Integrating SGBV Care into Existing Hospital Services

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

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Presentation Outline

- About MJAP
- Background to SGBV Services
- Activities done
- Achievements
- Challenges
- Lessons Learned
- Conclusions
About MJAP

• 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
How it all started

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
  - ASSESSMENT CENTRE
  - CASUALITY
  - Ward 5A ANNEX (HCT, PEP if eligible, Pregnancy test, EC, STI screening/treatment/prophylaxis/soft tissue management)
- POLICE REFERALS
  - Police Surgeon
  - REFERRALS
    1. Psychosocial
    2. Spiritual support
    3. Police/Judicial services
    4. HIV care/support if HIV+
    5. ANC for those who are pregnant

**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
What have we done?
Creating Linkages

- **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 Letiiyo 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)
Clients Served

- Over 329 clients served (Dec 2010)
  - 68.4% offered PEP,
  - More females served,
  - Children more affected

Demographic Characteristics of Survivors

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>% of survivors</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>2.7</td>
</tr>
<tr>
<td>Female</td>
<td>97.3</td>
</tr>
<tr>
<td>&lt;18yrs</td>
<td>61.7</td>
</tr>
<tr>
<td>≥18yrs</td>
<td>38.3</td>
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</tbody>
</table>
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

- CDC/PEPFAR
- MOH/WHO
- Population Council
- Mulago Hospital and MJAP Staff
- Other SGBV Service Providers
- SV survivors