



**COLLABORATION
OF WOMEN IN
DEVELOPMENT**

Investing in Women, Children and Youth

PROVISION OF ESSENTIAL SERVICES FOR GENDER BASED VIOLENCE SURVIVORS IN MOMBASA COUNTY

**ASSESSING INSTITUTIONS' CAPACITY,
OPPORTUNITIES, AND READINESS DURING**

COVID-19

RAPID ASSESSMENT REPORT - JULY 2020





This report was prepared by Collaboration of Women In Development (CWID) in collaboration with Urgent Action Fund Africa (UAF-A). This work is intended to help policymakers understand the capacities of public and private health service delivery, available opportunities for partnerships, and types of services that may be deemed essential during epidemics and crisis situations in Mombasa County.

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Cover Photo credit: medecins sans frontiers (MSF) - Tales from MSF's
'Container Village' in Likoni, Kenya



LIST OF ACRONYMS

ART	Antiretroviral Therapy
CPGH	Coast Provincial General Hospital
CWID	Collaboration of Women In Development
ECSA	Eastern, Central and Southern Africa
GBV	Gender Based Violence
GBVRC	Gender Based Violence Recovery Centre
GVRC	Gender Violence Recovery Centre
ICRH	International Centre for Reproductive Health
MSF	medecins sans frontieres
PEP	HIV Postexposure Prophylaxis
PGBVN	Pwani Gender Based Violence Network
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
SV	Sexual Violence
UAFA	Urgent Action Fund Africa

Executive Summary

The present rapid integrated assessment was led by Collaboration of Women In Development (CWID) in Mombasa in partnership with Pwani Gender Based Violence Network (PGBVN). It took place between the 18th and the 20th of June 2020 In six Sub-Counties of Mombasa County (Kisauni, Changamwe, Likoni, Mvita, Nyali and Kisauni). The main purpose of this assessment was to get a better understanding of the capacity of institutions providing essential health related services. The findings of this report will hopefully be useful in the developing County Guidelines for future programing and planning for provision of essential services during epidemics and crisis periods. CWID decided to focus on Mombasa County due to the its vulnerability as a result of its position as a Port County as well as huge numbers of vulnerable women and girls susceptible to gender and sexual based violence. This report also aims to contribute to filling the information gap that currently exists in Mombasa County.

This assessment used a combination of primary and secondary data collection methods. In total 35 key informants were interviewed: 5 National Government agencies; 2 County Government agencies; 7 public health facilities; 6 private health facilities and 10 CSOs and 5 pharmacies.

Key Findings of the Assessment included:

There is lack of a Government safe house/shelter in Mombasa County – Only Non-State actors have some safe houses for GBV victims. For Instance, Okoa Sasa and St. Lwanga, Tudor (minors) and Holy Ghost Cathedral is for adult Women.

There exist several state and local non-state actors with capacity to provide essential services for women, girls, persons living with disability and other vulnerable groups during COVID 19 crisis. However, there are still gaps that hinder effective service delivery.

Lack of clear policy guidelines that supports non-state actors (especially NGOs, local organizations and Pharmacies)

that offer essential services to the community. Most respondents felt that the national government guidelines ignored the contributions of these organizations to complement government facilities which were already overwhelmed.

Referral pathways among state and non-state actors were and are still very instrumental in ensuring that the essential services are realized amid COVID 19 crisis and future epidemics.

Acknowledgement



This project has benefited greatly from key inputs and support from the Department of Health Services and the non-state actor service providers. We are most grateful to these organizations, especially for their willingness to facilitate data access and provide crucial content knowledge. We especially thank all of the health facilities and CSOs and their staff, who generously gave of their time and facilitated the sharing of the facility data that made this study possible.

The quantity and quality of the data collected for the study in Mombasa are a direct reflection of the dedicated field team. It is because of their days of hard work, travelling from facility to facility and interviewing staff, that we are able to present these findings today. We thank CWID's field team, which included Susan Lankisa, Livingstone Odero, Caroline Mghalu, Allan Oduor, Susy Auma, Doris Ojiambo, Sharon Kawira, Cecilia Mukami and James Mutinda.

