

Do survivors of sexual violence access timely and high-quality medical care in Kenya? Findings from a mixed methods study in 2022

AUTHORS

Julius N. Njogu^{a*}, L. N. Ndung'u^b, H.M. Momanyi^b, **M.S. Nthumbi^b**, J.G. Muriithi^c, R.W. Gitau^c, S.W. Mbirwe^b, A. Malmqvist^d, C.W. Rothschild^d

Author Affiliations:

- ^a Population Services International, Nairobi, Kenya
- ^b Population Services Kenya, Nairobi, Kenya
- ^c Gender Violence Recovery Centre, Nairobi, Kenya
- ^d Population Services International, Washington DC, USA

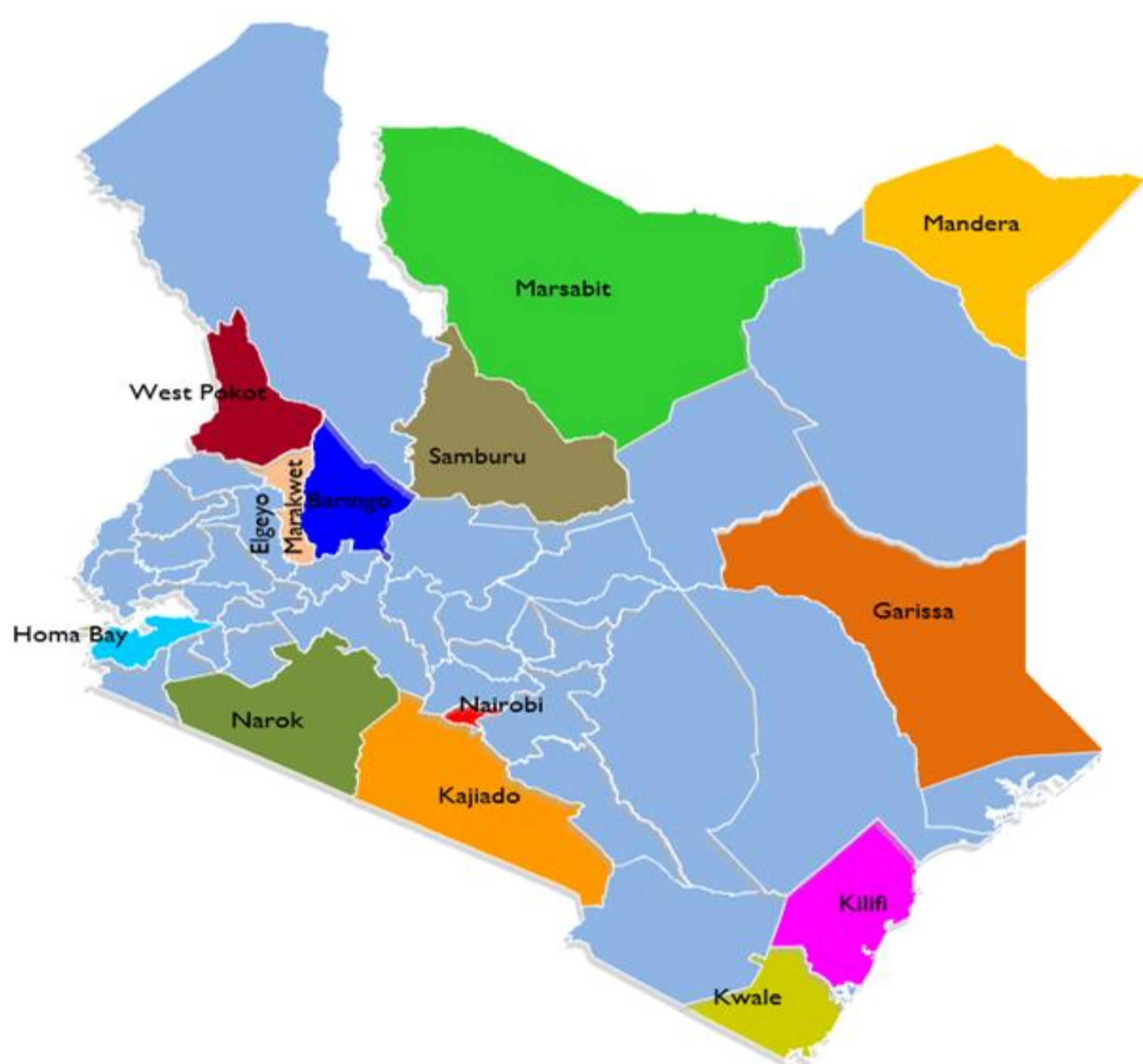
BACKGROUND

Healthcare workers are well positioned to serve as first responders in the identification, care, and treatment of survivors of sexual gender-based violence (SGBV). However, detailed data on the quality and pathways of care provided to SGBV survivors is sparse, making it challenging to improve health systems responses.

