ASSESSING QUALITY OF POST RAPE CARE SERVICES AMONG WOMEN SURVIVORS OF SEXUAL VIOLENCE IN HEAL AFRICA HOSPITAL- GOMA DEMOCRATIC REPUBLIC OF CONGO

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DECLARATION

I, Kabuya Nasekwa Anita, hereby declare that work presented in this research report is my original piece of work and has not been presented to any institution higher learning for any award.

Signature…………………………

Date………………………………..

APPROVAL

This is to certify that Kabuya Nasekwa Anita successfully carried out this research study under my guidance and supervision and is now ready for submission.

Signature …………………………

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SUPERVISOR:

Date……………………………….

DEDICATION

I dedicate this report to my lovely parents Mr. Mwakamubaya Nasekwa Deogratias and Marthe Sanvura Nakasi and beloved sisters Aimee N'simire, Rachel zawadi, Alice Bulonza and brother Christian Amini and my future husband Jeanmard Balaga for the guidance ,love and care rendered to me and for supporting me financially .

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OPERATIONAL DEFINITIONS

Quality control: The collection of mechanisms used to determine accuracy, reliability and consistency in operations.

Internal Quality Control (IQC): It includes all methods which are performed every day by the hospital personnel with the hospital‘s materials and equipment. It checks primarily the precision (repeatability or reproducibility) of the methods

External Quality Control (EQC): It includes all methods which are performed periodically (i.e. every month, every two months, and twice a year) by the hospital personnel with the contribution of an external center (Hospital accreditation bodies, referral laboratory, scientific associations, diagnostic industry etc.). It checks primarily the accuracy of the Hospital‘s operational methods. However, there are certain EQC schemes that check both the accuracy and the precision.

Rape: Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration perpetrated against a person without that person's consent. The act may be carried out by physical force, coercion, abuse of authority or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has an intellectual disability or below the legal age of consent.

Sexual Violence: Sexual violence is any sexual act or attempt to obtain a sexual act by violence or coercion, unwanted sexual comments or advances, acts to traffic a person or acts directed against a person's sexuality, regardless of the relationship to the victim.

LIST OF ACRONYMS AND ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
CI	Confidence Interval
DRC	Democratic Republic of Congo
EQC	External Quality Control
EU	European Union
FDLR	Democratic Forces for the Liberation of Rwanda
HIV	Human immunodeficiency virus
IPV	Intimate partner violence
IQC	Internal Quality Control
PEP	Post-Exposure Prophylaxis
PRCS	Post Rape Care Services
ARVs	Anti Retro Virus
WHO	World Health organization
MoH	Ministry of Health
UNICEF	United Nations Children's Fund
UN	United Nations
STIs	Sexually transmitted infections

// ABSTRACT

ABSTRACT

Introduction

The study was aimed at assessing quality of post rape care services given to women survivors of sexual violence in North Kivu province, Democratic republic of Congo. Due to insecurity resulting from a long civil conflict, sexual violence in this area increased to unprecedented rates. Many women 5 to 35 years have experienced sexual violence in north Kivu. The study sought to explore quality of existing services for survivors of sexual violence. The specific objectives of the study were; to assess the individual characteristics of clients that influenced quality of service received; to assess the sociology economic factors that influence quality of services offered to women survivors; to assess health system factors that influence quality and suggest possible measures to improve quality of services

Methods

the study was a cross sectional and descriptive in nature drawing from both quantitative and qualitative approaches of research. A sample size of 162 women survivors of sexual violence was determined using a formula recommended by Kish and leslie. However the samples were selected conveniently and purposefully based on whoever had knowledge about sexual violence post rape care services. Women survivors 125 and 6 key informants service providers were given questionnaires and interviews respectively.

Results

finding show that all three factors individual characteristics, sociology economic factors, and health system factors partly influenced quality of services. However none on its own was significantly associated with quality of services. This implies a complex interplay of three factors influenced quality of post rape care services.

Conclusion

Respondents suggested improving education levels, political will of government to strengthen medical services for sexual violence victims and work towards eliminating conflicts in the region. Mobile health clinics and increased awareness by medical workers are some of the remedies suggested to improve quality of post rape care services.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter presents the background, problem of statement, objective of the study, research questions, Justification of the study and conceptual framework that shows a representation of the relationship between the variables, objectives and research questions.

1.1 Background to the study

Sexual violence is a serious public health and human rights problem with both short- and long-term consequences on women's physical, mental, and sexual and reproductive health. Whether sexual violence occurs in the context of an intimate partnership, within the larger family or community structure, or during times of conflict, it is a deeply violating and painful experience for the survivor. (WHO, 2012)

The World Health Organization emphasizes and maintains that "all countries have a policy on the services provided for people who have been sexually assaulted and that these policies should include post-exposure prophylaxis for HIV whenever sufficient resources are available" The HIV PEP Program in 2011,was characterized by the specific characteristics that's : all clients were to receive counselling about potential HIV risks, all clients whose assault posed any risk of HIV infection (known or unknown) were to be offered prophylactic medication, prophylaxis was to be initiated within 72 hours of exposure and to be prescribed for a period of 28-days; an intensive schedule of five follow-up visits was to assist clients who chose the prophylactic drugs to cope with side effects and complete the medication course and prophylaxis was to be provided at no cost to clients. Recently the evidence shows that only 40% of victims of sexual assault globally begin PEP and complete it properly. (Dr Nathan Ford from WHO's department of HIV/AIDS 2012.)

During conflict, the psychological distress of rape survivors can be greatly aggravated by the breakdown of usual support systems and by the absence of a safe and supportive environment for healing [WHO 2000]

Sexual assault incidence is on the rise in many African countries including Kenya, PEP maybe underutilized in sexual assault cases in Kenya. In a specialized center for gender-based violence in Kenya, PEP was only initiated in 52.2% of sexual assault cases, while others presented late after assault, and few patients were treated > 72 hours after the assault .(20TH international AIDs conference ,Melbourne, Australia July 20-25,2014)

Since 1990s PEP has been available in South Africa, but still has the largest number of people living with HIV and this is combined with high rates of sexual violence, and makes a large numbers of people at risk of being infected with the virus. Less than half of this population refers rape cases at the services for post exposure.

Armed conflict has been ongoing in the Democratic Republic of Congo (DRC). Ever since 1996, this has created an allowance for sexual violence upon women, this has exposed them to acquiring HIV infection and other sexually transmitted diseases furthermore it affect their mental, physical and social health. The victims of sexual violence have a chance to avoid HIV infection only if they access PEP immediately during the first 72 hours of exposure.

However a study in DRC 2005, details on the time between rape and medical attendance, showed that few women sought medical care within the first month, even less within the "critical" 72 hours after the incident and more than one third of patients had been sexually violated one year or longer ago.

1.2 Statement of the Problem

Information about the quality of post rape care services in the Democratic Republic of Congo is scanty. The Democratic Republic of Congo, particularly its eastern region, has been coined by various scholars as the rape capital of the world. Eastern Democratic Republic of the Congo has remained the most outstanding case precariously hostile to the lives of millions of Congolese women and girls, having been dubbed the world‘s capital of rape (McCrummen, 2007), (Wallstrom 2010) and (Eichstaedt 2011).

According to an April 2014 report of the UN High Commissioner for Human Rights, sexual violence remains extremely serious due to its scale, systematic nature and the number of victims. Human Rights Watch talks about horrific levels of rape and other forms of sexual violence used by all armed groups in the Congo conflict which has been destabilizing the country for several decades. It is not documented on the nature of care these victims receive at different health facilities they attend.

In July 2013,UNHCR 'protection Monitoring teams' registered 705 cases of sexual violence in North Kivu province ,out of cases registered 619 cases were rape Official UN figures give further evidence of the growing threat that women and girls face. They show that recorded cases of sexual violence in North Kivu soared from 4,689 cases in 2011 to 7,075 in 2012. Many more cases remain unreported.

It is not known what quality of post rape care services are being given to clients at health facilities. Ultimately, access to health services, particularly in timely manner for victims of sexual violence is difficult due to the geographical concentration of such services only in Goma the major town of the North Kivu Province.

It is therefore important to study the Quality of Post Rape Care Services given to women survivors of sexual violence in North- Kivu Province so that gaps are identified and this will lead to important steps in improving post rape care services in the Democratic Republic of Congo health units which will in turn influence client service utilization, behavior change and satisfaction.

1.3 Research objectives

1.3.1 General objective of the study

To assess quality of post rape care services given to women survivors of sexual violence, attending Heal Africa Hospital in Nord-Kivu.

