



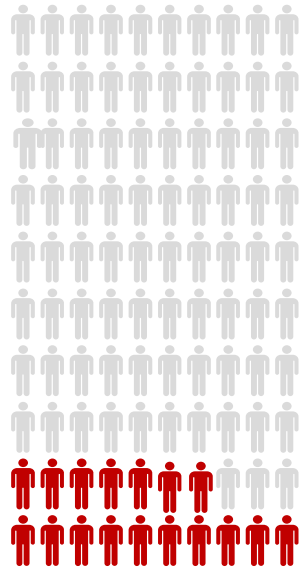
Critical gaps: Health sector responsiveness to the needs of child survivors of sexual abuse in Kenya

Ajema C., Ngunjiri', A., Mbugua, C., Kyongo, J. and Digolo, L.

SVRI Forum

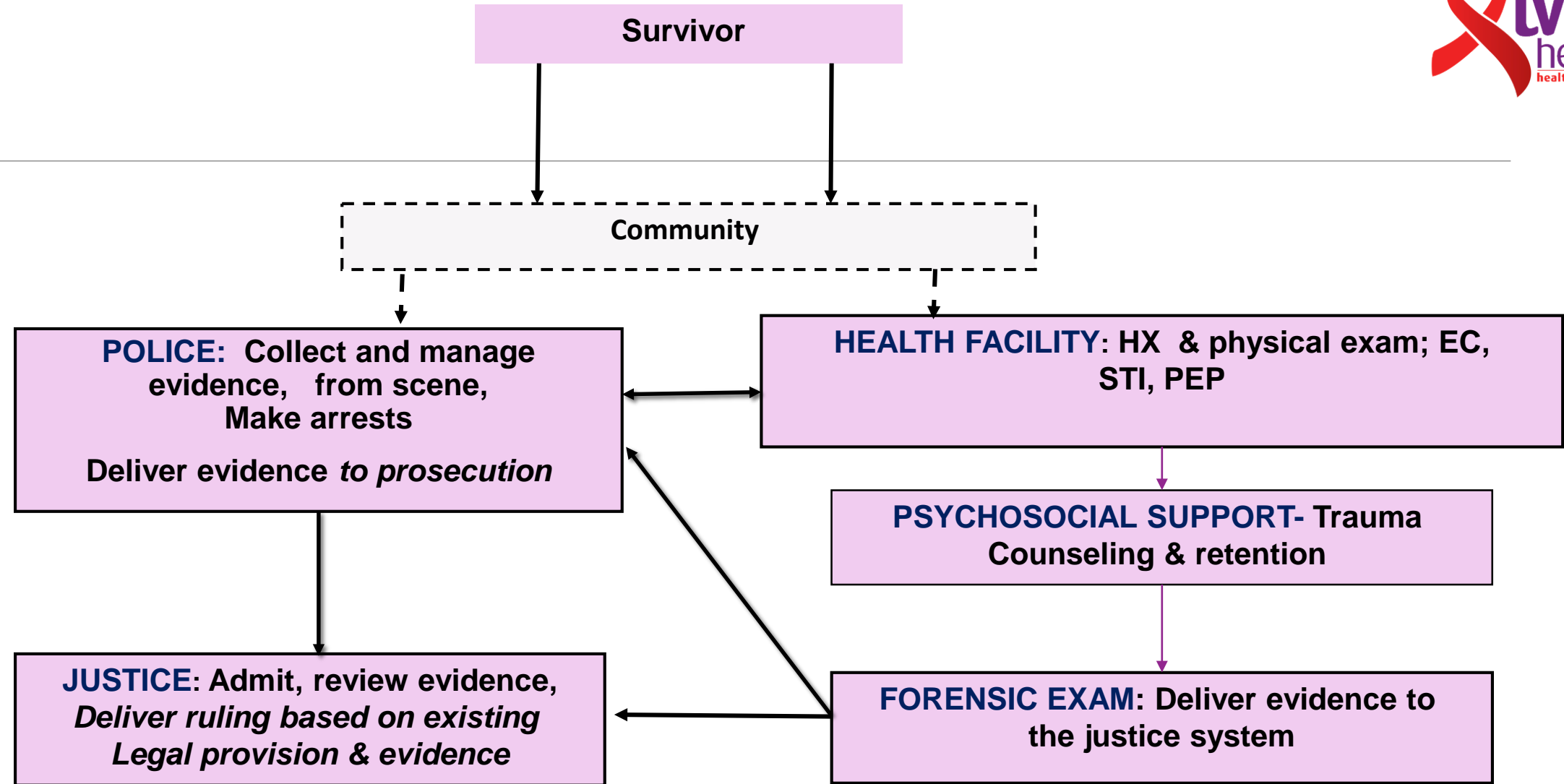
19TH September, 2017

Magnitude of Child Sexual Abuse In Kenya