The Accelerate Program

- 5-year SRH/GBV program, funded by Danish Embassy (2021-2025)
- Implemented in 13 underserved counties in Kenya by PS Kenya, GVRC and PSI

Figure 1: Accelerate program counties



METHODS

Aims: To determine timeliness, quality of care, facility readiness and provider knowledge and capacity to deliver an essential package of facility-based SGBV health services provided across all levels of the Kenyan health care system.

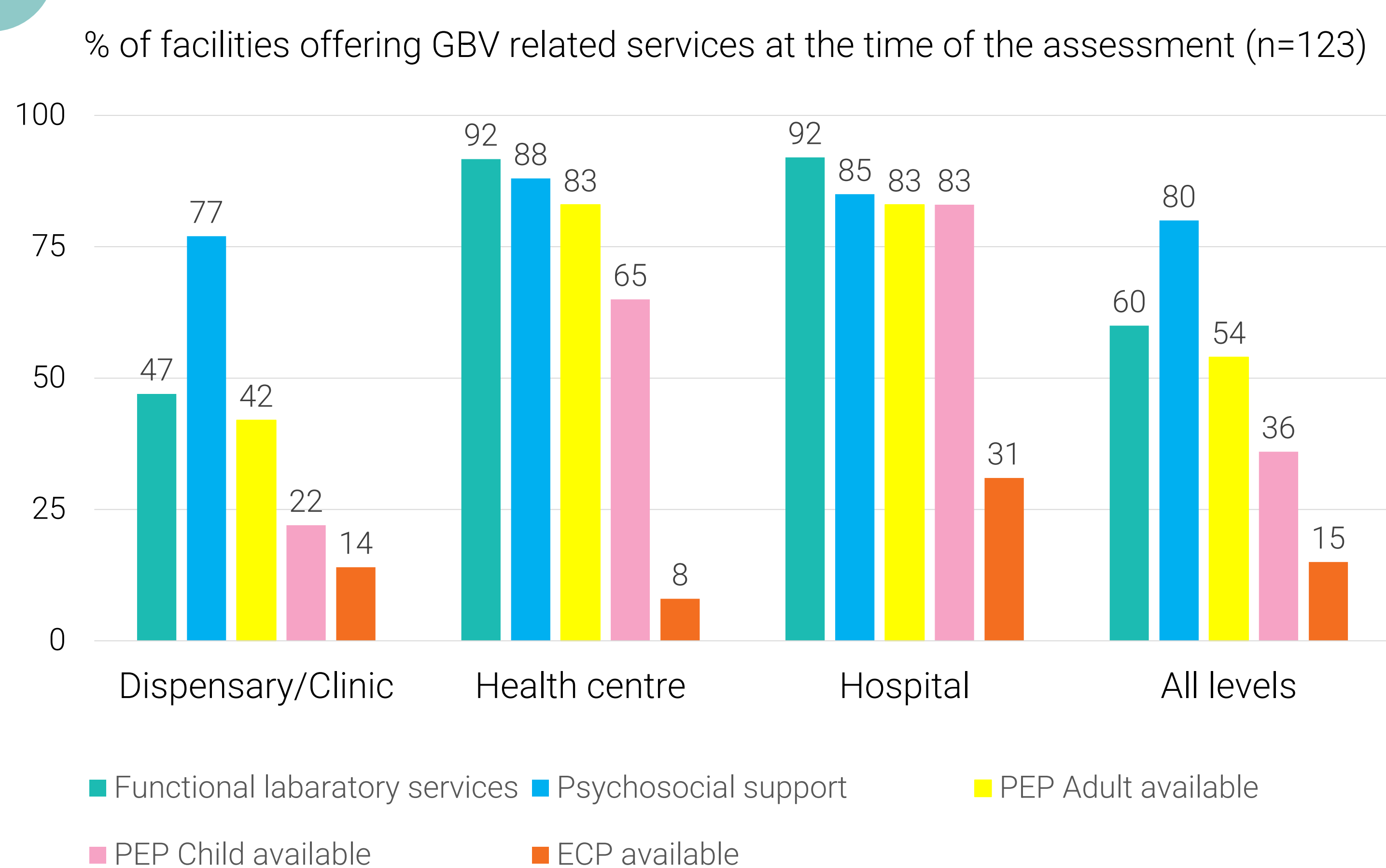
Study design: Mixed methods design to assess quality of SGBV services in all Accelerate-supported facilities in four purposively sampled counties – Garissa, Kwale, Narok and West Pokot (Fig. 1)