1.3.2 Specific objectives

i. To assess the individual factors influencing the quality of post rape care services given to women survivors of sexual violence attending Heal Africa Hospital in Nord-Kivu.

ii. To assess the socio-economic factors that influence the quality of post rape care services given to women survivors of sexual violence attending Heal Africa Hospital in Nord-Kivu.

iii. To determine health system factors influencing the quality of post rape care services given to women survivors of sexual violence attending Heal Africa Hospital in Nord-Kivu.

1.4 Research Questions

i) What are the individual factors influencing the quality of post rape care services given to women survivors of sexual violence attending Heal Africa Hospital in Nord-Kivu ?

ii) What are the socio-economic factors that influence the quality of post rape care services given to women survivors of sexual violence attending Heal Africa Hospital in Nord-Kivu ?

iii) What are the health system factors influencing the quality of post rape care services given to women survivors of sexual violence attending Heal Africa Hospital in Nord-Kivu ?

1.5 Significance of the study

Studies have attempted to describe the quality of health care services in DR Congo but none has adequately addressed quality of post rape care services given to women survivors of sexual violence in Nord-Kivu province.

Since Nord-Kivu province is the epi-center of sexual violence and Heal Africa Hospital is the biggest provider of post rape care services in Nord-Kivu province, it is important that factors that influence quality of post rape care services in Nord-Kivu province are identified and addressed.

Results of this study will help address the gaps in the quality of post rape care services in Nord-Kivu province and this will contribute to improved health benefits to women survivors of sexual violence in Nord-Kivu.

1.6 Conceptual Frame Work

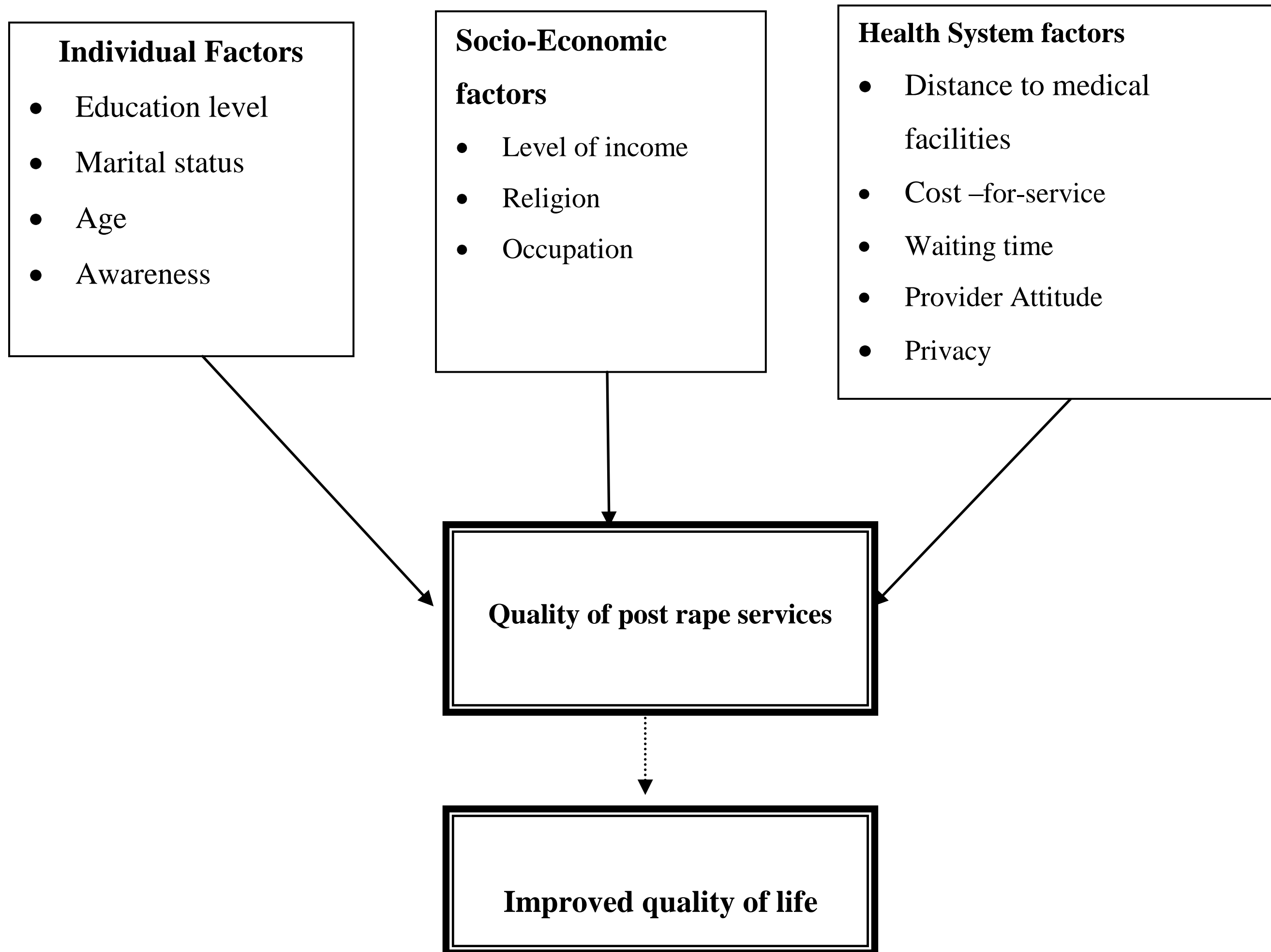

Figure 1: Conceptual Frame work

Figure 1 above displays various factors that may affect access to Quality of post rape services after sexual violence among women (15 to 45 years). The factors on the independent variable include; health care related factors, knowledge factors and accessibility to health care factors .The dependent variable, is the quality of post rape care services such as access to PEP services after exposure to sexual violence.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

In this chapter, the main discussion will be on two parts, the theoretical part and empirical part with focus on different quality attributes. The chapter will be presented by giving an overview of the situation of post rape care services given to women survivors of sexual violence, concept of quality care client views on quality, various criteria to monitor quality, measurements of quality and empirical literature review.

2.1 Prevalence of Rape

Sexual violence has been prevalent throughout two decades of conflict in eastern Democratic Republic of Congo (DRC), with an estimated 40 % of the female population reporting lifetime experiences of sexual assault (Johnson, 2010)

A study by US scientists has concluded that an average of 48 women and girls are raped every hour in the Democratic Republic of Congo. The study, in the American Journal of Public Health, found that 400,000 females aged 15-49 were raped over a 12-month period in 2006 and 2007. That rate is significantly higher than the previous estimate of 16,000 rapes reported in one year by the UN. The figures showed 12% of women had been raped at least once and 3% of women across the country were raped between 2006 and 2007. About 22% had also been forced by their partners to have sex or perform sexual acts against their will. The study also revealed alarming levels of sexual abuse in the capital, Kinshasa. (The Guardian, 2011)

Widespread sexual violence has been reported as a feature of several active conflicts in Africa. Most prominent in scale are the conflicts in eastern DRC and the Darfur region of Sudan. In DRC, which will be discussed in the "Case Study" section below, armed groups have committed sexual atrocities on a massive scale during recurrent internal conflicts over the past two decades.

Sexual violence has long been described as the "collateral damage" of fighting; its prevalence in Africa is often seen as a by-product of internal conflicts involving irregular forces, which frequently result in disproportionate civilian casualties. (Médecins sans Frontières, 2009) However, sexual violence is also often deployed strategically by combatant groups. Sexual violence in conflict settings may be employed as a "benefit" for victorious troops and commanders; a means of initiation and social bonding between combatants; a punishment meted out to civilians associated with opposing groups; a means of humiliating male opponents who were not able to protect "their" women; a method of destroying communities and cultures associated with conflict opponents; and a means of ethnic cleansing by impregnating women or forcing their displacement. (Michael, 2004) In such cases, sexual violence is often portrayed as a "weapon" or "tool of war."

Rape and sexual violence are weapons used indiscriminately by all sides in the war in Congo. They are targeted against innocent people living in villages and towns caught in the crossfire. Eastern Congo is often described as being 'the most dangerous place in the world to be a woman' The UN estimates that a staggering 200,000 women and girls have been the victims of rape or sexual violence in Congo during the last 15 years. The worst of the violence is happening in the east of the country. During times of violent conflict, rape is frequently used as a military tactic to harm, humiliate and shame. Violence and war can also weaken systems

of protection, security and justice. For these reasons, conflicts often exacerbate and escalate sexual violence. Similarly, disasters can also cause a deterioration of protection systems, which has the potential to increase vulnerability to abuse, gender-based violence, sexual harassment and trafficking.

