

# Assessing the Availability and Quality of Comprehensive Post-Rape Care Services for Child Survivors of Sexual Violence in Nyeri and Nakuru Counties –Kenya

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## Background

Child sexual abuse is globally recognized as having wide ranging ramifications for the survivors and their care givers. Health care constitutes an essential component of the necessary interventions to mitigate the consequences of child sexual abuse. The Ministry of Health has developed standards to ensure delivery of quality post rape care services. However, these guidelines are biased towards management of adults. There also exists no evidence on how service providers in public health facilities manage child of survivors of sexual violence. In 2015, LVCT Health conducted a formative assessment aimed at assessing the quality and comprehensiveness of health related services provided to child survivors of sexual violence in Kenya.



## Methodology

This study utilised an exploratory research design. This study was carried out in 2 county referral hospitals between Januarys to July, 2015. Both qualitative and quantitative data collection methods were used (i) A facility inventory of existing infrastructural and human resource capacity for attending to child survivors of SV (ii) In depth interviews with 31 providers; (iii) Client observations of 19 sessions of child survivors seeking care; (iv) Exit interviews with 14 care givers and child survivors who sought post-rape care services during the study period; and (v) a retrospective health facility review of 156 records maintained for child survivors of rape who have accessed services 6 months prior to the commencement of the study. Purposive sampling was employed to sample providers, survivors and their care givers, and client records. Descriptive analysis was carried out using SPSS. In depth interviews were analysed using NVIVO™ 10 analysis software, with the Framework analytical approach used to identify and code for key emerging themes. Ethical clearance was obtained from the Population Council's Institutional Review Board in New York and African Medical Research Foundation (AMREF) Ethics & Scientific Review Committee (ESRC) in Nairobi.

## Findings

- Children not offered a standardized package of care for child survivors. The reasons cited were lack of appropriate medical equipment, drug stock outs, services not being available on certain days/time and inadequate capacity of health service provider providers to serve children.
- Lack of child friendly spaces within the health facilities
- Lack of privacy during clinical and treatment sessions.
- Incomplete utilization of national documentation protocols: PRC forms were completed for 87% of children and P3 forms completed for only 8% of children seen at the facility.
- Lack of clear service delivery protocols to guide health service providers on management of child survivors.
- Lack of signage and awareness creation materials: needed to inform the public on availability of PRC services for children and the need to access the full package of care.
- Lack of defined referral process for child survivors to safe shelters.

- Few providers have been trained on management of child survivors of SV: Only 2 of the 518 providers working at the two facilities were trained.

## Conclusion

The national guidelines on management of sexual violence in Kenya outline the minimum package of care to be provided to survivors of sexual violence, however they do not provide clear standard operating procedures for management of child survivors. Health facilities are not adequately equipped with facilities and supplies that are friendly to child survivors and their care givers. The capacity of health providers in management of child survivors remains weak due to lack of skill based training on the dynamics of responding to the needs of child survivors. There also lack measures to enhance care giver understanding on the package of care to enable them offer adequate support to their children and enable them access services in a timely manner.

## Recommendations

- There is need for the Ministry of Health to strengthen data management, and commodity supply systems within facilities with focus on improving provision of medico-legal services to pediatric survivors of SV. There is need for national guidance and service delivery protocols for management of child survivors of SV.



- Care giver literacy materials on the package of care should be developed and utilized by providers in enlightening them on the different components of care their children will receive.
- There is need for capacity building of provider on management of child survivors.
- Child friendly spaces should be set up in all facilities to ensure child survivors are attended to in privacy, and care givers are able to easily know where to access these services.
- There is need for the Ministry of Health to strengthen data management, and commodity supply systems within facilities with focus on improving provision of medico-legal services to pediatric survivors of SV.

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