

**Policy and Management Guidelines for the
Management of Survivors of Rape or Sexual Assault
AN EVALUATION**

**Maternal Child and Woman's Health
Programme Development Directorate
Western Cape Provincial Department of Health**

EXECUTIVE SUMMARY

1. INTRODUCTION

In November 2000, the Western Cape Provincial Department of Health released the Policy and Management Guidelines for the Management of Survivors of Rape or Sexual Assault. In October 2002, the Sub-directorate: Maternal Child and Woman's Health of the Programme Development Directorate, Western Cape Provincial Department of Health, commissioned a formal evaluation of the process of development and implementation of the policy and management guidelines in the Cape Metropole Region and the Westcoast-Winelands Region of the Western Cape Province.

The evaluation process, which consisted of four stages, adopted a dynamic and participatory approach. Targets and indicators to be evaluated were determined. Methods employed in the evaluation consisted of in-depth interviews and a written survey. In-depth interviews were conducted with core members of the Provincial Reference Group, responsible for the development of the policy and management guidelines, key personnel in the Western Cape Provincial Department of Health at a provincial and regional level, and with health workers responsible for the management of survivors of rape and sexual assault at 29 identified health care facilities. Health workers at the identified health care facilities participated in the written survey.

The evaluation process, which was well received, revealed the following major findings. The nature of the composition of the Provincial Reference Group and the approach adopted in the development of the policy and guidelines resulted in a

product which is well recognised and highly regarded by the health workers at the identified health care facilities. However the implementation of the policy is faced with numerous challenges and difficulties, resulting in the vision and objectives of the policy not being met at the majority of identified health care facilities. Some of these challenges relate directly to aspects of service delivery and others relate to the lack of formal operational systems. In this Executive Summary Report, some of the major challenges are highlighted and conclusions and future recommendations are outlined.

2. BACKGROUND INFORMATION

Historically the management of rape survivors had been sub-optimal on many levels that included:

- A lack of access to adequate facilities for examination and treatment.
- Inadequate knowledge and understanding and/or guidelines on the management and consequences of rape.
- Poor quality performance and documentation of the forensic examination resulting in poor quality evidence presented to the courts thus contributing to the low conviction of rapists.
- Secondary traumatisation of survivors by fragmented, dysfunctional systems resulting in survivors who are either sub-optimally cared for or not cared for at all.
- In some areas District Surgeons have provided a forensic service but not a clinical one, resulting in survivors being referred to other institutions for treatment of sexually transmitted infections and pregnancy prevention, this caused unacceptable delays and increased trauma to the survivors.
- Examination of the survivor in an emergency room or trauma unit has meant that the person has to queue for services resulting in delays and increased psychological trauma.

(Circular No: H 91/2001)

Hence, on the 30th November 2000, a provincial policy supported by standardised guidelines for the management of survivors of rape and sexual assault (male and female, aged 14 years and older) was released in the Western Cape Province. This

policy aims to provide health managers and health¹ workers with a clear framework on the management of survivors of rape and sexual assault within the Comprehensive Primary Health Care Services of the Department of Health in the Western Cape Province.

Central to the policy on medical, psychological and forensic management is the recognition that the management of rape survivors requires special training and expertise, as well as an integrated management approach. This guiding principle will impact on the consequences of a survivor's future mental and physical well being and in the arrest and ultimate conviction of the perpetrator of such violence.

The vision and objectives of the policy, as stated in Circular No: H91/2001, are as follows:

Vision

Survivors of rape or sexual assault (including partners and family members) will be provided with coordinated, holistic, expert and humane care, which ensures the prevention of secondary traumatisation and serves the needs of the individual, the community and justice.

Objectives

Implementation of the policy and management guidelines should achieve the following objectives:

- *To provide an integrated and comprehensive service to survivors of rape or sexual assault that incorporates the best possible clinical, psychological and forensic care available at a minimum of one health care facility per district by the end of 2001.*
- *To provide on-going training, support and supervision of health workers involved in the management of survivors of rape or sexual assault to ensure a consistently*

¹ Health worker – Refers to medical officers, professional nurses and counsellors involved in the management of survivors of rape or sexual assault, unless otherwise stated.

high standard of care. This will also ensure that the courts are provided with high quality evidence to assist with the prosecutions and conviction of rapists.

- *To provide health information to survivors and families which promotes the ease of use of available services in the community and to inform them of their rights.*

Earmarked funding to support the implementation of the policy and management guidelines within the Western Cape Province was made available in April 2001. Provincial Training regarding the implementation of the policy and management guidelines was completed in September 2002.

To date, no formal evaluation of the development and implementation process of this policy supported by the standardised guidelines has been undertaken. Hence, the Sub-directorate: Maternal Child and Woman's Health (MCWH) of the Programmes Development Directorate, Western Cape Provincial Department of Health, commissioned this evaluation to be conducted in the Cape Metropole and Westcoast – Winelands Regions of the Western Cape Province.

3. PURPOSE OF THE EVALUATION

There is only one overall purpose for conducting evaluation activities: contributing to the provision of quality services to people in need. Evaluation contributes to quality services by providing feedback from implementation processes and activities. Without feedback, human services cannot be carried out effectively. Formative evaluations can strengthen planning, organisation and implementation in order to increase the efficiency and ultimately the outcomes.

