



## **Somalia GBV WG Guidance Note: What criteria does my organisation need to meet in order to provide CMR services?**

### **Distribution of Post Rape Kits (3 and 9)**

UNFPA's post rape kits (3 and 9) contain life-saving drugs and essential medical supplies to treat survivors of sexual violence. Kit number 3 contains drugs used to presumptively treat sexually transmitted infections (STIs) including post exposure prophylaxis (PEP) that can prevent the spread of HIV. Kit 9 contains medical supplies that can be used to suture cervical and high vaginal tears that might occur during a sexual assault. UNFPA buys these supplies as part of their humanitarian response and then *donates* them to eligible organizations. The receiving agency CANNOT charge a survivor for these essential drugs and supplies; they are free.

The following guidelines were developed by members' of Somalia's Clinical Management of Rape Taskforce (CMR TF). As GBV programming continues to expand in Somalia, partners realized there is a need for clearly defined standards regarding eligibility to receive post rape kits.

### ***Guiding Principles***

The guiding principles of safety, respect, confidentiality and non-discrimination are the cornerstones for all GBV programming. Health care personnel cannot withhold medical treatment based on an individual's race, sex, gender, and/or religious or political or social affiliation. Organizations that provide medical care to survivors must ensure that all services remain confidential. The survivor decides whether he/she wants to notify the police or a family member such as a husband or father. The health care provider must respect the decision of the survivor.

When working with child survivors, we must be aware of the following guiding principles:

1. Ensure **Safety** of the Child
2. Consider the Child's **Best Interest** at all times
3. **Believe** the Child
4. Maintain **Appropriate Confidentiality**
5. Involve the Child in **Decision Making**
6. Treat Every Child **Fairly & Equally**

When caring for a child survivor, it is critical to remember to always act in the best interest of the child. Consider the child's ethnic, religious, cultural and linguistic background. Account for the physical and developmental level of the child and the mental health status of the child. Respect the importance of the child's upbringing, stability and nurturing family relationships. Consider the child's wishes and concerns.<sup>[1]</sup> Also consider the legal/cultural repercussions for the child and caregivers that could occur in the context where you are treating the child (or where the child is returning).

### ***Who should be trained***

- A minimum of 2 staff per each health facility/organization must be included in CMR training opportunities;



- Qualified medical personnel should be trained only. People without a medical qualification should attend the non-clinical segment of a training. Ideally medical staff who should be trained: nurses, doctors, medical officers and midwives. Auxiliary nurses should only be trained if not other medical personnel are present in the facility.
- From each organization a person who can supervise trained staff must be present in the training. This person should be a senior member of the medical team.
- Organizations must train enough staff members as is necessary to fill all shifts in their health facility. At least one member of staff, trained in CMR, must be on duty at all times.

### ***Eligibility to receive post rape treatment kits***

Health centers are eligible to receive post rape kit 3 if they have medical personnel (medical officer, midwife, nurses, and/or doctors) who have completed the standard Clinical Management of Rape training with a minimum of 80% score in post test. The training lasts between 3-5 days (depending on the experience level of the participants), and focuses on topics such as how to take a history, physical and genital examination, and prescribing treatment. ***An organization must have staff trained (preferably female) in clinical management of rape to be eligible to receive kits.*** Please contact the chairs of the CMR TF[2] if you don't have staff trained at this time, but can demonstrate a need for training. They can help link your organization with ongoing training initiatives.

Health care professionals must have surgical training to safely treat survivors with high vaginal tears. Those clinics that request kit 9 will have to demonstrate that they have surgical staff with the required experience and skill.

### ***Clinical setting***

A health center eligible to receive post rape kits must have:

- A private treatment room in which to examine the survivor. This will help reinforce the guiding principles (confidentiality, respect and safety of the survivor) mentioned above. Experience has shown that treating female survivors in a private setting on a maternity ward reduces the chance of stigma, and helps maintain confidentiality.
- A locked cabinet in which to keep patient files; this will also help promote confidentiality.
- All equipment readily available in the exam room so the service provider does not need to walk in and out of the room to look for things.
- Easy access to running water and latrines for survivors.

It should be noted that some of the supplies in Kit 9 can be reused if they are properly sterilized. Therefore, the clinic needs to have sterilization equipment to ensure that cleaning protocols are upheld. Sterilization equipment can be obtained through UNFPA (kit 6A).

### ***Referral pathway – survivor centered approach***

Survivors are often afraid or ashamed to seek help after an incident of sexual violence. It takes a lot of strength and courage for them to go to a health center for treatment. It is important that the staff at the health center make the survivor feel safe, and empower the survivor to make his/her own choices.

Health care personnel who treat GBV survivors must be informed about other services available for survivors such as access to psychosocial support and protection planning.

The health care provider should provide information so the survivor can make an informed choice about



the way forward. The health care provider should not make treatment decisions on behalf of the survivor without first obtaining the informed consent of the survivor. Please see below an example of a referral pathway that reinforces the survivor-centered approach:



If your organization meets the criteria, **please download the post-rape treatment kit request form from the Somalia GBV WG website.**

[1] *Preventing child maltreatment: a guide to taking action and generating evidence.* WHO and International Society for the Prevention of Child Abuse and Neglect © WHO, 2006. Page 64.