Post Rape Care Services - Public Health Model,

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Why post rape care?

Impetus...
- health workers reporting high levels of SV
- VCT counselors reporting SV clients
- lack of skills and basic services to help clients

Operations Research Module
- Diagnosis – situation analysis
- Intervention – develop & implementation of a ‘standard of care’ in PH setting
- Evaluation – uptake, delivery (quality of care) & acceptability
Select findings…

• Community perceptions
  – Unclear boundaries ‘force, coercion & consent’

• Policy level
  – no regulatory framework, standards & documentation systems

• Service delivery level
  – inconsistent services: EC, STI/ HIV prevention (PEP); counseling – trauma; HIV testing; PEP adherence

• Limited capacities – human, technical

• High user costs
PRC Aims & Objectives

• **Aim:** To influence policy and practical responses for GBV in Kenya, while strengthening links between HIV prevention and care

• **Objectives:**
  - Strengthen government capacity to institutionalize standard quality assured PRC services
  - To use evidence to facilitate policy reform in prevention of Sexual violence & Strengthening care and rehabilitation services
Programmatic Approach

Policy
- Development of Standards- National guidelines
- Standardized Training-Clinicians and Trauma counselors.
- Strengthening medico-legal & service documentation PRC 1 form
- Government ownership & Financing commitment – costing study

Practice
- Direct site support currently 16 (DHMT consensus, capacity building, care consumables etc)
- Multi-sectoral response (local linkages etc)
- Devpt of IEC material (service consumers & providers)
- Media work
Cont’ Programmatic Approach

National Referral Hospital 1
- Kenyatta National Hospital

Provincial Hospitals 2
- Embu PGH
- Kisumu PGH

District Hospitals 12
- Kitui
- Nyandarua
- Thika
- Gatundu
- Siaya
- Gucha
- Rachuonyo
- Olkalao
- Malindi
- Naivasha
- Kendu bay
- Ruiru
- Riruta
- Health Centre 1
LVCT Supported PRC sites in the country
Up coming sites

- Kiambu East
- Kiambu west
- Kisii
- Uasin Gishu
- Kitale
- Nyando
- Migori
- Kisumu

- Eastern province districts – Aphia 2
Acceptability of the PRC service

- Services owned by DHMTs
- Clinical outcomes linked to social considerations by service providers – PEP non-adherence and non completion linked to non-disclosure of SV, HIV testing
- Health providers acknowledged training as key
- Critical to rally community support
PRC status

- Site 16 sites
- Trained Clinicians/counselors
- Provision of PEP/EC/IEC materials
- Supported 3200 survivors of SV
- 95% of all clients women
- Majority of the male clients who report are below 18 yrs
Structure & Inter-phase with other LVCT programmes

- Care-oversight of the programme
- QA development of QA systems
- Research – Chain of Evidence study
- Training – capacity building and curriculum development
- Policy & Performance – guidance in policy engagement
External linkages

- Division of Reproductive Health-Primary collaborator/strengthening RH/HIV intersections
- National Aids Control Council- SV Indictors in the KNASP
- The Sexual Offence Act Implementation task force- provide TA
- National Commission on Gender and development-Engendering programmes
- Komesha Unajisi network
- Women won’t wait WWW initiative- HIV & GBV linkages
- GBV prevention network
- SVRI

UN GBV sub-cluster
Contribution to Debates

- **National debate**
  - Financing of Post Rape Care-costing study/budget hearings.
  - Enhancing Medico legal linkages-COE & TA to the SOA task force
  - PRC part of the EHS
- **International debates**
  - PEP dual vs. triple therapy
  - Long term Psychosocial support for survivors
  - PEP adherence
  - Multi-sectoral response
Challenges

• Late presentation/stigma/awareness etc
• SV not given an “emergency” within the health system
• Increased demand for PEP for consensual sex- no guidelines/adherence challenges
• Inaccessibility of long term psychological support
• Limited gov't scale up capabilities-Forensic/trauma counselors/QA systems.
• Uncoordinated Multi-sectoral response=missed opportunities
• Lack of functional referral systems between health facilities and the local police=addressed by study
Next Steps

- QA system
- National reporting system enhanced
- Support SOA implementation
- Media utilization
Acknowledgement

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Thank You-Asante Sana