Routine screening for IPV in public health care settings in Kenya

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The IPV problem: Why screen?

- Service delivery models largely serve emergency rape or sexual assault needs, overlooking care for more chronic forms of violence (IPV)

- IPV screening is preventive

May 2, 2011: The Daily Nation
NTV Reporter Sarah Kabiru's last words (on FaceBook)
"I nid help"

The IPV problem: Why screen?

- Failing to screen compromises quality of care
  - missed opportunities to save clients from potentially life-threatening situations
  - achievement of optimal RH outcomes hampered

May 16, 2011: The Daily Nation
Olympian Samuel Wanjiru
"How did we miss the danger signs?"

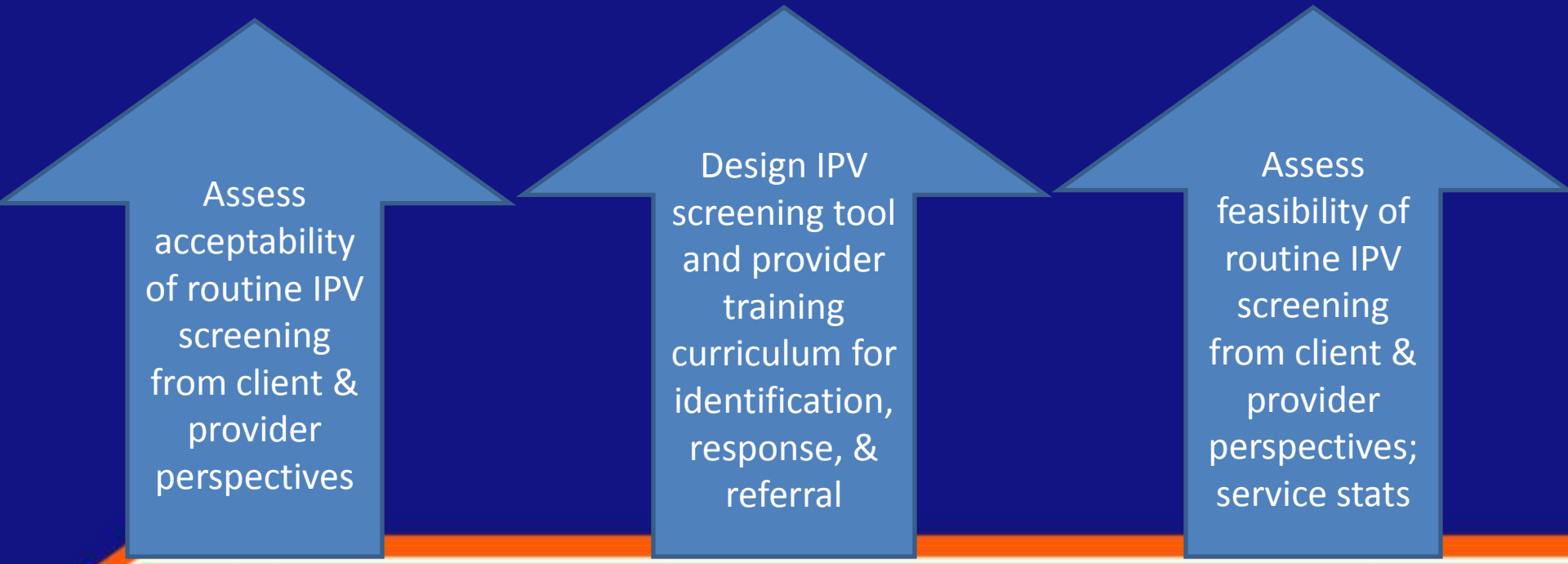
The IPV problem: Why screen?

