Challenges in Availability and Utilization of Clinical services for Rape Survivors in a post conflict setting: a case study of in Northern Uganda

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Background:

Consequences of 20 years of conflict in Northern Uganda:

• Destroyed individuals, families and communities
• Over 2million people displaced in camps; Now about 80% back home or in the satellite camps near their homes.- New challenges
• War increased vulnerability to GBV, including sexual violence and HIV
• Disrupted delivery of health services
• Weakened rule of law
GBV Northern Uganda

• GBV cases *reported* include rape, child sexual abuse (defilement), domestic abuse, early and forced marriage

• Barriers to reporting: fear, social stigma, shame, and lack of confidential, accessible, and appropriate services

• In Uganda, of female survivors of violence who sought help only 4.9% sought help from a doctor/medical personnel (UDHS, 2006)
# GBV Northern Uganda

**Uganda Demographic Health Survey 2006**

% of women (aged 15-49) who have ever experienced sexual violence

<table>
<thead>
<tr>
<th>Region</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Uganda</td>
<td>32%</td>
</tr>
<tr>
<td>IDP camps</td>
<td>28%</td>
</tr>
<tr>
<td>Uganda (national)</td>
<td>39%</td>
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</tbody>
</table>

% of ever married women age 15-49 who have ever experienced *physical or sexual* violence by husband /partner

<table>
<thead>
<tr>
<th>Region</th>
<th>%</th>
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<tbody>
<tr>
<td>Northern Uganda</td>
<td>58%</td>
</tr>
<tr>
<td>IDP camps</td>
<td>54%</td>
</tr>
<tr>
<td>Uganda (national)</td>
<td>59%</td>
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United Nations Population Fund

Because Everyone Counts
Programmatic Responses to GBV

• Training health workers – HWs from health units (levels 2 – 4 and hospitals) trained in clinical management of rape and GBV concepts
• Provision of supplies - 55 rape management kits (PEP and ECP) distributed to government health facilities
• Case management services provided by humanitarian partners
• Development of national guidelines for clinical management of rape
• Sensitization of communities and community leaders
GBV Cases Reported to Service Providers in Gulu and Amuru Districts 2007

No. of cases reported

- Rape
- Defilement
- Other sexual Assault
- Assault

United Nations Population Fund

Because Everyone Counts
Health facilities:
• Provide a neutral location for treatment, information, counseling and testing
• Serve as a first point of entry for referral services

However,
• Barriers to access persist, especially at rural units
• Quality of care frequently reported to be low
• Gulu District GBV Working Group identified gaps in monitoring of clinical response services
UNFPA partnered with GHWN to assess

- **Availability** of services
- Health care workers’ **knowledge and skills** to provide medical care to GBV survivors
- Health care workers’ **knowledge of referral pathways**
Methodology

• **Facility observation** (11 health units - 10 public and 1 private) of health units supplied with rape management kits

• **In-depth interviews** with 24 health workers (7 male, 17 female) from those 11 health units

• **Focus group discussion** with social workers from various agencies working with rape survivors who regularly refer and accompany survivors for medical treatment
Qualification of Health Workers Interviewed

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Number</th>
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<tbody>
<tr>
<td>Clinical officer</td>
<td>5</td>
</tr>
<tr>
<td>Midwife</td>
<td>9</td>
</tr>
<tr>
<td>Enrolled Nurse</td>
<td>5</td>
</tr>
<tr>
<td>*Nursing assistants</td>
<td>4</td>
</tr>
<tr>
<td>*(VHT) Village Health Educator</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
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*targeted only those HW trained, but in some Centres NA run the units
FINDINGS: HW Training

- 13 HWs (54%) had received some basic training on gender-based violence
- 10 HWs (42%) had been trained on clinical management of rape

However….

- Only 46% of HWs had served more than 1 year at their duty stations
FINDINGS: HW Knowledge

- 23 (96 %) and 17 (71 %) of the 24 respondents mentioned rape and defilement respectively as common forms of GBV
- 63% of HWs were familiar with the guiding principles but only 58% listed confidentiality and only 25% listed safety
- More than half of the respondents mentioned that any trained health care worker can perform a medical exam for a rape survivor
- In practice, a medical doctor’s signature is required on the Police Form 3, which provides legally binding medical evidence of rape
FINDINGS: HW Knowledge

- Mixed knowledge of appropriate time frame for administration of treatment

<table>
<thead>
<tr>
<th>PEP</th>
<th>92%</th>
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<tbody>
<tr>
<td>ECP</td>
<td>21%</td>
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- Only 46% of HWs named referral as a service that the health unit should provide
FINDINGS: HW Experience

- **All** HWs interviewed expressed fears of legal implications associated with treating a survivor.
- Most HWs prefer to refer survivors to medical doctor (medical officer or gynecologist).
FINDINGS: HW Experience

• 15 of the 24 HWs had treated a survivor of rape (mainly treatment of injuries and counseling)
• Of the 15 who had treated a survivor, only 9 (60%) had received training on clinical management
• Only one HW had ever administered PEP, and only 5 had ever given ECP
• Over half of HWs referred patients to seek treatment elsewhere
FINDINGS: Service Availability

- Only HC IVs and hospital are open 24/7
- All health units had supplies and services (PEP, ECP, STI Prophylaxis, Tetanus Toxoid, counseling, etc) readily available
- 20% of health workers did not know the supplies were available in their own unit
- Only half of HWs knew that MOH Guidelines, medical history and exam forms were available in their unit
FINDINGS: Focus Group

Social Workers identified the following challenges:

• Sexual violence generally not considered a matter of urgency
• Lack of confidence, competence among HWs
• Lack of adherence to Guiding Principles by HWs
• Absenteeism and poor motivation among HWs
FINDINGS: Focus Group

- Limited laboratory facilities/personnel
- Insufficient trained, female providers/midwives
- At times, money is demanded by HWs or police
- As a result, many survivors fail to access timely and appropriate medical services

- *Private facilities perceived to provide better quality services than Govt settings.*
Social workers described their experience at health units:

- “I have a feeling these people are just scared to give treatment”.
- “Just examining and filling the PF3 - they are not willing.”
- “No one wants to involve himself/herself…there is some element of not trusting their ability.”
- “Some don’t have the heart. They don’t know its something that has to be handled with care.”
CONCLUSIONS

• Supplies are available in targeted health units
• HW general knowledge is good but HWs are not comfortable providing services
• HWs require continuous training, monitoring, and support to ensure appropriate and committed service delivery
• Poor response to survivors of GBV in rural health facilities is a significant factor in under-utilisation of services
Implications for the Field

A more strategic approach to provision of clinical management of rape services in humanitarian settings demands:

• Periodic ‘on-the-job’ monitoring, supervision and refresher training of health workers
• Targeted advocacy efforts to increase awareness of importance of post-rape medical treatment among local authorities and community leaders
• Clarification of medico-legal issues for health workers by relevant authorities; and a true Intersectoral involvement
Implications for the Field

- Building meaningful linkages between health workers and other service providers
- Government involvement in the procurement and distribution of supplies where possible
- Humanitarian agencies need to plan to build Local capacities
- Need to focus on larger health units (more human resource, rarely shifted)
Acknowledgements

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