The findings from a formal evaluation of the process of development and implementation of the Provincial Policy and Standardised Guidelines for Survivors of Rape or Sexual Assault in the Western Cape (Cape Metropole and Westcoast-Winelands regions) may serve two purposes. Firstly, it will discover discrepancies between implementation **plans** and **actual** implementation and therefore provide the relevant authorities with the necessary feedback to strengthen the existing project. Secondly, it may also provide the necessary information and feedback to reflect on the process of implementation for other newly initiated programmes.

4. OBJECTIVES OF THE EVALUATION

The primary objective of this evaluation was to document a detailed description of the formal structure and mechanisms of the **planned and actual processes** employed by the Western Cape Provincial Department of Health for the development and implementation of the Provincial Policy and Standardised Guidelines for the Management of Survivors of Rape and Sexual Assault within the Cape Metropole and Westcoast-Winelands Regions.

The specific objectives were to:

- Evaluate the extent to which implementation of the Provincial Policy and Standardised Management Guidelines for the Survivors of Rape or Sexual Assault has taken place across all identified health care facilities (HFCs) in the Cape Metropole and West Coast-Winelands Regions, as listed in the Provincial Department of Health Circular No: H 91/2001
- Provide a detailed description of the current delivery of services at the identified HFCs, according to the policy and standardised management guidelines
- Evaluate the structures, mechanisms, inputs and processes employed by the Western Cape Provincial Department of Health across provincial, regional and district levels regarding the implementation of the policy and management guidelines.

This evaluation did not evaluate the clinical skills or competencies of the health worker with regard to the use of the provincial policy and standardised guidelines, nor did it evaluate the outcomes of the use of the policy and guidelines.

5. DESCRIPTION OF THE EVALUATION PROCESS

5.1 STAGES OF THE EVALUATION

The evaluation consisted of four stages. The activities within each stage are summarised in the flow diagram in Figure 1.

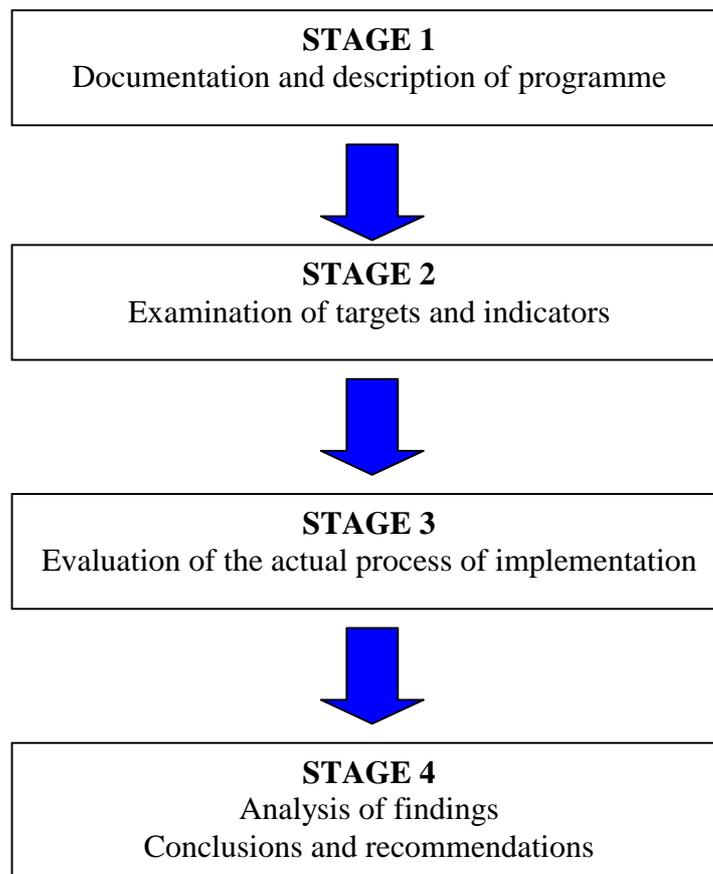


Figure 1: Flow Diagram Outlining the Activities Undertaken in Stages 1 – 4 of the Evaluation Process.

5.2 TARGETS AND INDICATORS

Following interviews conducted with key personnel at a provincial and regional level, identified targets and indicators to be evaluated were determined. These are outlined in Table 1.

Table 1: Targets and Indicators

TARGETS	INDICATORS
<p>Identified Health Care Facilities</p>	<p>Comprehensive health care: medical, forensic, treatment and psychological support and counselling</p> <ul style="list-style-type: none"> • Awareness and availability of the policy and management guidelines • Hours of service provision • Establishment of comfort rooms <ul style="list-style-type: none"> - Presence/absence - Location - Equipment and supplies • Staffing/Capacity <ul style="list-style-type: none"> - health workers providing medical and forensic care - designated² coordinator - designated person to receive the rape survivor

² Designated: For the purposes of this report the term designated refers to a person appointed to a certain responsibility, however it does not imply solely dedicated and other responsibilities may be assumed if time permits.

