ENSURING QUALITY OF CLINICAL CARE FOR GENDER-BASED VIOLENCE (GBV) IN EKURHULENI: PILOT TESTING THE SOUTH AFRICAN ADAPTATION OF THE GBV QUALITY ASSURANCE TOOL



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BACKGROUND

Gender-based violence (GBV) is a significant health problem in South Africa, and the National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF) calls on us to improve services, especially for those most at risk. People with disabilities are twice as likely to experience GBV, but few services are accessible. LGBTQI+ people are frequently targeted for GBV, but are less likely to access services due to stigma.

OBJECTIVES

A GBV Quality Assessment (QA) tool developed by WHO, CDC, and Jhpiego assesses the availability, accessibility, and quality of post-GBV clinical care and helps plan improvements. It assesses services against 10 key domains, such as "Facility Infrastructure" and "Patient-Centred Care." We are adapting this tool for South Africa, with a focus on meeting the needs of underserved populations.

METHODOLOGY

We held extensive stakeholder consultations with health, social services, and law enforcement; academic experts; post-GBV service providers; and advocates from the adolescent/children, disability, LGBTQI, and sex worker sectors. This input informed a preliminary adaptation of the GBV-QA tool for SA, which we pilot-tested in Thuthuzela Care Centres (n=2) and Clinical Forensic Medical Service Centres (n=4) in Ekurhuleni.

The adaptation of the tool led to the development of four distinct sections including: (1) facility infrastructure and supplies; (2) patient record keeping, (3) GBV service delivery and (4) disability inclusion and accessibility.

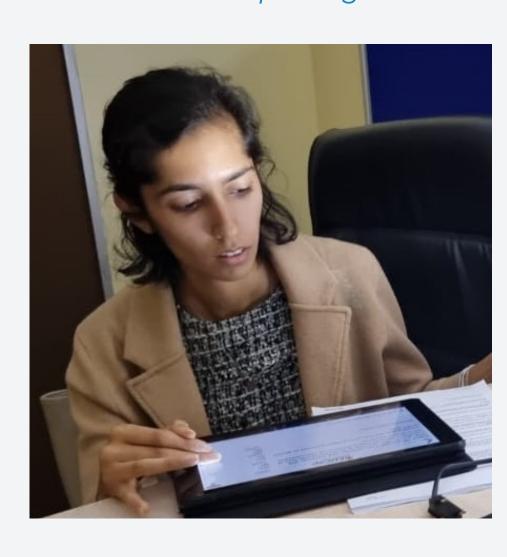
The pilot testing in the seven Ekurhuleni clinics underwent the following process:

- A team of 2-4 staff visited each clinic
- The team undertook introductions, facility tour, informed consent for interviews
- The team and clinic staff completed the four sections of the SA GBV QA Tool
 - o Facility checklist: infrastructure, furniture, equipment & supplies
 - o Disability Awareness Checklist: accessibility,

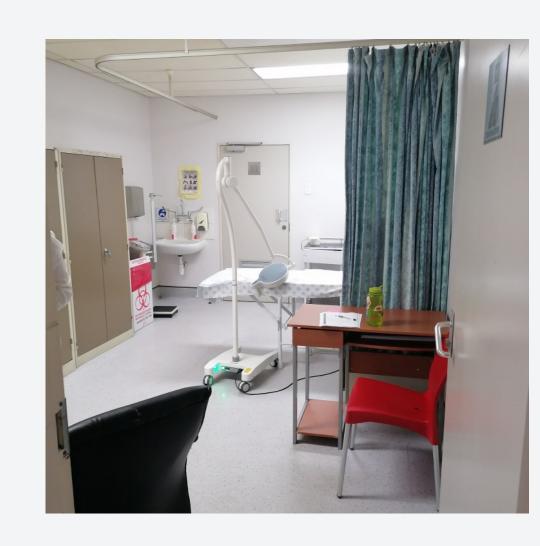
- accommodations, staff knowledge and capacity, service linkages and preparedness
- o Record audit: check for data elements, completeness, correctness
- o Overall GBV QA Assessment of service delivery: 28 standards across 10 areas (this is currently being reduced to improve efficiency)
- Review preliminary results with staff and debrief

The tool was tested with an online data entry version, that could produce automated reports in real-time at the day of the facility visits (picture 1). These reports use simplified tables and spider diagrams to enable quick identifications of sufficient performance and gaps in a facility (figure 1 &2).

