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APHIA*plus* NAIROBI-COAST

Pathfinder INTERNATIONAL
A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

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Funded by USAID Kenya, the AIDS, Population, and Health Integrated Assistance *plus* (APHIA*plus*) Nairobi-Coast Health Service Delivery Project began in January 2011. One of five USAID-funded APHIA*plus* projects, Nairobi-Coast is led by Pathfinder International, in partnership with ChildFund International, Cooperative League of the USA (CLUSA), Population Services International (PSI), and the Network of AIDS Researchers of Eastern and Southern Africa (NARESA).

Operating with a budget of US$ 55 million over three years, APHIA*plus* Nairobi-Coast works in close collaboration with the government of Kenya (GOK) across both Nairobi and Coast provinces to increase access to and uptake of quality services, and to address the social determinants of health of target communities.

Scaling up Gender-Based Violence Prevention and Response in Nairobi and Coast, Kenya

Building on Pathfinder International's prior experience, in 2011 APHIA*plus* Nairobi-Coast Health Service Delivery project facilitated the expansion of a gender-based violence (GBV) prevention and response program to six districts in Nairobi and five counties in Coast province. This technical update summarizes the key elements of the program and presents recommendations to strengthen Kenya's GBV response efforts based on four years of program learning.

Background

GBV can include physical, sexual, psychological, or other forms of violence. Although it affects boys, men, and sexual and gender minorities, GBV is often synonymous with violence against women due to its disproportionate impact on women and girls.[1,2] GBV is rooted in unequal power dynamics and it not only violates basic human rights but also undermines women's sexual and reproductive autonomy and jeopardizes their physical and mental health.[3] GBV has been identified as a critical driver of HIV infection in women in sub-Saharan Africa, and international organizations are increasingly focusing on the elimination of violence against women as a key strategy in curbing the epidemic.[4] Due to the issue's sensitivity, GBV is almost universally under-reported, hindering accurate data collection to inform targeted interventions.[5]

Kenya's 2008-09 Demographic and Health Survey found that 45 percent of women between the ages of 15 and 49 have ever experienced acts of physical or sexual violence (most committed by their husbands or partners).[6] The majority

FIGURE 1: SYSTEMS STRENGTHENING FOR GBV PREVENTION AND RESPONSE—KEY PROGRAMMATIC ELEMENTS

(63 percent) never sought help to stop the violence, and 45 percent neither sought help nor told anyone about the violence.[7] Those who did seek help tended to turn to family members (64 percent), and fewer than 9 percent consulted police, health, legal, or social services.[8] In Kenya, as in many societies, women are socialized to accept, tolerate, and even rationalize intimate partner violence, and to remain silent about such experiences.[9] Some studies have demonstrated that women who do come forward in cases of rape in Kenya often face difficulties convincing police and other authorities, creating distrust and further barriers to help-seeking behavior.[10]

Global guidance calls for a comprehensive, coordinated, and multisectoral response to GBV, including strong linkages with sexual and reproductive health (SRH) and HIV services, in order to: increase survivors' access to quality medical, legal, security,

and psychosocial support services; mobilize communities to address the underlying causes of violence; and foster policy change and leadership to create an enabling environment for preventing, addressing, and ultimately ending GBV.[11,12] The GOK has mounted several efforts, including strengthening the country's legislative frameworks and developing health sector policy guidance, service delivery protocols, and provider training. Given the remaining challenges in implementation, logistics, supplies, and coordination between programmers and service providers, the government and partners have called for a more coordinated approach to ensure a comprehensive GBV and HIV response.[13]

Community-Centered Multisectoral Response

Following a spike in GBV after Kenya's 2007 presidential elections, in 2009 Pathfinder and partners developed a pilot program funded through the US government's Women's Justice and Empowerment Initiative (WJEI). Developed and implemented with GOK, civil society, and community stakeholders, the WJEI strategy aimed to enhance GBV prevention and response efforts targeting Nairobi's informal settlement of Kibera, Kenyatta National Hospital (KNH), and nearby health facilities.