At CWID, gratitude is extended to the Secretariat's leadership led by Betty Sharon for overall supervision of the project, Doris Ojiambo for managing the Project, Maryam Fauz for financial facilitation for the project team, and Livingstone Odero for managing the production of this Project.

Funding for this research came from the Urgent Action Fund Africa.

A handwritten signature in blue ink, appearing to read "Tom Ngar".

Tom Ngar
Head of Programmes

Forward

Disease outbreaks like COVID-19 threatens the health of all, disrupt the normal functioning of populations and proliferate indiscriminately. Conversely women and girls are disproportionately affected during epidemics, the very measures taken to protect populations and keep health systems afloat leave women and girls especially vulnerable to violence.



Sexual and gender-based violence is a hidden consequence of the COVID-19 pandemic. Since tragedies aggravate pre-existing gender inequities and power hierarchies, violence in the home may worsen as prolonged quarantine, curfews, lockdowns and economic stressors increase tension in the household.

During epidemics, it's harder for sexual and reproductive health workers to appropriately screen for sexual and gender-based violence. Besides referral pathways to care are disrupted. An increase in sexual and gender-based violence was observed during the 2013-2015 Ebola outbreak in West Africa. During that outbreak, response efforts focussed on containing the disease.

Similarly in Kenya Mombasa during COVID19 epidemic, this focus may demonstrate significance, nonetheless protocols were never established to protect girls and women from violence during the outbreak. Quarantines and school closures were put in place to contain the spread of disease. This left women and adolescent girls vulnerable to coercion, exploitation and sexual abuse. Sexual and gender-based violence does not begin with disasters like COVID-19. But the chaos and instability they cause leave women and girls more vulnerable.

On the other hand the reports from the newly established Situation Room by the Mombasa County Government Department of

response to GBV is not enough. Prevention and mitigation initiatives need to be integrated across all sectors.

In this case National government and County governments must ensure the protection of women and girls right from the beginning of an epidemic and establish structures to identify organisations already focussed on sexual and gender-based violence and give them the tools and resources that are in place to continue supporting women and girls during the pandemic.

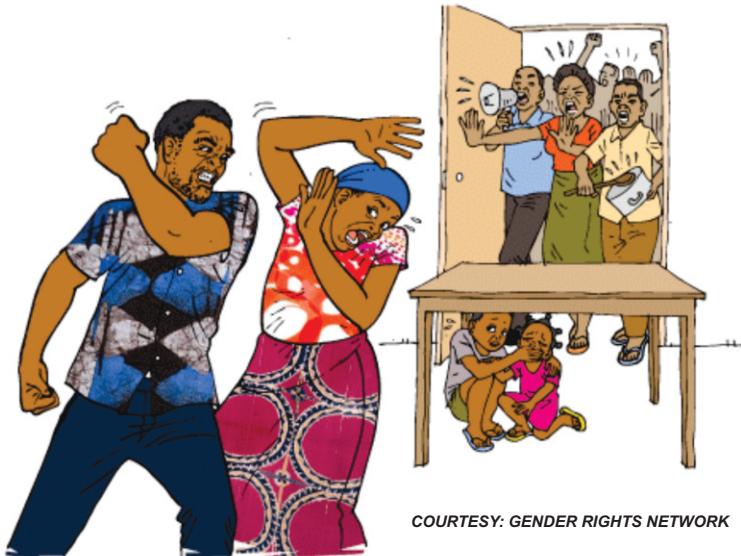
As hospitals and clinics deal with infected patients, the health sector should collaborate with gender-violence organisations to deliver services creatively and strengthen referral pathways in accordance with virus mitigation measures. All protective services for women and girls must be classified as “essential” during any outbreak.