Picture 1 Team member filling in online data capturing tool



Picture 2 Consultation rooms



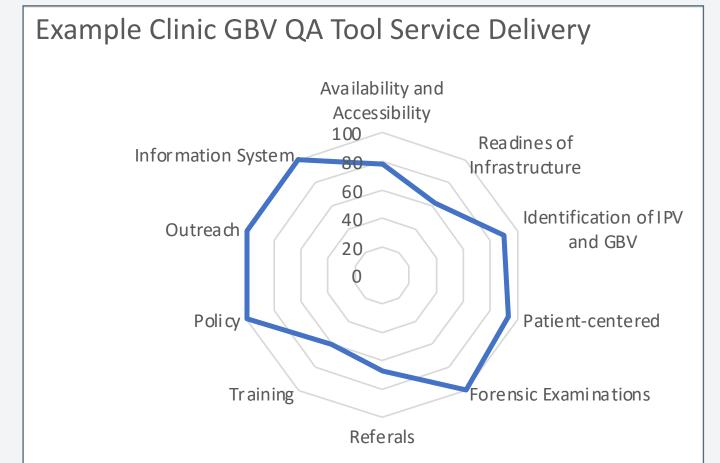


Figure 1 Example Clinic Results of Main GBV Quality Assurance tool focusing on GBV service delivery

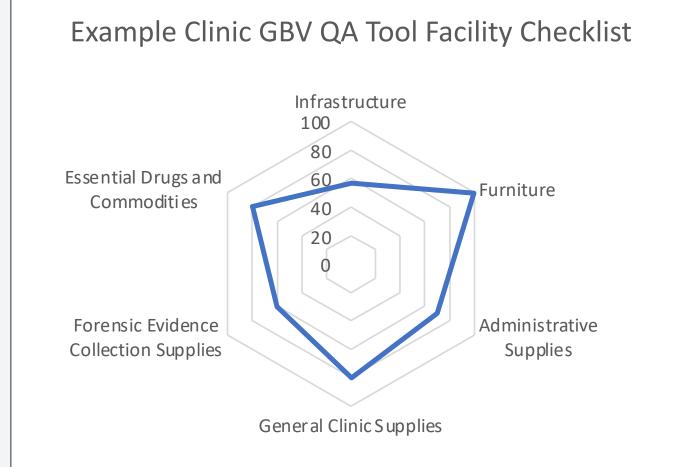


Figure 2 Example Clinic Results Facility Infrastructure

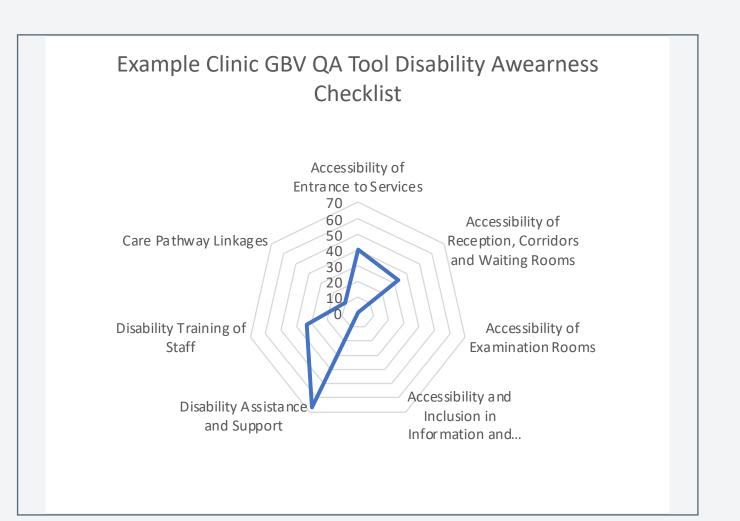


Figure 2 Example Clinic Results of the Disability Awareness Checklist

RESULTS

Post-GBV services in Ekurhuleni consistently provide comprehensive medical interventions post-GBV to survivors who present for services, including HIV-related care, emergency contraception, antibiotics, and vaccinations. Essential clinic infrastructure, documentation and supply management meet global standards. Unmet needs include improving accessibility and outreach for people with disabilities who experience GBV and specialized training for providers in working with LGBTQI+ patients. Service would also benefit from deeper emphasis on trauma-informed care and communication with patients.

CONCLUSIONS

While the TCCs and CFMS Centres in Ekurhuleni provide high quality care, there are simple and achievable steps that can improve access and services for key populations at the clinical level.

RECOMMENDATIONS

Ekurhuleni is currently establishing disability-accessible post-violence care services, and this could be replicated in other Districts. Wider testing and uptake of the South African adaptation of the GBV QA Tool would help ensure the delivery of high quality post-violence care as called for in the NSP.

KEYWORDS

gender-based violence, quality assurance, clinical forensic medicine