	<ul style="list-style-type: none"> • Provision of medical and forensic care • Provision of psychological support and trauma counselling • Collaboration between HCFs and Police, Justice and Counselling Services • Support for the Health Worker
Training	<ul style="list-style-type: none"> • Provincial training undertaken in 2001/2002 <ul style="list-style-type: none"> - Outcomes of provincial training - Capacity development • Regional HRD roll out <ul style="list-style-type: none"> - Capacity - Delivery • Health workers' perceptions of training
Monitoring and statistics	<ul style="list-style-type: none"> • Formal systems • Use of information for monitoring purposes <ul style="list-style-type: none"> - Provincial: Health Information Directorate - Regional: Health Information Management - Identified HCFs: Recording of statistics
Funding	<ul style="list-style-type: none"> • Costing • Budget • Expenditure

5.3 METHODS OF DATA COLLECTION

Two methods of data collection were employed in this stage of the evaluation process. This included a survey using a written questionnaire distributed to health workers responsible for the implementation of the policy and management guidelines at the identified HCFs and in-depth interviews with key personnel at provincial and regional levels and all identified HCFs in the Cape Metropole and Westcoast-Winelands Regions.

5.4 TREATMENT OF DATA AND METHODS OF ANALYSIS

A. Survey

Coding of the Questionnaire Data

All data from the questionnaires were coded using a formal coding system, which allowed for descriptive statistical procedures to be applied to the data.

Statistical procedures:

Data, collected through the survey, were entered into a database using excel. Data were analyzed quantitatively using a statistical package called SPSS. Data analysis was explorative. This provided quantitative information and allowed for any general patterns regarding the structures, mechanisms and processes employed in the implementation of the Rape Survivor Project across and within the respective regions to emerge. Categorical Principal Component Analysis and HOMALS (cluster analysis) were used as a preliminary investigation into the inter-relationships between variables. Furthermore specific information relating to individual HCFs was determined.

B. Interviews

The data obtained from the interviews was not simply analysed according to the questions asked. A thematic analysis, involving various stages of analysis and

organisation of information was undertaken. This procedure is depicted in the flow diagram in Figure 2.

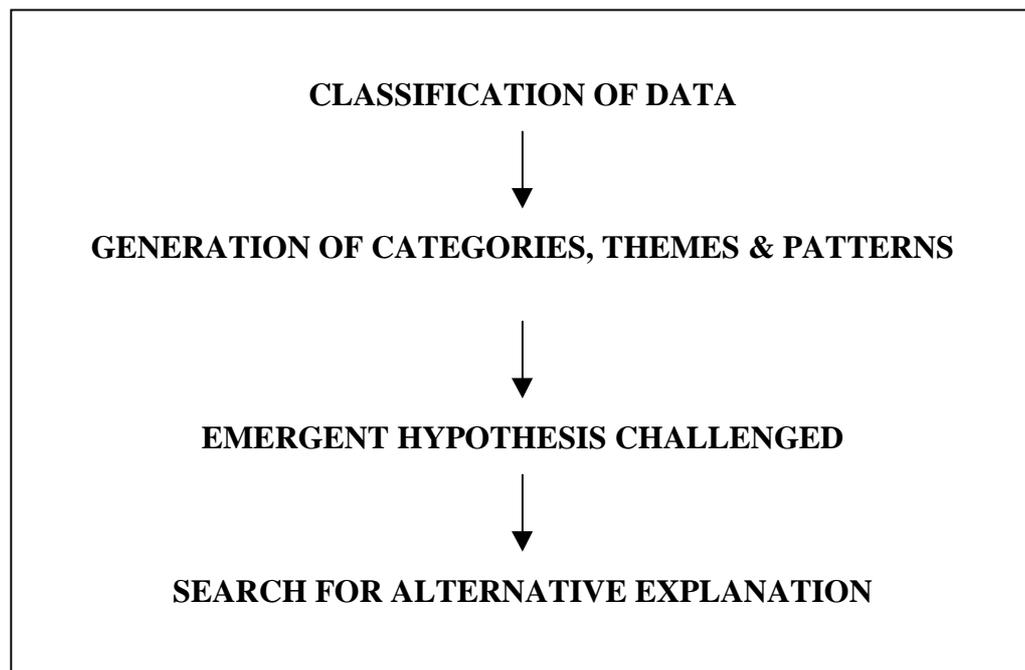


Figure 2: Thematic Analysis Procedure

5.5 INTERPRETATION OF THE DATA

In Stage 4, interpretations of the findings from the survey and the in-depth interviews were made. By employing the findings from two sources of data greater insight, meaning and validation to the interpretation of the findings was made possible. Conclusions and recommendations emerging from the findings were proposed. A draft copy of the final report was submitted to the Deputy Director, MCWH Sub-directorate for perusal and discussion, thereafter a final copy of the evaluation report was compiled and submitted.

6. KEY FINDINGS

In this section major findings and conclusions emerging from the evaluation are highlighted.

The Process of Development of the Policy and Management Guidelines for the Management of Survivors of Rape or Sexual Assault

Information obtained from the interviews provided much insight into the nature of the Provincial Reference Group (PRG) responsible for developing the policy, as well as, the processes adopted in the formulation of the policy and management guidelines.

As was mentioned previously, the PRG is a multi-disciplinary group of experts in the management of survivors of rape and sexual assault. Furthermore, the PRG is highly inter-sectoral, comprising of members from various governmental sectors, including health, justice and social services, academic institutions and Non-Governmental Organisations.

