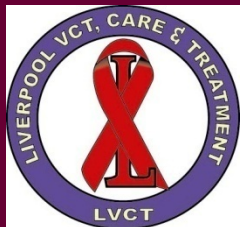


Post Rape Care Services- Public Health Model,

Dr Meme- Division of Reproductive Health Kenya &
Hadley Muchela-Liverpool VCT Care & Treatment
Kenya

Medico legal convening-Safari Park Nairobi

June 3rd – June 6th 2008



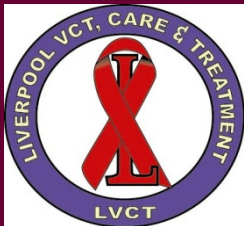
Why post rape care?

Impetus...

- health workers reporting high levels of SV
- VCT counselors reporting SV clients
- national documents - KNASP1 (2002) KDHS 2003
- 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

Health Centre 1

- Riruta



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



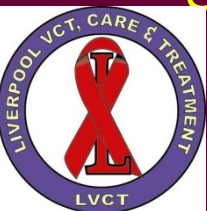
Structure & Inter-phase with other LVCT programmes

- 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

- Division of Reproductive Health
- National Aids Control Council
- LVCT staff
- Trocaire
- Hewlett foundation
- UNICEF
- UNFPA





Thank You-Asante Sana

