

# THE USE OF CASE ADVOCATES TO MANAGE CHILD SURVIVORS OF SEXUAL VIOLENCE IN PUBLIC HEALTH FACILITIES IN KENYA

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SVRI Conference 2019

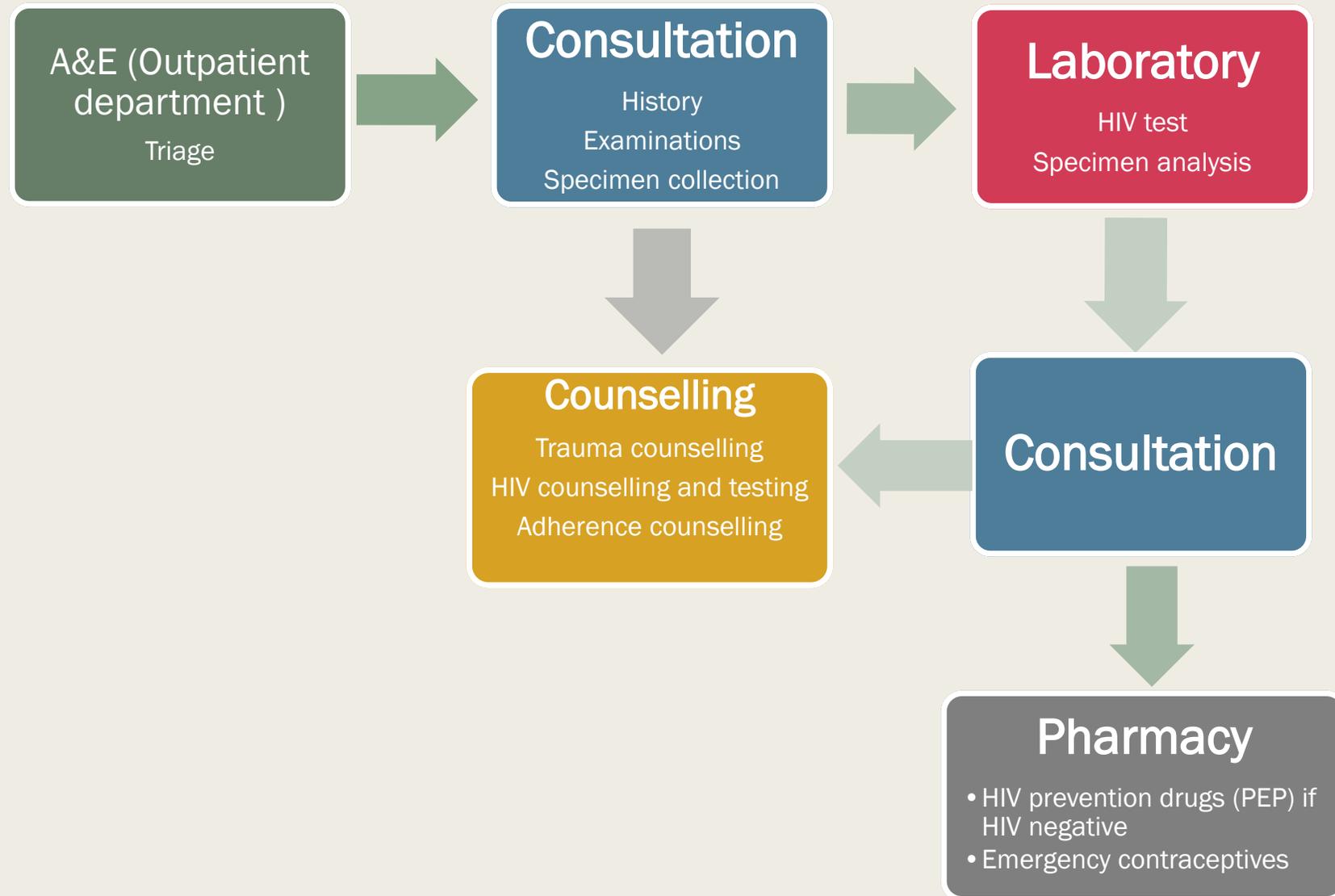
# VAC in Kenya

- 32% of females and 18% of males had experienced sexual violence during childhood (VAC study 2010)
- Good progress in Policy and Legal frameworks to prevent and respond to VAC – SOA, Child Act, Fee waiver, SOPs for managing CSV (MOH 2018), National Plan of Action for VAC
- SV health services available in over 500 public health facilities and 5 one-stop GBV centers across the country
- The uptake of and retention in health services by child survivors of violence (CSV) is a challenge
- Lay health workers have been used in several settings to improve access to health services, there is limited literature their to support services for CSV.