The victims of modern armed conflict are far more likely to be civilians than soldiers. According to UN Action against Sexual Violence in Conflict, the vast majority of casualties in today's wars are among civilians, mostly women and children. Women in particular can face devastating forms of sexual violence, which are sometimes deployed systematically to achieve military or political objectives.

Rape committed during war is often intended to terrorize the population, break up families, destroy communities, and, in some instances, change the ethnic make-up of the next generation. Sometimes it is also used to deliberately infect women with HIV or render women from the targeted community incapable of bearing children. In Rwanda, between 100,000 and 250,000 women were raped during the three months of genocide in 1994. UN agencies estimate that more than 60,000 women were raped during the civil war in Sierra Leone (1991-2002), more than 40,000 in Liberia (1989-2003), up to 60,000 in the former Yugoslavia (1992-1995), and at least 200,000 in the Democratic Republic of the Congo since 1998. Even after conflict has ended, the impacts of sexual violence persist, including unwanted pregnancies, sexually transmitted infections and stigmatization. Widespread sexual violence itself may continue or even increase in the aftermath of conflict, as a consequence of insecurity and impunity. And meeting the needs of survivors — including medical care, HIV treatment, psychological support, economic assistance and legal redress — requires resources that most post conflict countries do not have.

Every day the media presents stories about women who have been raped and children who have been sexually abused. We may therefore think we hear a lot about women who have been victims of sexual violence. But the media does not really talk about this topic, it sensationalizes it. These stories are not an accurate reflection of the reality of sexual violence. The reality is that most survivors of sexual violence do not disclose their experiences to police, healthcare officials, or friends. According to the National Crime Victimization Survey, between 1992 and 2000, 63% of completed rapes, 65% of attempted rapes, and 74% of completed and attempted sexual assaults against females were not reported to the police (Rennison, 2002). In addition, places that may be thought of as refuges for survivors are often not accessed by them. In fact, most women who are victims of sexual violence do not go to hospitals, do not tell their families, and are hesitant to speak to their friends about it (Tjaden & Thoennes, 2006).

In an attempt to address these limitations, population - based multi - country studies using common methodologies and definitions have been conducted across the world such as the WHO's multi - country study on IPV, sexual violence by a non - partner and child sexual abuse (89), the International Violence Against Women Survey (90), the Gender, Culture and Alcohol Study (91) , the European Union (EU) study on violence against women (92), the UN study on men and violence (93) , and Demographic and Health Surveys. Together they provide data on the experience and perpetration of rape. A recent systematic review of the literature, which included the studies listed above, has provided a global population prevalence estimate of 7% for sexual violence by a non - partner in women 15 years and older using random effects meta - regression (14, 94). Prevalence ranged from 3% (95% CI 0% - 8%) in south Asia to 21% (95% CI 5% - 38%) for central sub - Saharan Africa (94).

Prevalence estimates were also high for southern sub - Saharan Africa (17%, 95% CI 11% - 23%) and Australasia (16%, 95% CI 12% - 21%). The global prevalence of physical and/or sexual IPV ranged from 16% (95% CI 9% - 24%) for east Asia to 66% (95% CI 54% - 78%) for central sub - Saharan Africa, with an overall lifetime prevalence of 30% (95% CI 28% to 32%) for women aged 15 years and older (14, 95).

Decker and colleagues (97) presented estimates for physical and sexual IPV amongst female adolescents (15 - 19 years) and young adults (20 - 24 years) based on data from Demographic and Health Surveys that were conducted in 30 LMIC between 2004 and 2011. The lowest prevalence of sexual partner violence was reported in Nigeria in 2008 with 3% in the 15 to 19 years age group and 4% in the 20 to 24 years age group. In contrast, 33% of 15 to 19 year olds and 31% of the 20 to 24 year olds in the Democratic Republic of Congo reported sexual partner violence. Overall, lifetime sexual IPV was estimated to be 12% and 11% in the adolescent and young adults, respectively.

Other studies not specific to women sexual abuse but on sexual violence have been conducted in other African countries. A study conducted among 13 - 15 year old school children in Namibia, Swaziland, Uganda, Zambia, and Zimbabwe on lifetime exposure to sexual violence reported an average of 23 % (Brown, et al., 2009). Sexual coercion at sexual debut was reported by 12 – 19 year old girls in four countries: I n Malawi, 38% of those interviewed said they were “not willing at all” at their first sexual experience followed by Ghana (30%), Uganda (23%) and Burkina Faso (15%) (Moore, Awusabo - Asare, Madise, John - Langba, & Kumi - Kyereme, 2007). Additionally, 1 in 3 females (13 – 24 years) in

Swaziland reported to have we been exposed to some form of sexual violence in their life (Reza, et al., 2007)

Civilians in Africa's conflict zones—particularly women and children, but also men—are often vulnerable to sexual violence, including rape, mutilation, and sexual slavery. This violence is carried out by government security forces and non-state actors, including, rebel groups, militias, and criminal organizations. Some abuses appear to be opportunistic, or the product of a larger breakdown in the rule of law and social order that may occur amid conflict. Other incidents of sexual violence appear to be carried out systematically by combatants as a strategic tool to intimidate and humiliate civilian populations seen as sympathetic to opposing factions.

Between July 30 and August 2, 2010, an estimated 242 women were raped in a rebel attack on a group of villages near the mining town of Walikale, in North Kivu province, eastern DRC. The attackers were reportedly members of the Democratic Forces for the Liberation of Rwanda (FDLR, after the group's French acronym) and of a faction of the Mai-Mai, which refers to a loose, uncoordinated network of militia fighters who broadly identify with "indigenous" Congolese ethnic groups. Although sexual violence is a common feature of conflict in Congo, United Nations (U.N.) and humanitarian officials said the attack was unusual for its size and for the number of gang-rapes: one humanitarian worker who visited the area said that most women "were raped by two to six men at a time." 1 No one was reported killed in the attack. The U.N. special representative on the prevention of sexual violence in conflict stated that the victims were deliberately assaulted in front of family members and others as part of a systematic attempt "to put fear into society." (AFP, 2010)

Accurate information on the prevalence of sexual violence is difficult to obtain in any circumstances, as victims often decline to report their experiences due to personal trauma, fear of reprisals, and societal stigma. Moreover, in many African countries, law enforcement institutions, state investigatory entities, and provisions for the protection of victims are near-absent, which inhibits accurate reporting. These difficulties are compounded in conflict settings by general chaos and population displacements, safety fears, and a breakdown or lack of systems to collect and report information. Data from medical surveys and judicial investigations, information obtained through U.N. agencies and programs, humanitarian and human rights organizations, research studies, and press reports may nevertheless indicate where and in what context high levels of sexual violence are occurring. (Mosadeghrad, 2012).

2.1.1 General Status of post rape care services

Sexual violence, including mass rape, may be deliberately implemented as a weapon of war. Victims in most war - torn settings face enormous challenges accessing care. In areas where medical services may have been weak or lacking before the conflict, care may be rendered inaccessible because of geographical distances and wanton destruction of medical facilities. Victims may also be reluctant to report sexual assaults due to stigma or fear of reprisals.

Heal Africa provides medical and psychosocial services to survivors of sexual violence in eastern Congo. The organization operates a teaching hospital in Goma specializing in gynecological surgery, maintains several safe shelters, and works with communities to develop strategies for prevention. When contacted by community members, Heal Africa teams respond as quickly as possible to provide emergency medical and psychosocial services to victims of sexual violence, many of whom live in remote areas and have no other source of medical care. (UNICEF, 2010)

Heal Africa ambulances respond in pairs for safety purposes, in the event that vehicles break down en route to remote locations or teams encounter violence. The vehicles are stocked with basic medical supplies and post - rape kits that include post - exposure prophylaxis for HIV and emergency contraception. Each ambulance travels with a physician or highly skilled nurse and a group of female counselors, most of whom are volunteers.

