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ICAP Rwanda

Providing services to victims of sexual and gender based violence: the case study of ICAP in Rwanda

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Background

Sexual and gender based violence (SGBV) is a high risk factor for transmission of HIV. SGBV victims are often traumatized and hidden from health services. In its quest to reach hard to reach populations with HIV care, treatment and preventive services, Rwanda identified SGBV victims for special attention as a key population. SGBV victims need to report to health facilities within 48 hours to get HIV counseling, testing and post-exposure prophylaxis (PEP), pregnancy testing and emergency contraception (EC), as well as testing for other STIs including hepatitis B.

Methods

In 2007, ICAP received PEPFAR funding from CDC to implement a SGBV initiative. The initiative was developed to assist the Government of Rwanda (GoR) to expand services for victims of sexual violence, improve quality and uptake of services for this population, and provide an evidence base for future sexual violence programming. The objectives of this SGBV program were to:

1. Strengthen the national coordination and response
2. Leverage community resources to improve access to and quality of services
3. Strengthen clinical and psychosocial services
4. Strengthen linkages with other stakeholders including national police

At the national level, ICAP-Rwanda supported the development of:

- National guidelines
- Strategic and scale up plans
- Clinical tools
- M&E framework and tools

At the facility level, ICAP supported the Isange One-Stop Center/Rwanda National Police to build the capacity of Isange One-Stop Center and make it a center of training for health care providers in the clinical and psychosocial management of SGBV services, mentorship and supervision. ICAP also supported the integration of SGBV into clinical services at One-Stop Centers at two district hospitals (Muhima and Gisenyi) and assisted in the scale-up of this package of care to another eight hospitals. Victims received a package of care that included HIV counseling and testing, trauma counseling, screening and treatment of other STI, pregnancy testing and emergency contraception, post exposure prophylaxis, legal and judicial support. In collaboration with Rubavu District and Gisenyi DH, ICAP organized several community campaigns for community awareness on the existing and timely utilization of SGBV services. In October 2011, a large scale sensitization campaign on the prevention and management of SGBV was organized and over 4,500 people were reached. During the launch, GoR officials, Army and Police organs, national and international organizations, civil society and community members responded to the campaign.

Results

In collaboration with the Ministry of Health and Kacyiru Police Hospital, ICAP trained 103 health care providers (medical doctors, nurses, social workers, psychologists and mental health officers) from 12 ICAP supported district hospitals. In addition to supporting the Humura One-Stop Center at Gisenyi Hospital in Rubavu District, all health centers in Rubavu District were trained on how to handle SGBV cases and provide basic services such as counseling, HIV test, post exposure prophylaxis, emergency contraception as well as referral linkages to the Gisenyi One-Stop Center for further clinical and psychosocial investigations and interventions. In addition, ICAP trained 36 local leaders and 1,000 GBV committee members in Rubavu District to capacitate them in SGBV timely reporting, case management and referral to the health facility or police.

The Humura One-Stop Center has provided care to a cumulative total of 691 victims; most of them girls and young women < 18 years. Another 341 received care from the other district hospitals prior to the transitioning of the program in February 2012. Ninety-seven percent of the service recipients are women, and girls and young women < 18 years represent 76.8% of those served.

Challenges

Most victims are young—adolescents and unemployed. Stigma and feelings of culpability have lead to delayed reporting for services. In many cases, the victim reported late, primarily seeking redress for perpetrators (when they denied responsibility for a resultant pregnancy), rather than to seek medical care. Late reporting meant that many victims were no longer eligible for PEP and emergency contraception. Positively, engagement of national and local leadership and other stakeholders gave credibility to the program and resulted into higher and more timely utilization of services

Conclusions

ICAP demonstrated that it is possible to provide quality services to victims of SGBV and through tailored support victims of SGBV can become service providers, supporting fellow victims and sensitizing communities on the fight against SGBV. However, for success the SGBV care program requires a multisectoral approach, involving all stakeholders and the community.

Figure 1: Health care workers doing group work during training

Figure 2: Renovated and refurbished Humura One Stop Center at Gisenyi Hospital: Enabling safe and quality Services for SGBV victims

Figure 3: Nurse at the One Stop Center assists a young victim to use drawings to narrate her assault story

Figure 4: Rwandan Minister of Health, Governor of Western Province, Inspector General of Police, CDC and Rubavu District Officials During Anti-GBV Week (October 2011)

Figure 5: Local community leaders and secondary school students at an SGBV sensitization campaign rally

Figure 6: Characteristics of SGBV victims at Humura OSC by gender and age (Jan 2011-Mar 2012)

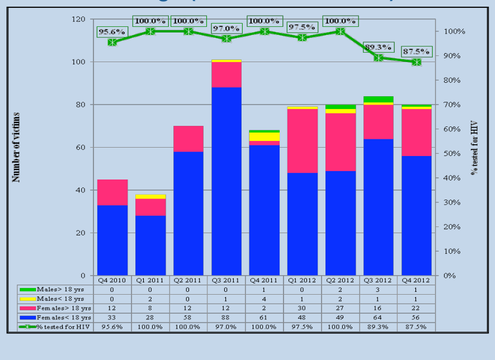
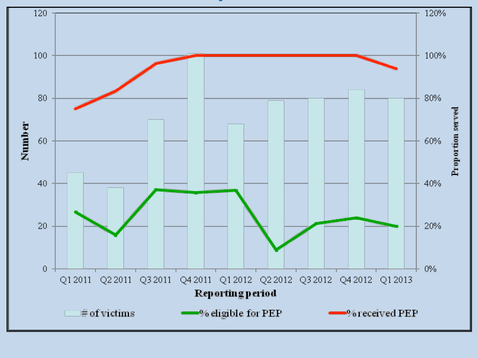
Figure 7: Performance of the SGBV program at Humura One Stop Center