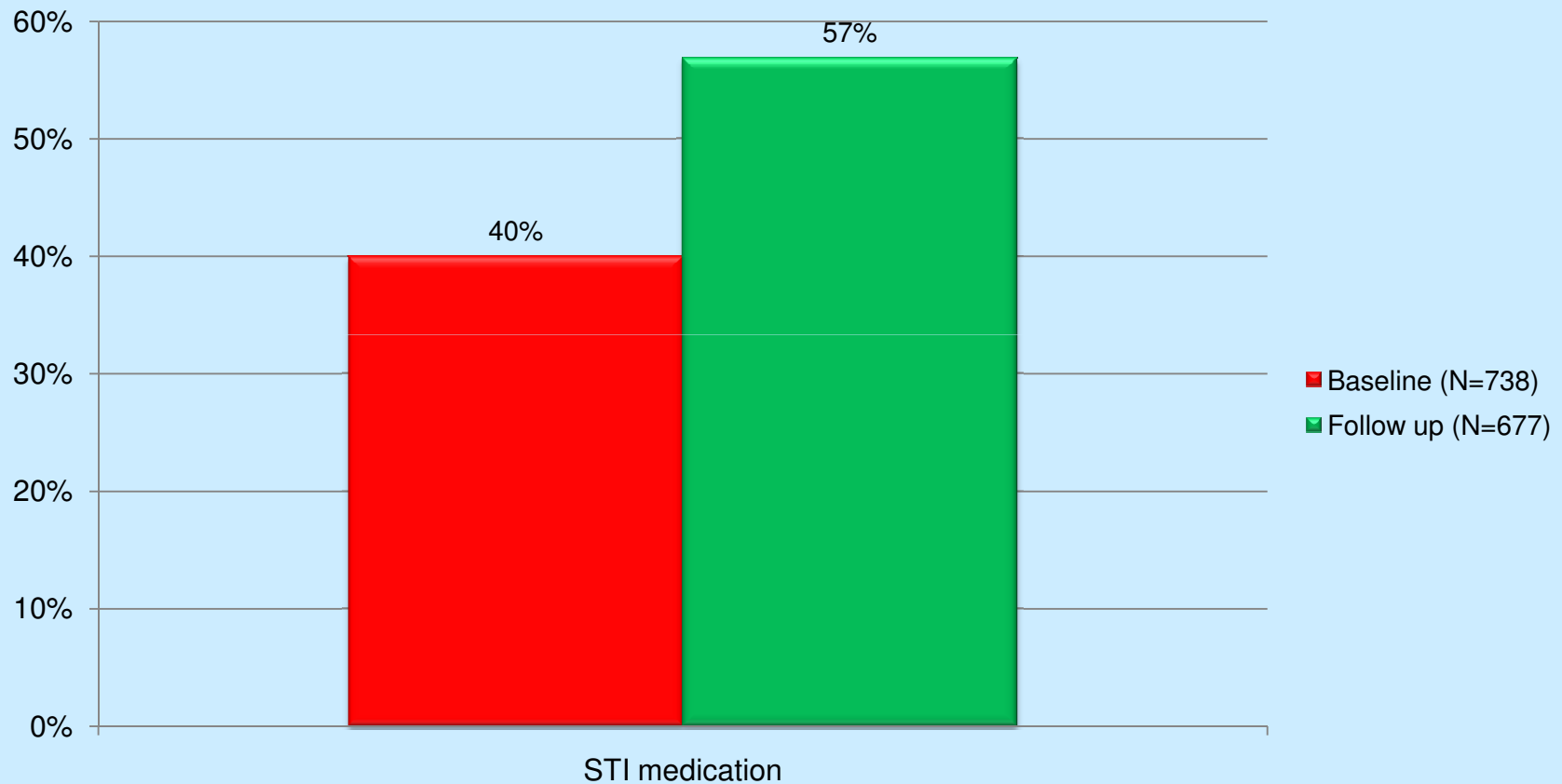
Percentage of Clients Accessing Health Facility within 72 hrs and Receiving Correct PEP has increased



Referral Indicators



STI medication given: Baseline and Follow up



Conclusion

- Training of Police and Health Care workers does work in improving sexual assault service provision including PEP
- As the next NSP is developed we recommend that the strategies we used be expanded for MSM care
- Curriculum for HCW and police to include sensitive appropriate risk assessment

Acknowledgements

- PEPFAR funding through USAID South African Mission
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- Provincial Departments of Health in North West, and Limpopo



Thank You