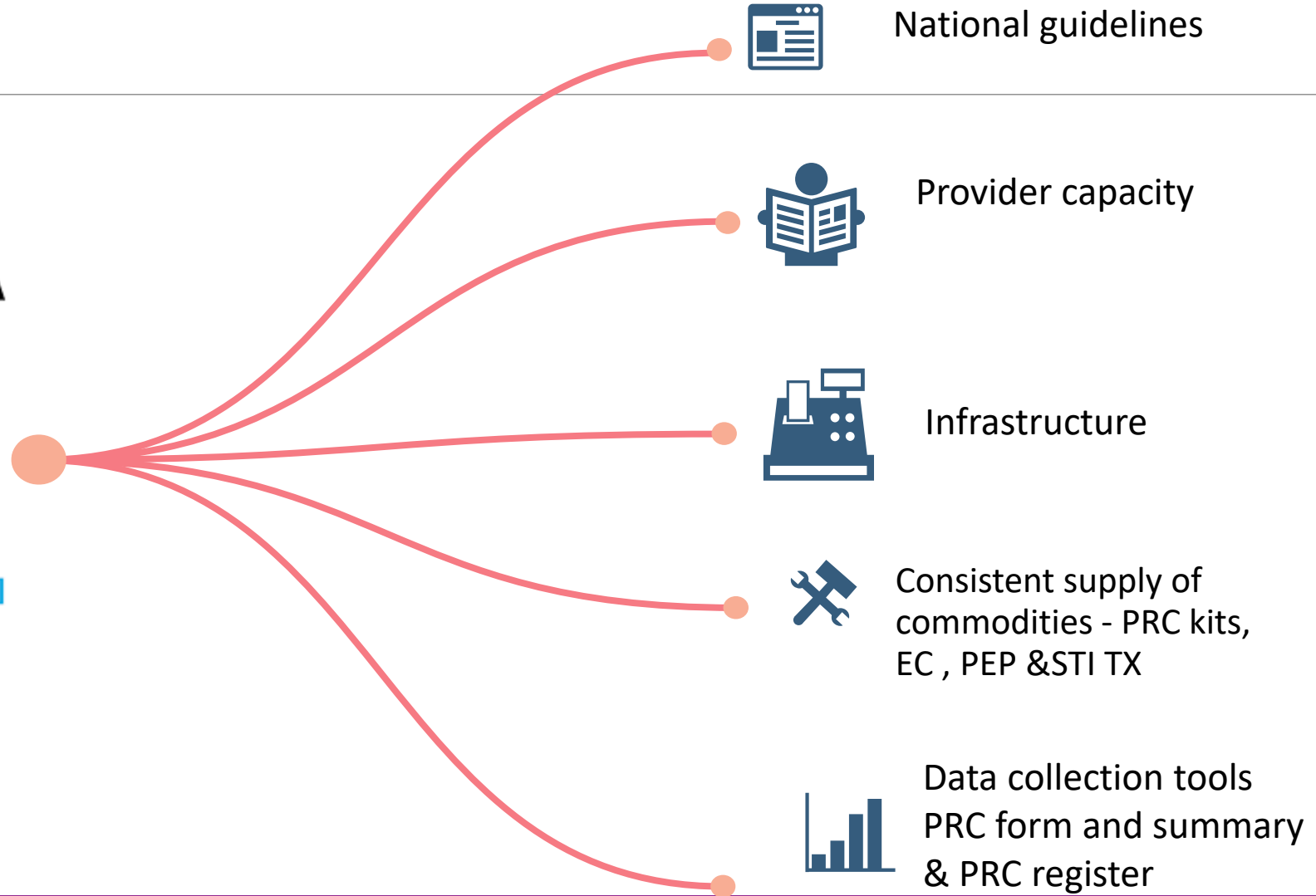


- **32 %** of females & **17%** Males reported experience of violence. (UNICEF 2010)
- **65%** of sexual violence cases in reporting to hospitals are children(LVCT Health 2015)
- Health sector guidelines exist
- Health providers responsiveness to needs of child survivors of sexual violence is unknown

