

Developing New Signal Functions to Assess the Capacity of Health Facilities to Clinically Manage Sexual Violence Survivors in Central Province, Zambia

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19th September 2017

SVRI Conference

Rio de Janeiro

Brazil



The Bigger Picture.....

- A 2013 WHO study placed global estimates of violence against women as affecting 1 in 3 women aged 15 years and above.
- VAW classified as “***public health problem of epidemic proportions***”
- **Regardless of perpetrator** sexual violence (SV) is a *traumatic event* associated with a number of *mental* and *physical health sequelae*
- WHO describes a set of health services essential for all SV survivors, including
 - a) psychosocial counselling,
 - b) emergency contraception,
 - c) HIV post-exposure prophylaxis (PEP), and
 - d) preventative STI treatment

The case for Zambia.....

- Located in sub-Saharan Africa with Population of 14million (2010)
- The 2013-14 ZDHS found that:
 - Over 17% of women (15-49) report having experienced SV in their lifetime
 - SV cases occur in a context of high unintended pregnancy and HIV infection,
 - More than 1 in 8 adults estimated to be HIV positive
- In response the Zambian government established national guidelines for the multi-disciplinary management of sexual and gender-based violence in 2011,
 - These guidelines call for a package of post-sexual violence services to be offered in all government-owned health facilities

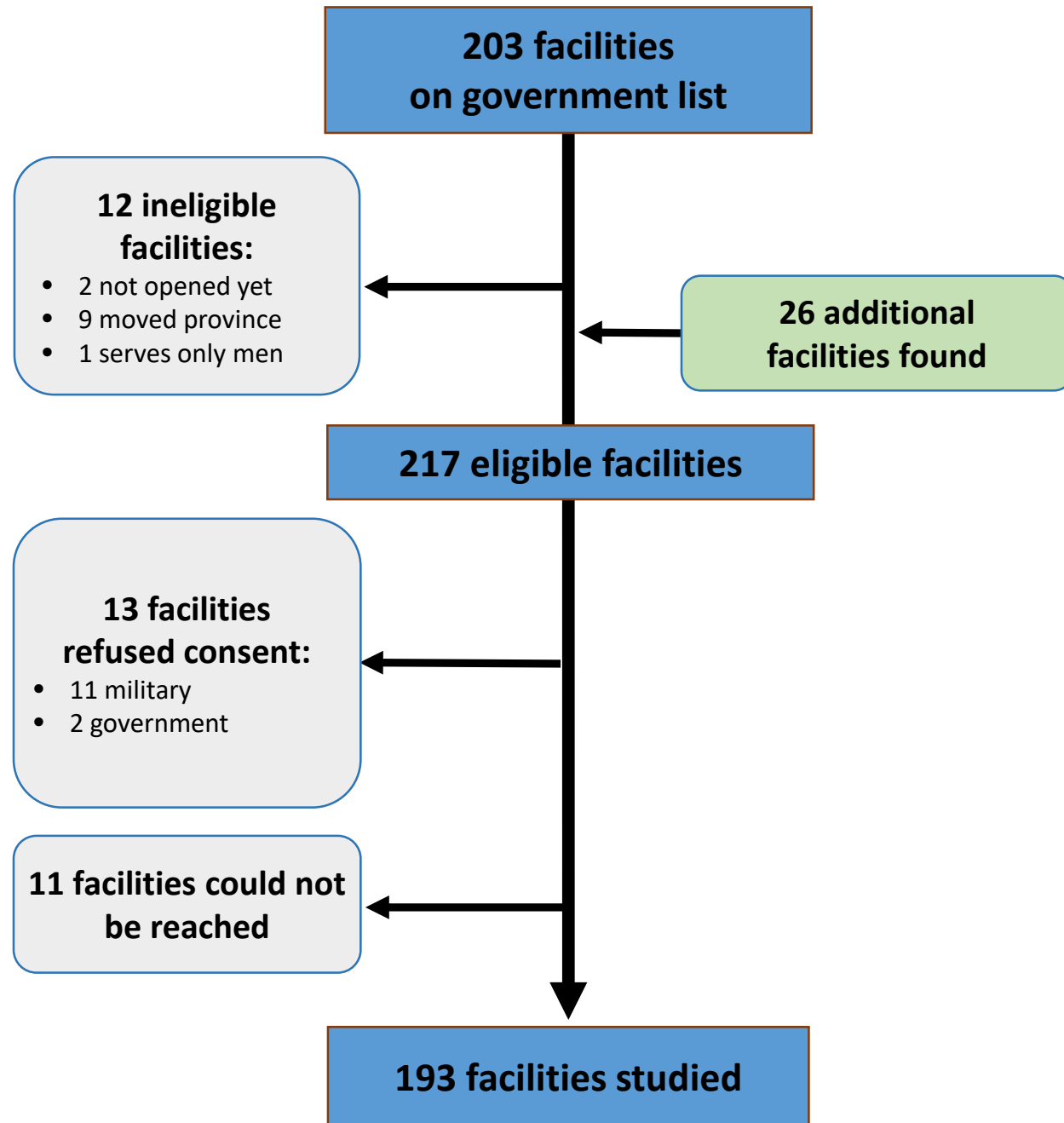


Our Study.....

