Integrating Sexual Violence Services: What is Required for Public Health and Other Key Sectors?

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outline

- Situating health and law, order, justice sector responses
- Considerations for services development
  - Bringing to scale
- Gaps
- Cross-sector responses
What is required?

**Survivor**
- Police: Evidence from survivor, evidence from scene, Manage evidence, Make arrests
- Deliver evidence (survivor & scene) To prosecution
- Manage integrity of evidence during Court hearings
- Justice: Admit, review evidence, Deliver ruling based on existing Legal provision & evidence

**Community**
- Health: Emergency management (EC, STI, PEP –stat) PEP/EC, collect evidence at examination, document
- Counseling (primarily at VCT) Trauma/crisis, HIV testing, PEP adherence; preparation survivor for Justice system, Deliver evidence to the police
- PEP follow up, psycho-social support, Refer to social services
- Deliver evidence to the justice system
Legislative response - SSA

- 6 countries with specific sexual offences laws
- Draw differently from international laws, regional conventions, covenants and agreements
  - CEDAW, The Protocol to the African Charter
  - Statutes and jurisprudence from international tribunals
  - Rome Statute of the International Criminal Court
- Legal provisions
  - No consensus on exact elements constituting sexual offences across countries e.g. rape, sodomy
  - All draw age distinctions in their definitions, consent requirements or penalties in varied laws within/across countries
    - e.g. ‘child’
Health response

- The World Health Organization (WHO) developed guidelines for medico-legal care for ‘survivors’ of SV
- They recommend services for
  - medical management procedures
  - medical examination and legal documentation
  - prophylactic treatments for HIV, STIs, pregnancy
  - interaction of services within the prevention care and rehabilitation continuum
  - Coordinated referrals to other sectors
- Child rape is categorised separately with operating procedures for treatment and follow up

_BUT:_ limited focus on long-term management and responding to long-term outcomes
Models of service delivery?

Health:

- **One-stop services:** Feasible for high population, high density, high resource programs BUT challenging for scale up in limited resource setting, rural set-ups where rape is prevalent and health systems are weak.

- **Integrated services:** Allow for scale up as part of integrated health care systems (personnel, commodities, drugs, follow up) and can be brought to national scale with accountability indicators. 

  *Perhaps need to be done in combination rather than either/or*

- **Adaptation of models based on existing realities e.g. Zambia**

Law, order, Justice:

- **Embedded in public systems:** limitations in testing different models, existing information is on pro-bono support services & technical support to facilitate public sector performance.
The health care systems

Premised on health sector reforms & international paradigms

Dual approaches - common in sub-Saharan Africa

Horizontal approaches
Decentralized management
Focus on public health & wide range of approaches
Utilize health care systems
Limited infrastructure & capacity development

Vertical approaches
Managed from the centre
Single purpose machineries – facilities, HR, logistics, training
Focus on specific issues - TB
Challenges of local ownership

- SGBV responses – situated in the HIV framework
  - Focus on PEP and not broader GBV requirements
  - funding for HIV is on the decline
- Health (RH, PEP, EC, STI treatments, examination & legal documentation, counselling) - managed by MoH
Considerations for service’s devt

- **stakeholder consultations**
  - Health management teams (buy-in)
  - Local police, community workers

- **standards of care for service delivery - guidelines**
  - ‘PRC systems algorithm’ at facilities, protocols, standard operating procedures, client flow at the facility
  - Crime scene investigations with specific reference to SGBV (most GBV is done by known people, at home, among children)
  - Survivor handling – different from other crimes

- **Evidence (collection & management)**
  - Standards for evidence collection, storage, handover through an auditable chain
  - Integrity of the chain of evidence – collection, handling, analysis & delivery
  - Survivor (ability to withstand cross-examination, provide evidence)
Considerations for service’s devt.

- **Service delivery management**
  - RH or HIV team leads at facility?
  - Liaison with local police, administration, justice sector through a GBV team

  **Consider:** national infrastructure, financing, reporting

- **Quality of care?**

- **Standards for building human resource capacities**
  - Targeted health provider training
  - Targeted police & prosecution officers training

  **Considerations:** type/complexity of technical skills necessary vs skill available in each sector; time required to take providers away from HFs, acceptance of service by HCPs, supervision support & systems needed; *personal values towards SV*
Considerations for service’s devt

- **M & E** – indicators and data (for each sector)
  - Provider workloads in respect to additional data tools
  - Service level indicators vs national planning indicators
  - Data collection – responsibility, reporting mechanisms
  - Data collation to national level reporting
  - Data for medical legal purposes

- **Health sector** - collects & analyses & **delivers evidence to the justice system** & provides care
  - Poor documentation = poor evidence = 0 justice
  - Consider: FORENSICS - DNA infrastructure, functional evidence chain, criminal data bank, follow up mechanisms
  - Proper documentation more likely to result in justice vs forensic evidence – *Jewkes et al, 2009*
Service development

- **Availability of health commodities at desired service points**
  - Post rape care kit - Commercial kits vs locally assembled kits from CSSD
    
    *Consider*: costs of addition into supply management chain, potential for stockouts, perceptions of providers

    *Consider*: therapies in the national system for ART
    - EC, STI, PEP recommendations (e.g. dual/triple?)

- **Evidentiary requirements by the justice system**
  - What evidence admissible evidence? DNA, corroborative evidence?
  - How is it documented? E.g. Police or health worker
  - Who delivers? Doctor/nurse?
What is missing?

- Continuum of care?
  - On-going psycho-social support
  - Stigma & discrimination

- Prevention interventions?
  - Economic empowerment
  - Gender equity

- Community responses?
  - Not situated in institutional contexts
  - Left largely to civil society
  - Few direct links to services
  - Few models explore potential for scale-up

Governments are doing guidelines and scale up. Where is the civil society? Where are the community responses? Where is prevention? Where is the evidence?
Cross sectoral responses

- Coordination challenges
  - Government departments responsible
  - Civil society actors (prevention, response, rehabilitation/ legal, health, community interventions)

- Referral & chain of evidence management
  - Community engagement and referral pathways/linkages
  - Common provider understandings (police, health etc)
  - Evidence management & pathways not coherent

- Data/Reporting – currently sector specific
  - Primary to Government planning
  - What cross-sectoral data (referral, number, quality of care)?
  - Community support services – how to document/M & E?
  - Data collation responsibility/home?

- Financing the GBV response
  - HIV – dominant GBV response framework – declining funds
  - Limited implementation research/evidence for optimal models
What is the role of the civil society?

- **Civil society**
  - Advocacy for priority actions
  - Holding governments accountable
  - Testing models that can be used for scale up

- **Technical support and advocacy for policy reforms:**
  - Regulatory framework – standards of care
  - Reporting – indicators, data mechanisms
  - Cross-sector referral and evidence management requirements

- **Technical support and advocacy for service delivery:**
  - Trained human resources
  - Processes for service delivery (standardized operating procedures – survivor & evidence management)
  - Commodities and logistics
  - Mechanisms for referral (survivor and evidence)
Building Partnerships, Transforming Lives

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