# Most Children experiencing violence do not access services



# Majority of Child survivors who seek services do not access comprehensive care (Ajema, Mbugua et al. 2018)

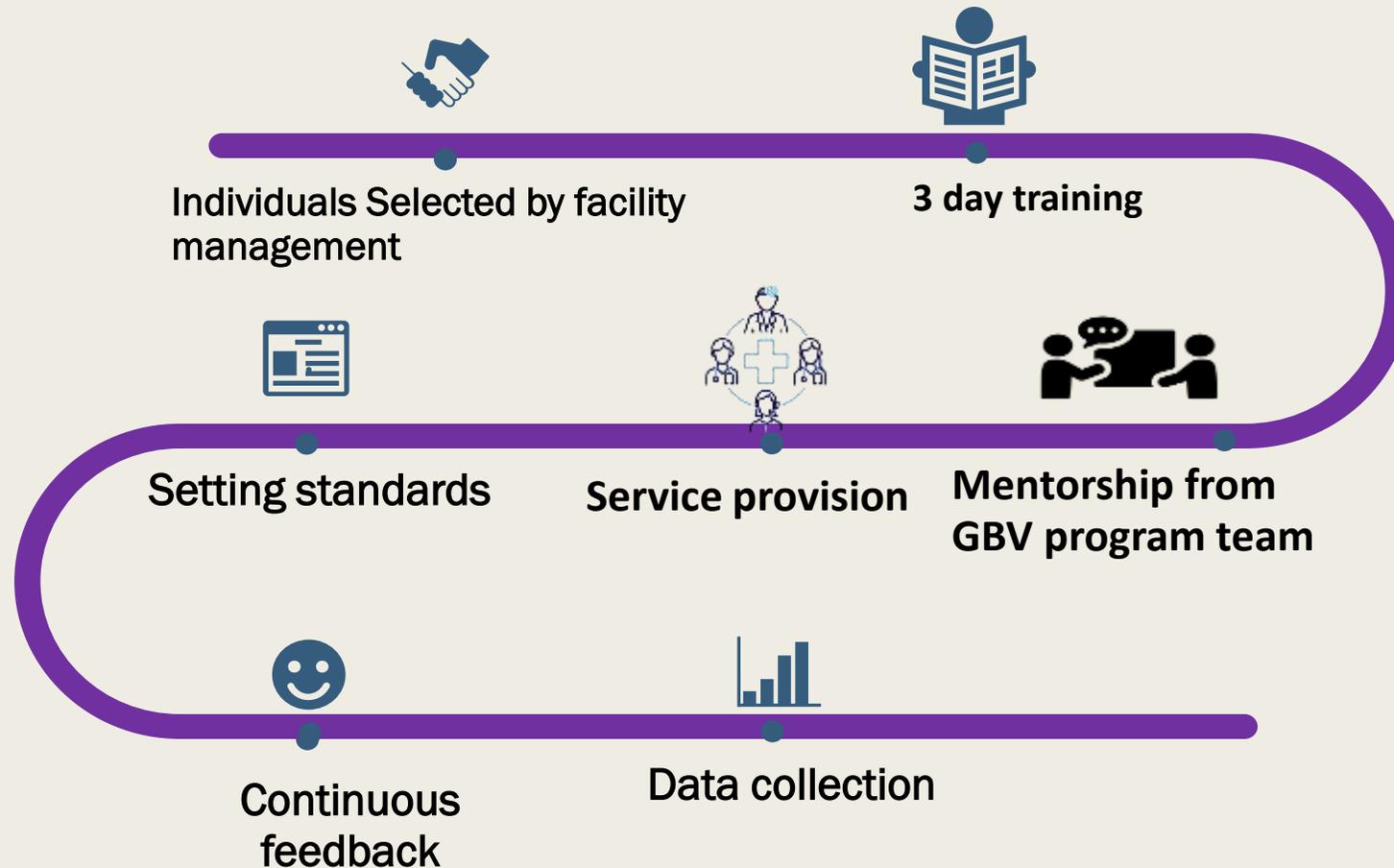


# Aim of study

To explore the acceptability of using trained lay health workers (case advocates) to provide basic information and escort CSV to various referral points within two public health facilities in Kenya

# Recruitment and training of case workers

- A case advocate is an individual who has received some basic training in the management of CSA but is not a healthcare professional



## Training content

- Prevalence of VAC
- Causes and consequences of VAC
- Guiding principles for providing VAC services
- Communication with children
- Information of different services provided to CSV
- Roles and responsibilities of CA and other service providers in responding to CSV