The information obtained from the interviews conducted with core members of the PRG, clearly revealed that the members had displayed high levels of commitment and expertise throughout the process of development of the Policy and Management Guidelines for the Management of Survivors of Rape and Sexual Assault. This coupled with many of the members of the PRG having extensive experience in the management of survivors of rape or sexual assault allowed for an end product of a high standard to be developed.

The facilitation of this process of development by the Sub-directorate:MCWH of the Programme Development Directorate was acknowledged by members of the PRG as

appropriate, as this process is about addressing women's health care, that is, physical and mental well being. In addition, as a Department of Health initiative it aims to address the health care of women by offering holistic care involving clinical and forensic examinations, treatment and psychological support to survivors of rape and sexual assault.

Furthermore, all core members of the PRG expressed their appreciation for the outstanding organisational, management and leadership skills demonstrated by the Deputy Director: MCWH Sub-directorate during this process. The Deputy Director's leadership and management style was reported to have resulted in members of the PRG feeling productive, valued and respected. PRG members reported that without the leadership of the Deputy Director: MCWH, they do not believe that the process would have continued.

During the process of development of the policy and management guidelines, a highly integrated approach was adopted. This was primarily realised by the inter-sectoral composition of the PRG. This approach was considered essential as management of survivors of rape or sexual assault requires the integration of services addressing the survivors health, and well being, as well as, serving the ends of justice. In addition, a highly consultative process was employed in the development of the policy and management guidelines. This involved numerous structured meetings in which stakeholders' opinions and views were shared and drafts of the policy and management guidelines were distributed via the regional health representatives to health workers in the regions and districts for their comments and inputs.

The findings from the interviews and the survey revealed that health workers who are involved in the management of survivors of rape or sexual assault at the identified HCFs, clearly recognised the need for a policy on the management of survivors of rape and sexual assault, are aware of the policy and management guidelines, have it available at their HCFs and furthermore consider it to be one of excellence. Health workers reported that the standardised management guidelines provide a clear framework on the management of survivors of rape and has greatly assisted more inexperienced medical officers in their management of rape survivors.

Evaluation of the Implementation Process of the Policy and Management Guidelines

Although the policy supported by the management guidelines is highly regarded by the health workers at the identified HCFs, the findings from the evaluation strongly indicate that the implementation of the policy and the management guidelines in the Cape Metropole and Westcoast-Winelands Regions has presented with numerous challenges and difficulties. This has resulted in the vision and objectives of the policy not being met at the majority of identified HCFs across both regions.

Comprehensive and Integrated Management

As stated in the policy, the implementation of the policy should achieve the following objective:

To provide an integrated and comprehensive service to survivors of rape or sexual assault that incorporates the best possible clinical, psychological and forensic care available at a minimum of one health facility per district

From the findings of the evaluation it can be concluded that only 2 of the 18 HCFs in the Cape Metropole Region and 3 of the 11 identified HCFs in the Westcoast-Winelands Region may be considered to be providing comprehensive care to survivors of rape, as per policy objective. This conclusion is now discussed further and illustrated in Table 2 and Table 3 for the Cape Metropole and the Westcoast Winelands, respectively.

Forensic and Medical Care

The findings of the evaluation clearly indicate that medical officers and nursing staff, who are working in casualty, face serious challenges in providing the best possible clinical and forensic care to a survivor of rape. Medical officers and nursing staff working in casualty voiced their grave concerns regarding the service they were able to provide to survivors of rape. Health workers reported that medical officers working in casualty do not necessarily have the medical or forensic expertise to provide the

best possible care to rape survivors. In addition, they are working under severe pressure from the demands of casualty and often keep the rape survivor waiting for longer periods of time before receiving medical attention. Health workers reported that some of the medical officers working in casualty regularly demonstrate resistance to providing medical and forensic care to rape survivors. This is due to numerous reasons, such as, inexperience, lack of training, unwillingness to appear in court, the time taken to provide medical and forensic management to a rape survivor and the nature of the trauma involved in rape. At all identified HCFs where medical officers working in casualty are responsible for providing management to the rape survivor, requests were made to have designated medical officers on call.

Conferring with these findings was the information obtained from identified HCFs, which employed designated doctors on call to provide the medical and forensic management. Health workers reported that this system worked extremely well and resulted in the rape survivor receiving medical and forensic care within a short period of time. Health workers noted that medical officers attending to rape survivors should not only be required to be well trained in the medical and forensic care of rape survivors but should also have the right aptitude, including compassion and empathy, to manage survivors of rape. It must be noted that it was beyond the scope of this evaluation to measure medical officers' medical and forensic competencies in the management of survivors of rape.

The inconsistency in responses within and across HCFs regarding the provision of medical services including, pregnancy tests, HIV testing, the initial and follow-up supply of anti-retrovirals and the treatment for pain and STIs may indeed reflect inconsistencies in the perceptions of respondents or inconsistencies in actual service provision.

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Psychological Support and Counselling

In addition to the best possible medical and forensic care, comprehensive care also implies the provision of psychological support and counselling. This embraces numerous aspects, including a compassionate person to receive the survivor of rape when brought to the facility, having a comforting private room/area in which medical

and forensic care may be received and access to persons trained in trauma counselling.

