

# INTERGRATED GBV SERVICES – THE KENYAN EXPERIENCE

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Population council Regional SGBV network Partner's  
meeting  
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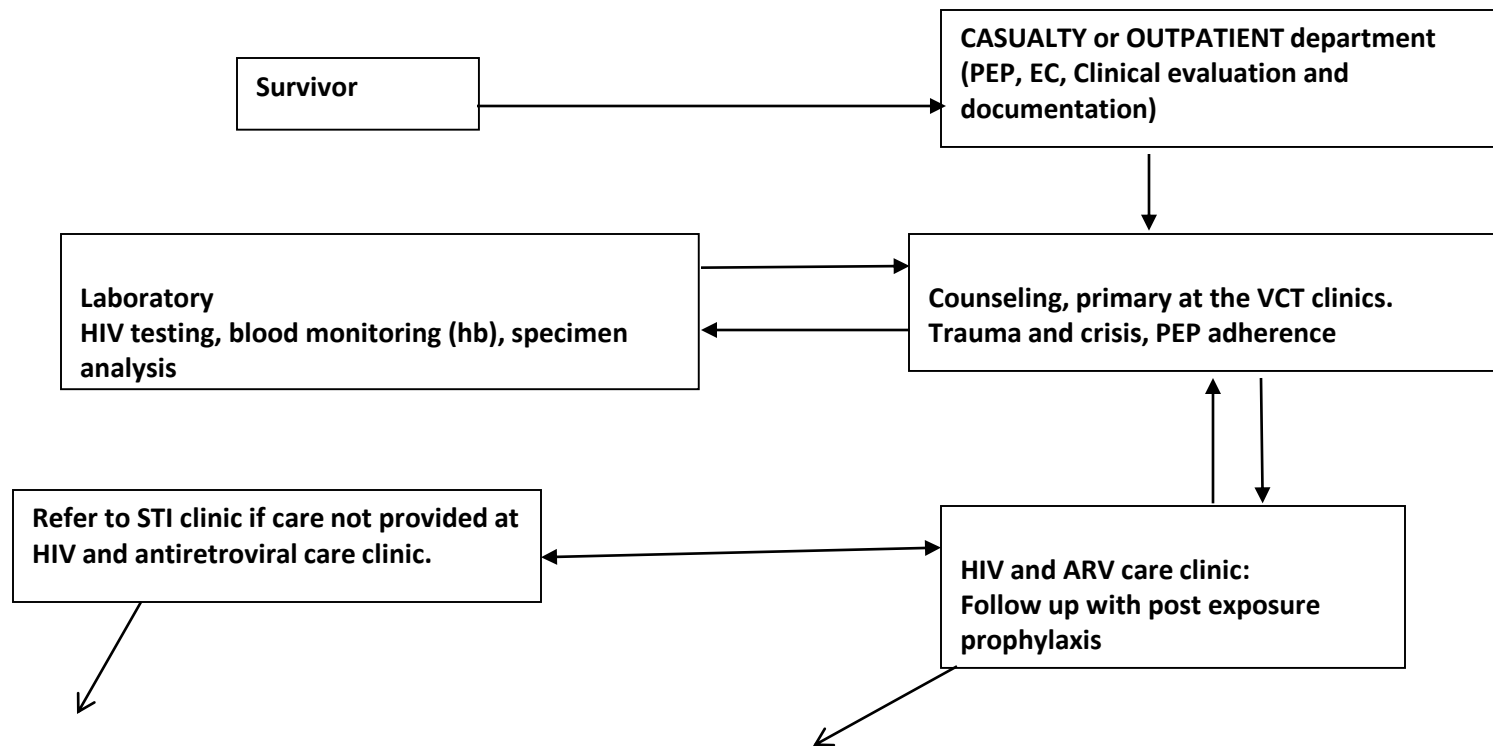
8<sup>th</sup> - 10<sup>th</sup> February 2011

