PROJECT TITLE: Project PIP -POLICE INITIATED PEP

The Gender-Based Violence (GBV) prevention and response program was implemented under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) grant through the U.S. Centers for Disease Control and Prevention (CDC) by The Institute of Human Virology Nigeria. The service provision includes providing post-violence care services to survivors of physical, emotional, and sexual violence, and preventing HIV infection.

Our program reported different types of violence, including physical, emotional, and sexual violence. Sexual Violence (SV) has direct consequences for physical health, psychological well-being, and social stability. Survivors of SV often suffer from a combination of immediate and long-term outcomes, including physical injuries and sexually transmitted infections (STIs), depression, post-traumatic stress disorder (PTSD), social stigma, and disrupted economic participation. SV can be a direct source of the transmission of human immunodeficiency virus (HIV) infection.

The World Health Organization (WHO) reports that approximately one in three women globally will experience either physical or sexual violence in their lifetime, with about 6% experiencing non-partner sexual violence specifically. In sub-Saharan Africa, the prevalence rates are often higher due to systemic gender inequalities, limited protective frameworks, and weak institutional responses. In Nigeria, the 2014 Nigeria Violence Against Children (VAC) survey stated that one in four girls experiences sexual violence before the age of 18, with nearly 70% experiencing recurrent assaults. Yet, service utilization remains critically low, with only 3.5% of affected children ever accessing formal services.

In Nigeria, over two million people are living with HIV, making Nigeria rank high among the countries with the largest burden globally. Timely initiation of post-exposure prophylaxis (PEP) within 72 hours of exposure has proven to be highly effective in reducing HIV, coupled with good adherence. For survivors of sexual assault, timely initiation of PEP is therefore a required clinical intervention to keep the survivors safe from HIV. However, evidence suggests that PEP uptake in Nigeria is exceedingly low, especially among adolescent survivors. Barriers include low awareness, fear of stigma, financial constraints, misconceptions about efficacy, and systemic failures in linking survivors to timely care. A study among Nigerian university students, for instance, revealed that only 25% were aware of PEP, 10% knew where to obtain it, and fewer than 4% knew its cost.

Survivors of SV are faced with difficulty in accessing timely clinical care following an assault. This results in gaps in the prevention services. It is common knowledge that most cases of SV are first reported to the police stations rather than health facilities, thereby further prolonging the time to access clinical care. The procedures for handling SV cases in Nigeria are often inundated with long bureaucratic processes, which often result in delays and limit access to time-sensitive interventions like PEP. In view of the foregoing, our project, Police Initiated PEP

(Project PIP) was piloted in the FCT. The project was an innovative intervention to integrate PEP initiation directly within police stations in Nigeria's Federal Capital Territory (FCT). The goal was to provide survivors immediate access to HIV prevention services at their first point of contact, thereby improving uptake and preventing missed opportunities for PEP uptake among survivors of SV.

Our innovative initiative, Project PIP, aligns directly with goal 3 of the Sustainable Development Goals (SDGs), which targets Good Health and Well-being**.** Our project ensures timely access to PEP services for survivors of sexual violence, thereby reducing HIV infections. This is in line with target two of the SDGs, which aims to end epidemics such as HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases. Beyond healthcare, Project PIP advances SDG that has a direct link with combating gender-based violence. The multisectoral approach adopted in this project aligns with SDGs 16 and 17, which focus on strengthening justice and institutional responses through cross-sector partnerships.

The Objectives of the Intervention

The project was based on the understanding that police stations often serve as the first point of contact for survivors of sexual violence in Nigeria, but the legal and justice-oriented response often takes precedence over health needs, resulting in delays or altogether preventing survivors from receiving necessary care. Survivors reporting to police stations are frequently made to go through a process of questioning and interrogation, a process that further retraumatizes a survivor. They may be required to navigate long referral processes before being directed to health facilities for medical care and subsequently obtain a medical report. Given that the effectiveness of PEP is highly time-dependent and is best if commenced within 72 hours post-exposure, these delays present a critical barrier to receiving PEP at the right time.

Project-PIP tried to bridge the gap caused by the delays by equipping police stations with starter PEP packs and training officers in survivor-centered approaches. The intervention sought to transform these first points of contact for both law enforcement and health services.

The core aim of the intervention was to a). To eliminate delays in initiating PEP for survivors of rape. b) Strengthen the integration of health responses into justice processes. c)Support the police to approach service provision professionally, thereby improving the survivors' confidence in seeking timely post-violence care. d) Strengthen referral linkages between police and health facilities.

The intervention was implemented in Nigeria's Federal Capital Territory (FCT), which comprises six area councils with diverse urban and rural populations. The criteria for sites were selected based on the high prevalence of sexual violence in the

locality and the Police station being located within five kilometers of a supported health facility for PEP completion.

We adopted the hub and spoke model by linking the selected Twenty-nine police stations as the spokes to the proximal 27 IHVN-supported health facilities as the hub for continued care. The Gender Police officers were trained to provide the service at the police station. The training module specifically dwelt on principles of survivor-centered care. HIV prevention, and the role of PEP, clinical protocols for HIV testing and immediate initiation of PEP, counselling survivors on adherence and follow-up, documentation, data reporting, and ethical considerations, and referral mechanisms between police stations and health facilities. This training also addressed the quality of service and buttressed stigma reduction and re-traumatisation of survivors through blaming and unduly prolonging the procedure for service provision at the police.

