THE RESPONSIVENESS OF UGANDA'S PUBLIC HEALTH SYSTEM TO THE NEEDS OF CHILD SURVIVORS OF SEXUAL ABUSE

Background to the Study

- Study inspired by Uganda Reproductive Health Bureau's experience in the provision of health support services to child survivors of sexual abuse.
- Practice evidence that most survivors of CSA are dependent of public health system for services.
- Evident need to make the public health system more responsive to the needs of child survivors
- Thus study commissioned to inform advocacy efforts towards improving the effectiveness and responsiveness of the public health system to the needs of survivors of CSA.
- Study used both qualitative and quantitative approaches
- Covered 67 Health facilities from NRH , RRH , GH, HCIV-I)
- Sought views of 103 survivors and their care givers, 47 stakeholders.

How did we go about the study

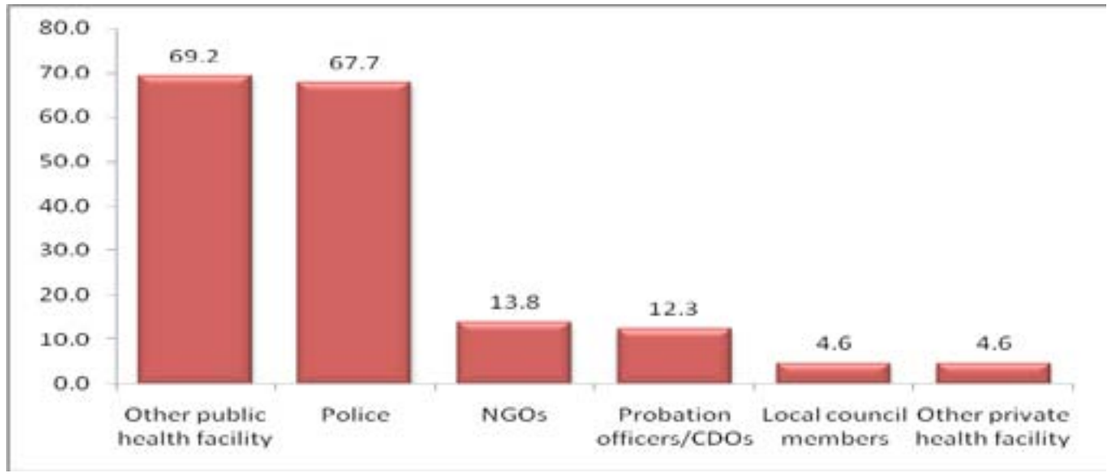
We sampled 16 Districts across the 6 Regions

Kampala	Central	West	East	North 1	North 11
Central Division	Rakai	Hoima	Soroti	Arua	Gulu
Kawempe Division	Kayunga	Ntungamo	Tororo	Adjumani	Apac
Nakawa Division	Mubende	Kasese	Bugiri	Nebbi	Kitgum
Rubaga Division					
Makindye Division					

What did the study focus on?

The study focussed on 3 major areas namely;

- The availability, accessibility and affordability of health services for child survivors (Minimum package of services includes; HIV counselling and Testing, Presumptive testing and treatment of STIs, preventive contraception for eligible survivors, trauma counselling, medical examination for forensic evidence and medical report).
- The capacity of the health system to respond to the needs of survivors.
- The coordination and continuity of care for Child survivors.



What do these findings imply?

- Tap into and maximise health system as an actor in CSA.
- The health system offers prospects for preventive, protective and responsive services in relation to CSA. The PHF could also be the gateway to other complementary services if better coordi nated.

Why is that not the case?

- The focus on the medical and not whole context of abuse, which affects referral to other services.
- Cost of certain medical services precludes access to holistic care.
- Limited formal engagement of HWs with stakeholders outside the Health system limits opportunities and options for referral.
- Investment in vital system inputs is necessary to boost capacities for service delivery
- Staff recruitment and capacity building.
- Infrastructure and equipments, drugs and supplies
- Standardization of service protocols

Coordination and Collaboration of all stakeholders is vital

- Key actors (JLOS, HWs, PSWO, and CSOs) need to be talking and coordinating services together.

-A streamlined referral network should be in place to track children through the service delivery chain.

Other Necessary Actions

- Need for advocacy to waive or at least standardise costs for medical report /lab tests
- Getting more comprehensive services closer to the people at least at HCIII.
- Formation of a multi sectoral forum of stakeholders to network on issues of CSA.
- Creation of child friendly spaces for survivors

Availability/Accessibility of Services

- Clinical services for child survivors were reported as available at all levels but with variations in the range of services especially at the lower level health facilities (VHTs to HCIII).
- 86 % of the health facilities visited offered HIV Testing services
- 65% of the child survivors reported having received counseling at the health facilities (highest in Kampala (86.7%) and lowest in the West (41.2%).
- The majority (31 out of 35) of facilities from NRH to HCIV reported that they offer PEP though only 22% of the children reported having received PEP within 72 hours.