# 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.



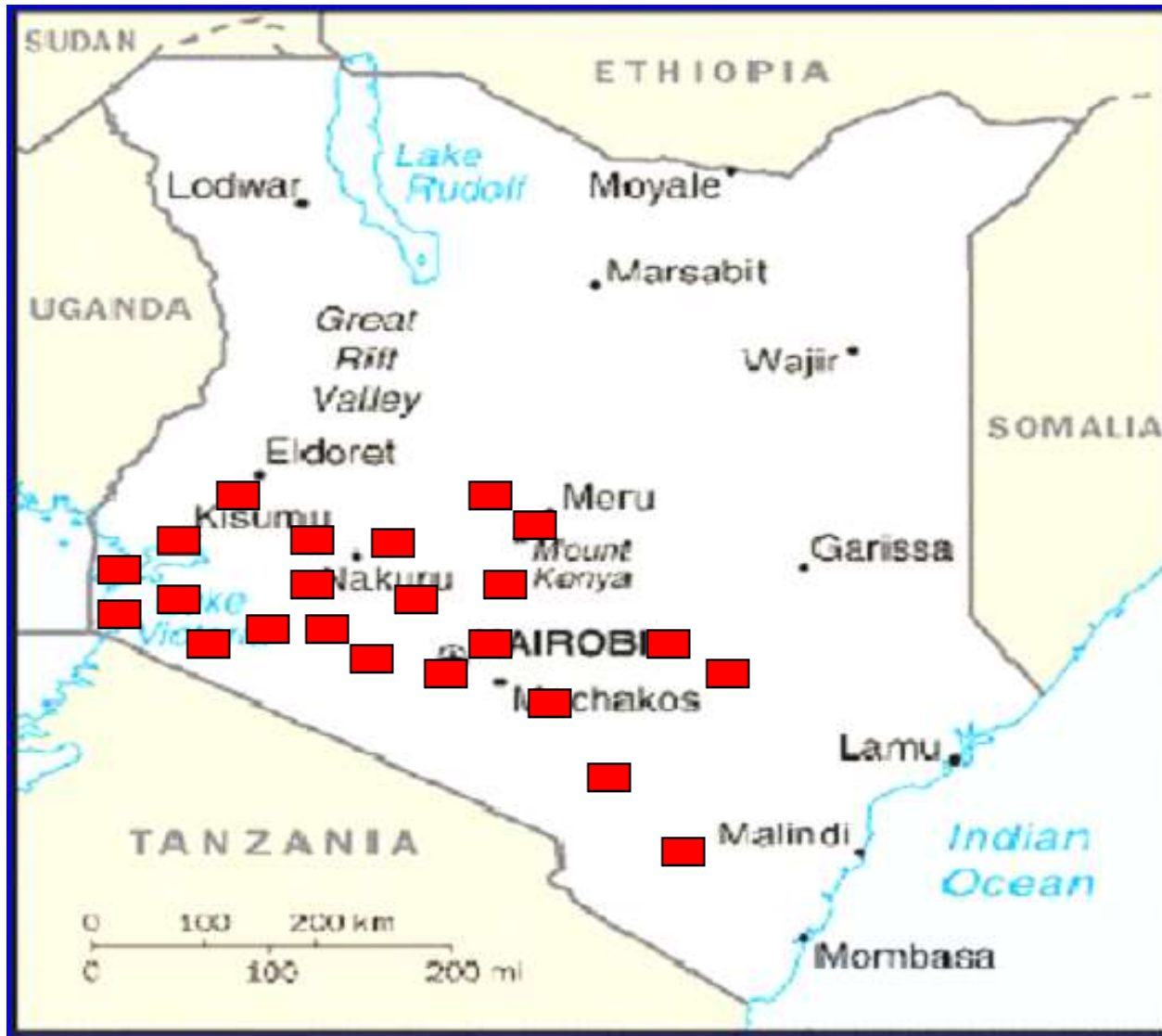
# Medical services provided:

- 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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