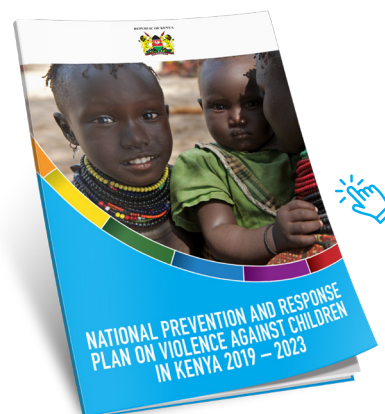


## Health Sector

This policy brief is the fifth in a series for the National Prevention and Response Plan on Violence against Children 2019 – 2023 (NPRP on VAC). This brief focuses on the health sector and includes some of the most relevant findings from the 2019 VAC survey and strategic actions that the health sector is committed to addressing violence against children in NPRP on VAC.



### RELEVANT FINDINGS FROM THE 2019 VAC SURVEY\*

#### CHILDHOOD SEXUAL VIOLENCE

- ✓ Sexual violence (including unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex) was experienced by 15.6% of females and 6.4 % of males before age 18. Among females who experienced childhood sexual violence, more than three out of five (62.2 %) experienced multiple incidents before age 18



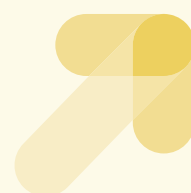
Among females who experienced **childhood sexual violence**, more than three out of five (62.2 %) experienced multiple incidents before age 18

#### SERVICE-SEEKING FOR VIOLENCE (18-24-YEAR-OLDS)

- ✓ The most common reason females did not seek services for sexual violence was that they did not think it was a problem or did not need or want services (53.6%). This reason was followed by factors characterized by fear (20.9 %), including fear of getting in trouble, being dependent on the perpetrator, or fear of being abandoned.
- ✓ One-third of youth who experienced sexual violence knew where to go for services for sexual violence (females, 34.8%; males, 34.2%), but very few sought or received services: only 12.5% of females sought services and 10.7% successfully received services for sexual violence. Among males, 3.2% sought services, and 3.2% successfully received services for sexual violence. Males are less likely to disclose and seek services, especially when they suffer from sexual violence. While about one-third of both females and males who experienced childhood sexual violence knew of a place to seek sexual violence, a higher percentage of females (12.5 %) than males (3.2 %) sought help.

#### MENTAL HEALTH CONDITIONS AND CHILDHOOD VIOLENCE

- ✓ Females ages 18-24 who experienced emotional violence in childhood were significantly more likely to experience mental distress in the past 30 days compared to those who did not experience childhood emotional violence (77.4% versus 36.5%). Females who experienced childhood emotional violence were also significantly more likely to have ever thought of suicide compared to those who did not experience childhood emotional violence (40.7% versus 13.3%).
- ✓ Females ages 18-24 who experienced physical violence in childhood were significantly more likely to have mental distress in the past 30 days compared to those who did not experience childhood physical violence (57.0% versus 29.1%). Females who experienced childhood physical violence were also significantly more likely to have ever thought of suicide than those who did not experience childhood physical violence (23.7% versus 10.1%).
- ✓ Females ages 18-24 who experienced sexual violence in childhood were significantly more likely to have mental distress in the past 30 days (57.8% versus 36.4%) and to have ever thought of suicide (29.0% versus 12.8%) compared to those who did not experience sexual violence in childhood.



Females who experienced **childhood physical violence** were also significantly more likely to have ever thought of suicide than those who did not experience childhood physical violence (23.7% versus 10.1%).



Females ages 18-24 who experienced **sexual violence in childhood** were significantly more likely to have mental distress in the past 30 days (57.8% versus 36.4%)

\* Ministry of Labour and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019.

**Psychosocial support and mental health services for survivors of violence are critical.** Mental distress and suicidal ideation are alarmingly high among survivors of all forms of violence. While emotional violence is often not visible, the VAC Survey revealed the severe impact of emotional violence on the mental health condition of child survivors. Children and adolescents who suffer from emotional violence can benefit from psychosocial support and mental health interventions.

### ACTIONS THAT HEALTH SECTOR HAS COMMITTED TO LEAD TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN IN THE NPRP ON VAC

The following are strategic actions in the NPRP on VAC that the Ministry of Health and County Governments have committed to lead, along with its result matrix and cost estimates.

#### STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES

**Objective:** Improve Access to Quality Health Service for All Children who are at risk of or have experienced violence

#### Ministry of Health

#### County Governments

- ✓ Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection, and preservation diagnosis, treatment, case management, referral, documentation, and reporting)



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- ✓ Develop the capacities of community health volunteers, child protection volunteers, and community health extension workers on prevention, early identification, and referral of cases of violence against children
- ✓ Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children (2018)
- ✓ Provide professional counselling and therapy for child survivors of violence and children in conflict with the law

## RESULT MATRIX

The below table shows the outcome indicators, its baseline and target, and output indicators, and its baseline and target for actions that the health sector is to lead.

### OUTCOMES

OUTCOME	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.2 Child survivors of violence have improved access to essential health services	Number of child survivors of sexual violence who received essential health services	9,694 females 637 males KHIS 2019 (Rape survivors)	38,776 females 2,548 males	MOH, County and Sub County Health Management Team, Kenya Health Information System (KHIS), KDHS, Kenya Quality Model for Health (KQMH) Training reports	KHIS reports Trauma registers Commodity registers, Personnel registers Training certificates
	Number of child survivors of violence who received professional counselling, therapy or psychosocial support by health practitioners (Number completed trauma counselling)	4,505 females 169 males <sup>1</sup>	18,020 females 676 males	MOH, County and Sub County Health Management Team KHIS, Demographic Health surveys, KQMH Training reports	KHIS reports Trauma registers Commodity registers, Personnel registers Training certificates

1 KHIS for January – December 2019 retrieved on March 2020

OUTCOME	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.4 Child survivors of violence have improved access and utilise essential support services through multi-sectoral referral mechanisms established at county and sub-county level	Percentage of females and males who knew of a place to seek help (services) about any experience of sexual violence 18 – 24 years, before age 18	34.8 % females 34.2 % males	52.2 % females 51.3 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males who sought professional services for any incident of sexual violence 18 – 24 years, before age 18	12.5 % females 3.2 % males	18.8 % females 4.8 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males who knew of a place to seek help (services) about any experience of physical violence 18 – 24 years, before age 18	33.3 % females 40.6 % males	50.0 % females 60.9 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males who sought professional services for any incident of physical violence 18 – 24 years, before age 18	8.9 % females 8.5 % males	13.4 % females 12.8 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)

## OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.2.1 Health care providers have strengthened capacities to manage cases of violence against children.	Number of health professionals trained to manage violence against children cases	0	TBD	MOH	DCS, MOE, NPS County Governments, DP, CSOs, FBOs community health volunteers	Professional bodies e.g. LSK, MOH, Universities, Medical Training Colleges	Data from MOH, DCS, Technical Training Certificates, Curriculum of Higher learning institutions
5.2.2 Community health volunteers and community health extension workers have strengthened capacities on prevention, early identification and referrals of cases of violence against children.	Number of community health volunteers and community health extension workers trained to prevent, identify and refer cases of violence against children	0	30,000	MOH	DCS, MOE, NPS County Governments, DP, CSOs	DCS and MOH reports and records	DCS, MOH and DP

## COSTING RESULTS

The NPRP on VAC was costed, and the table below indicates the cost estimate in USD for strategic actions to be led by the Ministry of Health under three scenarios – (i) basic, (ii) enhanced, and (iii) ideal.

### STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES (ALL COSTS IN USD)



## STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES

						COSTING SCENARIOS		
APPROACH	ACTIONS	LEAD ACTOR	TYPE OF ACTION	INCLUDE / EXCLUDE	NEW / EXISTING	SCENARIO 1 BASIC	SCENARIO 2 ENHANCED	SCENARIO 3 IDEAL
<b>OVERALL TOTAL</b>								
Once-off activities*						1,200,000	1,500,000	1,800,000
Ongoing activities						4,691,425	7,469,627	11,600,615
<b>2. Improve access to essential health services for children who have experienced violence.</b>								
Once-off activities*						-	-	-
Ongoing activities						1,494,600	2,409,800	3,926,600
2.1	Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection and preservation diagnosis, treatment, case management, referrals, documentation and reporting).	Ministry of Health	Training	Include	Existing	846,000	893,000	893,000
2.2	Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children.	Ministry of Health	Training	Include	Existing	324,300	758,400	1,516,800
2.3	Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children (2018).	Ministry of Health	Training	Include	Existing	324,300	758,400	1,516,800
2.4	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	County Governments	Response services	Exclude	Existing	-	-	-

\*Once-off activities include: (i) developing policies, laws and plans and (ii) infrastructure spend

NOTE: The activity to 'provide professional counselling and therapy for child survivors of violence' was not included in the costing model as it was deemed the core responsibility of the social development units of the county government.