Over 80 women, many of whom have personally witnessed or experienced sexual violence, currently work as Heal Africa volunteers. 121 Counselors receive training in crisis counseling to minimize trauma, techniques to educate women on the risks of HIV and post - exposure prophylaxis, and triage to identify the individuals most in need of immediate medical attention. The doctor or nurse provides basic emergency medical care and transports those with more serious and complex injuries to the Heal Africa Hospital in Goma. (Nicole, Et.el, 2010)

There is an urgent need to develop basic minimum standards and procedures for aiding victims of sexual violence that can be applied in (and are mindful of) varying cultural and social settings. Such a protocol should up hold fundamental human rights, including the right to seek legal remedies. At a minimum, certain medicines, such as post - exposure prophylaxis for HIV and emergency contraception, should be part of a protocol. Provisions should also be made to ensure that healthcare providers are properly trained to gather patient information for the provision of medical and psychosocial care and, if consent is given, as evidence to be stored, analysis

2.1.2 Perspectives about Concept of Quality in health services.

Quality healthcare is a subjective, complex, and multi-dimensional concept. Donabedian defined healthcare quality as the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk. Mosadeghrad 2012, distinguishes three components of quality: 1) technical quality, 2) interpersonal quality, and 3) amenities. Technical quality relates to the effectiveness of care in producing achievable health gain. Interpersonal quality refers to the extent of accommodation of patient needs and preferences. Amenities include features such as comfort of physical surroundings and attributes of the organization of service provision. (Ladhari, 2009)

Quality has become an increasingly major part of our lives. People are constantly looking for quality products and services. The existence of this desire for quality has caused firms and organizations throughout the world to consider it as an essential component of any service and production process. Quality is a strategic differentiator tool for sustaining competitive advantage. Improving quality through improving structures and processes leads to a reduction of waste, rework, and delays, lower costs, higher market share, and a positive company image. As a result, productivity and profitability improve. (Alexander, 2006) Therefore, it is very important to define measure and improve quality of healthcare services.

Quality, because of its subjective nature and intangible characteristics, is difficult to define. Definitions vary depending on whose perspective is taken and within which context it is considered. No single universally accepted definition exists. Quality, therefore, has been defined as value‘ excellence, conformance to specifications, conformance to requirements, fitness for use meeting and/or exceeding customers’ expectations and consistently delighting the customer by providing products and services according to the latest functional

specifications which meet and exceed the customer‘s explicit and implicit needs and satisfy producer/provider‘. (Parasuraman, 1985)

Healthcare service quality is even more difficult to define and measure than in other sectors. Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality. Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare service quality depends on service process, customer, and service provider interactions. (Mosadeghrad 2013) Some healthcare quality attributes such as timeliness, consistency, and accuracy are hard to measure beyond a subjective assessment by the customer.

It is often difficult to reproduce consistent healthcare services. Healthcare services can differ between producers, customers, places, and daily. This heterogeneity can occur because different professionals (e.g. physicians, nurses, etc.) deliver the service to patients with varying needs. Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as experience, individual abilities, and personalities. (McLaughlin, 2006) Healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge quality prior to purchase and consumption. (Mosadeghrad, 2012) Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed.

This study extended previous studies by assessing how individual factors, socioeconomic and health system factors influence the quality of post rape care services.

2.2. Individual factors influencing quality of post rape care services

Previous literature reveals that educational levels, age of clients among others are the common characteristics said to influence quality of health care services generally.

Seeking post rape care services is a personal initiative that can be enhanced by awareness about the services and willingness of the victim to seek help. However many other factors are usually at play to determine if sexual violence survivors will or will not seek post rape care services. A previous study of (Zinzow HM, Resnick HS, Barr SC, Danielson CK, Kilpatrick DG, 2012) found that only a small portion (21%) of adult or older-adolescent rape victims sought medical care for their most-recent or only assault. Even among women with medical concerns, only about one third of victims sought medical care. Several predisposing (demographic, rape characteristics) and perceived need (health concerns) factors were associated with receipt of post-rape medical care. Quality of post rape care services is partly influenced by willingness to seek services from sexual violence survivors. Quality of the services cannot be fairly evaluated if victims do not seek them.

Similarly though little is known about influence of marital status on quality of PRC in terms of specific literature (Resnick, 2012) study found due to fear of broken marriages, some women survivors did not disclose rape, and the for those who did disclose a majority discontinued treatment midway. The study revealed many married sexual violence survivors seek PRC without their husband’s knowledge. They are more likely to discontinue treatment when husband find out. Married partners particularly husband need knowledge to be able to support their partners through post rape care therapy (ibid).

Education is one of the factors that generally determines health seeking behaviors of individuals. Education is needed to increase rape acknowledgment, awareness of post-rape services that do not require formal reporting, and recognition of the need to treat rape-related health problems (ibid). There is a low numbers of women reporting to health care services often after rape, and numerous barriers to accessing post rape care, including a lack of knowledge among women about the benefits of receiving urgent medical attention. A study conducted by (Medicine without borders, 2016) pointed out that "only 50% of women knew that HIV, could be prevented after rape. Quality of post rape care services is so much affected by one's level of education. Educating women about the available resources and recommended care after a sexual assault can help mitigate personal barriers to care. Many survivors, especially ethnic minorities lack knowledge or awareness about post assault services such as rape crisis centers (Michelle L. Munro, 2015). Similar studies focusing on individual factors in post rape intervention done by Rusakaniko and colleagues, and also by Cowen and colleagues, knowledge on sexual reproductive health was said to be vital to enhance youths' awareness of their sexual and reproductive health needs. Sexual reproductive health service include but not limited to HIV tests, PEP, psychosocial support and referrals.

2.3. Socio-economic factors influencing quality of post rape care services

A scan through past post rape care services revealed that limited literature points specifically to social economic factors influencing quality of post rape care services. Related studies (Gama, 2009, Heidl, 2012, USAID, 2013) generally focus on social and economic factors as determinants of health. In this study quality of post rape care services is linked to the economic situation of survivor in terms of income, nature of employment as well as social

aspects like housing cultural issues that work in a complex way to determine the quality of health services they are offered.

Social and economic conditions are associated strongly and consistently with poor health. Higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health (NACHD, 2007). Income is the single most important determinant of health. There is a persistent correlation world-wide between low income and poor health. With few exceptions, the financially worst-off experience the highest rates of illness and death. This applies when different measures of health are considered: death rates, disease rates, health service use and hospital admissions, and self-rated health. Adequate income is a prerequisite for many other determinants of health, for example, adequate housing, a nutritious diet and educational opportunities (ibid).

A study by (Denilson et al, 2014) found many socioeconomic, cultural and physical norms that imposed barriers accessing information on sexual and reproductive and other relevant services. Economic conditions such as family income, housing, unemployment and work conditions compromise the quality of service patients are offered. Medical services to work effectively require good nutrition, proper housing among others which the some patients can't afford (ibid). To minimize the impact of social economic influences on quality of service (WHO, 2013) recommended establishment of youth friendly service centers in convenient places in order to encourage the youths to utilize sexual and reproductive health services for their benefit.

Furthermore there is also evidence that attributes of a whole community or society affect quality of health services in general. Social support networks from families, friends and

communities are linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health and quality of services (Jimmy Gama, 2009). Norms of communal behavior quality affect health care services (Cynthia Khamala, 2014); societies with greater social cohesion are healthier. Individuals with a greater sense of coherence, stronger ethnic identity, or stronger religious beliefs also have better health seeking behaviors. Specific actions which decrease family poverty and unemployment improve housing and promote family and social cohesion should all produce major improvements in health.

This study will seek to extent past studies to establish how social economic factors influence quality of post rape care services in North Kivu Democratic republic of Congo. Social economic factors alone cannot independently determine quality of post rape care services. The studies will extent to health system factors.

2.4 Health System factors that influence quality of post rape care services

Previous studies about health system factors that influence quality of post rape care services point to factors such as systems approach which focuses of reform in health systems in three dimensions of professional, client and management. Other scholars emphasize issues such as providing appropriate services and bearing in mind stakeholders priorities and shared decision making as key in influencing the quality of post rape care service.

Research on interventions to add to sexual violence through the health sector suggest that without institutional reform and system - wide support throughout an organization, one - time training efforts for health providers rarely have a long - term impact on the quality of care. (Lori, 1999) Instead, advocates for the implementation of a “systems approach,” which involves a process of review and reform at all levels of an organization including changing

systems and procedures, policies and protocols; upgrading infrastructure and equipment; and using data collection systems. The approach emphasizes training all levels of staff, including management, direct service providers, and administrators, to ensure the delivery of essential services (medical and forensic) in a caring and sensitive environment that aims to reduce further trauma to the survivor.

Ovretveit defines quality care as the „Provision of care that exceeds patient expectations and achieves the highest possible clinical outcomes with the resources available'. Ovretveit 2009) He developed a system for improving the quality of healthcare based on three dimensions of quality: professional, client, and management quality. Professional quality is based on professionals 'views of whether professionally assessed consumer needs have been met using correct techniques and procedures. Client quality is whether direct beneficiaries feel they get what they want from the services. Management quality is ensuring that services are delivered in a resource- efficient way.

