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# Building the Evidence for Community-based Care for Survivors of Sexual Assault

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Research. Rethink. Resolve.

# Background

- Consultation on Reproductive Health Technologies in Crisis Settings, May 2008
- Identified priorities:
  - Job aids
  - **Community-based care for survivors of sexual assault**
  - Post-partum hemorrhage technologies
  - Cell phone for information and connectivity



# Pilot research questions

- Can community-based care be a safe and feasible option of care for survivors of sexual assault in a setting where insecurity and other challenges act as barriers to facility-based care?
- What are the challenges to providing care in this manner?



# WHO protocol for clinical care for sexual assault

- ▶ Minimum medical examination
- ▶ Minimum forensic evidence
- ▶ Compassionate and confidential treatment:
  - ▶ Treatment and referral for life-threatening complications,
  - ▶ Treatment or preventive treatment for STIs,
  - ▶ Emergency contraception to prevent pregnancy,
  - ▶ Care of wounds,
  - ▶ Supporting counseling, and
  - ▶ Referral to social support and psychosocial counseling services.
- ▶ Comprehensive treatment:
  - ▶ Post-exposure prophylaxis (PEP) for HIV prevention
  - ▶ Tetanus toxoid/Tetanus immunoglobulin to prevent tetanus
  - ▶ Vaccines to prevent Hepatitis B



# Pilot concept

- ▶ Community health workers to provide clinical care as defined by WHO protocol
- ▶ Build off of an existing task-shifting model for maternal health care:
  - ▶ Global Health Access Program's (GHAP) MOM (Mobile Obstetric Maternal Health Workers) Project





# Ethical and practical questions

- What components need to/can be included in a community-based package per existing protocol, evidence and logistical constraints?
- How can confidentiality and security for all participants be ensured?
- What are the legal ramifications of community-based care, especially in light of Security Council Resolution 1888?
- How would the pilot's effectiveness be measured, and what does "do no harm" mean for the pilot?



# Overcoming ethical and practical challenges

- Engage in health worker training and community sensitization first
- Focus on medical care rather than legal and other linkages
- Provide minimum care and not comprehensive care as defined by WHO protocol
- Minimize documentation for health workers and spell out information sharing procedures
- Keep the pilot small to be able to address any negative consequences as they arise



# Next Steps

- Follow-up training with highest cadre of workers twice a year
- Routine data collection and reporting on indicators
- Feedback from health care workers



# Acknowledgements

- Sandra Krause, Women's Refugee Commission
- Catherine Lee, GHAP
- Tom Lee and Jennifer Leigh, GHAP
- Burma Medical Association
- Karen Department of Health and Welfare
- Basia Tomczyk, CDC
- Members of Sub-working Group on Community-based Care for Survivors of Sexual Assault
- Community health care workers of pilot study





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