

Fact sheet

Active Screening for Sexual and Gender Based Violence in MSF-Supported Health Facilities

According to the 2014 Kenya Demographic and Health Survey, 12% of women 15-49 years of age experienced sexual violence in the past 12 months in Nairobi and nearly 35% experienced intimate partner violence. Despite the high physical and psychological burden, survivors of sexual and gender based violence (SGBV) in Kenya often do not report or seek help from their health providers. Active screening in health centres, where patients are asked structured questions by health workers to identify if they have experienced SGBV, has not been widely used in low-income settings. Nairobi Eastlands is a good candidate for active screening for SGBV given the combination of high prevalence, good availability of services to support survivors of SGBV, and national and partner commitment to address the issue. In such a context, active screening could help improve detection of SGBV cases and uptake of available services, improve awareness of rights and services, and formalise and standardise the process through which survivors are identified and linked to services.

Using a short, locally piloted SGBV active screening tool, patients presenting at a Maternal and Child Health clinic and an Accident and Emergency clinic (both of which have SGBV nurses and services) will be screened (without collecting their name) for specific types of SGBV for which services are available. This will include sexual violence from any perpetrator, physical violence from an intimate partner or family member of the opposite sex, and any type of physical or sexual violence towards children. This will take place in a private setting (either at entry or during clinical services). Those screened positive will be referred to the SGBV nurse and at this point will be invited to participate in the study. Participants and non-participants alike will receive standard SGBV services offered through the MSF supported facility and referral services (e.g. medical, psychological, social, legal, etc.). The number screened will be logged, and screening register counts will be compared to the SGBV nurse's work log to evaluate if screening can increase the number of survivors identified and their uptake of services. A questionnaire will ask participants about acceptability of the screening process and survivors' service needs and a selected subset will be asked to undergo in depth interviews to explore acceptability of the active screening process and factors influencing uptake of services. Relevant health staff will be invited to participate in paired interviews to explore implementation challenges.

Patients seeking services at the 2 health centres who screen positive using the active screening tool and are interested in participating in the research will receive detailed oral and written information about the study objectives, study procedures, and a clear explanation of the risks and benefits derived from participation in the research. The patient information note will be provided in the appropriate local language (Swahili). A trained study staff will take the patients through all the details mentioned in the patient information sheet and answer any queries raised. Patients willing to participate in the study will be asked to sign a consent form, including an additional consent form for in-depth interviews.

Study results will assist in producing evidence on active screening in a low income but well supported setting as well as help inform scale up SGBV services within MSF and nationally. Finally, the main results will be communicated to scientific and civil societies through national and international conferences and peer-reviewed specialized journals.