Comprehensive SV Service



Key considerations for provision of SV services



Study Rationale

- The purpose of this study was to develop a better understanding of the extent to which the Kenyan health sector is responsive to the needs of child survivors of sexual violence

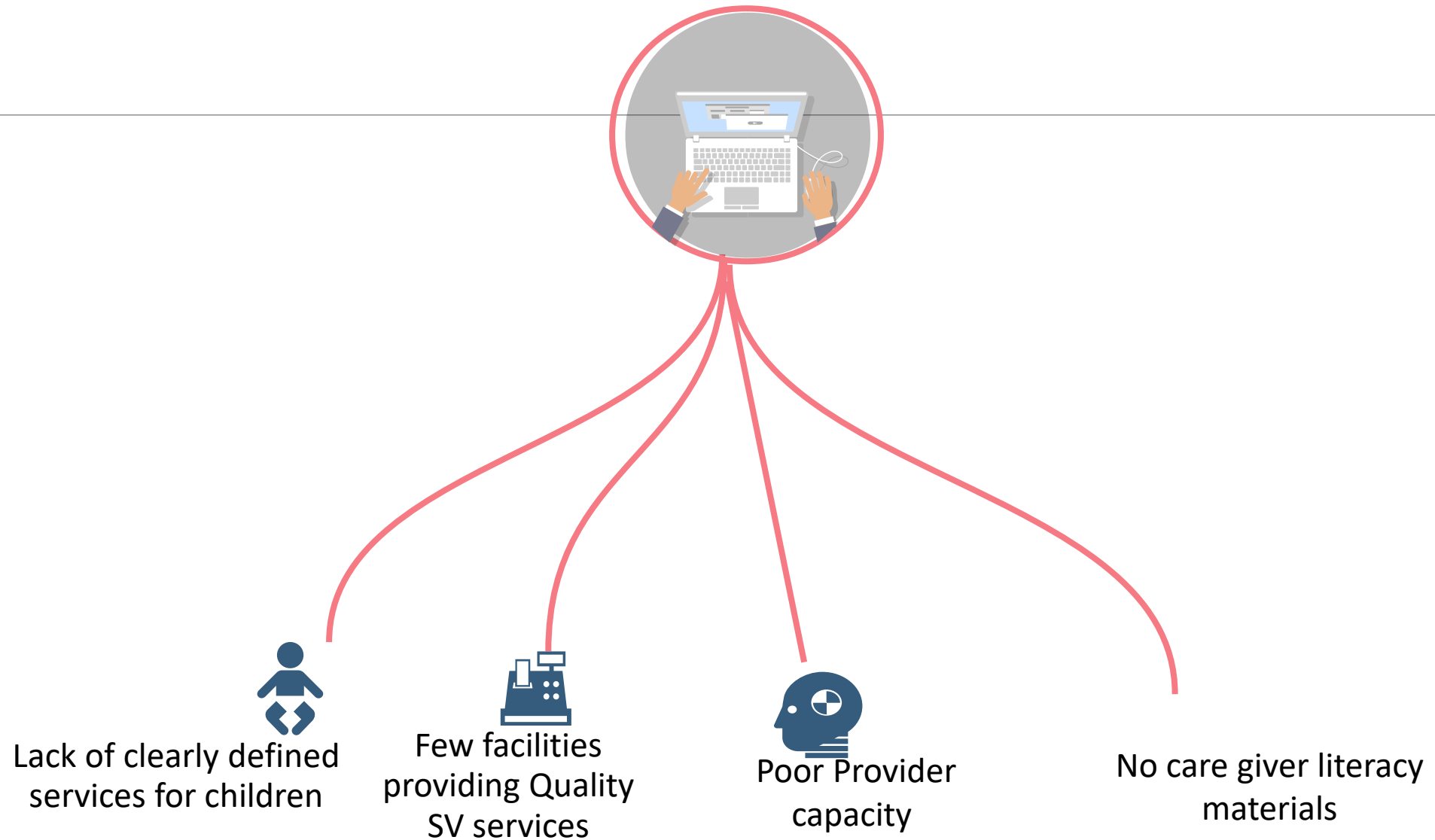
Methodology

- Study conducted in 2 public health facility
- Exploratory design
- Data collection
 - Retrospective review of patient data(n=164)
 - IDIs with health care providers(n=31)
 - Exit interviews with caregivers(n=19) and children (n=19)
- Ethical approval obtained

