

Integrating SGBV Care into Existing Hospital Services

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

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 *Population Council*

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

Results of Needs Assessment

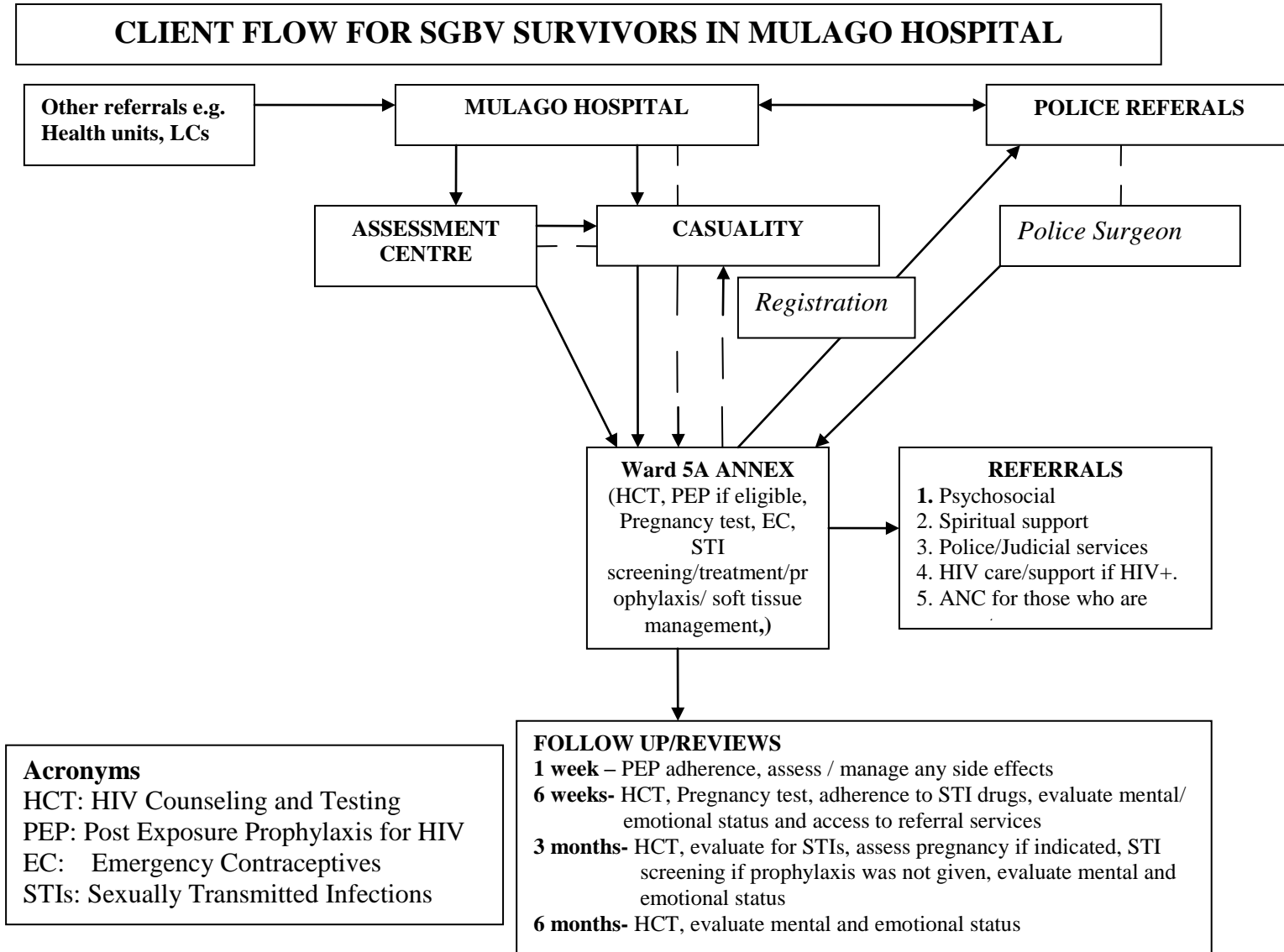
- Infrastructure
 - Necessary components of the SGBV services available; offered in different contexts (HCT, EC, STD treatment, police services)
 - Limited linkage of survivors to police/legal and psychosocial services
 - HCT available 8.00am-5.00pm
 - Laboratory infrastructure needed refurbishment

- 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



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?