As can be seen in Tables 2 and 3, many of the HCFs have designated medical officers on call to provide medical and forensic care to the survivor of rape, however clearly lack any psychological support for the rape survivor. On the other hand many HCFs have developed some form of psychological support for rape survivors, however are relying on medical officers working in casualty who may not have the experience, expertise or will to manage survivors of rape.

In Table 2, some of the HCFs in the Cape Metropole, which do indeed have a designated room /area for survivors of rape are indicated as ineffective. This is due to the room being considered unattractive, poorly equipped and lacking in the provision of supplies for the survivor of rape or sexual assault. In the Cape Metropole, the HCFs at Hottentots Holland Hospital and Wesfleur Hospital both rely on the provision of medical and forensic care from medical officers working in casualty. However they both have designated persons who are able to receive rape survivors and have the necessary authority and knowledge to guide and support the medical officers in their attempts to provide the best possible medical and forensic care to survivors of rape. Although, Mitchells Plain CHC, is reflected as having effective forensic and medical care as well as the necessary psychological support and counseling, it must be noted that the service is fragmented and not provided at the same site.

Table 2: Provision of Forensic and Medical Care, Psychological Support and Counselling across the Identified HCFs in the Cape Metropole

	Designated Medical Officer	Working in Casualty	Person Designated to Receive	Comfort Room	Counselling Services
Somerset Hospital	•	•	•	•	•
Victoria Hospital	•	•	•	•	•
Lady Michaelis CHC	•	•	•	•	•
Robbie Nurock CHC	•	•	•	•	•
Goodwood CHC	•	•	•	•	•

Hottentots Holland Hospital	•	•	•	•	•
Wesfleur Hospital	•	•	•	•	•
Elsies Rivier CHC	•	•	•	•	•
Delft CHC	•	•	•	•	•
False Bay Hospital	•	•	•	•	•
Vanguard CHC	•	•	•	•	•
G.F Jooste Hospital	•	•	•	•	•
Tygerberg Hospital	•	•	•	•	•
Groote Schuur Hospital	•	•	•	•	•
Karl Bremner Hospital.	•	•	•	•	•
Kraaifontein CHC	•	•	•	•	•
Hanover Park CHC	•	•	•	•	•
Mitchells Plain CHC	•	•	•	•	•

Table 3: Provision of Forensic and Medical Care, Psychological Support and Counselling across Identified HCFs in the Westcoast - Winelands

	Designated Medical Officers	Working in Casualty	Person Designated to Receive	Comfort Room	Counselling Services
Stellenbosch	•	•	•	•	•
Citrusdal Hospital	•	•	•	•	•
Vredendal Hospital	•	•	•	•	•
Paarl Hospital	•	•	•	•	•
Swartland Hospital	•	•	•	•	•
Radie Kotze Hospital	•	•	•	•	•
Moreesburg	•	•	•	•	•
Clanwilliam Hospital	•	•	•	•	•
Lamberts Bay	•	•	•	•	•
Vredenburg	•	•	•	•	•
Lappa Munnik	•	•	•	•	•

Key to Tables 2 and 3:

- Present/Effective
- Absent/Ineffective

Integrated Management

In addition to comprehensive care in which special training and expertise are required, the management of rape survivors also requires an integrated management approach. As stated in the policy, this guiding principle will impact on the consequences of a survivor's future mental and physical well being and in the arrest and ultimate conviction of the perpetrator of such violence (Circular No: 91/2001). This integrated management approach is required at the level of the HCF and beyond, with the sectors of justice, police and counselling services associated with the HCF.

In this evaluation it was determined that the majority of HCFs across the Cape Metropole and the Westcoast-Winelands do not have a designated co-ordinator for the management of survivors of rape. This finding partly explains the lack of comprehensive care noted. Furthermore, partial collaboration between the HCFs and the various sectors has been established. However, it was equally noted that this collaboration still needs much strengthening and as it is a dynamic process this will continue to change over time. Central to an integrated management approach is the concept of co-ordination. Clearly the role of a designated coordinator at each HCF would facilitate such collaboration and integration within the HCF and between the HCF and the various sectors.

Support for Health Workers

The lack of support provided to the health workers involved in the management of survivors of rape was highly evident during the evaluation process. The majority of health workers participated enthusiastically in the evaluation process and voiced their need to be heard regarding the challenges facing the implementation of the policy and

management guidelines. They too revealed their need for support and guidance. The need to establish formal trauma debriefing for the health workers was highlighted.

Training

Central to the policy on the management of survivors of rape and sexual assault is that the management requires special training and expertise. A major finding concerning training included the health workers' clear recognition of the need for continued training in the management of survivors of rape. The survey revealed that some of the health workers from the identified HCFs had attended formal training, either offered by the Provincial Training Task Team or by the Regional HRD. Much recognition and acknowledgement was expressed regarding the high standard of training provided by the Provincial Training Task Team and the regional HRDs as well as the high standard of the training manuals.