Key Findings



Gaps in health sector responsiveness



Provider capacity in service delivery to children

- Training
 - Only 2(n=581) had been trained on management of child survivors

- Capacity to offer counselling
 - Provider cited lack of skill in counselling children
 - Counselling sessions are utilized for information giving purposes only

- Lack of debriefing models for providers
 - No system exists to address provider vicarious trauma

Prophylactic services provided

- PEP:
 - 46% (75, n=164) did not receive PEP despite reporting to the health facility within 72 hours.

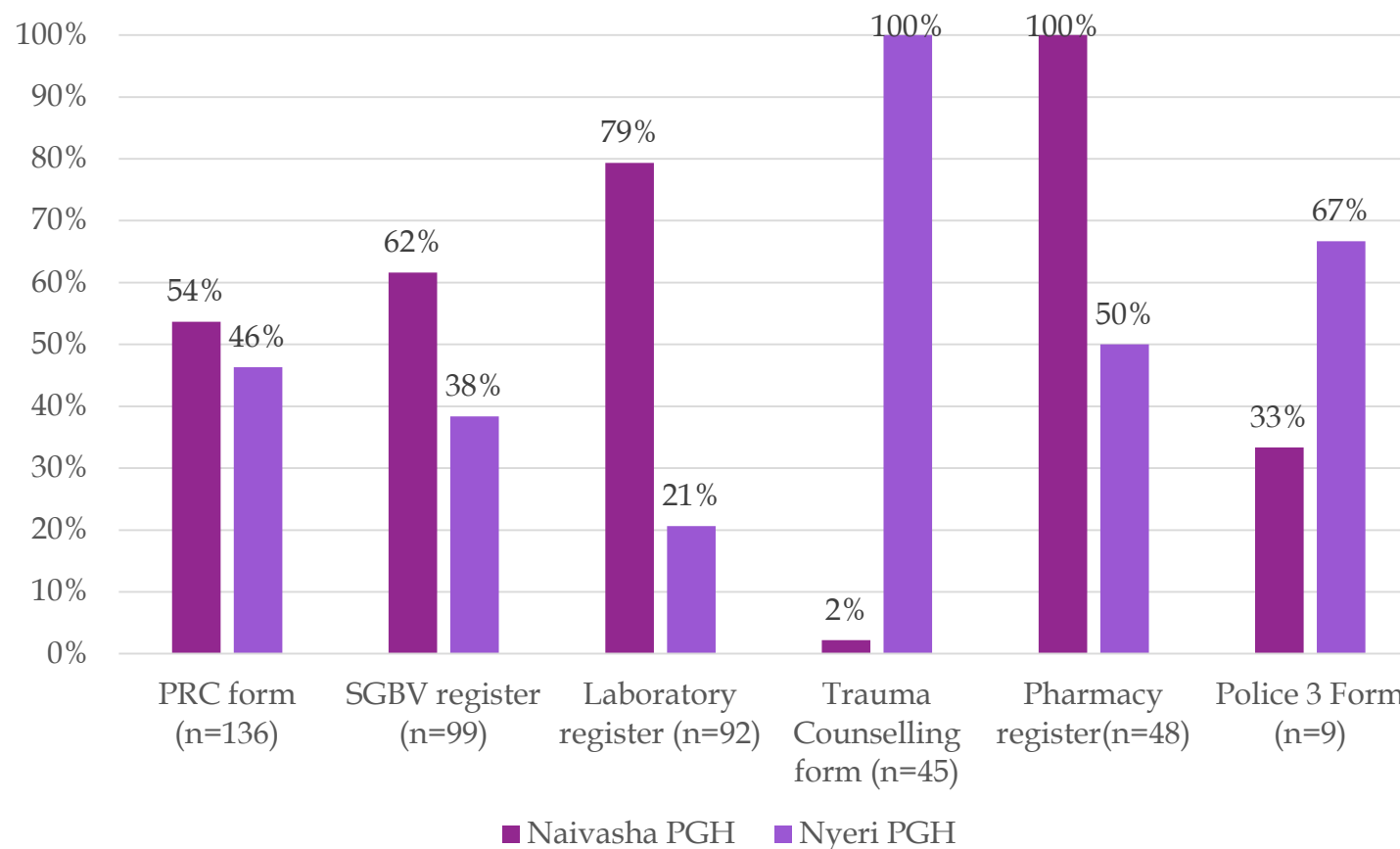
- EC
 - 35% (28, n=81) of the female child survivors received emergency contraceptive