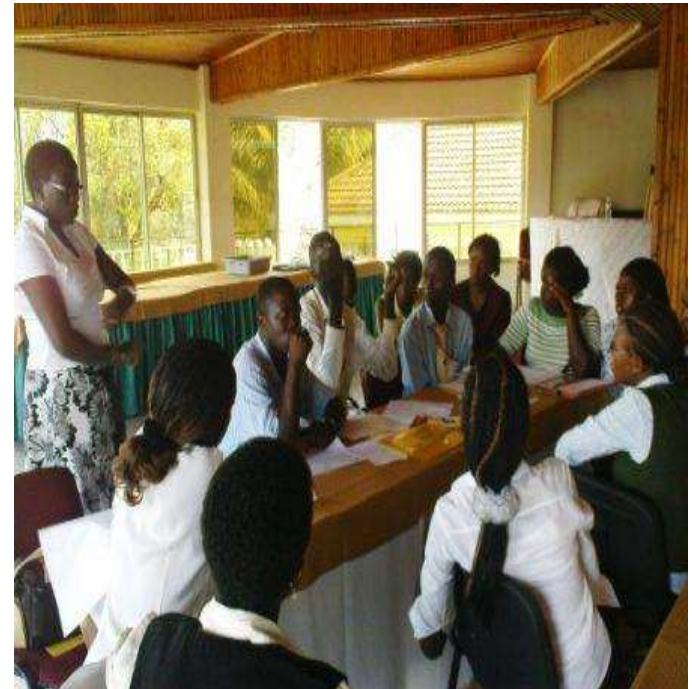
Strengthening the Infrastructure

- 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 Letiyo of Raising Voices guiding participants during the stakeholders meeting

What have we done?

Policy & Advocacy

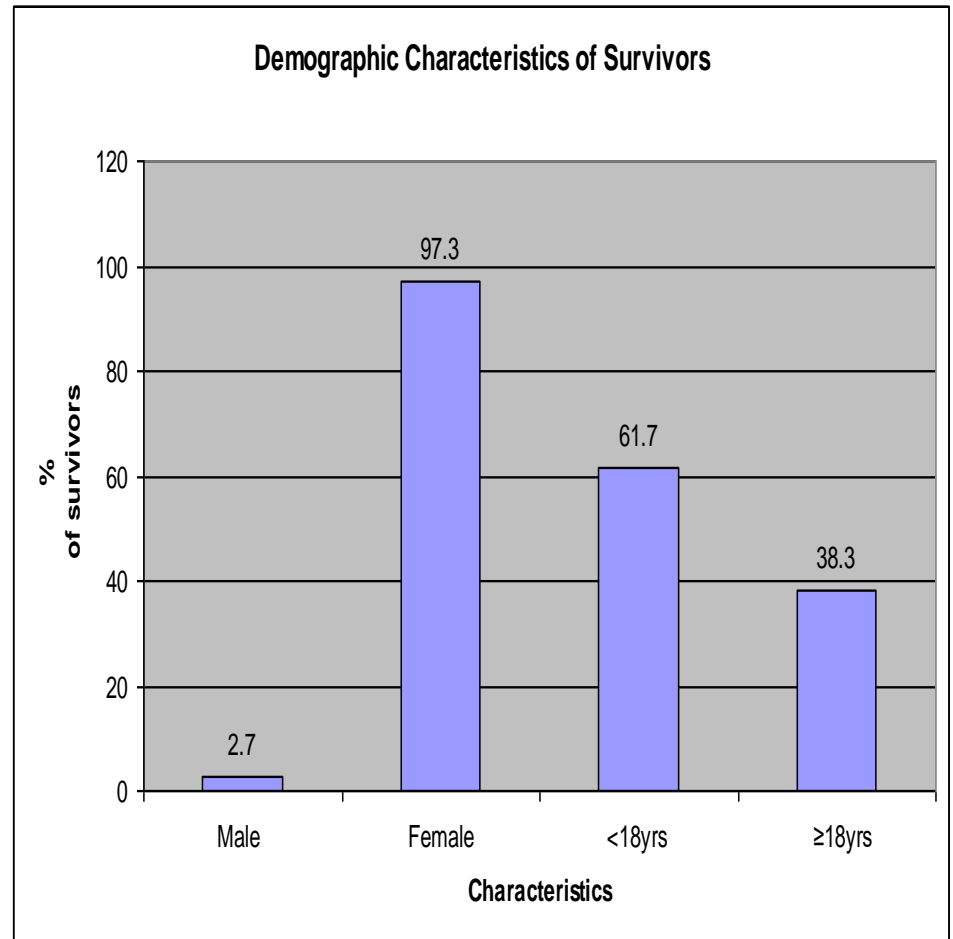
- Advocacy
 - Lobbied for increased access to PEP for SV in all health facilities
 - Participated in national GBV response and prevention activities like GBV reference group meetings, 16 days of activism spearheaded by MGLSD
- Policy review
 - Held discussions on addressing gaps in the Police Form 3 (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)

Clients Served

- 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

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