Availability/Accessibility of services

- Only 14% of the eligible survivors reported having received Emergency Contraceptives within 72 hours.
- While 70% of the health facilities reported offering Presumptive STI Treatment only 35% of the children reported receiving the service.
- Most survivors (86.9%) had been examined for both police evidence and medical treatment. For those not examined, costs for medical examination were the major inhibitor.

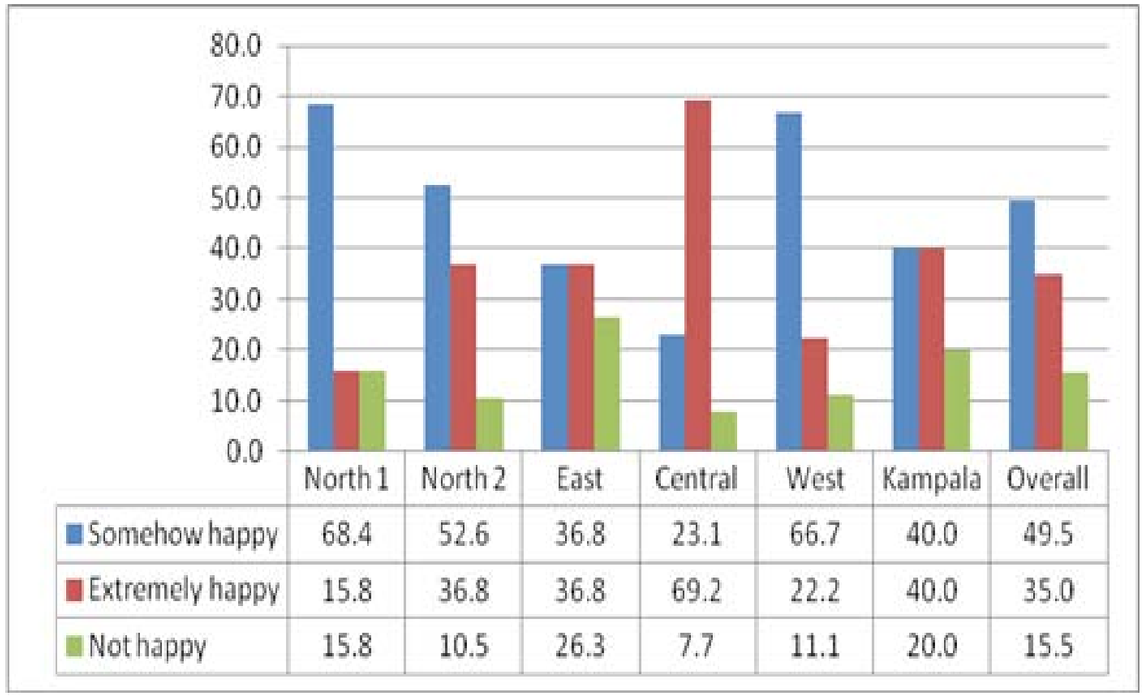
Affordability of services

- Public health services are supposed to be free.
- Six out of 10 survivors (60%) reported having paid to access some service(s).
- The three commonly charged services include, medical examination for medical evidence, filling the Medical report and fees for laboratory tests.
- 75% of the facilities denied charging for services though 78% of health facilities admitted that filling in a medical report attracted a charge.(ranging from shs 20,000 to 53,000. In some exceptional cases, some doctors charged 100,000.
- In a number of study districts, UN agencies and NGOs were helping survivors to meet the cost of medical examination

Other Responsiveness Indicators

- Although 80% of health facilities reported being open 24/7 many of them admitted deploying very limited staff at night and on weekends and caregivers reported difficulties in getting services at night and on weekends.
- 95% of the survivors reported finding a health worker who could attend to them at the health facility.
- 77% reported being attended to immediately (100% in North 1)
- 74% reported having been given priority over other patients
- 41% reported having to wait for more than 1 hour

Overall satisfaction with services



	North 1	North 2	East	Central	West	Kampala	Overall
Somehow happy	68.4	52.6	36.8	23.1	66.7	40.0	49.5
Extremely happy	15.8	36.8	36.8	69.2	22.2	40.0	35.0
Not happy	15.8	10.5	26.3	7.7	11.1	20.0	15.5

Capacity of health facilities to provide services

- The key staff eligible to handle CSA cases include; a medical officer/doctor, clinical officer, registered midwife and laboratory technician.
- All the health facilities had at least 1 eligible cadre of staff that can handle CSA cases but staff other than medical officers were reluctant to handle cases and fill in the medical forms.
- Most of the capacity building for health staff to handle SGBV has been in North II region (Gulu, Kitgum, and Apac).
- 60% of the health facilities had experienced stock outs of essential drugs and supplies in the last 6 months (mostly antibiotics for treating injuries)

Coordination and continuity of care

- Most referrals are to other PHF (69%) and Police (68%) (minimal referral for psychosocial support and other services)
- The majority (48 out of 59 facilities) did not follow up the cases referred to other actors.
- Most of the follow up work was done by the VHTs.

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