- STI
 - 80% (84, n=105) of the SV child survivors received treatment for sexually transmitted diseases

Facility Infrastructure

- Absence of designated rooms for children
 - Examination area
 - Play area
 - Trained personnel on comprehensive management of children

Poor utilisation of national data tools



No adequate evidence to inform policy advocacy and service delivery for child survivors of sexual abuse

Child survivors feedback on services

“some doctors are not friendly”

“the waiting time before being served is quite lengthy”. Some waited for 2 hours

Being asked to “go back {home} and come with my parent/guardian before receiving any kind of treatment.” -

“being asked about what happened in all the departments/place that I was referred to.” - Survivors have to visit 7 departments

“... the clinician attending threw the documents at us telling us to go to that facility”

Care giver service dislikes

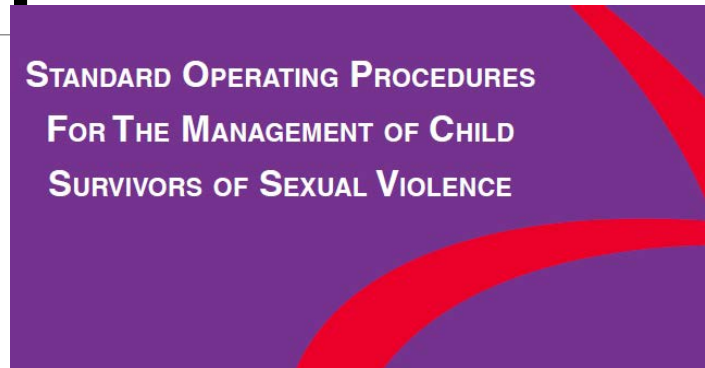
- Being made to wait for long before receiving services

- Referral to a distant facility
 - A child was given a referral to a facility which was approximately 32KM away before being initiated on emergency care.

“.... the clinician attending to my child threw the documents at us telling us to go to that facility”