- Tracking availability of every single component of a particular package of Health Services is not always feasible
- The concept of assessing the availability of a shorter list of indicator ***signal functions*** has been applied to a range of service areas including:
 - Basic and emergency obstetric care, antenatal care, child health, emergency neonatal care, and abortion
- We extended this approach to a set of ***signal functions for the medical management of SV*** and piloted the framework with data from a health facility census in Central Province, Zambia

Method

- Government master list of all public & private sector health facilities in Central Province
- All operating facilities that serve women=eligible
- All eligible & physically accessible facilities on master list were invited to participate
- Facility assessments conducted by trained nurse research assistants from March to August 2016
- GIS coordinates for all health facilities and police stations & posts
- 2010 Zambian Census of Population and Housing
- Descriptive statistics to assess facility capacity to provide post-SV health services





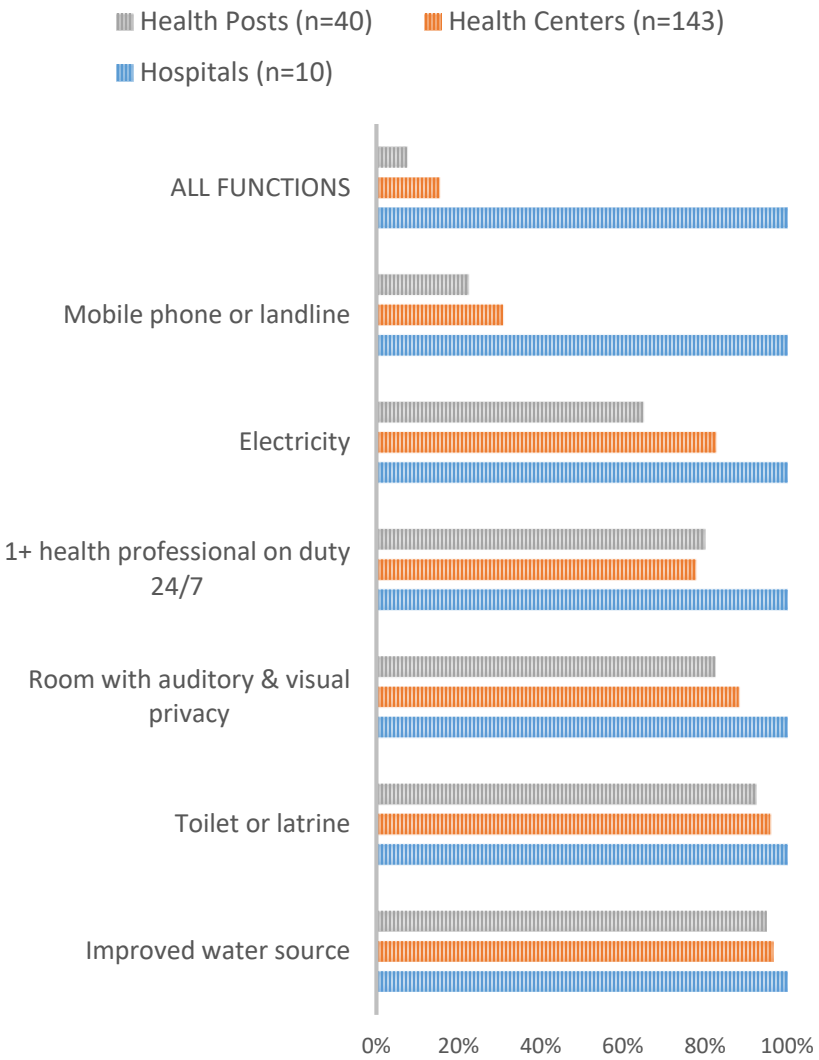
	Basic emergency services	Comprehensive services
General staffing & infrastructure		
1+ health professional on duty 24/7	X	X
Room with auditory & visual privacy	X	X
Mobile phone or landline	X	X
Electricity	X	X
Improved water source	X	X
Toilet or latrine	X	X
Physical examination, forensic evidence collection, & injury care		
Delivery bed	X	X
Examination light	X	X
Sterilizing equipment	X	X
Vaginal speculum	X	X
Needles & syringes	X	X
Latex gloves	X	X
Hand-washing soap or alcohol-based hand rub	X	X
Sterile instruments for suturing & repair of tears		X
Local anaesthetic for suturing		X
Unwanted pregnancy, HIV, & STI prevention		
Offers emergency contraceptive pill or IUD	X	X
Offers HIV post-exposure prophylaxis	X	X
Offers preventative treatment for common STIs (chlamydia, gonorrhoea, syphilis, and trichomoniasis)	X	X
Unwanted pregnancy, HIV, & STI testing & response		
Offers termination of pregnancy services		X
Offers HIV testing & counselling		X
Offers testing & counselling for common STIs (chlamydia, gonorrhoea, syphilis, and trichomoniasis)		X

