

RAPID ASSESSMENT REPORT ON THE PROVISION OF HIV PEP FOR SURVIVORS OF RAPE AND DEFILEMENT

Compiled by CEDOVIP, 2011

Overview

- ✓ Sexual assault levels reached 8,273 cases in Uganda in 2010
- ✓ Sexual assault is linked with the spread of HIV
- ✓ Uganda has National Policy Guidelines on HIV that require the provision of PEP to survivors
- ✓ Despite policies in place, PEP is not widely provided to survivors of sexual assault
- ✓ This study outlines challenges in PEP provision

Central Challenges with PEP Provision

- ✓ Lack of information
- ✓ Lack of drug availability
- ✓ Lack of healthcare worker training on PEP provision to survivors of rape and defilement
- ✓ Lack of institutional will amongst clinics to provide PEP to survivors

Methodology of the Study

- ✓ 15 health facilities were randomly selected as the sample from 35 health facilities in central Uganda
- ✓ A total of 41 respondents participated in the rapid assessment
- ✓ People interviewed include: in-charges, counselors, and midwives.

Table I: Awareness among health workers of PEP guidelines

Do you know about the PEP Policy:	Frequency	Percent
No	13	31.71
Yes	28	68.29
Total	41	100

NB: those who knew about the guidelines were frequently only aware of their existence and not the content.

“Before Mild May came in to offer more ART, PEP was mainly meant for staff that got exposed to HIV infections through on-job accidents. Actually, up to now, the policy has not changed, but we follow the natural law and we can’t let people die just because we are not permitted by policy.”

Buwama Health worker

Explanation to Table I

- Only 40% of the respondents reported that their supervisors had informed them about the policy.

Implications

- some supervisors are not aware of the PEP policy while others may know but have neglected to inform their staff
- many healthcare providers are unaware of their mandate to provide PEP to survivors of rape and defilement

Table III: Availability of the PEP drugs at government-run health clinics

Does your clinic offer PEP treatment?	Frequency	Percent
No	3	7.32
Yes	38	92.68
Total	41	100

Although PEP is readily available at many government health facilities, it is mainly designated for healthcare workers in cases of occupational exposure

Table IV: Eligibility of PEP services

Who does your clinic consider eligible for PEP treatment?	Frequency	Percent
Both health workers and survivors of rape and defilement	18	43.90
I don't know	3	7.32
Members of the public exposed to HIV through rape & defilement	11	26.83
Only Health workers	9	21.95
Total	41	100

The findings suggest that provision of PEP to survivors of rape is not a common practice at many of the health units:

'We have no policy here. We only have basic drugs for our health workers. In fact I should better say that we don't offer PEP services to victims of rape and defilement. We need a lot of gadgets that are not in place as we speak'.

Health worker Kitebi health unit

Table VII: Efficient management of PEP for survivors of sexual assault

Has this clinic's staff been trained on management of PEP for survivors?	Frequency	Percent
No	23	56.1
Yes	18	43.90
Total	41	100

Less than half (44%) of the respondents said that they were aware of a health worker at their health facility who had undergone training on PEP management for survivors of rape and defilement. Meanwhile, 56% said that none of the staff had received any training on PEP.

Table II: Awareness about using Police Form 3 as a pre-requisite for PEP

Is the filled-in Police Form 3 required for survivors of rape?	Frequency	Percent
I don't know	14	34.15
No	09	21.95
Yes	18	43.90
Total	41	100

The findings suggest that healthcare workers may be using the lack of Police Form 3 as a pretext for denying survivors access to PEP treatment.

Stock-out of PEP drugs at health units

Has your clinic experienced PEP stock-outs?	Frequency	Percentage
No	20	48.78
Yes	19	46.34
N/A	2	4.88
Total	41	100

Despite the fact that the NMS ensures that PEP drugs are available at health facilities accredited to provide PEP, there is under-utilization of the drugs since many health facilities did not stock up on enough supply to provide PEP to survivors of rape and defilement.

Comments

- ✓ Findings suggest that many healthcare workers are not knowledgeable and/or willing to treat survivors of sexual assault with PEP
- ✓ There is a lack of awareness about the extent of the problem of rape and defilement, and its connection to the spread of HIV.
- ✓ There is general lack of clarity around maintaining PEP supplies in the health clinics.
- ✓ The public lacks awareness of the PEP services that they are entitled to.

Recommendations

- ✓ Healthcare workers must be trained on management of PEP for survivors of rape.
- ✓ The government must provide for steady provision of PEP to health clinics.
- ✓ National policy on PEP should clarify distribution of the drug and its management within health clinics.
- ✓ Public awareness campaigns should be established to inform the public of PEP services.