- Quantitative health facility assessment
- Facility chart reviews of SGBV cases
- Semi-structured in-depth interviews with healthcare providers

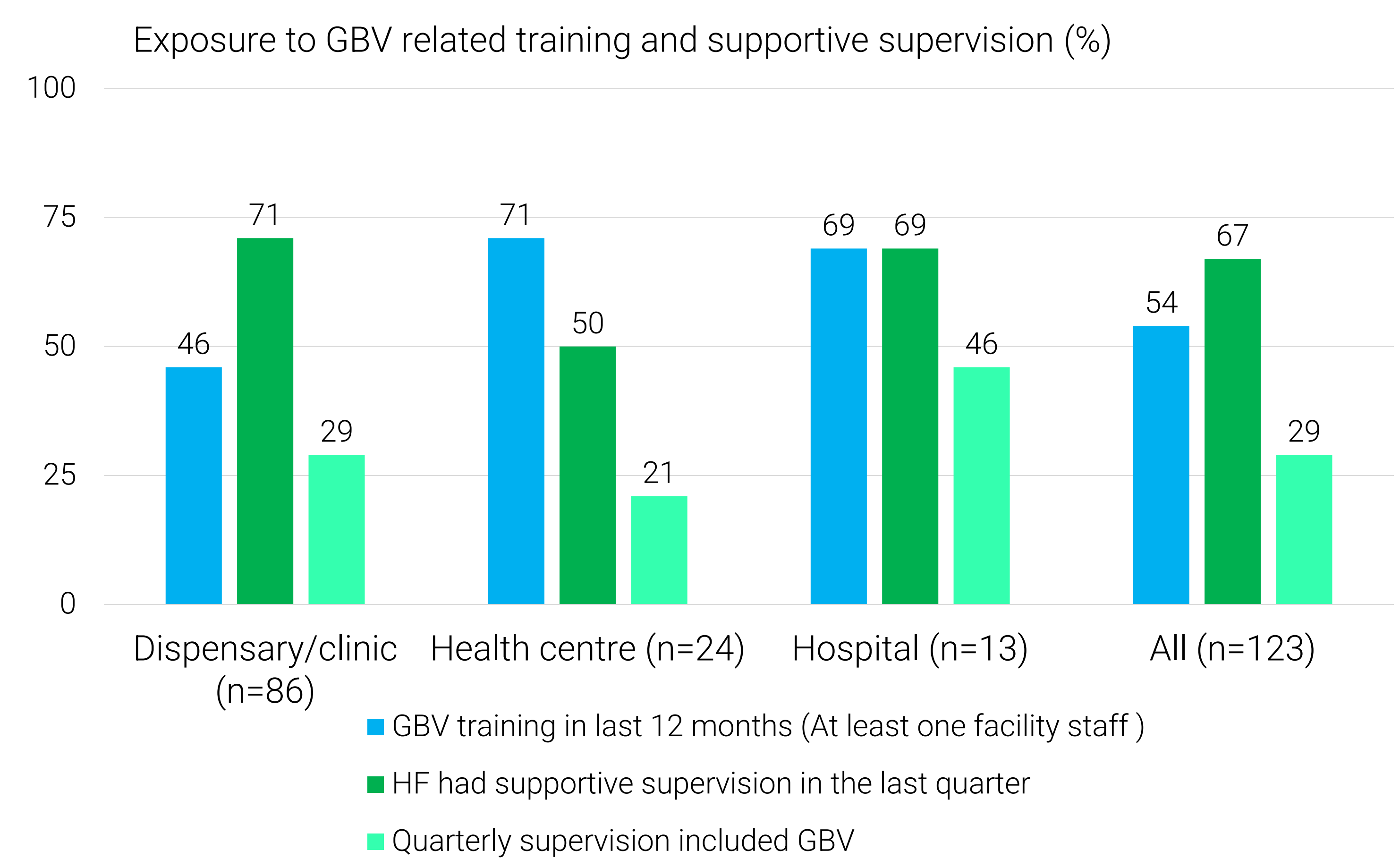
We present data which coincide with the early program intervention