How we are responding to the gaps

- Standard Operating procedures for management of children have been developed



STANDARD OPERATING PROCEDURES
FOR THE MANAGEMENT OF CHILD
SURVIVORS OF SEXUAL VIOLENCE



Caregivers Information Package
On Child Sexual Abuse

- Literacy materials on child sexual abuse developed



health
healthy societies

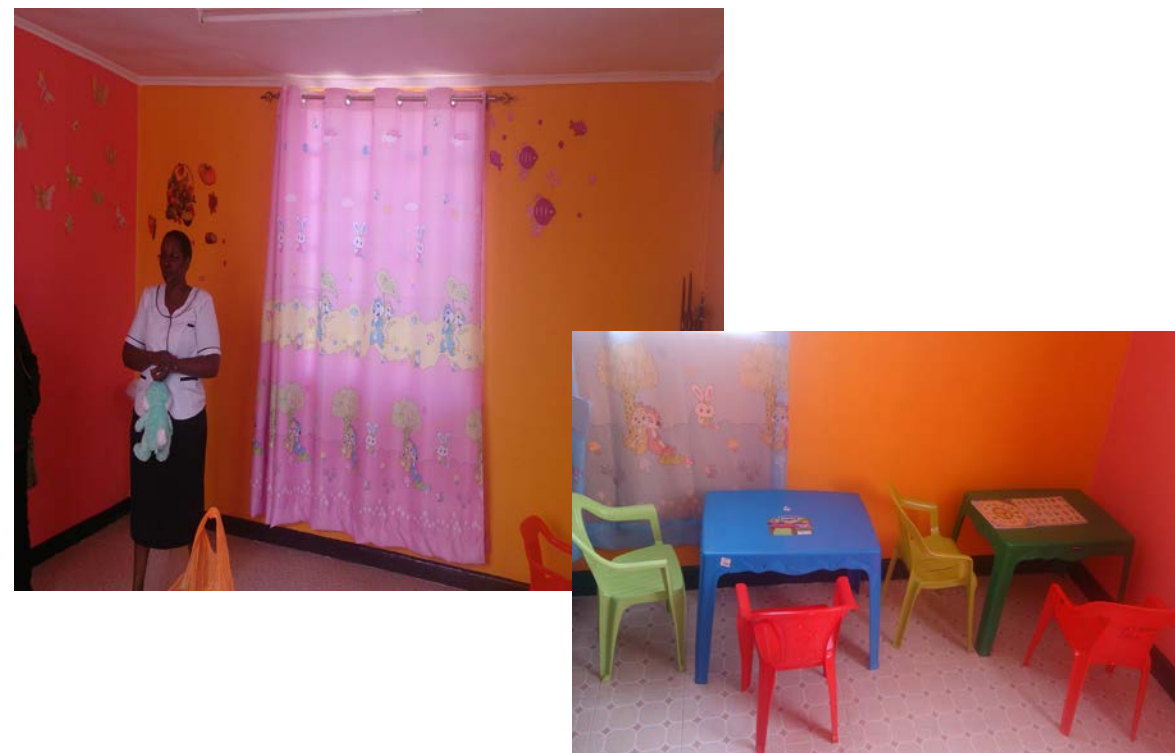
Child Sexual Abuse
A help guide for children

Infrastructure...

BEFORE



AFTER



Acknowledgement

- Donor
- County Governments – Nakuru and Nyeri
- Health facilities- Naivasha and Nyeri
- Study respondents





THANK YOU

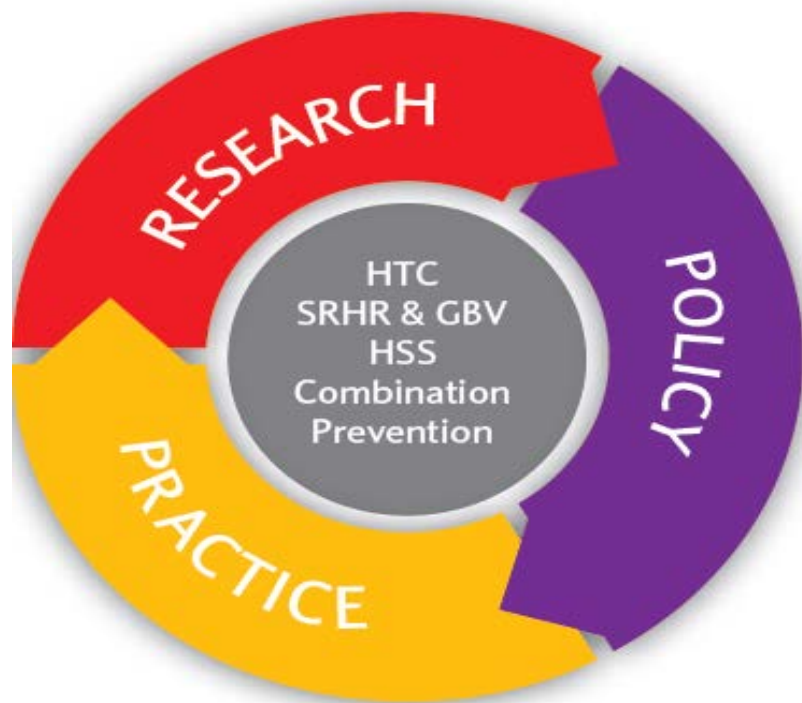
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OUR APPROACH



LVCT's Hatua model



EVIDENCE TO ACT

- research
- evaluation
- piloting



PLATFORMS TO ACT

- policy reforms
- systems strengthening
- civil society & partner advocacy



FIELD OF ACTION

- service delivery
- mobilization
- client satisfaction