May 26, 2011: The Daily Star

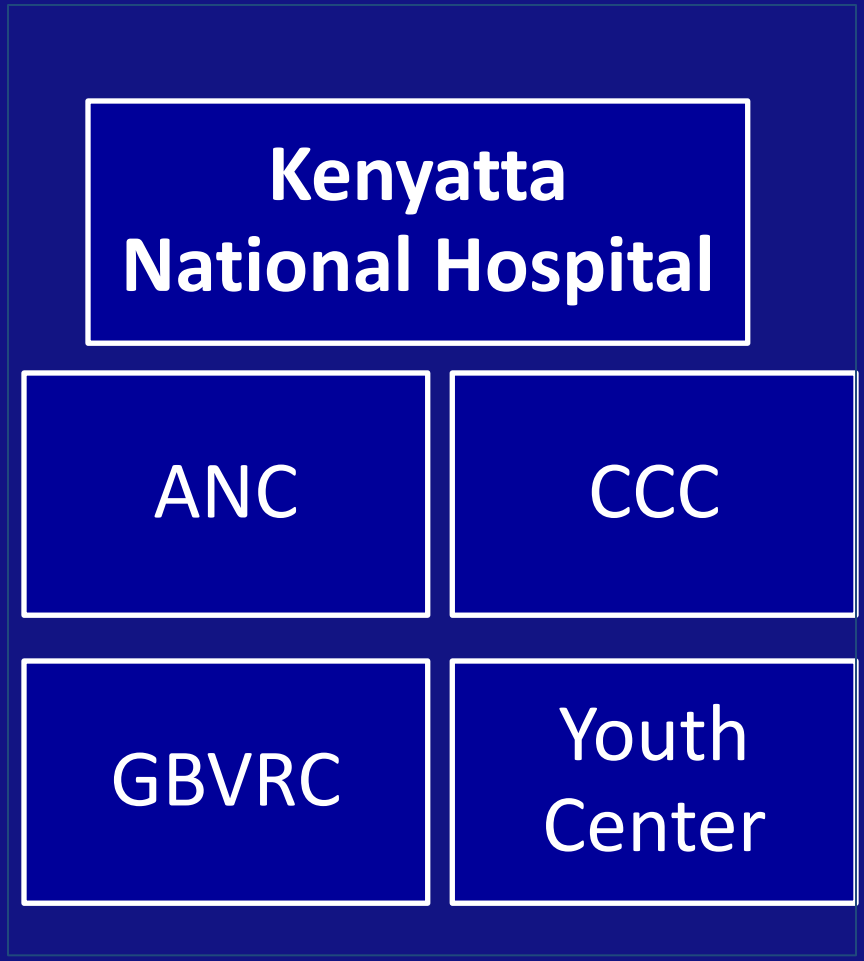
- IPV linked to both immediate and long-term health, social, and economic consequences

Overall Project Goal:

to expand the access of women experiencing IPV in Kenya to comprehensive GBV services



Methods



Qualitative research design

- IDIs with clients
  - In general (acceptability)
  - compliant & non-compliant (feasibility)
- IDIs & FGDs with providers

Collection of service statistics

Findings

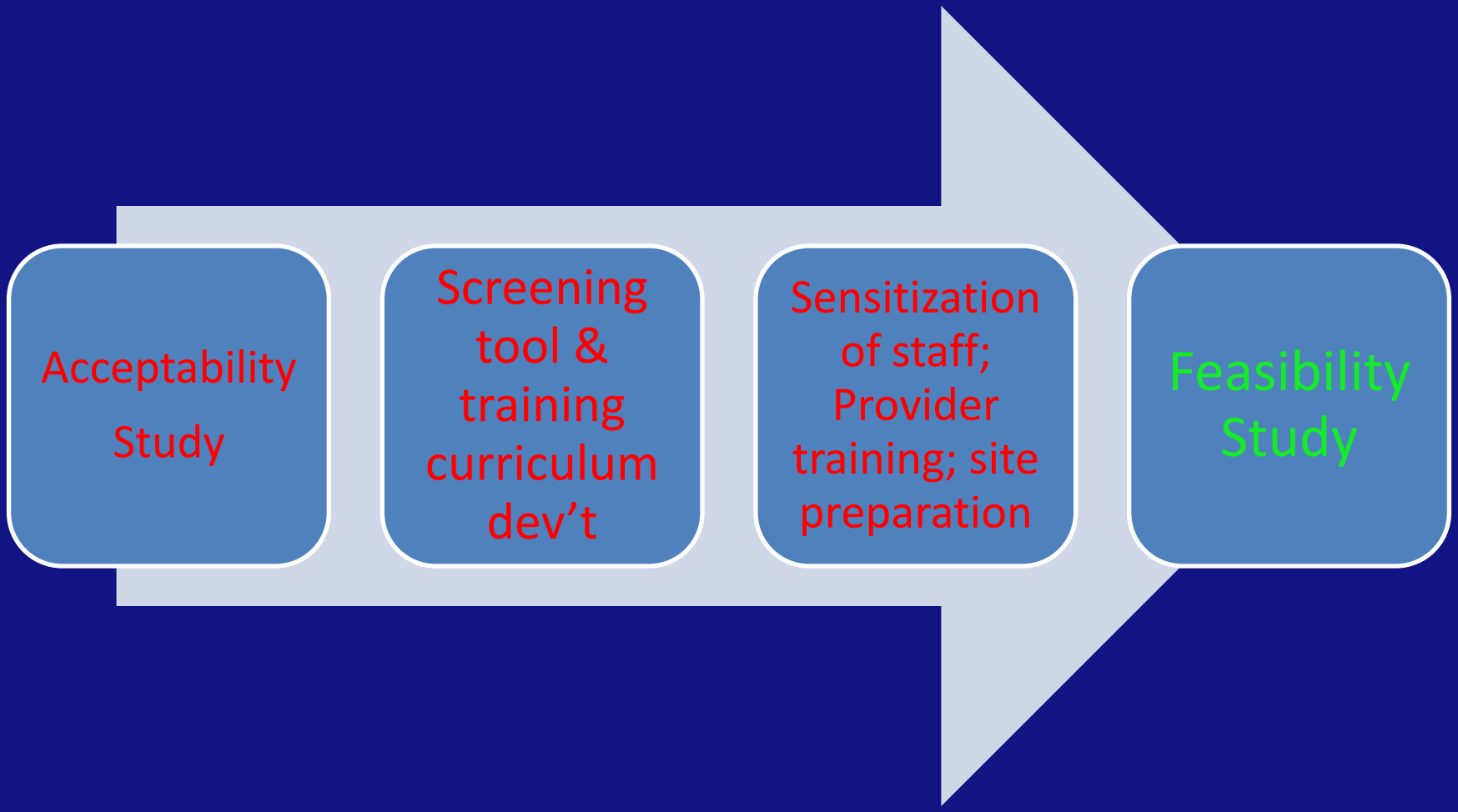
- Consensus on the scale of violence among providers and clients alike
- The privileging of sexual violence over other violence forms
- Strong perception among clients that IPV survivors would be more likely to seek help in hospital settings (if asked) than with family or friends
- Youth-friendly services are critical for young IPV survivors
- Expressed need for screening in additional health care settings (pediatrics, FP clinic, Burns Center, orthopedics, mental health department, etc.)