According to Schuster et al., good healthcare quality means, —providing patients with appropriate services in a technically competent manner, with good communication, shared decision making and cultural sensitivity. (Schuster further defined quality as —the degree to which healthcare services for individuals and population increases the likelihood of desired healthcare outcomes and is consistent with the current professional knowledge. (Lohr, 1991)

Various healthcare stakeholders 'perspectives, desires and priorities must be considered in any effort to define, measure, and improve quality of healthcare. While several empirical studies have been carried out to assess the quality of healthcare organizations, (Jun M, 1998) few researches have been conducted to identify factors that affect quality of healthcare services. Quality of care consist of — the degree to which health services for individuals and

populations increase the likelihood of desired health outcomes, are consistent with current professional knowledge, and meet the expectations of healthcare users. (Buttell, P. 2008). Furthermore, a key challenge for public health services is to provide adequate gender-sensitive health care for rape survivors within the constraints imposed by locally available resources. In South Africa and other developing countries concerns have been voiced as to how rape survivors are cared for (Jewkes, 2002). Research on health services for rape survivors can be useful in enhancing the visibility of such problems and improving the quality of care.

Literature on post rape care is limited in Africa and is mostly found in forms of guidelines for treatment. Studies conducted in Sub Saharan Africa on post rape care have discussed it whilst focusing on HIV post exposure prophylaxis (PEP) which is one component of comprehensive PRC. Issues raised are sexual violence and its contribution to HIV transmission in survivors, administration of HIV PEP to survivors and adherence. Non - compliance to HIV PEP medication among sexual abuse survivors has been attributed to logistical reasons, lack of knowledge on medication, individual barriers and social support barriers (Kim, et al., 2009). Survivors of sexual assault require comprehensive, gender - sensitive health services in order to cope with the negative health consequences of their experience (Swart, et al, 2000). Comprehensive PRC entails clinical treatment, medical forensic evaluation, HIV pre and post - test counselling, non - occupational post - exposure prophylaxis administration and adherence counselling, emergency contraception, STIs screening, prophylaxis and treatment, psycho social support and abortion services where these services can be legally procured (Kilonzo, et al., 2008) .

Studies conducted on post rape care delivery in health f facilities in Africa show an absence of treatment guidelines for care after sexual assault (Kim, Martin, & Denny, 2003; Christofides, et al., 2005; Ellis, Ahmad, & Molyneux, 2005) resulting to substandard clinical care (Kim, et al., 2009) . The substandard care is characterized by fragmented service delivery resulting to multiple interactions with health providers and subsequent delays , poor collection of forensic evidence, counselling about drug treatment, trauma counselling, and psychosocial referral (Kim, Martin, & Denny, 2003; Christofides, et al., 2005; Ellis, Ahmad, & Molyneux, 2005; Kim, et al., 2009) . Poor collection of forensic evidence is due to inadequate legislation, resources and training (Population Council, 2008). Despite counselling services being key for speeding the recovery process (Campbell & Self, 2004; Roland, et al., 2001), they are not well established Population Council, 2008). Moreover health providers lack relevant training and have negative attitude towards elements of post rape care (Kim, et al., 2009).

These are similar in many ways to post rape care interventions provided at most health centers. In Kapeni, Malawi, a research done by Muntali in 2011 revealed that only 38% of adolescents have accessed Youth Friendly Reproductive Health Services. Awareness at personal level is a key factor that determines quality of services in terms appropriate and effective utilization by the victim

A further analysis revealed several factors that affected the up-take of these services. They included sex, culture, lack of dialogue between youths and parents on issues of sexuality, and use of modern contraceptive methods. A similar study done in Kenya showed that 37% male and 44% female youths did not utilize reproductive health services (HIV tests) because they thought that they were not at risk31. Of the youths in the study who utilized sexual and

reproductive health services in the form of HIV tests, 74% males and 43% females did it on a voluntary basis, while 7% males and 32% females had mandatory tests done. 2.4 Socio-Cultural Related Factors a study done in Nepal and many others done elsewhere showed an increase in the rates of HIV infection and teenage pregnancy, indicating that youths do not always utilize sexual and reproductive health services at their disposal.

A study by South Africa based research firm (RADAR, 2012) on developing an integrated model of post rape care services and HIV, recommended that post rape care can be effectively integrated into existing HIV/ reproductive health services at the district hospital level in South Africa. Most diagnostic tests and treatments are generally available within the hospital; however, they may be scattered across different departments and service providers. North Kivu Heal Africa Hospital could borrow a leaf from this study. In this context, introducing a hospital rape management policy may be important in establishing an institutional framework for coordinating care. Such a policy should lay out the responsibilities of a range of actors, beyond health care workers (e.g. clerks, pharmacy, laboratory, VCT counselors, social workers), as many of these providers impact directly on patient care. Such policies may also reduce the scope for individual providers to allow better service

Heal Africa hospital is locate in a rural area, past studies point out that in rural areas, few patients are able to return to hospital after the initial presentation (Mwokhena,2011, Sabhala 2014). Therefore, wherever possible, all diagnostic tests and treatment should be provided on the first visit. For those who are HIV negative, a full 28-day course of PEP should be dispensed on the first visit. Same-day provision of anti-emetics and medication counseling

are important for encouraging adherence. Nurses can play a much greater role in the provision of post-rape care, and this may be particularly important in rural areas where there are few doctors. Further research and experience in training nurses to perform forensic exams is needed to guide policy and practice (USAID, 2014).

In addition related research shows, working with other sectors is critical. Majority of rape survivors present to police first, cooperation with this sector can lessen delays to treatment, and provide an opportunity to strengthen medico-legal services (WHO, 2016). Similarly, in the absence of Rape Crisis Centers or other NGOs, provision of ongoing counseling and support can be provided by strengthening referral systems to existing service providers, such as Social Workers.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter is aimed at pointing out the ways through which the researcher will carried out the study, it focuses on the research design, target population, study area and the sample size. Research instruments and methods of data analysis and presentation are presented in this chapter.

3.1 Study Design

The study was descriptive a cross-sectional study employing both qualitative and quantitative data collection approaches. This design is preferred because cross-sectional methods form a class of research that involve observation of all of a population, or a representative subset, at one specific point in time.

3.2. Geographical Scope of the study

The study was carried out in the Democratic Republic of Congo, North KIVU province at a community health facility called Heal Africa, hospital, in Goma. Goma is a city in the eastern Democratic Republic of the Congo. It is located on the northern shore of Lake Kivu, next to the Rwandan city of Gisenyi. North Kivu borders the provinces of Orientale to the north and northwest, Maniema to the southwest, andSouth Kivu to the south. To the east it borders the countries of Uganda and Rwanda.

The province consists of three cities—Goma,Butembo and Beni—and six territories—Beni, Lubero,Masisi, Rutshuru, Nyiragongo and Walikale. The province is home to the Virunga National Park, aWorld Heritage Site containing the endangeredmountain gorillas.

The region is politically unstable, and has been one of the flashpoints in military conflicts in the region since 1998.

3.4. Study population

The study population included all women who attended the post rape care Clinic of Heal Africa hospital Goma, North Kivu, Democratic Republic of Congo. Health workers providing post-rape services were key informants. The target population was all health care workers providing post-rape care in Heal Africa Hospital, survivors of sexual violence registered in post-rape programme at Heal Africa Hospital as well as Heal Africa Hospital Management Team.

3.4.1 Sample population

Study participants were sexual violence survivors attending post rape care services, at Heal Africa hospital, Goma. Health workers at the facility and hospital management participated as key informants in the study.

3.4.2 Inclusion Criteria

Clients on the Post rape care program at Heal Africa Hospital, who agreed to participate by signing an informed consent form were included in the study. Service providers who work in the Post rape care section of Heal Africa Hospital for at least three months were also included in the study.

3.4.3 Exclusive Criteria

Clients who were too sick to participate and Post rape care service providers who were on leave during the study period or opted out voluntaril3.3 Source of data

The primary data was collected using questionnaires with closed and open ended question items, semi structured interviews with key informants.

The secondary data was collected through document review from the already existing, statistical data, hospital documents, Annual and quarterly medical reports, scholarly Journal articles, library books and other relevant sources.

3.5 Sample size calculation (determination)

Sample size will be drawn from the prevalence of use of Post Rape Care Services by Women Survivors of Sexual Violence in Democratic Republic of Congo and this will be calculated according to the Kish and Leslie formula.