Operating at both community and facility levels, WJEI focused on: 1) raising community awareness about the prevalence, effects, and causes of GBV, citizens' rights and protection under the law, and existing services; 2) engaging communities—men in particular—in prevention and response efforts; 3) supporting the establishment of a "one-stop shop" model GBV Recovery Center at KNH; and 4) the formation of grassroots GBV working groups for overall coordination of activities. After a year and a half of implementation, GBV cases reported at the Médecins sans Frontières Belgium clinic increased from less than 5 to an average of 20 cases per month; 165 survivors were referred by community volunteers for various services; and local government and community officials reported greater confidence in responding to GBV cases.

Scale-up under APHIA*plus* Nairobi-Coast

Building on the successes of the WJEI experience, in 2011, the Pathfinder-led APHIA*plus* Nairobi-Coast project expanded the WJEI model under its gender mainstreaming approach, covering 21 hospitals and health centers across six districts in Nairobi and five counties in Coast. In line with Pathfinder's Integrated Systems Strengthening model, the GBV program reinforces both community and health systems and their meaningful interaction to both prevent GBV and improve availability of and access to services for survivors. The strategy aims to mobilize communities to shift the sociocultural norms and inequities that are at the root of GBV; foster supportive policies; enhance the delivery of quality medical, psychosocial, and legal services for survivors; and strengthen multisectoral collaboration and coordination through community and facility structures and processes. See Figure 1 for key programmatic elements.

About *Sita Kimya*

***Sita Kimya* (I Will Not Be Silenced) is a 45-minute film** depicting fictional GBV stories to spur community reflection and dialogue around sociocultural norms and gender inequities that fuel GBV. It is intended to urge community action to address violence and to raise awareness of available services. Trained facilitators guide discussion and also provide referrals, as it is not uncommon for survivors to come forward during or after screening events. Given the film's focus on urban issues, APHIA*plus* facilitated its adaptation by partnering with local theater groups to perform plays that speak to forms of GBV that may be more prevalent in rural settings, such as forced and early marriage, and female genital cutting.

Progress to Date

Since 2011, five "one-stop shop" service delivery models (three in Coast and two in Nairobi) have been established, allowing survivors to access all requisite services under one roof. Close to 3,000 providers, and 385 district health teams have been trained, and 3,459 clients received PEP for HIV and sexually transmitted infections as a result of rape or sexual assault. Tens of thousands of survivors have received other important services including trauma counseling, legal aid, economic and psychosocial support, and protection through the establishment of 12 emergency safe spaces and shelters. Improved case documentation and collection of forensic evidence have enabled more than 17,000 GBV cases to begin the prosecution process. Project efforts have strengthened the capacity of a network of 12 GBV working groups that lead and coordinate the multisectoral response and dialogue with national efforts.

Recommendations

After four years of implementation experience, the following recommendations have been identified in order to sustain and strengthen GBV prevention and response efforts:

Establish government ownership of social protection for survivors: Kenya lacks a social protection mechanism for GBV survivors that ensures their safety and protection during legal proceedings. APHIA*plus* Nairobi-Coast has attempted to fill this gap through supporting community-owned safe spaces and shelters, but government ownership is crucial for sustainability of these services.

Improve facility-level documentation of GBV cases: While the administration of PEP is occurring and is relatively well documented in health facilities, the circumstances for its use are often reported as occupational in nature, rather than as a result of GBV. A barrier to accurate reporting is health care workers' reluctance to become embroiled in protracted legal processes. A protection and support mechanism should be implemented to incentivize health workers to travel and attend court hearings and to improve accuracy of documentation.

Strengthen data collection: Facilities are not required to report GBV cases; therefore, the post-rape care forms are not linked to Kenya's national health information system. Institutionalization of GBV case reporting to feed into a national database could significantly improve data availability to appropriately inform investment and programming efforts.

Address issues in legal response: Legal responses to GBV remain slow and ultimately ineffective. Cases can take more than three years to resolve, and the lack of financial support and protection services during the process leave survivors economically vulnerable, with little confidence that justice will be served. A critical gap to be addressed is the shortage of police doctors (only two in Coast and one in Nairobi) eligible to review forensic evidence and file appropriate documentation to initiate court proceedings.

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COVER: 16 Days of Activism campaign

PHOTO: Pathfinder International Kenya

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