Betty Sharon
Executive Director

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COURTESY: GENDER RIGHTS NETWORK

1.0 BACKGROUND AND CONTEXT

1.1 General Overview

1.1.1 Gender Based Violence

Gender-based violence (GBV) increases during every type of emergency – whether economic crises, conflict or disease outbreaks. Pre-existing toxic social norms and gender inequalities, economic and social stress caused by the COVID-19 pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV. Many women are in 'lockdown' at home with their abusers while being cut off from normal support services. Periods of confinement or lockdown do not lessen the need for access to justice or rule of law. On the contrary, the needs are even greater as some rights and freedoms can be rolled-back or threatened in the context of COVID-19 response (such as the implementation of discriminatory measures targeted against LGBTI and vulnerable populations and reduced access to sexual and reproductive health services). GBV strategies need to be integrated into operational plans of the justice and security sectors throughout COVID-19 preparedness, response and recovery. When courts are not operating, advocate for the inclusion of GBV services in the skeletal services provided and ensure that necessary safeguards exist for GBV survivors. Globally, data shows an increase in the number of GBV cases.

Emerging data shows that since the outbreak of COVID-19, violence against women and girls, and particularly domestic violence has INTENSIFIED.

30%

IN FRANCE, REPORTS OF DOMESTIC VIOLENCE HAVE INCREASED BY **30%** SINCE THE LOCKDOWN ON MARCH 17.

25%

IN ARGENTINA EMERGENCY CALLS FOR DOMESTIC VIOLENCE CASES HAVE INCREASED BY **25%** SINCE THE LOCKDOWN ON MARCH 20.

30 & 33%

IN CYPRUS AND SINGAPORE HELPLINES HAVE REGISTERED AN INCREASE IN CALLS OF **30%** AND **33%** RESPECTIVELY.



INCREASED CASES OF DOMESTIC VIOLENCE AND DEMAND FOR EMERGENCY SHELTER HAVE ALSO BEEN REPORTED IN CANADA, GERMANY, SPAIN, THE UNITED KINGDOM AND THE UNITED STATES.

Courtesy: UNDP

The social and economic impacts of COVID-19 will be different for women and men, boys and girls. Increased economic insecurity may increase stress within the household, along with a GBV survivor's economic dependence on their abuser, making it more challenging to leave. The risk of child, forced or early marriage may also increase as a coping strategy to financial and food insecurity. Conversely, increases in women's economic autonomy may disrupt power dynamics within the household, potentially resulting in male backlash.

Persons with disability (PWDs) also suffer from access to health and GBV related services during COVID 19. It is well recognized that persons with disabilities face a range of barriers in accessing GBV

programs and services, including information being in inaccessible formats; lack of transportation to health facilities and women's centers; environmental barriers at health facilities and women's centers (e.g. stairs, no wheelchair accessible toilets, etc.); and negative attitudes of family members, communities and even staff who provide services.

The Kenya Government, like any other countries regional and globally, has adopted strict measures to counter the spread of the COVID-19 virus. But these measures, as necessary as they are, are having particular impact on women and girls, including elevating the risk of gender-based violence.

The restrictions imposed in response to the COVID-19 pandemic are likely to make it harder for survivors to report abuse and seek help and for service providers to respond efficiently. Self-isolation has forced victims of domestic violence and their children into uncomfortable and dangerous circumstances: Riding out the Covid-19 crisis, shut in with their abusers. The pandemic has shattered exit plans that some victims have spent months developing. In addition, the deluge of stress and fear — of unemployment, of sickness, of death — is only intensifying the abuse they face. Abuse survivors are familiar with the rules of social isolation already. Now, the pandemic is doing the work for abusers. Domestic violence cases spike in times of prolonged stress and disruption, like financial crises and natural disasters. But most people have never lived through anything quite like the Covid-19 pandemic. Sexual assault victims maybe hesitant to go to a hospital to receive a rape kit, as hospitals operate at full capacity and physicians pleading with the public to avoid burdening the health care system.