N= e^2 x p(1-p)

n^2

Description:

n= required sample size

t = confidence level at 95% (standard value of 1.96)

p = estimated prevalence of use of Post Rape Care Services, which is not known

e = margin of error at 5% (standard value of 0.05)

For this study p =12% basing on the estimates of other studies

Substituting values in the above formula,

$$N = \frac{1.96^2 * (0.12*0.88)}{0.05^2}$$

= 162.26 approximately 162 respondents

3.6 Sampling method and Procedures

Convenient sampling was used to select sexual violence survivors for the interview based on availability and willingness to participate in the study. Purposive sampling was used, with the aim of gathering individuals with the experience on Post Rape Care Services. Key informants for in depth interview included Doctors, Nurses, Pharmacist and Laboratory Technician, and any other health workers involved in rendering post rape care. Similarly, Post Rape Care Services providers were selected purposively

3.7 Study Variables

Independent variable

The dependent variable is: Quality of Post Rape Care Services given to Women Survivors of Sexual Violence in North- Kivu Province.

Dependent variables

Socio-Economic factors: Level of income, Cultural beliefs, Religion, Occupation, Stigma attached to rape.

Individual Factors: Education level, marital status, Age, Peer pressure, Awareness

Health System factors, Distance to medical facilities, Cost –for-service, Waiting time, Provider Attitude, Privacy, Availability of post rape care services

3.8 Data Collection Strategies and tools

Health Services provider questionnaire: Data was collected using semi-structured interview, which consist of seven sections: Personnel demographics, Quality assurance, Equipment, Hospital commodity management system, Human resource development and supervision, Challenges

Survivors of sexual violence: Data was collected using a questionnaire that consist of two sections: 1. Socio - demographic profile of the client 2. Assessing clients' satisfaction with post rape care services provided

3.9 Data Management Analysis and Presentation

Univariate analysis was conducted to compute frequencies and proportions. Bivariate analysis using Chi square test at 95% confidence interval will be conducted to determine the association between some of the client factors with the quality of the Post rape health services. A p-value of 0.05 was considered statistically significant. Tables, proportions and percentages as well as charts will be used to summarize data obtained from the study. Epi-Info and Microsoft Excel was used for data analysis. The qualitative data was be grouped into themes and sub - themes and analyzed using Nvivo software. The questionnaires, facility inventory checklist will be checked manually for completeness and accuracy.

3.10 Quality Control issues

A Pre tested open ended questionnaire was administered to women attending post Rape Care Services at Heal Africa Hospital. Trained research assistants helped collect the data. This ensure quality data collected.

3.11 Ethical Issues

An ethical approval (written form) from International Health Sciences University. Approval from ethic and research committee of Heal Africa Hospital of was obtained, while written informed consent of the study participants was obtained by signing or thumb printing on the consent form; and confidentiality was assured and maintained by using identifiers (ID and

codes) instead of names and keeping all the records in a password protected personal computer.

3.12 Limitation of the study

The study was conducted in Goma town and involvement was only limited to post rape victims leaving out other community members, the timing of data collection was done during an unsecure period where rural roads leading to the Hospital were not safe. Due to this some rural victims of rape were excluded in this study but it didn't have any effect on the results.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter is presented in three main subsections which are descriptive statistics, bivariate and multivariate analysis results respectively in line with the study objectives

4.1 Participants individual characteristics.

The table 1 reveals that 33(26.4%) of the respondents were aged between 18-25 years, 13(10.4%) aged 26-35, 8(6.3%) aged above 35 years, while 22(17.5%) are aged less than 10 years and 49(38.9%) aged between 9-17 years. With regards to awareness of post rape services, (89.6%) of the women had never had about the services while just (10.4%) knew about the services. Regarding the marital status of the participants, 99(79.2%) of the participants were single, 19(15.2%) were married, and 7(5.6%) separated. In reference to education level, 75(60%) of the respondents had reached primary level, 41(32.8%) had reached secondary level, and 9(7.2%) hadn't attended any form of education.

Table 1: Univariate analysis of Individual factors.

Variable	Frequency (N= 125)	Percent %
Age		
18-25	33	26.4
26-35	13	10.4
>35	8	6.3
<10	22	17.5
9-17	49	38.9
Awareness		
Yes	13	10.4
No	112	89.6
Marital status		
Single	99	79.2
Married	19	15.2
Separated	7	5.6
Education level		
Primary	75	60.0
Secondary	41	32.8
None	9	7.2
Religion		
Catholic	61	48.8
Protestant	43	34.4
Muslim	4	3.2
Pentecost	17	13.6

Source: primary data

4.1.1 Bivariate analysis of individual factors.

The association between individual characteristics and the quality of post rape health care services was tested using Chi-square test of independence although no individual characteristic has a significant association with the dependent variable.

Table 2: Bivariate analysis of individual Factors and the quality of post rape health care services

Variable	Level of Quality of post rape services				X^2	P-value
	Agree	%	Disagree	%		
Age						
18-25	30	90.9	3	9.1		
26-35	12	92.3	1	7.7		
>35	7	87.5	1	12.5	0.634	0.976
<10	21	95.5	1	4.5		
9-17	45	91.8	4	8.2		
Awareness						
Yes	12	92.3	1	7.7	0.002	0.966
No	103	92.0	9	8.0		
Marital status						
Single	93	93.9	6	6.1		
Married	17	89.5	2	10.5	4.696	0.096
Separated	5	71.4	2	28.6		
Education level						
Primary	70	93.3	5	6.7		
Secondary	37	90.2	4	9.8	0.471	0.790
None	8	88.9	1	11.1		
Religion						
Catholic	55	90.2	6	9.8		
Protestant	41	95.3	2	4.7	2.609	0.456
Muslim	3	75.0	1	25.0		
Pentecost	16	94.1	1	5.9		

The results in the table 2 show that none of the individual factors was statistically significant to the quality of post rape services.

4.2 Univariate analysis of social economic factors

Table 2. With reference to occupation, 4(3.2%) of the participants were business people, 36(28.8%) were farmers, there were 7(5.6%) housewives and daily laborers, 9(7.2%) were retired, and 62(49.6%) were students. Regarding income earning of participants majority 93(74.4%) were not earning any income, 19(15.2%) of the participants earned between 10-40 dollars, while a few 9(7.2%), 4(3.2%) earned between 41-48 dollars and 81-120 dollars respectively. 124(99.2) participants didn’t pay for services

Table 3: Univariate analysis of social economic factors

Variable	**Frequency (N= 125)**	**Percent %**
Monthly earning		
10-40	19	15.2
41-48	9	7.2
81-120	4	3.2
no income	93	74.4
Occupation		
Business	4	3.2
Farmer	36	28.8
housewife	7	5.6
Daily laborer	7	5.6
Retired	9	7.2
Student	62	49.6
Payment of services		
Yes	1	0.8
No	124	99.2

Source; primary data

4.2.1 Bivariate analysis of socio-economic factors

The association between socio-economic factors was tested but no variable was significant.

Table 4: Bivariate analysis of Socio-economic factors

	Quality of post rape services					
Variable	**Agree**	**%**	**Disagree**	**%**	X^2	**P-value**
Monthly earning (1000 CF)						
10-40	18	94.7	1	5.3		
41-48	7	77.8	2	22.2	3.043	0.320
81-120	4	100.0	0	0.0		
no income	86	92.5	7	7.5		
Occupation						
Business	4	100.0	0	0.0		
Farmer	32	88.9	4	11.1		
housewife	6	85.7	1	14.3	2.126	0.831
Daily laborer	7	100.0	0	0.0		
Retired	8	88.9	1	11.1		
Student	58	93.5	4	6.5		
Payment of services						
Yes	0	0.0	1	100.0	11.493	0.081
No	114	91.9	10	8.1		

Results in table.4 above show that none of the socioeconomic factors was statistically significant to the quality of post rape services.

4.3 Univariate analysis of health system factors

Health system factors were analyzed at a univariate level, and the table below reveals that 93(74.4%) of the participants travel a distance of more than 5km to reach a health facility, and 32(25.6%) travelled a distance of less than 5km to the health facility. In reference to the time taken to receive treatment, majority 114(91.2%) of the participants indicated that it takes a duration of about 15-30 minutes and a few 11(8.8%) indicated that it takes longer (31-60) minutes than that. 100(80%) of the participants rated the privacy as good, 24(19.2%) rated it fair while only 1(0.8%) rated it poor. Majority 95(76%) of the participants found the attitude of health service providers good, while 30(24%) rated it poor.

Table 5:. Univariate analysis of health system factors

Variable	**Frequency (N= 125)**	**Percent %**
Distance to health facility		
>5km	93	74.4
<5km	32	25.6
Total		
Waiting time for treatment		
15-30	114	91.2
31-60	11	8.8
Privacy		
Good	100	80.0
Fair	24	19.2
Poor	1	0.8
Attitude of healthcare providers		
Good	95	76.0
Fair	30	24.0
Poor	0	0.0

4.3.1 Bivariate analysis of health system factors and the quality of post rape services

Health system factors were analyzed to test whether they are significantly associated to the quality of post rape health care services and none of the factors showed a significant association.

