

Liverpool VCT, Care and Treatment (LVCT)

POST RAPE CARE (PRC)

PROGRAM PROFILE

iverpool VCT, Care and Treatment (LVCT) is an indigenous Kenyan non-governmental non-for profit organization registered in 2001.

OUR MISSION

To use our research results and technical resources to inform HIV and AIDS policy formulation and to build capacity of government, private and civil society organizations to provide quality HIV testing and services to those at risk of, infected or affected by HIV, while giving special attention to those with greatest vulnerability to infection and with special service needs.

LVCT has a Post Rape Care (PRC) program aims to influence policy and practice responses to GBV while strengthening links between HIV prevention and care. The objectives are:

- To provide technical assistance to the GoK and partners for the development and institutionalization of standards for delivery of PRC services.
- 2. To facilitate implementation of systems, **setting up** and delivery of comprehensive PRC services.
- To undertake and utilize research evidence to facilitate policy reform in prevention and response to sexual violence.

HIGHLIGHTS OF LVCT PRC PROGRAM ACHIEVEMENTS

- LVCT has undertaken three research studies on sexual violence that have informed policy reforms and service delivery and has disseminated information at conferences and through peer reviewed publications
- 2. Technical assistance to the Division of Reproductive Health in the development of national Guidelines on the medical management of Rape/Sexual Violence and training manuals for health providers (clinicians and counselors)
- 3. Utilization of **MoH 363 form** used for documentation of and presentation of medical evidence on sexual violence in court
- 4. Integrated PRC services have been set up in **19 public health facilities** across the country including *Kenyatta National Referral and Teaching Hospital Gender Based Violence Recovery Centre (GBVRC)*
- 5. **9.000 survivors** of sexual violence provided with post rape care services including clinical evaluation and legal documentation, HIV post exposure prophylaxis (PEP), STI and pregnancy prevention and counseling for trauma, HIV testing 2005 (73% female and 27% male)
- 6. 646 clinicians, 306 trauma counselors, 464 police officers and 1,777 community leaders have been trained or sensitized to deliver survivor responsive PRC services information to communities
- 7. LVCT co-organized the 1st conference on 'strengthening linkages between reproductive health and HIV: sexual violence as a nexus' in Nairobi in 2008 (www.svconference2008.org)
- 8. LVCT has representation in international policy bodies:
 - a. Coordinating Group of the Sexual Violence Research Initiative (www.svri.org)
 - b. Is the Chair of the research thematic group of the Gender Based Violence Prevention Network

Standard of care for post rape services

- 1. Clinical evaluation, history taking and legal documentation
 - Evidence collection and specimen analysis for local level laboratories
 - Legal documentation using the government approved PRC form that can now be attached as clinical notes to the Police 3 form and thus avails evidence required
- 2. Clinical Management
 - Management of physical injuries
 - HIV Post Exposure Prophylaxis (PEP)
 - Emergency contraception
 - STI prevention and treatment
 - Hepatitis B toxoid (where available)

- 3. Counselling Services
 - Crisis prevention/trauma counseling for survivors and family.
 - HIV counseling and testing in the context of sexual violence.
 - HIV PEP adherence counseling.
 - Preparation of survivors for the criminal justice system.
- 4. Quality Assurance for service delivery
- Monitoring and evaluation of service implementation including provider competence
- **6. Referral** and networking for medico-legal support and additional services at community level.

Service delivery support systems

- 1. Clearly defined outcomes and indicators
- 2. An algorithm for streamlined client flow
- 3. Protocols and standard operating procedures for all services
- 4. Pre-packaged post rape care kits (locally assembled or commercial)
- 5. Capacity building and continous education plan for health providers
- 6. Quality assurance and supervision tools and mechanisms
- 7. Data and record keeping tools
- 8. Clear referral pathways to the justice system





The award winning LVCT one2one Youth Hotline provides confidential toll-free tele-counselling services on sexuality, reproductive health and HIV to survivors of sexual violence.

121 youth hotline from safaricom: 0800720121

121 sms number:

121 email one2one@liverpoolvct.org

FaceBook ID: One2one Youthhotline

Skype ID: one2one-youthhotline

Considerations for scaling up post rape care services

Experience and lessons learnt from LVCT demonstrate the need build an interface between research and its utilization for policy reforms and continous strengthening of service delivery.

Building partnerships between Government, the civil society, private sector and donors and among diverse stakeholders in research, programme design, community implementers and service providers is necessary.