Meanwhile, free counselling hotlines have registered an uptick in fear and anxiety around finances,

resentment about quarantine and movement restrictions, as well as about the dusk-to-dawn curfew. Further, stigma is growing, too, with those released from quarantine often shunned by their communities. Most services providers indicated that there are fears and misinformation around reporting to the hospital as survivors are worried about catching COVID-19 if they go to hospital or report incidents to the police.

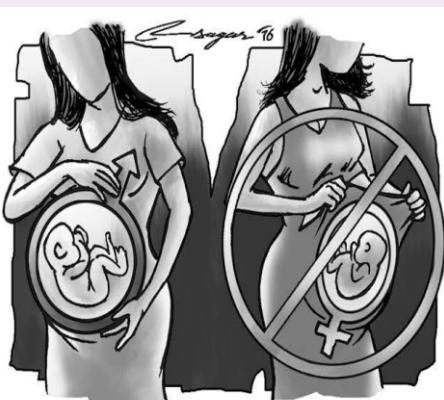
1.1.2 Sexual and Reproductive Health (SRH)

Disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men. Emergency response of COVID-19 outbreak also means that resources for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and new-born mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections.

Provision of family planning and other sexual and reproductive health services and commodities, including those related to menstrual health, are central to women and girls' health, empowerment, and dignity, and may be impacted as supply chains undergo strains from COVID-19 pandemic response.

Disease outbreaks affect women and men differently, and epidemics make existing inequalities for women and girls and discrimination of other marginalised groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men, as well as for their overall wellbeing. The closure of schools to control COVID-19 transmission has a differential effect on women economically, given their role in providing most of the informal care within families, with consequences that limit their work and economic opportunities. In general the outbreak experience means that women's domestic burden becomes exacerbated as well, making their share of household responsibilities even heavier and for many while they also work full time.

The World Health Organisation, in a factsheet titled "Disaster Risk Management for Health – Sexual and reproductive health" identifies that in times of crisis, disruption in reproductive health services can lead to a range of adverse outcomes. The factsheet identifies negative outcomes including an increase in sexually transmitted infections, possible spread of HIV, increased unintended pregnancies and unsafe abortions as well as maternal and neonatal deaths.



**Safe Abortion should be an essential
health services.
SAY NO TO UNSAFE ABORTION!!!**

Health systems in Africa are already burdened with high level of life-threatening communicable diseases coupled with increasing rates of non-communicable diseases such as hypertension and coronary heart diseases.

Africa has 11% of the world's population but 60% of the people with HIV/AIDS.

More than 90% of the estimated 300-500 million malaria cases that occur worldwide every year are in Africa, mainly in children under five years of age. COVID-19 will likely burden health systems that are already stretched to capacity. Weak health systems including insufficient skilled personnel and shortages in supplies, underpinned by inequitable gender and social norms, result in significant barriers and limited access to Sexual and Reproductive Health and Rights (SRHR) services across East Central and Southern Africa (ECSA). The limited SRHR and GBV services could further be strained as resources and personnel may be diverted to respond to the outbreak. Restriction in movement introduced by most governments will also curtail women's access to SRHR, perinatal and postpartum support and GBV services.

As Kenya battles COVID-19, Kenyan women (and their partners) still need to have a satisfying and safe sex life, choose if and when they want to have children. Even before the onset of the ongoing COVID-19 pandemic, Kenya was struggling with sexual and reproductive healthcare issues. Kenya's rate of preventable maternal deaths is still unacceptably high. 362 per 100,000 live births according to the Kenyan Demographic and Health Survey, 2014.

Too many women do not have access to modern contraceptives, too many adolescents and young people are getting pregnant and getting infected with HIV. Kenya was also struggling to meet funding requirements for sexual and reproductive healthcare before the COVID-19 pandemic hit. A good illustration of the importance of the public health system in providing sexual and reproductive healthcare is access to contraceptives. The indirect impact on health services is thus likely to be substantial with COVID-19 and highlights the importance of support to maintain routine health service delivery including vaccination, child health, and treatment of wasting and antenatal and safe delivery programmes.