Results

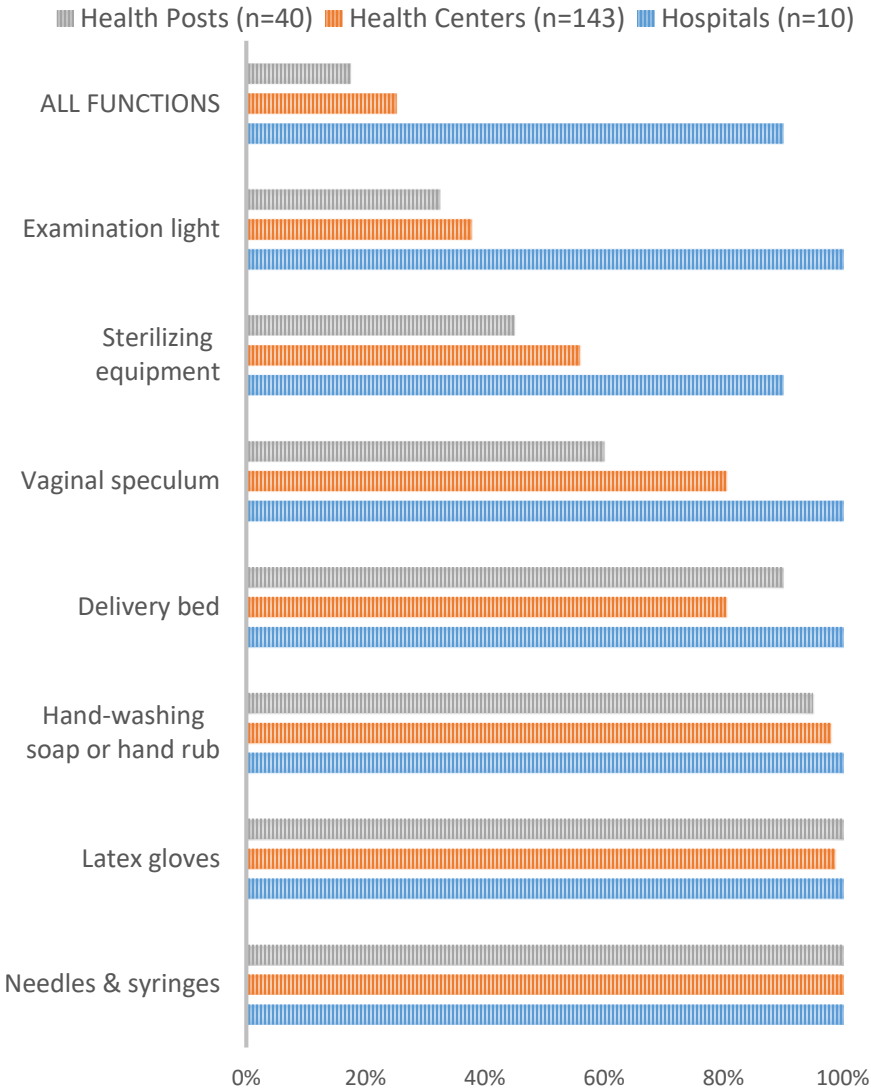
- Interviewed 89% of all health facilities in Central Province [N=217, n=93]
- Using the signal functions approach discussed we found:
 - 60% of hospitals [N=10, n=6] and only 5% of health centers (N=143, n=7) fulfil all criteria to provide basic emergency post-SV services
 - Only 2 of the 13 facilities capable of providing basic emergency care have at least 1 health provider on staff who has been trained in providing post-SV services
- Five of 10 hospitals in the study and 1 health center fulfil all criteria to provide comprehensive post-SV services
- No health posts were found to meet the criteria for provision of basic emergency or comprehensive post-SV services

