INTERGRATED GBV SERVICES – THE KENYAN EXPERIENCE

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Project Goal

To work in collaboration with partners to achieve universal access to quality assured sustainable services for survivors of GBV in Kenya.
The integrated Model

Sexual Violence services integrated in existing public health facility structures

- Survivor
- Laboratory
  - HIV testing, blood monitoring (hb), specimen analysis
- Counseling, primary at the VCT clinics.
  - Trauma and crisis, PEP adherence
- CASUALTY or OUTPATIENT department
  - (PEP, EC, Clinical evaluation and documentation)
- Refer to STI clinic if care not provided at HIV and antiretroviral care clinic.
- HIV and ARV care clinic:
  - Follow up with post exposure prophylaxis
Medical services provided:

- History taking, physical exam, collection of evidence samples
- Management of physical injuries
- Post Exposure Prophylaxis
- Emergency contraception
- Prophylaxis for STIs
- Hepatitis B prevention
- Psychosocial support through counselling
- Documentation (PRC form and P3 form)
Approaches used by DRH

- Use of multi-sectoral Technical Working Groups
- Use of Provincial and District Reproductive health teams for supportive supervision of sites
- Joint stakeholder meetings (community leaders, health care workers and police) - improved linkages
- Development and dissemination of the ‘National guidelines on management of sexual violence in Kenya’
- Working in close collaboration with partners e.g. LVCT
  - Capacity building of service providers
  - Development and revision of training curricula for service providers
Regions covered with PRC services
Milestones to date

- PRC services have been integrated in 23 health facilities (1 national hospital, 3 provincial hospitals and 19 district hospitals)

- 3 PRC recovery centres (one stop shop) in 2 national hospitals and 1 provincial hospital
Achievements as per project funded by Pop council

- The chain of evidence study (funded by Pop Council) informed the revision of the PRC form and the National guidelines on management of sexual violence:
  - Forensic management
  - Management of child survivors and male survivors
  - Revision of the PRC form
  - Inclusion of nurses and clinical officers as signatories of the PRC form
Documentation: revisions made

- **PRC 1** form now named PRC form

- Revisions made on:
  - Who is to fill in and sign the PRC form (doctor, clinical officer of nurse)
  - The original copy - to be given to the police
  - The duplicate - to the survivor
  - The triplicate - retained by hospital

- Provisions made for health care providers to indicate the samples handed over to the police for transmission to the government chemist
Child survivors: Revisions made

- How to collect history and do head-to-toe examinations for child survivors
- How to conduct genito-anal examination for the boy and girl child
- Clear instructions on when a speculum can be used in children i.e.
  - When they have an internal injury
  - Should be done under anaesthesia
  - A paediatric speculum recommended for small girls
  - Child survivors referred to higher level health facility for this procedure
Lessons learnt from integrated model

- Increased acceptance of programs by HMTs
- The cost of providing PRC services at district hospital level is estimated at 27 USD per patient (costing study-DRH, LVCT, 2006)
- High internal loss to referral
- Lack of privacy
  - Survivor has to repeat the story to different service providers
- High staff turnover affects quality of service delivery
  - Hence need for continuous capacity building HCW
  - Not sustainable
Next steps

- Expand integrated GBV services beyond the 23 facilities
- Gazettement of post rape care form as a medico-legal document admissible in court.
- Revision of training manuals to include the changes in: forensics, child survivors and documentation
- In collaboration with the Sexual Offences Act implementation task force, to:
  - Develop standard operating procedures for ‘one stop shops’
  - Set up ‘one stop shops’ in different counties
  - Strengthen referral mechanisms and medical-legal linkages
THANK YOU

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