Integrating SGBV Care into Existing Hospital Services

Experience of Mulago-Mbarara Teaching Hospitals’ Joint AIDS Program (MJ AP)

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Presentation Outline

• About Mj AP
• Background to SGBV Services
• Activities done
• Achievements
• Challenges
• Lessons Learned
• Conclusions
About MJ AP

- A program of the Makerere University School of Medicine (MUSOM), established in Nov. 2004 with a PEPFAR funding and CDC technical assistance

- Program areas:
  - HIV Prevention (HCT, PMTCT, SGBV, SMC, ABC, STIs/STDs)
  - HIV care and Treatment (Basic care, ART, TB/HIV, OVC, PWP)
  - Health systems strengthening and capacity building

- Current coverage:
  - Mulago hospital and its clinics
  - Butabika hospital
  - Mbarara district including Mbarara Regional Referral Hospital
Results of Needs Assessment

- **Infrastructure**
  - Necessary components of the SGBV services available; offered in different contexts (HCT, EC, STD treatment, police services)
  - Limited linkage of survivors to police/legal and psychosocial services
  - HCT available 8.00am-5.00pm
  - Laboratory infrastructure needed refurbishment

- **Staff capacity**
  - Health workers not trained in SGBV provision
  - Staff needed refresher training in HCT, STD treatment, EC, ART, HCT and M&E

- **Supplies and materials needed**
  - PEP not readily available for survivors
  - Some essential drugs/supplies not always available
  - SGBV IEC materials not available
What have we done?

Establishing Integrated Model of Care

CLIENT FLOW FOR SGBV SURVIVORS IN MULAGO HOSPITAL

Other referrals e.g. Health units, LCs

MULAGO HOSPITAL

POLICE REFERALS

ASSESSMENT CENTRE

CASUALTY

Police Surgeon

Registration

Ward 5A ANNEX
(HCT, PEP if eligible, Pregnancy test, EC, STI screening/treatment/prophylaxis/soft tissue management)

REFERRALS
1. Psychosocial
2. Spiritual support
3. Police/Judicial services
4. HIV care/support if HIV+
5. ANC for those who are...

FOLLOW UP/REVIEWS
1 week – PEP adherence, assess/manage any side effects
6 weeks - HCT, Pregnancy test, adherence to STI drugs, evaluate mental/emotional status and access to referral services
3 months - HCT, evaluate for STIs, assess pregnancy if indicated, STI screening if prophylaxis was not given, evaluate mental and emotional status
6 months - HCT, evaluate mental and emotional status

Acronyms
HCT: HIV Counseling and Testing
PEP: Post Exposure Prophylaxis for HIV
EC: Emergency Contraceptives
STIs: Sexually Transmitted Infections
What have we done?
Improving provider capacity

- 90 participants trained in SGBV provision
  - Nurses, midwives, doctors, records personnel, laboratory technicians, police officers and social workers

PM, Prevention Dr. Cecilia Nawavvu handles over a certificate of Training to the O/C Mulago Casualty Police
What have we done?

Strengthening the Infrastructure

• Laboratory space refurbished

• Supplemented essential drugs/lab supplies

• Developed SGBV client flow charts and client management algorithms
Creating Linkages

What have we done?

**Stakeholder linkages**

- Held a series of meetings with stakeholders
  - Police stations
  - Organizations offering psychosocial support
  - Spiritual leaders

- SGBV stakeholders’ meeting
  - held April 2010

**Community linkages**

- Developed community SGBV sensitization posters (with TA from Raising voices)

Ms. Evelyn Letiyo of Raising Voices guiding participants during the stakeholders meeting
What have we done?

Policy & Advocacy

• Advocacy
  ▪ Lobbied for increased access to PEP for SV in all health facilities
  ▪ Participated in national GBV response and prevention activities like GBV reference group meetings, 16 days of activism spearheaded by MGLSD

• Policy review
  ▪ Held discussions on addressing gaps in the Police Form 3 (Spearheaded by MGLSD, UPF & JLOS)
  ▪ Participated in the revision the national SGBV training manual
  ▪ Participated in the revision the national PEP policy
M&E

• Services are integrated into hospital services

• Data is collected by the hospital staff using a MOH modified data form (to fully use MOH form after revision)

• Entered electronically and analyzed monthly by the department records officer with support from the SGBV services coordinator/Program M&E manager.

• Monthly reports are submitted to MJAP, Head of Dept, Population Council (Until Sept 2010)
• Over 329 clients served (Dec 2010)
  ➢ 68.4% offered PEP,
  ➢ More females served,
  ➢ Children more affected
Challenges: Accessing Services

• Limited number of health facilities offering services
  ➢ MOH and partners are taking a lead into improving access to PEP

• Limited awareness of medical services for survivors of sexual violence
  ➢ Ongoing sensitization

• Delays in presenting for medical services (31% present after 72 hrs)
  ➢ Need for more awareness and collaboration with other SGBV providers
Challenges

Accessing Services

• Collection of forensic evidence
  – JLO (Justice Law and Order) and MLGSD are taking a lead

• Consensual sex and PEP
  – Between Aug 2008- Dec 2010, 12.5% (N 554)
    ➢ Males (69.57%)
    ➢ Av. age is 28. 2 yrs
    ➢ 55.6% due to condom accidents
    ➢ 44.4% due to unprotected sex

• Male adult survivors and perpetrators accessing services
Technical Assistance

• PEPFAR initiative through Population Council and Health Policy Initiative
  ▪ Trainings, M&E, Community engagement, Support supervision

• Dept of Obstetrics, Mulago Hospital
  ▪ Training and support supervision and mentoring

• MOH/WHO
  ▪ Support supervision, Training Manual
Lessons learned

• Integration of services for SV survivors is feasible

• Nurses/midwives are able to provide the service if supported, supervised and mentored

• Networking with other SGBV providers can ensure provision of coordinated and comprehensive services
Conclusions

• A trained, sensitized, equipped and supported team of SGBV service providers is a key element in service provision

• Partnerships and linkages do result in provision of comprehensive and quality SGBV services

• Key stakeholders’ involvement in planning, implementation, M&E is necessary for sustainability and ensuring local ownership
Next plans

• Rolling the SGBV services to other program service areas
  ▪ Mbarara Hospital
  ▪ Butabika Hospital
Acknowledgement

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- Population Council
- Mulago Hospital and Mj AP Staff
- Other SGBV Service Providers
- SV survivors