The HRDs in the Cape Metropole and the Westcoast – Winelands regions have assumed responsibility for the roll out of the training programmes within their respective regions, as was previously planned. The HRD in the Westcoast – Winelands region indicated that the Provincial Training Task Team had built much capacity in the region, by identifying experts to assist in delivering the training programme. Furthermore, it was reported that as a result of key personnel in the Westcoast-Winelands attending the Provincial Task Team workshops this greatly assisted the regional HRD in understanding the purpose, objectives and content of the training programmes to be provided in the future.

In the Cape Metropole region, 3 regional training courses have been provided. 91 persons attended the training courses. 40 of the participants were from identified HCFs. The need to target health workers from the identified HCFs for training in the future was highlighted.

The Cape Metropole Regional HRD, expressed that the training programme relied on experts and hence the training workshops could only be offered in accordance with their availability. Health workers in the Cape Metropole expressed the need for earlier notification of training dates and the number of health workers that may attend from

each HCF, so that the necessary arrangements could be made at the HCF to release staff from their regular duties.

In the Westcoast – Winelands Region the health workers expressed the difficulty they were having in attending training as a result of staff shortages, as well as the required length of time to be away from their HCFs. Requests for the training to be presented at the facilities were made. As the Regional HRD in the Westcoast – Winelands, together with the help of the Provincial Training Task Team has located experts within the region, this may be a possible consideration for the future.

Although health workers in the Cape Metropole made similar requests, the Regional HRD, indicated that as the training was dependent on experts in the field, training could not be delivered at the HCFs.

Monitoring and Evaluation

As is clearly evident from the findings of the evaluation, there is a marked breakdown in the monitoring of statistics at all levels. At the level of the HCF, statistics relating to the management of survivors of rape appear to be meaningless to the health worker. The statistics are inaccurately recorded and are an additional burden to health workers already struggling with an excess of general clinical responsibilities.

Regional Information Management in the Westcoast – Winelands is severely short staffed and hence has not been able to be involved in the management of information from the Rape Survivor Project in the region. Information Management in the Cape Metropole has more recently been involved in supporting the Regional Programmes Directorate with the management of statistics relating to the Rape Survivor Project. However as noted by the Regional Information Management, the statistical information available is restricted to limited fields which in turn limits its value.

To date, at a Provincial level, the Information Management Directorate has not provided any support to the Sub-directorate of the Programmes Directorate.

The severe breakdown in this formal system obviously has far reaching implications for the implementation of the policy and management guidelines for survivors of rape in the Western Cape Provincial Department of Health.

Funding

Like the severe breakdown in the formal systems of information management, there is a marked breakdown in the management of finance regarding the implementation of the Rape Survivor Project. The findings from the evaluation revealed that at a provincial level there has been limited involvement from the Provincial Finance Directorate in the costing and management of finances for the implementation of the Policy and Management Guidelines for Survivors of Rape or Sexual Assault. According to current financial records the earmarked funding for the implementation of the policy has not been spent. The Regional Finance Department in the Cape Metropole explained this lack of expenditure as a direct result of the finance departments at the various facilities not journalising back claims of expenditure. In the Westcoast – Winelands Region the Regional Finance Department is so severely limited in staff capacity that they are unable to inform the Regional Coordinator of the Rape Survivor Project of monies spent from the allocated budget.

Lack of Formalised Systems

It is clearly evident from the findings of the evaluation that currently the implementation of the policy supported by the management guidelines is severely hindered by the lack of formalised operational systems. An attempt to illustrate this schematically is presented in Figure 3.

Despite appeals made by the Sub-directorate: MCWH of the Programme Development Directorate to the Directorates of Finance and Information Management at a provincial level, involvement of these directorates in the implementation of the policy for the management of survivors of rape has not taken place. A severe lack of involvement and support provided by the Directorates of Finance and Information Management in the implementation of the policy is evident at a regional level in the Westcoast-Winelands Region. This has primarily been as a result of a severe shortage

of staff. Some more recent involvement of Information Management in the implementation of this policy has taken place in the Cape Metropole Region.

This lack of formal communication and systems between the Programmes Directorate and previously mentioned directorates in the implementation of the Rape Survivor Project has had vast negative implications on the effectiveness of the implementation of the policy. This has also resulted in the Sub-directorate: MCWH of the Programmes Development Directorate being solely responsible for the implementation of the Rape Survivor Project and has been required to fulfil tasks beyond its function and capacity.

Due to the lack of the establishment of formal systems across the above-mentioned directorates, the monitoring of statistical information and the insights it provides regarding the management of survivors of rape within the health system is sorely lacking. The accuracy of the limited information available is questioned. Thus the necessary monitoring of the implementation of the policy is not being undertaken and furthermore its impact on the budget cannot be determined.

Although earmarked funding was made available for the implementation of the policy, due to the lack of formal systems and mechanisms, health workers at the identified HCFs have not been able to access funding needed to establish the facilities for survivors of rape (in the Cape Metropole). HCFs have not claimed monies back regarding the management of survivors of rape from the regional finance departments. Formal cost analyses have not been undertaken at all levels.

The current breakdown in communication and the lack of involvement of the Financial and Information Management Directorates in the process of implementation of the policy is illustrated in Figure 3 by the lack of arrows and the presence of dotted arrows between blocks representing the various directorates across levels of health care.

