CONCEPT NOTE FOR A PANEL DISCUSSION ON: "HEALTH SYSTEM STRENGTHENING FOR IMPROVED ACCESS TO INTEGRATED SRH AND GBV HEALTH SERVICES: EVIDENCE AND LESSONS LEARNED FROM *ACCELERATE* PROJECT IN 13 KENYAN COUNTIES" BY THE *ACCELERATE* CONSORTIUM AT THE RHNK CONFERENCE.

Background

Globally, an estimated one-in-three women and girls have experienced either physical or sexual violence in their lifetimes (WHO, 2013). Health systems approaches are essential for providing coordinated, timely, comprehensive, and effective medical care and treatment for survivors of gender-based violence (GBV), and for effectively linking survivors with non-clinical resources. Healthcare workers are well-placed to act as first responders in identification of survivors and delivering integrated medical care and are often also best positioned to connect survivors to a constellation of non-medical services such as psychosocial support and legal aid (Ashford & Feldman-Jacobs, 2010; García-Moreno et al., 2015).

Enabling healthcare providers to be effective in a care coordination role requires the support of health systems, including definition of a basic package of essential GBV services provided by health facilities; pragmatic approaches to GBV screening and active case identification; adequate and ongoing training and supervision supported by clinical protocols; availability of essential clinical supplies, commodities, equipment, and infrastructure; existence of non-clinical resources and straightforward referral pathways; and documentation and routinized monitoring and evaluation for adaptive management, quality improvement, and evidence-based decision making at national and subnational levels (WHO, 2017). Despite the key role of the health system in supporting survivors of GBV, many health providers and facilities in low- and middle-income country (LMIC) settings remain under-resourced to deliver effective GBV care (García-Moreno et al., 2015; Kirk et al., 2017; Sikder et al., 2021). Deeper understanding of care pathways and the current quality and availability of GBV services within LMIC health systems is critical for identifying gaps and developing health systems-focused interventions that integrate global best practice and context-specific capacity.

In Kenya, national clinical guidelines recommend administration of time-sensitive therapies following sexual violence to prevent pregnancy, HIV, and other sexually transmitted infections (STIs), and including psychosocial support, forensic medical examination, and specimen collection. Previous studies suggest many survivors do not readily access post-violence support services, and when they do they present late or may end up receiving inadequate quality health services (Barnett et al., 2016; Shako & Kalsi, 2019; Wangamati et al., 2016). While there is a dearth of published data on the quality of care provided to survivors of sexual violence in Kenya, a recent study in two public referral hospitals revealed major gaps in sexual violence case management, including failures to provide treatments to prevent pregnancy, HIV and other STIs and inadequate clinical examination and documentation of care process, including findings of the requested laboratory tests (Gatuguta et al., 2018).

The five-year "*Accelerate*" program, led by Population Services Kenya (PSK) and Gender Violence Recovery Centre (GVRC) with research and monitoring and evaluation support provided by Population Services International (PSI), is currently being implemented across 13 underserved counties in Kenya. The *Accelerate* program aims to improve sexual health and wellbeing, including through the provision of improved sexual and reproductive health and rights (SRHR), through supply- and demand-side interventions. On the supply-side, *Accelerate* partners with public and private health facilities to strengthen service readiness to deliver high-quality, integrated SRHR and GBV care. On the demand-side, *Accelerate* is conducting a range of social and behavior change activities aimed to shift individual attitudes and social and community norms related to SRHR and GBV among women, male partners, and community leaders.

The Accelerate consortium proposes to share key findings from a first round of mixed methods study to assess quality of SGBV, services among 123 public and private health facilities in four program supported counties of Garissa, Kwale, Narok, and West-Pokot. This first round of data collection represents the *Accelerate* program's early implementation period, and therefore presents a comprehensive snapshot of the state of facility-based service readiness and quality of care provided to survivors of sexual gender-based violence accessing facility-based care in these regions. Health facility assessments included health provider interviews, direct health facility observations, and structured health facility chart review. Among the key study findings and implications are highlighted here below.

First, we observed major variations in the ability to provide specific care components included in the essential package of SGBV services across levels of the Kenyan health system. While there was high facility readiness for wound care, tetanus vaccination and managing STIs with antibiotics (71-94%), we observed sub-optimal facility readiness to provide post-exposure prophylaxis for HIV (PEP) services among adults (59%) and children (37%), and just 30% and 18% of the facilities were stocking emergency contraceptive pills and Hepatitis B vaccines, respectively. Inability to deliver essential services, particularly among first-line facilities, require survivors to seek higher-level facilities for appropriate care – a barrier with substantial time and monetary costs borne solely by survivors. A key implication of these findings is the need to increase equity in health services access by strengthening the health systems' capacity to provide the basic package of SGBV care including at the lowest-level facilities.