Table 6: Association of health facility factors with post rape health care services.

Variable	Quality of post rape services				X^2	P-value
	Agree	%	Disagree	%		
Distance to health facility						
>5km	86	92.5	7	7.5	0.110	0.496
<5km	29	90.6	3	9.4		
Waiting time for treatment						
15-30	105	92.1	9	7.9	0.510	0.821
31-60	10	90.9	1	9.1		
Privacy						
Good	91	91.0	9	9.0		
Fair	23	95.8	1	4.2	0.720	0.698
Poor	1	100.0	0	0.0		
Attitude of healthcare providers						
Good	87	91.6	8	8.4		
Fair	28	93.3	2	6.7	0.104	0.747
Poor	0	0.0	0	0.0		

Study results in table above show that there was no significant association between any of the health facility factors and the quality of post rape services.

A key informant interview was carried out to establish factors influencing uptake of post rape services by survivors of sexual violence and these were some of the findings

There was need for staffing Service training as reported by one counsellor " *we work in this department with contract , according to the project, when there is enough found from World Bank ,Oxfam, WHO, PPSSP, OTCHA and other more organizations national and international*" **(Counsellor in SBGV at Heal Africa Hospital)**

There was a growing concern over easy spread of STIs and HIV as reported *"married women try to hide what has happened to them and they fail to finish medication and it difficult to prevent their husbands from STIS and HIV."* **(Counsellor in SBGV at Heal Africa Hospital)**

Health workers are motivated to offer quality services as reported below,

"*We send our clients for HIV test and give ant retrovirus, pregnancy test and morning after pills if needed, IST test and preventive medications, Vaccine of anti-hepatitis Vaccine anti-tetanus, and treatment for lesions produced by aggression."* **(Medical superintendent at Heal Africa Hospital)**

Another nurse at the health facility further emphasized the need for staff service training

"We work 24h/7, during day and emergency department at night we always have training when we start a new project. PROTOCOLE DE PRISE EN CHARGE MEDICALE DES SURVIVANTS DE VIOLENCE SEXUELLE by the MOH is the book we use for protocol we start welcoming the survivors –counselling room-to the doctor for consultation-laboratory-Treatment-counselling follow up plus psychological and juridical procedures if needed" **(Nurse who takes care of survivors at Heal Africa Hospital)**

There is need for modern equipment at the health facility as highlighted by one physician

"when the auteur of rape is known we need to do DNA exam for proof, and locally we don't have possibility cause it expensive and we are not able to provide that service freely" **(Doctor pathologist in the laboratory at Heal Africa Hospital)**

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Introduction

This chapter presents the discussion of the results of the study findings using the following themes namely; general characteristics of respondents; individual factors that influence quality of Post rape care services, socio-economic factors that influences quality of post rape care services, health systems factors that influence quality of post rape care services, and suggested measures to improve quality of post rape care services.

5.1. Individual factors influencing the quality of post rape care services

This study found out that the majority of respondent 112 (89.6%) where not aware of existence of post rape care services before falling victim to sexual violence. Only 13 women (10.4%) where aware of post rape care services. This could be attributed to low levels of education, majority of victims couldn't read messages and comprehend. This finding is consistent with the study done by (Lauren Harris,et al., ,2011) There were few women reporting to health care services often after rape, and numerous barriers to accessing post rape care, including a lack of knowledge among women about the benefits of receiving urgent medical attention. In a conducted study by ((Michelle L. Munro, 2015) it was also found that many survivors, especially ethnic minorities lack knowledge or awareness about post assault services such as rape crisis centers. Therefore, women survivors who didn't know about services could not use them correctly, a majority of seventeen years and bellow were less aware of post rape care services and reluctant to utilize facility services when abused. Some of the younger victims of sexual violence reported to have failed to cope with side effects of post rape services such as PEP. Records at the hospital revealed that victims bellow 18 years often abandoned post rape care services. *A medical doctor interviewed as key*

informant revealed that the lack of well-educated peer counsellors to help young victims to cope with treatment resulted in many abandoning services. This finding is supported by past studies of (Kilonzo, et al., 2008) who found that Survivors of sexual assault require comprehensive, gender - sensitive health services in order to cope with the negative health consequences of their experience. In the same shade (Swart, et al, 2000) recommended Comprehensive PRC should entail adherence counselling, psycho social support and abortion services where these services can be legally procured.

Important to note however is that statistical tests showed the association of individual factors with quality of post rape care services wasn't significant. Probably a complex interplay of individual factors with other such as socio economic one determined quality of after rape services.

5.2. Socio-economic factors that influence the quality of post rape care services

The study further sought to explore how social economic factors of sexual violence survivors influenced quality of services they received. This is described in Table 3 where participants were asked to declare their occupations and monthly income.

Out of the total respondents 74.4% of them had no income, 15.2 % had income ranging from 10 to 40 thousand Congolese Francs monthly while 10.4 % had a monthly income of 41 to 120 thousand Congolese Francs a month. Cross validations of income by occupations revealed that majority of those who didn't have incomes were students, retired and housewives. 43 % of those who had income were farmers and daily laborers earning in the range of 10 to 40 thousand Congolese francs monthly. Those who earned over 40 to 120 thousand Congolese francs monthly incomes were businesswomen who made a minority of 3.2 %.

Income levels of respondents were generally low and given that the majority of women had no income. This implies that access to post rape care services are limited. In relation to findings from a previous study (Denison et al, 2014) economic conditions such as family income, housing, unemployment and work conditions determine the quality of health service patients receive. For health services to work effectively good nutrition, proper housing among others which the some patients can't afford is a necessity (ibid). The low income levels of women survivors at Heal Africa Hospital imply some post care rape services are compromised.

It should be noted however that a measure of association between social economic factors and quality of after rape care services indicate no significance. Alone socio economic factors may not entirely affect quality of post rape care services.

5.3. Health system factors influencing the quality of post rape care services

Table 3, figure 1 and 2 in chapter four show how health system factors such as distance from hospital, timely delivery of services, attitude of health workers and privacy offered to clients influenced quality of services for sexual violence survivors.

Findings revealed the majority of the respondents leave over 5 kilometers from the health facility. This presents issues of timely access to the facility in case of sexual violence and challenges of adhering to therapy that may require continuous assessment and monitoring. However, the hospital provides timely intervention for those who manage to go there for post rape care services. In line with the above findings (Lorl, 1991) found that consistent with finding in the study revealed that quality of service in rural areas is often compromised long distances from health facility. He argued that this affects adherence, continuous assessment and monitoring of patients.

Concerning attitude of health workers 76% majority rated it good, sexual violence survivors also revealed there was privacy at the health facility, 80% of the respondents' rate privacy to clients good. Although health system factors have room for improvement generally survivors are happy with the quality of service they offer. A key informant (doctor) who works at the health facility supported attitude and privacy issues of health workers said, "*They have staff and service training, all staff are trained in the care they are supposed to give to sexual violence survivors".*

This finding is correspond with by(Schuster S, et al.2011) who defined good healthcare quality as, providing patients with appropriate services in a technically competent manner, with good communication, shared decision making and cultural sensitivity. (Lohr, 2010) further revealed quality is ―the degree to which healthcare services for individuals and population increases the likelihood of desired healthcare outcomes and is consistent with the current professional knowledge. In the same light Ovretveit defined quality care as the provision of care that exceeds patient expectations and achieves the highest possible clinical outcomes with the resources available (London Health Houndation 2009). Therefore quality of services at Heal Africa hospital, as rated by sexual violence survivors are good. Patients felt services met their expectations of privacy and attitude of health workers to patients.

Sexual violence survivors, health workers and hospital management were all asked to rate in terms of strength of agreement the suggested measures to improve quality of post rape care services. Table 4 in chapter four indicates all measures to improve quality of after rape care services were rate with strong agreements.

Participants felt improving level of education would improve quality of after rape services. This particular measure was best rated with 89% strongly agreeing education will make

services more accessible and increase awareness of post rape care services. This is in line with findings of (Muntali , 2011)which revealed that only 38% of adolescents have accessed Youth Friendly Reproductive Health Services. Awareness at personal level is a key factor that determines quality of services in terms appropriate and effective utilization by the victim.