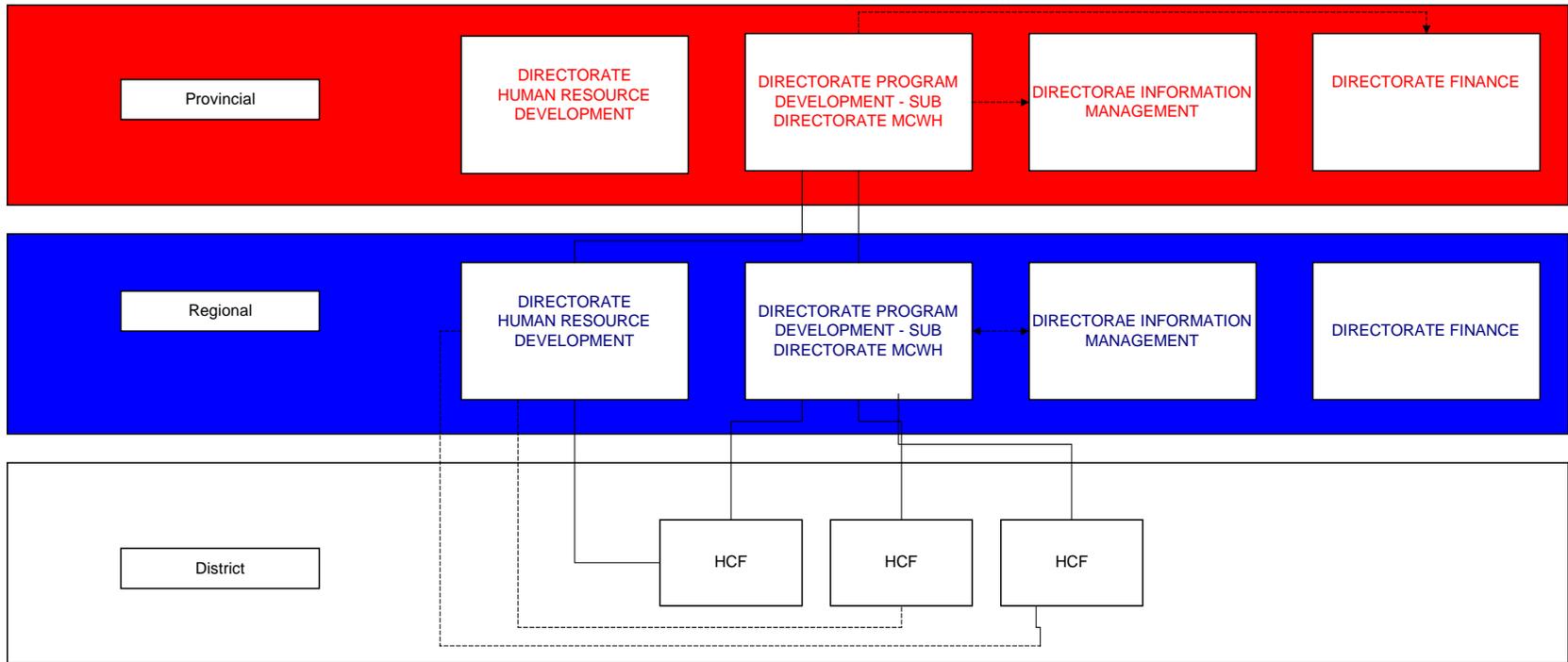


Figure 3: Schematic Representation of Current Systems

Final Conclusions

The evaluation of the development and implementation of the Provincial Policy on the Management of Survivors of Rape, supported by the standardised management guidelines revealed that the policy and the management guidelines are highly regarded by the majority of health workers involved in the management of rape survivors. It has been well received at the identified HCFs, with most of the health workers acknowledging the need for such a policy and acknowledging that the policy supported by the management guidelines has provided a clear framework on the management of female and male survivors of rape or sexual assault (14 years and older).

However, the implementation of the policy and management guidelines has presented with numerous challenges and difficulties, some of which relate directly to aspects of service delivery and others relating to the lack of formalised operational systems and structures supporting the implementation of such a policy.

7. RECOMMENDATIONS

7.1 Development of an Implementation Plan

It is strongly recommended that the natural stage following the completion of the evaluation is the **development of a formal implementation plan**. It is proposed that the implementation plan addresses the following core issues, processes and systems.

Designated Medical Officers

It is strongly recommended that further investigation of the use of designated medical officers as opposed to medical officers in casualty for the provision of forensic and medical care to survivors of rape or sexual assault, is undertaken. According to the policy, the management of rape survivors requires special expertise. Furthermore the medical and forensic care required demands much time, a specific temperament, dedication, appropriate training and experience in this field of work. Medical officers who are inexperienced and unmotivated in the management of survivors of rape,

already burdened with an excess of general clinical responsibilities in extremely busy casualty wards, will most likely not be able to deliver the type of medical and forensic care as outlined in the provincial policy.

Designated Coordinators

In order to meet the objective of the policy to provide an integrated and comprehensive service to survivors of rape, the need for greater co-ordination at various levels of health care is required. It is recommended that identified HCFs should have a designated coordinator for the management of rape survivors. This would entail coordination within the team of health workers at the identified HCF as well as across sectors of justice, police and other organisations associated with the HCF. It is proposed that this person may indeed have dual or multiple functions in the implementation of the project at the HCF, such as a co-ordinator and counsellor. This person is required to be committed and passionate about implementing the policy and improving the services for rape survivors. It is believed that there are some persons already employed in some of the identified HCFs who may fulfill this function, however they will require official status and empowerment in conducting this role effectively. It is proposed that further exploration of employing health promoters in this coordinating capacity is undertaken.