Leadership by a national agency is required for:

- Developing a policy framework and scale up plan with clearly defined targets
- Ensuring adherence to standards for capacity building and service delivery
- Data collection and utilization for national planning

 Coordination among partners to promote joint planning, mentorship and supervision for quality services to reduce duplication and optimize on resource utilization

Institutional linkages across the health sector, criminal justice system and social services should be developed through:

- Common indicators across sectors for medico-legal issues
- Harmonized procedures and information on protocols and referral pathways
- Shared training approaches
- Stronger information sharing mechanisms such as in-country networks
- Multi-sectoral working teams

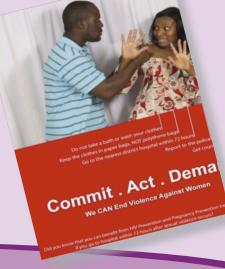
Partnerships

LVCT believes in Building Partnerships to Transform Lives. Partnerships to promote programme design and implementation, research, policy reforms advocacy have included:

- Government agencies within the Ministry of Health, the Commission on Gender and National Development, the National AIDS Control Council.
- 2. Trocaire Kenya on research and service delivery
- 3. Population Council on research
- UNICEF on strengthening Kenya's response to sexual violence in the context of the post election violence

5. The Flora and William Hewlett Foundation on information sharing and knowledge exchange in the region

to support advocacy including the Sexual Violence Research Initiative (SVRI), the GBV prevention network, and *Tukomeshe* Unajisi (Stop Rape) Network



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Technical assistance package offered by LVCT for set up of PRC services

LVCT utilizes lessons learnt from experience and gained expertise to support partner organizations in setting up post rape care services. Attaining Universal Access for post rape care to all survivors of sexual violence requires scale up of services. LVCT has developed a model for facilitating service scale up. It provides a framework for: a) LVCT support for partner organization to support implementation and b) LVCT support for health facility set up and management of quality post rape care services.

FOR PARTNER ORGANIZATIONS SUPPORTING PRC SERVICES SET UP

Creating ownership and consensus building

- Sensitization gender based violence and post rape care services for ALL staff
- Consensus building on the goals of the PRC programme in relation to broader organizational goals
- Development of work plans, mutual indicators, technical support process and exit plan



FOR HEALTH FACILITIES IMPLEMENTING PRC SERVICES

- Sensitization on gender based violence and post rape care services for health facility management teams and ALL facility staff
- Development of mutual indicators and workplans with health management teams



Joint needs assessment and gaps identification

- Staff knowledge and attitudes toward gender based violence
- Technical capacity for on-going supervision for quality assurance, data collection and utilization in implementing health facilities
- Existing linkages with communities and legal services



• Technical capacities for delivery of the standard of care among providers for service delivery

 Systems and structures for referrals, for commodities including local assembly of post rape care kits, quality assurance and M & E



Setting standards

In line with identified needs and gaps, build capacity for organization to:

- Plan within the framework of national targets
- Facilitate harmonized information and common referral pathways between the community, police and health facilities
- Development of behaviour change, information, education and communication material



In line with identifed needs and gaps, facilitate development of:

- Standard operating procedures and referral algorith in line with national guidelines
- Commodity planning and integration of data into routine facility reporting
- working teams with police and communities in line with the community based health strategy



Capacity Building &Training

- Training for programme managers in service monitoring, supervision and mentorship
- Training of Trainers to ensure on-going health provider training
- Training for community level providers including a) police officers on referral protocols, specimen handling, key health issues; b) local administrators and community leaders on attitudes towards GBV, needs of survivors, their role in zero-tolerance for SV



Technical Training for service providers utilizing a combination of methods (on-going sensitization, on-the-job training, continuous medical education) for: a) medical/clinical officers, nurses, laboratory personnel on medical management and medico-legal issues, presentation of evidence; SV legislation and HIV testing; b) counsellors on trauma and adherence counselling and long-term reproductive health issues; c) data and records officers and d) RH/HIV supervision officers on monitoring of services



Evaluation of LVCT technical assistance to partners and health facilities

- 1. Evaluation of programme and health facility work plans
- 2. Partner capacity for programme management and quality service delivery
- 3. On-going engagement between health facilities, police and communities
- 4. Utilization of lessons learnt and best practices
- 5. LVCT responsiveness to the needs of the partner and the facility

LVCT Deliverables

- 1. Baseline evaluation report
- 2. Training reports
- 3. Site and partner monitoring reports
- 4. End term report (18 mths) what has been delivered, lessons learnt, challenges