

Improved services, health seeking behavior, and outcomes for gender-based violence survivors, including post-exposure prophylaxis in rural Zambézia province, Mozambique



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Background

Gender-based violence (GBV), including physical, psychological, and sexual assault (SA), represents a significant public health issue. Mozambique introduced the “one-stop” health care models in 2012, creating a single entry point for GBV-related services including post-exposure prophylaxis (PEP), but low numbers of people seeking care have limited impact on survivors’ health.

In January 2017 we initiated delivery of a package of activities to improve the outcomes of GBV survivors seeking health care in Zambézia province:

- Theater presentations and lectures to educate community members about the importance of seeking immediate care for GBV;
- Training of community and religious leaders, traditional healers, and birth attendants, police, judges and activists on GBV and referral systems;
- Training and clinical mentoring of-service providers;
- Introduction of a home-based care system to follow up patients who did not return for care and repeat HIV testing.

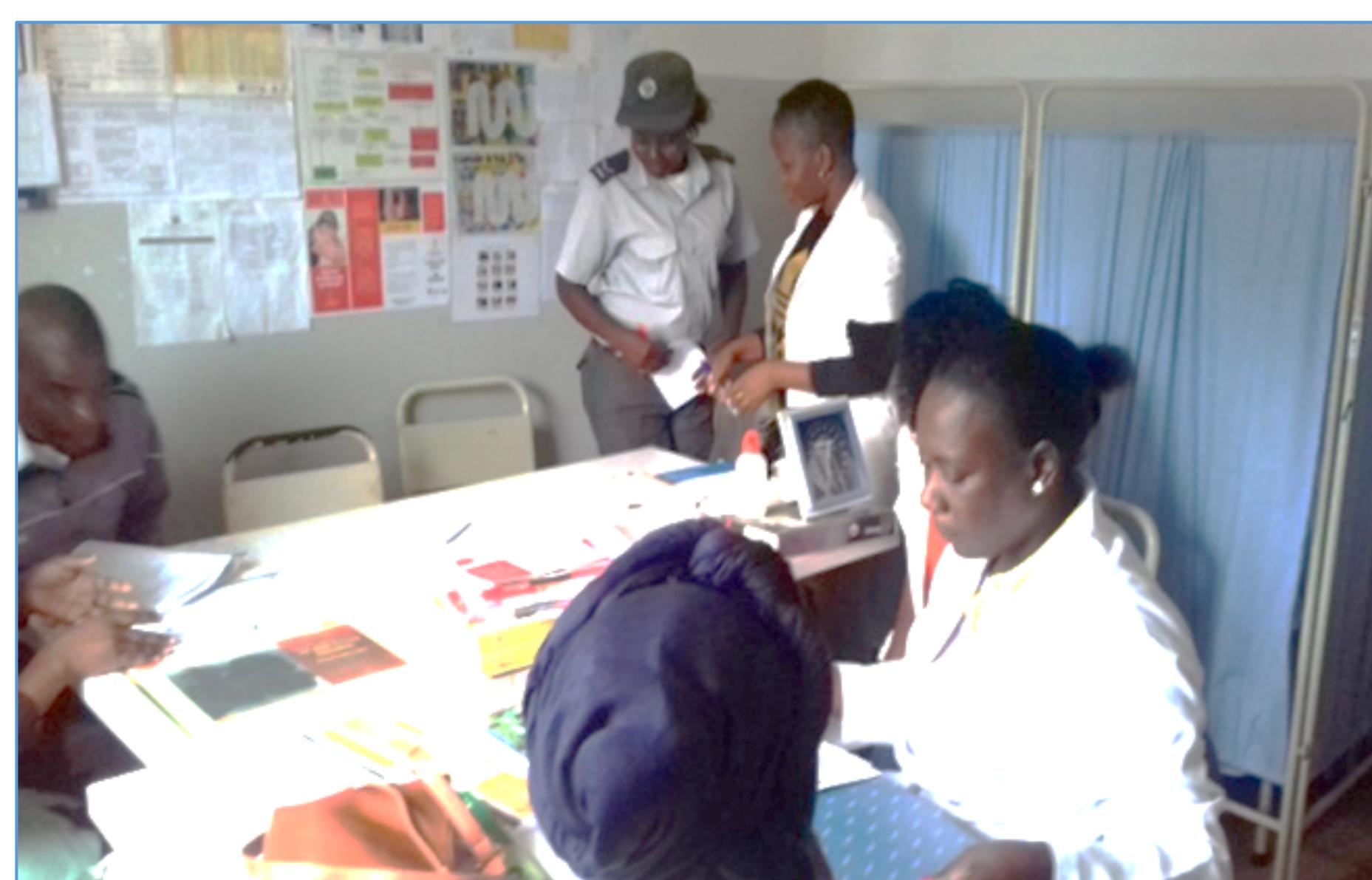


Figure 2. One stop model, integrating clinical, legal and social services at the health facility



Figure 1. Map of Mozambique and Zambézia province

Objective

The objective of the evaluation was to evaluate access, use, and adherence to GBV services.

Methods

- A quasi-experimental study was conducted in 15 health facilities, comparing the pre-intervention period and post-intervention period.
- Data from routine care and home visits were used from July 2016 until June 2018.
- Patient characteristics, access to care, and adherence to medication were compared using Pearson and Student’s t-tests. We employed a negative binomial model to assess change in rate of care-seeking.

Table 1. Study population characteristics

	Pre	Post	Total
	n=383	n=878	n=1261
Sex (n, %)			
Male	37 (10%)	94 (11%)	131 (10%)
Female	346 (90%)	784 (89%)	1130 (90%)
Sex, per type GBV (n female, % female)			
Sexual	106 (100%)	159 (98%)	262 (99%)
Physical	218 (86%)	602 (87%)	820 (87%)
Psychological	18 (95%)	20 (87%)	38 (90%)
Age (years, median, IQR), per type of GBV (n=1061)			
Sexual (n=218)	10 (4-15)	12 (6-15)	11 (5-15)
Physical (n=805)	26 (21-32)	25 (20-31)	25 (20-31)
Psychological (n=28)	21 (19-25)	19 (15-28)	20 (17-27)

Conclusion

The targeted package of activities did not lead to improvement in the rate and/or promptness (within 72 hours) of care seeking. Clinical services led to significant increase in completion of follow-up visits and re-testing. Our ongoing study will continue to focus on follow-up of GBV survivors who initiated PEP up to the six month (final) visit, in order to evaluate the effect of the intervention on incidence of HIV.

Results

Study population (Table 1):

- A total of 1261 GBV events were reported (Table 1), the majority by women/girls (90%).
- Physical and psychological events were reported by adults, while sexual assault cases were more commonly reported among children (median age: 11 years).

Uptake of services (Table 2):

- No change was seen in the number of survivors seeking services for sexual violence.
- Among those who attended clinic for sexual violence, significant increases were seen on follow-up visits and completion of re-testing for HIV.

Table 2. Access and use of GBV services before and after intervention

	Pre	Post	P-value
SA survivors who sought care at health facility within the 72h after the assault	61%	58%	0.728
SA survivors eligible for PEP who initiated treatment	91%	98%	0.124
SA survivors who initiated PEP and completed 1 month follow-up visit	15%	58%	0.025
SA survivors who initiated PEP and completed 3 month follow-up visit	13%	67%	0.001
SA survivors who initiated PEP and retested at 1 month follow-up visit	29%	58%	0.008
SA survivors who initiated PEP and retested at 3 month follow-up visit	13%	64%	0.012