Facilities that can perform domains of basic emergency post-SV care

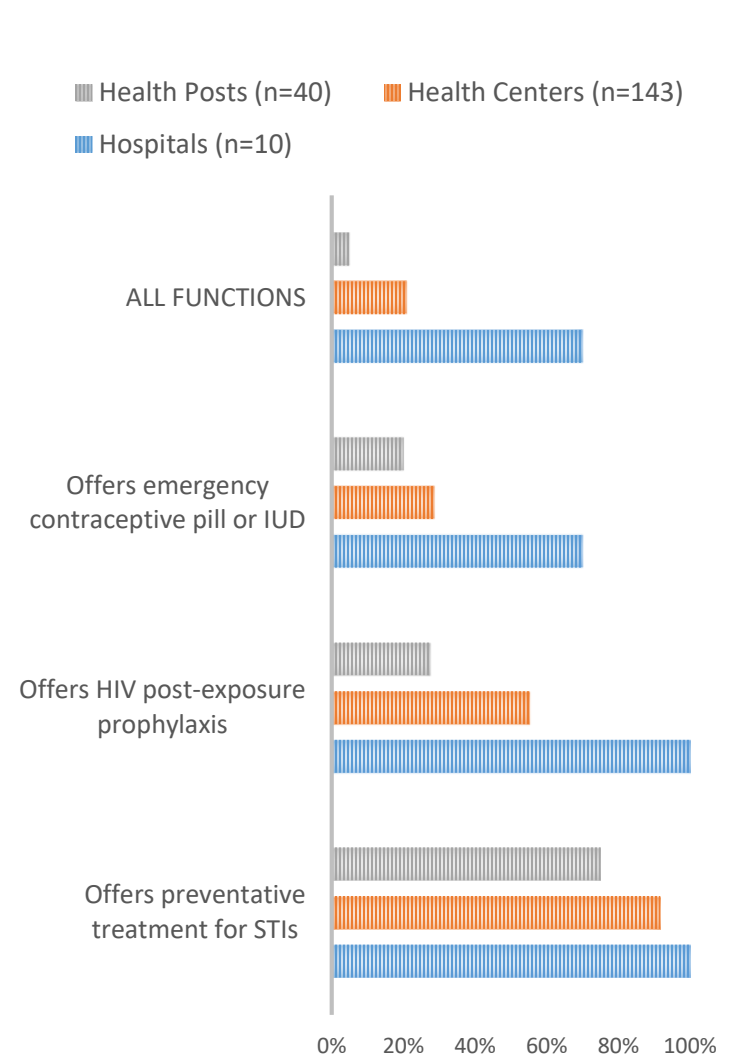
GENERAL STAFFING & INFRASTRUCTURE



PHYSICAL EXAMINATION & FORENSIC EVIDENCE COLLECTION



UNWANTED PREGNANCY, HIV, & STI PREVENTION





Results cont....

- All hospitals able to perform all of the *general staffing and infrastructure functions*, only 15% of health centers and 8% of health posts met all of the necessary criteria
- 1 out of 10 hospitals was unable to perform all of the signal functions for *physical examination and forensic evidence collection*, while 50%+ health centers and posts did not meet criteria
- Majority of facilities at all levels were able to provide *preventative treatment for a range of STIs*

Female population living within a given distance of a facility within Central province

	N	%
Females living within Central province in 2016	753,448	
Live within 5km of any facility in the study incl. health posts (N=193)	235,844	31%
Live within 15km of any facility in the study incl health posts (N=193)	637,924	85%
Live within 5km of a facility meeting the criteria for basic functioning (N=13)	106,316	14%
Live within 15km of a facility meeting the criteria for basic functioning (N=13)	227,769	30%
Live within 5km of a facility meeting the criteria for comprehensive functioning (N=6)	86,355	11%
Live within 15km of a facility meeting the criteria for comprehensive functioning (N=6)	189,744	25%



Conclusions

- This is the first study to apply the signal functions approach to clinical care for sexual violence survivors.
- We have demonstrated that while the majority of hospitals are well equipped to provide post-SV services, few health centers and health posts are able to provide basic emergency clinical care for women who have experienced SV
- Even in facilities that *theoretically* have the capacity to provide basic emergency or comprehensive post-SV services, health providers are unlikely to have received any training in the medical management of SV cases



Conclusions cont...

- In light of the time sensitivity of preventative interventions, decentralization of post-SV care to the health center level and below so that more women can access these critical services is necessary
- The signal functions approach has proven to be a simple and useful way to assess progress towards ensuring universal access to post-sexual violence health services
- Signal functions to be included in routine, multi-country assessment tools such as
 - the Service Provision Assessment (SPA) and the Service Availability and Readiness Assessment (SARA)

Acknowledgements

- London School of Hygiene and Tropical Medicine
- Population Council
 - PJD Scholarship
- Ministry of Health- Zambia (Central Province Health Authorization)

End