RESULTS

1 Lower GBV service readiness among dispensaries/clinics



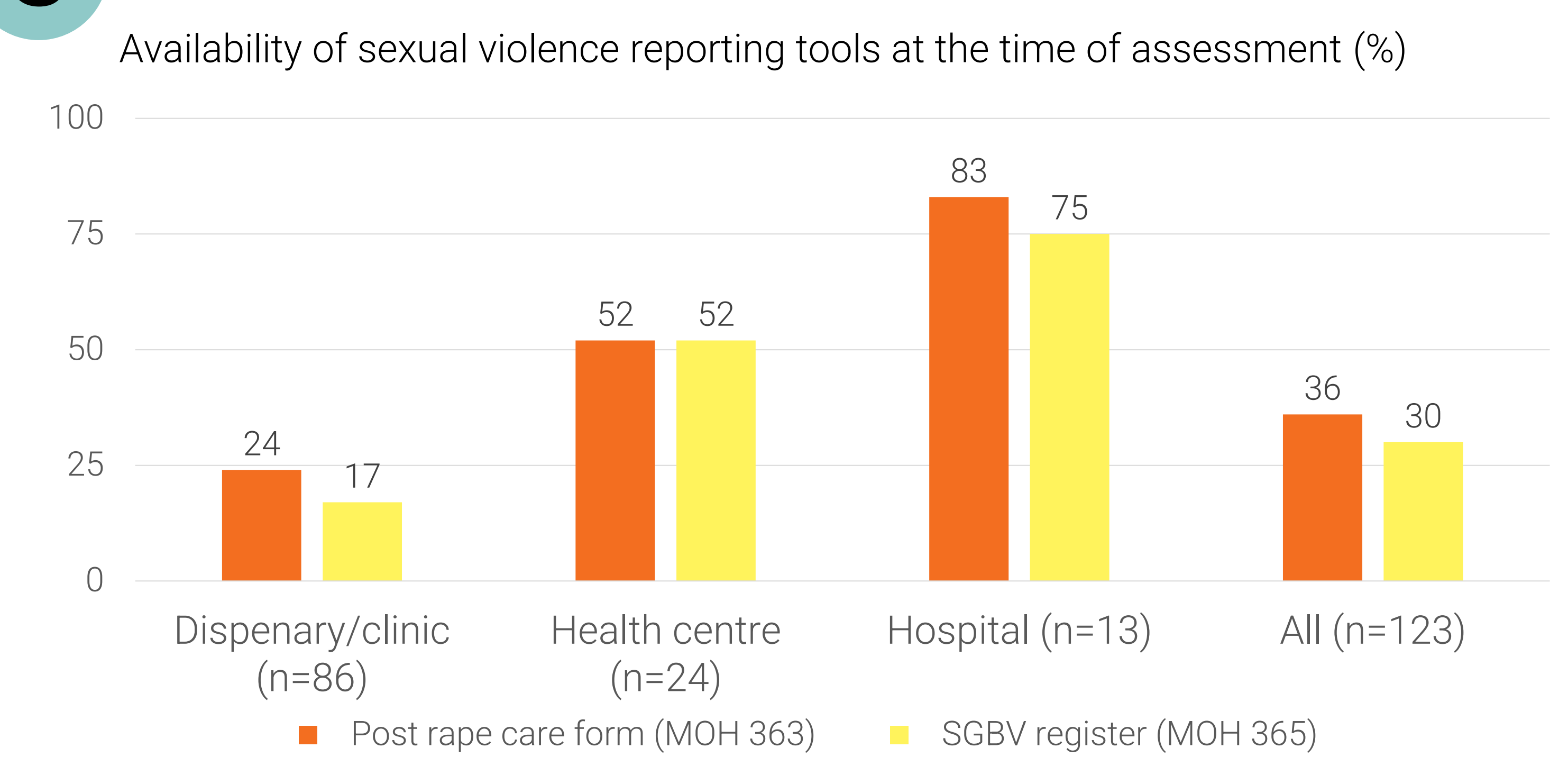
2 Gaps in health worker support activities to improve GBV case-management