Secondly, the study found low availability and use of post rape care forms and national facility-based documentation tools. This finding has several implications: at the individual level, lack of use of post rape care forms – which are legally required for documentation of sexual violence and used as evidence in the legal system – means that survivors seeking care at facilities that do not stock or use these forms may lack critical evidence needed to seek legal recourse. In addition, poor routine documentation practices prevent monitoring of SGBV caseloads and care quality at a systems level, thereby limiting evidence-based decision making in programming and resource allocation.

Thirdly, the study revealed that, when care was documented by the facility, there was a high initiation

rate for emergency therapies among eligible SGBV survivors of including PEP, emergency contraception (EC) to prevent pregnancy, and sexually transmitted illnesses (STIs) treatment with antibiotics (71-79%). However, approximately a fifth or more of eligible survivors (as per the treatment protocol) missed opportunities for treatment as they left the facility without these life-saving therapies and the majority of survivors (61%) did not receive psychosocial assessment.

The panel discussion will also illuminate the best practices and lessons learned from *Accelerate's* innovative approaches for catalyzing social norms change related to contraceptive autonomy and GBV prevention and response.

Objectives of the Panel Discussion

The *Accelerate* consortium (PS Kenya, GVRC, and PSI) proposes to hold a panel discussion to disseminate findings from our first round of health facility assessments conducted within all *Accelerate*-supported facilities in four counties. We will present and discuss key findings on the health system's SRHR service readiness and quality of care provision for survivors of gender-based violence accessing facility-based care in *Accelerate's* learning counties.

Other objectives of this panel discussion are to:

I. Share best practices and lesson learned from *Accelerate's* innovative approaches for catalyzing social norms related to SRH autonomy and GBV prevention and response.
II. Highlight Narok as a case study, sharing county specific experiences and innovations aimed at improving AYSRH in the context of the *Accelerate* program.
III. Highlight Baringo as a case study, sharing county specific experiences and innovations aimed at improving survivor's outcomes related to access to justice in the context of the *Accelerate* program.
IV. Propose recommendations for improved implementation of integrated SRH/GBV programs.

Format and duration of the panel discussion (1 hour and 45 mins)

Moderator: Name

1. **Opening Remarks and Introduction (Moderator- 10 mins):** The Moderator will briefly introduce all panelists to the participants and will also highlight the objectives of the panel and setting the stage for the discussion by providing a top line overview of the current SRHR/GBV situation in the country from the community and health system perspective.

2. **Experience from the *Accelerate's i*mplementation of an integrated SRH/GBV program in 13 underserved Kenyan counties (*Accelerate* SRH and GBV Expert- *20 min):*** SRH and GBV experts will highlight SRH/GBV situations in the 13 *Accelerate* supported counties. Experts will also talk about *Accelerate* program experiences in GBV prevention and responses, including empowering of local communities for catalytic social

norm changes and strengthening health system integrated response to SRHR needs.

3. **Do survivors of sexual violence access timely and quality medical care in Kenya? A mixed methods study (*Accelerate* Researcher- *20 minutes***): The researcher will present key findings from the first round of health facility assessments conducted within all *Accelerate*-supported facilities in four counties, with a focus on the service readiness and quality of care provision for survivors of gender-based violence accessing facility-based care.

4. **AYSRH programming experiences and lessons learned: Narok County (Narok County, AYSRH Coordinator - *15 min):*** A representative of Narok county will share Narok County's AYSRH programming experiences, including what government priorities and strategies, county-level challenges, and collaboration with partners including *Accelerate*.

5. **Harnessing multisectoral partnerships for improved outcomes related to survivors' access to justice (ODPP, Baringo County - *15 minutes)***. A representative of Baringo County will share the County's experiences harnessing multisectoral partnerships among duty bearers and community gatekeepers to prevent and respond to GBV in the county. The speaker will address current policies and regulations, best practices, and recommendations to address gaps that hinder equitable access to justice, including innovations in management and documentation of medico-legal evidence, referral pathways related to health care and legal services.

6. **Closing remarks *(Moderator – 10 minutes).*** The moderator will coordinate the question-and-answer session and will close the discussion by providing key summary points from the discussion.

References

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