Improving political will was among personal suggestion raised by a counselor at the facility. She reiterated that government should work towards reducing civil strife and insecurity in north Kivu. A medical doctor interviewed raised the issue that Ministry of Health should strengthen commitment in raising awareness to prevent sexual violence and also avail more needed medical equipment so as to extend services to near to people. A study by south Africa based research firm (RADAR, 2012) on developing an integrated model of post rape care services and HIV, recommended that post rape care can be effectively integrated into existing HIV/RH services at the district hospital level in South Africa. Most diagnostic tests and treatments are generally available within the hospital; however, they may be scattered across different departments and service providers. North Kivu Heal Africa Hospital could borrow a leaf from this study. In this context, introducing a hospital rape management policy may be important in establishing an institutional framework for coordinating care. Such a policy should lay out the responsibilities of a range of actors, beyond health care workers (e.g. clerks, pharmacy, laboratory, VCT counselors, social workers), as many of these providers impact directly on patient care. Such policies may also reduce the scope for individual providers to allow better service.

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.0 Introduction

This chapter gives the overall conclusion of the study and the recommendations.

6.1Conclusions

From the finding of the study it can be concluded that Adherence to treatment, coping with sexual violence as a victim, access and utilization of health services at personal level is determined by age, awareness and level of education. Statistically the association of individual factors with quality of post rape care services is not significant enough. Therefore these factors alone may not influence over all quality of post rape care services.

The study found that majority of the participant's sexual violence survivors in particular had no occupation and meaningful monthly income. Many were farmers, causal laborers and house wives with estimated income of 10 to 40 thousand Congolese francs a month. This coupled with the fact that many stayed over 5 kilometers from the hospital facility presented challenges of accessing treatment that required continuous assessment. Majority of the participants given low income, awareness and level of education were likely to deliberately forego post rape care services.

Health system factors were good as rated by service user's survivors of sexual violence and provider (management). Clients feel service is timely to those in need, attitude of health worker and privacy extended to client issues is good enough. Although there is room for improvement it can be concluded a combination of individual and socio economic factors work in a complex way to determine overall quality of the post rape and care services at Heal Africa hospital.

6.2 Recommendations

To government

- Post rape care services should be prioritized by Ministry of health in order to create awareness for services to potential victims.
- Provide protection to women reduce sexual violence rate.
- Education should be enhanced to build capacity of citizens to prevent, avoid and manage sexual violence. The study shows that low levels of education affected quality of post rape care services at personal level.
- To improve quality further for post rape care services government should increase level of education, commitment to deal with insecurity and provide medical facility to enhance awareness and prevent sexual violence but also improve quality of services offered to survivors.

To women survivors of sexual violence

- They should seek more services and avoid delays.
- For those who travel long distances for farming, should create a local communication system whereby they can go as a group and avoid night travelling in incurred places.

To health workers

- Should consider using peer educators and counselors in communities to raise more awareness on issues of sexual violence and post rape care services.
- Advocate for mobile health care facilities so that post rape care services can go closer to the sexual violence survivors.
- Intensify use Information, Educational, chats, (IEC) in a language easier and friendly to locals so as to increase awareness of prevention and post rape care services at the same time.

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APPENDIX I : CONSENT FORM

Dear respondent,

I am **Anita Kabuya** a student of International Health Science University. I am carrying out research on "Quality of Post Rape Care Services Given to Women Survivors of Sexual Violence in North- Kivu Province; Democratic Republic of Congo." This is part of the requirements for the award of the Degree in Public Health of International Health Sciences University, Kampala Uganda. You are sincerely requested to answer the following questions according to the best of your knowledge and the provided information will be treated confidentially and be used for academic purposes only.

I understood fully and clearly the purpose of the study and I agree to participate to provide needed information by answering questions.

Respondent's signature……………………………………..

OR.

Put a thumb print if you can't write [ ]

Date of interview ……../……./2016

Respondent ID [ ]

Name of Hospital [ ]

APPENDIX II: QUESTIONNAIRE

QUESTIONNAIRE FOR POST RAPE CARE PATIENTS

SECTION A: INDIVIDUAL FACTORS

1. How old are you?

    a. 18 - 25

    b. 26 - 35

    c. Less than 35

2. What is your marital status?

    1. Single☐ 2. Married ☐ 3.Divoced 4.separeted 5.widowed

3. What is your level of education? (Circle)

    a. Primary

    b. Secondary

    c. Tertiary

    d. None

4. Have you ever heard about Post Rape services?

    a. Yes

    b. No

5. If yes, how did you get to know about Post Rape Care Services?

SECTION B: SOCIO-ECONOMIC FACTORS

1. What is your Occupation? (Circle)

1. Civil Servant 2. Business 3. Farmer 4. House Wife 5. Daily Laborer 6. Student

2. How much are you earning monthly?

1. [10 – 40 Thousand Congo franks] 2. [41 – 80 Thousand Congo franks]

3. [81 – 120 Thousand Congo franks] 4. [Above 120 thousand franks]

5. Doesn't have any monthly income g

3. What is your Religion?

1. Catholic 2.Protestant 3.Muslim 4.pentecostal

5. Others (specify)………………………………………………………………

4. Do you afford extra services that require you to pay a nominal fee?

..…………………………………………………………………………………………

SECTION C: HEALTH SYSTEM FACTORS

1. How far do you travel to reach the health facility?

a. . half kilometer -1kms

b. 2-4kms

c. ..>5 kms

2. Do you pay money to receive services?

a. Yes

b. No

3. How long do you take to receive treatment?

a. 15-30min

b. 31-60min

c. .more than an hour

5. Please rate the attitude of health service providers?

a. Good
b. Fair
c. Poor

6. Please rate the level of privacy/ confidentiality at the health service?

a. Good
b. Fair
c. Poor

SECTION D

Please rate the suggested measures below with strength of agreement to show your believe that if put in place, will uplift quality of post rape care services given to women survivors of sexual violence in North- Kivu province DRC. Tick the appropriate box to show your strength of agreement for a given measure.

Statement	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
Integrating the political will to provide services					
Get information without fear of being stigmatized					
Using mobile health facilities					
Sensitizing women on their rights to good health					
Improving on the level of education					
Please give additional information about any of the measures suggested above in support for your agreement or disagreement ……					

What other measures besides the above would you suggest to improve quality of post rape care services in North Kivu

…..

....

....

....

....

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE (ENGLISH VERSION)

Designation (e.g. Doctor, Counselor) …………………..

Date of interview Session. ………………………………………………………….......

1. What are some of the existing post rape care services at Heal Africa hospital
2. Who is eligible for post rape care services at Heal Africa hospital?
3. Are all Post Rape Care services entirely free for sexual violence survivors at Heal Africa Hospital?
4. In your opinion rate the quality of post rape care services offered to sexual violence survivors at Heal Africa Hospital.
5. How do individual characteristics or personal factors of the clients influence quality of services offered
6. What socio economic factors influence quality of services offered to victims of sexual violence?
7. What health systems factors determine quality of post rape care services offered to victims at the Heal Africa facility?
8. Please suggest possible measure to improve quality of post rape care services for at Heal Africa hospital.

APPENDIX IV: MAP OF STUDY AREA

APPENDIX V: INTRODUCTORY LETTER

making a difference to health care

Dean's Office-Institute of Public Health and Management

Kampala, 17th August 2016

To

....

Heal Africa Hospital

Goma / DRC

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

This is to introduce to you **Kabuya N Anita** Reg. No. **2013-BSCPH-FT-008** Who is a student of our University. As part of the requirements for the award of a Degree of Public Health, the student is required to carry out field research for the submission of a Research Dissertation

Anita would like to carry out research on issues related to: **Assessing Quality of Post Rape Care Services Given to Women Survivors of Sexual Violence in North Kivo Province DRC / Congo.**

I therefore request you to render the student such assistance as may be necessary for her.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student.

Sincerely Yours,

Alege John Bosco
Ag. Dean, Institute of Public Health & Management

The International Health Sciences University
P.O. Box 7782 Kampala – Uganda
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web: www.ihsu.ac.ug

APPENDIX VI: CORRESPONDENCE LETTER

N°Réf: 024 /HA/PM/G-NK/2016

TO WHOM IT MAY CONCERN

Re: Approval of data collection at HEAL Africa

This is to inform you that the HEAL Africa's Sexual and Gender-based Violence Program received Ms KABUYA NASEKWA Anita with research study "assessing quality of post rape care services given to women survivors of sexual violence in NORTH- KIVU PROVINCE, Democratic Republic of CONGO,a case-study of HEAL Africa Hospital, GOMA". She has been able to meet and questioned survivors of Sexual Violences in our counsellingunit during a period of one month from 22nd August to 23rd September 2016.

Yours sincerely,

William BONANE, MD - MPH

Program Manager