Providers' perspective: Gaps in service provision

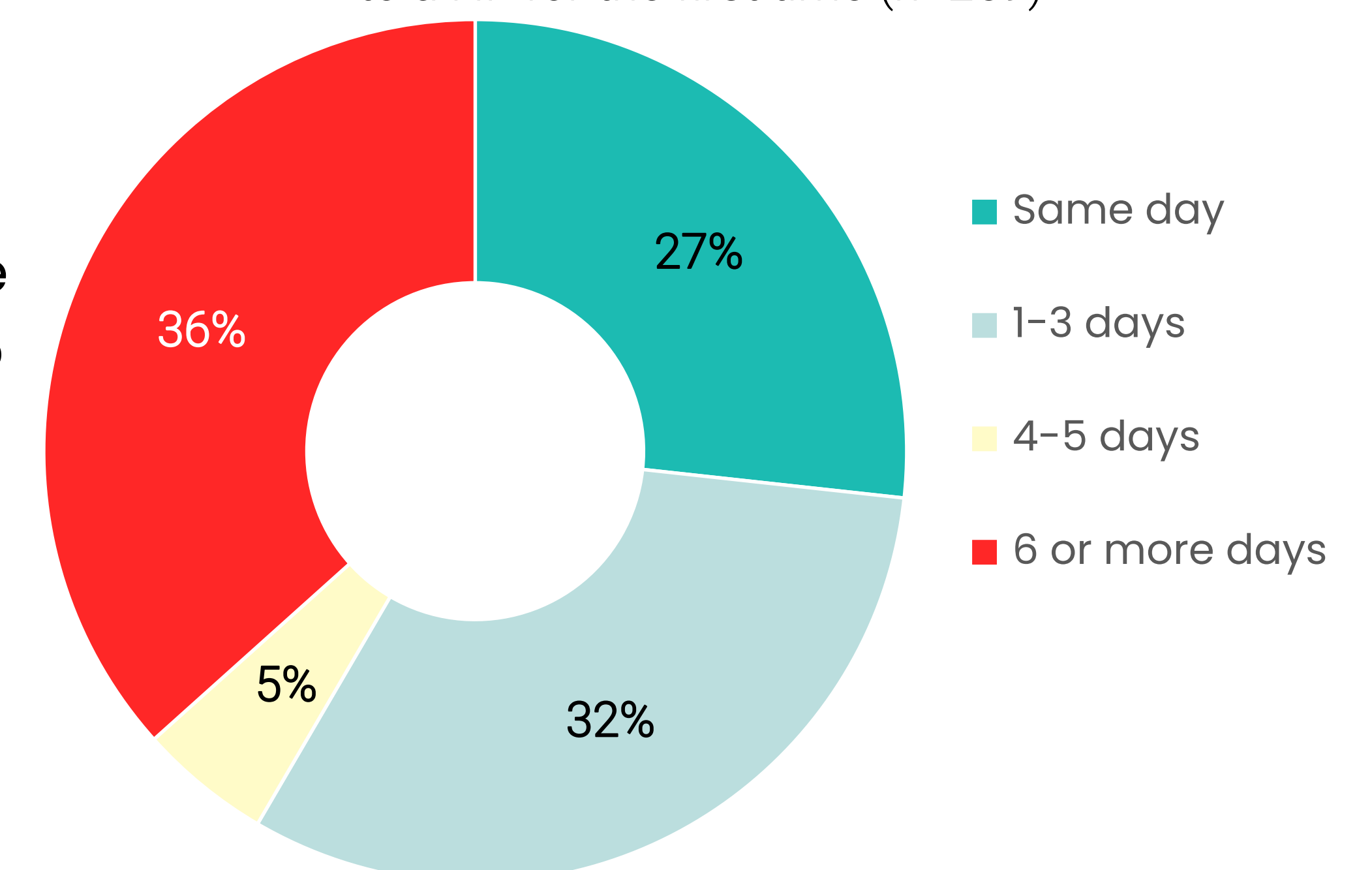
"One is knowledge gap, we need training, number two we need the tools, for the PEP, initially we used to stock here, but of late we have not had such provisions, so all the cases we have to refer. If we get support from the MOH and supplies, then it would not be hard to integrate SRH/GBV services." (West Pokot, Clinician 43)

3 Modest availability of reporting tools among dispensaries/clinics



4 Sought healthcare after sexual violence, among those presenting to a HF for the first time (n=259)

60% of SGBV survivors presented at the facility in time to be eligible for emergency therapies



5 Among HF documented cases, 1 in 5 SGBV survivors did not receive eligible ECP to prevent pregnancy (25%); eligible PEP for HIV (29%), and eligible antibiotics to prevent STIs (21%). While 61% did not receive psychosocial assessment

CONCLUSIONS

- All levels of the Kenyan health system, from dispensaries to hospitals, are expected to offer an essential package of SGBV services.
- Observed steep gradients in SGBV service readiness across levels of healthcare.
- Low use of national facility-based documentation tools, which hinders monitoring SGBV care quality.
- Missed opportunities to provide emergency treatments

*Correspondence: Julius Njogu at jnjogu@psi.org or Monica Nthumbi at [mntthumbi@pskenya.org](mailto:mnthumbi@pskenya.org)