Conclusion

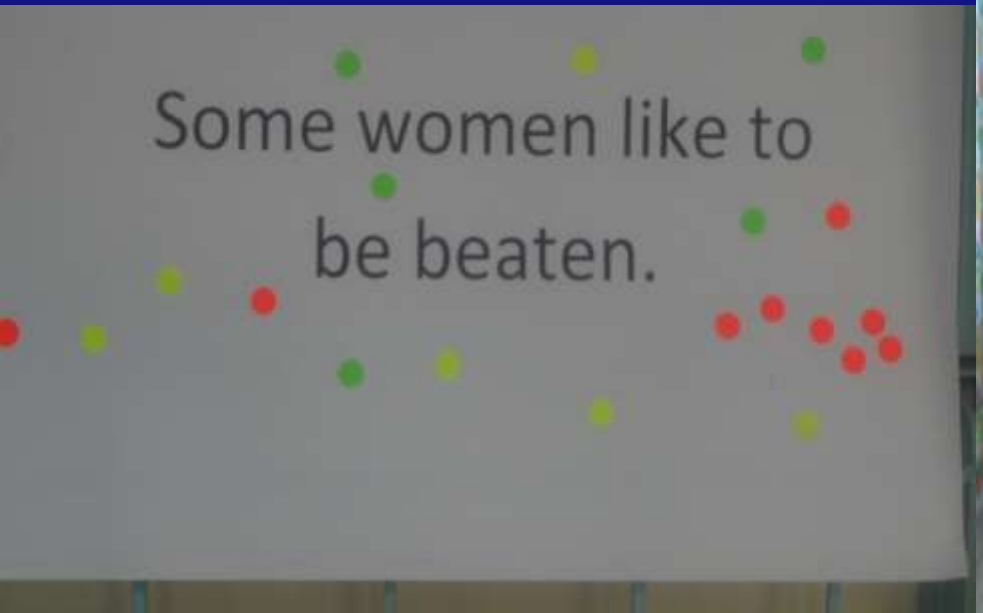
- Routine screening for IPV is acceptable to providers and clients at Kenyatta National Hospital. However, to be effective as a routine service, the system as it currently stands needs to be reinforced in specific ways (e.g., assurance of confidentiality, positive provider attitudes, and respect for clients' rights).

- These conditions fall within expected quality of care norms associated with accredited health facilities.

Where we are now …



A peek into a provider training session



WHY DOESN'T SHE JUST LEAVE?

Influencing Opportunities

- ✓ Provider training: Opps to educate *broadly* while doing research; awareness-raising needed throughout hospital at various staff levels
- ✓ Various other, *provider-identified* screening areas – points to potential for scalability
- ✓ *WHO policy on routine IPV screening*: harnessing collective of East African scholars doing similar work to disseminate evidence on IPV screening
- ✓ GBVRC's survivor in-take form *now includes* IPV screening questions
- ✓ *KNH as a strategic pilot site* – potential for scalability
- ✓ *MoH Technical Working Groups* - e.g.: ASRH, FP, Gender, Sexuality

Challenges

- Potential for client load to greatly increase at the GBVRC as a consequence of screening, which could potentially lead to providers being overwhelmed.
- Sexual violence is more ‘sexy’: Funding for other forms of violence is lacking at KNH, while SV services are free. This inadvertently ‘normalizes’ other forms of violence.
- Funding for longer-term counseling (for other forms of violence is an issue.

Thank you!

Population Council

KNH
QUALITY HEALTH CARE

Sida

Norad