Furthermore, the importance of having a designated coordinator at a regional level is recommended. This person would be required to spend much time coordinating activities across the facilities as well as across sectors.

Increase Clarification Regarding the Role of Social Services in the Provision of Counselling to Survivors of Rape or Sexual Assault

As was determined from the findings of the evaluation, social workers are playing a role in providing counselling services to survivors of rape or sexual assault at a number of HCFs. However it is recommended that further clarification of the role that Social Services plays in the management of survivors of rape or sexual assault is undertaken.

**Establish Formal Operational Systems across All Levels of Health Care:
Provincial, Regional and at the Level of the HCF**

Proposed formal systems required to support the implementation of the policy and management guidelines are presented in Figure 4.

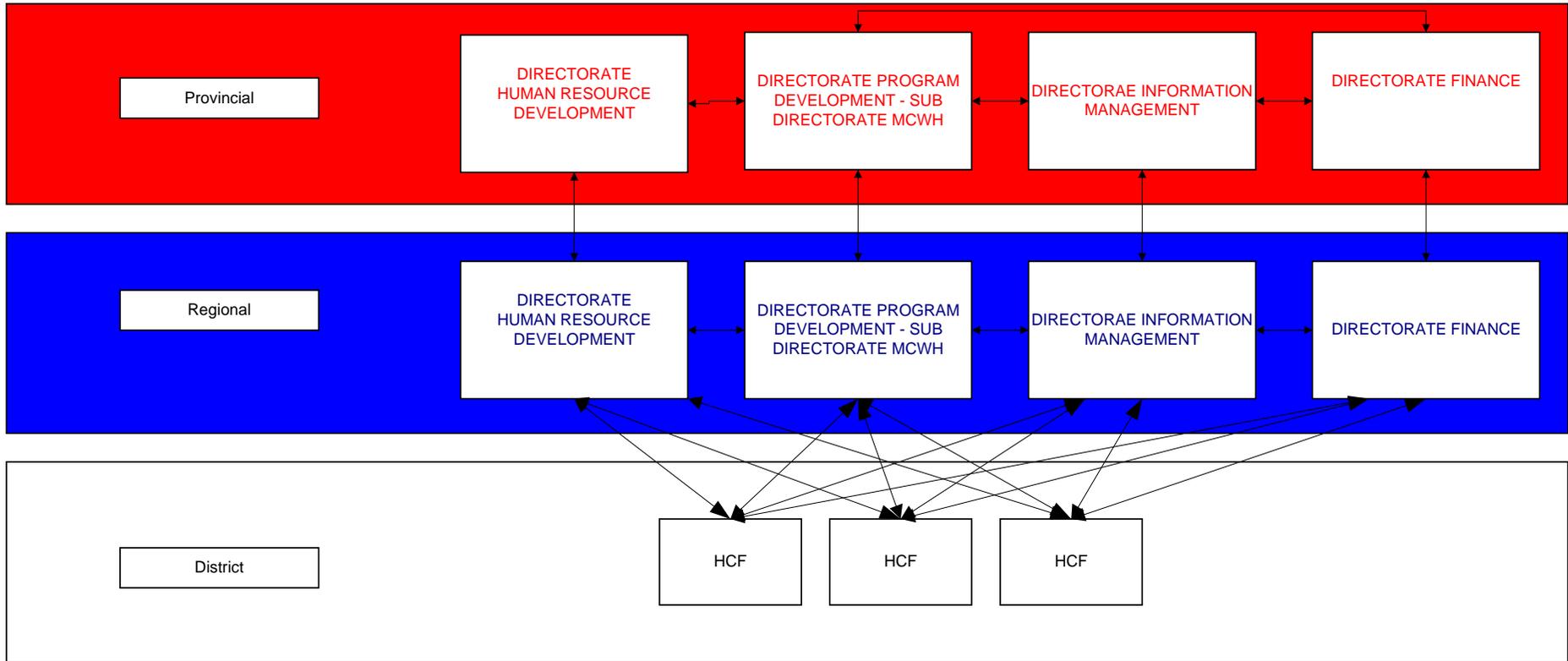


Figure 4 : Schematic Representation of Proposed Formal Systems

7.2 PROPOSED STRUCTURAL SYSTEMS FOR THE RAPE SURVIVOR PROJECT

As is illustrated in Figure 4, it is proposed that formal systems are required to be established between the Programme Development, Information Management and Finance Directorates at a provincial and regional level. It is proposed that without these formal systems the implementation of the policy will continue to be hindered. Furthermore, without these systems in place it is proposed that the ongoing monitoring and future planning of the Rape Survivor Project cannot be achieved.

Integral to the establishment of these systems is the need to:

- Conduct a formal cost analysis at provincial and regional levels as well as the identified HCFs.
- Develop a database, which includes larger fields of information and provides sufficient insight so as to allow for effective monitoring and evaluation of the management provided to survivors of rape or sexual assault in the future.