# Methods

## Study design and setting

- Exploratory research design using qualitative methods
- The study was implemented between December 2016 and March 2017
- Implemented in two public health facilities in Kenya

## Study population

- Child survivors aged 14 to 18 presenting with their caregivers
- Caregivers aged 18 years and above
- Healthcare providers at study sites

## Data collection

- Informed consent was obtained from Caregivers and HSP and Assent from CSV
- In-depth interviews (IDIs) with 14 CSV and 27 caregivers
- Four FGDs (two per health facility) with 30 HCPs

## Data analysis

- Grounded theory approach- gathering and analysis of data inform and shape each other



# RESULTS



# Participant characteristics

## Child survivors

- Mean age 16 years
- Sex - 100% female
- 8 from Nyeri, 6 from Naivasha

## Caregivers

- Mean age - 36 years
- Sex - female - 24 (89%) , male - 3
- Relationship with child
  - Biological parent - 22 (82%)
  - Other - 5 (18%)

## Healthcare providers

- Female - 20 (67%) , Male - 10
- Trained in managing CSV- 21 (70%)
- Average # of years providing SV services- 4
- Designation
  - Nurse- 22 (73%)
  - Clinical Officers - 7 (23%)
  - Counselor 1- (3%)

# Themes from In-depth Interviews and Focus group discussions

Four main themes were identified:

- Fast tracking the service delivery processes
- Feeling supported and safe
- Minimizing re-traumatization through avoiding repeating of incidence report
- Ease of workload

# *Fast-tracking the service delivery processes*

- The CSV, Caregivers and HCP appreciated that the escort by the case advocates through the different service delivery stations eased their movement and ensured that they received priority at each point.

*“If I had gone for the services by myself [without a case advocate], it could have taken a lot of time before I was offered service. I saw that it was quite good because she [the case advocate] took me.” (Nyeri In-depth Interview, CSV)*

# ***Fast-tracking the service delivery processes***

*“It is very important to have an escort because this is something that you need to save time ... If it is the medicine to protect you from HIV, you are supposed to get it within hours for it to work well. Having someone [case advocate] taking somebody round is very important because you can lose a lot of time until the 72 hours are over and you have not finished the process.”*

*(Nyeri In-depth Interview, Caregiver)*

# *Fast-tracking the service delivery processes*

HCP observed that unlike in the period before introducing case advocates, they were now able to provide the comprehensive package of sexual violence services within a day.

*“My work has become very easy, and I am very happy because, in a day, I can manage a client. Let me say between 8 am and 3 pm I can handle a case and complete. Initially, it used to take two days...” (Nyeri Focus Group Discussion, HCP)*

# Feeling supported and safe

- The CSV and caregivers was familiar with the process and felt comfortable being able to access the services.
- They also appreciated the support of briefing the nurses.

*“If we were to go by ourselves we would be asking where we go. This time we did not need to explain to everybody what happened. We had somebody [case advocate] taking us from one point to another.”*  
(Nyeri In-depth Interview, Caregiver)

# Feeling supported and safe

*“It is important (to be escorted) because some children may not be able to communicate with those people (hospital staff) about their information...the victims sometimes they don’t have courage to say what happened.”*

*(Nyeri In-depth interview, CSV)*

# Minimizing re-traumatization by repeat reporting of incidence

*“I am happy...the experience is different nowadays before you would go there (to the different service delivery points) and everyone would ask you to repeat the story; those things are not there now... one is not required to keep explaining what happened.” (Nyeri In-depth Interview Caregiver)*

# Ease of workload

- HCPs appreciated the role of the case advocate in escorting the CSV to the hospital and their involvement on the process and providing support.
- They acknowledged the role of HSPs to do due the heavy workload.

*“...She [case advocate] came in handy because service providers have a lot of work. You [health care providers] do the trauma counselling, escort the patient, waiver system, refill of the PEP.”  
(Nyeri Focus Group Discussion, HCP)*

# In Conclusion....

- The use of case advocates to support CSV is acceptable to children, caregivers and HCPs.
- Task-sharing between case advocates and HCPs has the potential to improve the uptake of the various services offered to CSV, especially in resource-limited settings.
- More studies are needed to understand the effectiveness of this intervention in resource limited settings

# ACKNOWLEDGMENT

- Study respondents
- Staff at Health facilities- Naivasha and Nyeri
- Kenya Ministry of Health
- County Governments – Nakuru and Nyeri
- Funder - Embassy of Sweden, Norwegian Agency for Development Cooperation
- Population council
- LVCT Health research and program teams