The core of the intervention was to equip each participating police station with the capacity to provide PEP services to survivors of Sexual violence who presented within 72 hours of assault. This was done through the provision of initial HIV testing and counselling. If HIV-negative, immediately provided with a five-pill PEP starter pack. The survivor is referred to the linked health facility to complete the regimen and to receive other post-violence care services, including psychosocial support and treatment for other STIs. Standard operating procedures and documentation tools were developed to ensure consistency and proper documentation of service provision. Weekly and monthly data collection was conducted, and the data elements, including the number of SV cases reported, the number eligible for PEP, the number initiated, number referred to the health facilities. These numbers were disaggregated into different demographic groups. Data from the pre-intervention period (January– March 2023) were compared with data from the intervention period (July–September 2023). Geospatial mapping was used to visualize changes in PEP uptake across health facilities and their proximity to participating police stations. Statistical analysis showed the significance of changes in reporting and initiation rates.

Results of the intervention

Project-PIP recorded a remarkable increase in case reporting and PEP initiation. The data analysis showed that sexual violence case reporting in the selected facilities increased by 91%, from 114 cases pre-intervention period to a total of 218 during the intervention. PEP initiations increased by 289%, from 56 survivors in the pre-intervention period to 218 during the intervention, and PEP initiation rates improved from 49% to 100% among eligible survivors, eliminating missed opportunities for initiation. Project-PIP also resulted in the expansion of the service.

coverage: The number of health facilities reporting SV cases increased from 19 to 21 (a 10.5% increase), indicating strengthened linkages between police and health facilities. The project showed a higher number of cases of violence against adult women. However, uptake improved across all demographic groups, including adolescents and men. This suggests the intervention's potential to address barriers experienced by diverse survivor populations.

Our program mapped police stations to health facilities within a 5-kilometer radius. Mapping demonstrated higher PEP uptake in facilities located within five kilometers of multiple police stations, supporting the hypothesis that proximity and strong referral linkages improve outcomes. Project-PIP has demonstrated a significant statistical increase in both case reporting and PEP uptake in the facilities, reinforcing the robustness of the observed improvements.

The intervention demonstrates that equipping police stations with the requisite skills to provide survivor-centered care and supply of PEP medications can significantly enhance timely access to HIV prevention among survivors of sexual violence. The findings highlighted the role of police as gatekeepers in the post-violence care response pathways. By shifting their role from a barrier to a facilitator, police stations became crucial points for life-saving interventions. Secondly, Project- PIP illustrates the potential of integrating health and justice systems. Traditionally, these sectors operate in silos, but their collaboration can yield powerful synergies for protecting survivor rights and well-being. The intervention helped strengthen community awareness and trust in the system. The availability of PEP at police stations helped to increase accessibility and timelines in obtaining the needed service. Survivors were more likely to seek help when they believed services would be immediate and accessible.

The findings from this pilot are consistent with earlier research, such as a 2015 Zambia study, which also demonstrated that the police stations, in addition to providing law enforcement services and preparing the ground for judicial service, could be relied upon to administer timely PEP to survivors of sexual violence. However, this study extends the evidence base by demonstrating scalability across multiple stations and facilities in a large urban setting.

The strength of this pilot lies in the ability to initiate the innovative integration of law enforcement and judicial systems into health systems. The project provided capacity building for the police officers and triggered noticeable behaviour change among officers. It demonstrated the proximity of police stations to referral health facilities by using geospatial mapping to contextualize service coverage and ultimately improved the reporting rate of cases of violence within the period of the pilot.

The pilot, despite the recorded outstanding result, is limited in diverse ways. The sustainability of the project is not guaranteed due to dependence on CDC funds; therefore, scaling up the project to other states is hindered.

Project-PIP provides compelling evidence that integrating PEP initiation into police stations can significantly improve the uptake of HIV prevention services among survivors of sexual violence and strengthen referral for comprehensive services. The intervention eliminated delays, common with initial reporting of sexual violence cases to the police stations and improved reporting, and enhanced trust in institutions. The project integrated healthcare service provision into the law enforcement and judicial system in the selected police divisions in the state. The program results have broader implications for policy and programming in Nigeria and other high-burden contexts. Scaling this model could form part of a comprehensive national strategy for survivor-centered sexual violence response.

In conclusion, the integration of PEP provision into police stations demonstrates how health and justice sectors can be bridged to provide timely, life-saving care for survivors. The project equally demonstrated that Institutionalization of police health collaboration is key in strengthening community sensitization to encourage timely reporting of cases of violence and reduce stigma.

This project was reported in a manuscript under the title: **"Strengthening post-exposure prophylaxis uptake among sexual violence survivors through immediate access at police stations in Nigeria's Federal Capital Territory**".

This manuscript was published in the Journal of the International AIDS Society, 2025, and can be accessed via this link: http://dx.doi.org/10.1002/jia2.26460