According to the Kenya Demographic and Health Survey 2014, the public sector is the major source of contraceptive methods in Kenya, providing contraception to 6 out of 10 (60 per cent) of current users. 24 per cent of users obtain their methods from government dispensaries, 20 per cent from government hospitals, and 16 per cent from government health centres. While the contraceptive prevalence rate continues to increase, it is estimated that a quarter of the population still have an unmet need for contraception and family planning services.



Partners should be encouraged to take part in family planning counselling session

A large inequality discrepancy exists throughout the country between rural and urban populations, and within and between provinces. Unmet need remains the highest among youth and low socio-economic groups in rural areas.

1.2 Significance of the Assessment

The main purpose of this assessment was to get a better understanding of the capacity of institutions providing essential health related services

Specific objectives include:

- 1) To establish the types of services offered by various institutions (state and non-state actors) towards response to GBV and SRH
- 2) To understand challenges and opportunities that exist while offering the services especially during COVID 19 crisis
- 3) To make recommendations that may strengthen capacity of Mombasa County Government in providing essential health services during epidemics and crisis periods

1.3 Methodology

1.3.1 Study Design

A combination of primary and secondary sources and methods were used. Secondary sources included literature retrieved during desk review from reports published by a range of services providers, government agencies, local and international NGOs. Primary sources and methods included key informant interviews (mainly with representatives from services providers, government agencies, local and international NGOs).

1.3.2 Study team

Seven enumerators, 4 females and 3 males, carried out data collection. The team was led by field coordinator who ensured leadership and coordination of the enumerator teams. An assessment team leader supervised the entire process from the development of the terms of reference to the writing of the report. The overall quality assurance was led principal investigator based in Nairobi and supported by the Technical Committee members.

1.3.3 Sampling approach

The assessment used purposive sampling to identify the Key Informants who were the main respondents for the study.

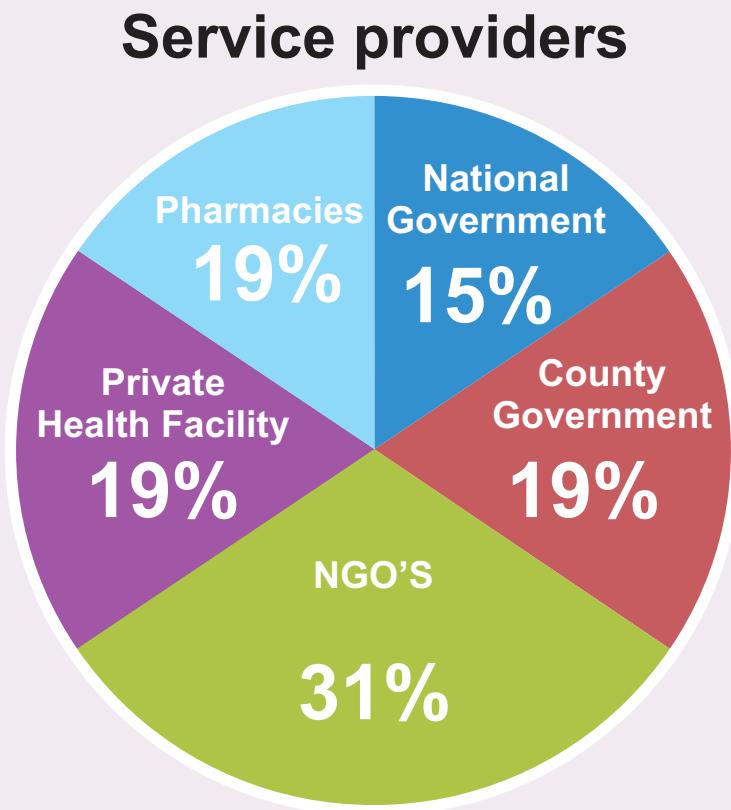
Purpose sampling was used because the assessment's objective was to identify institutions that provide specific services. The Key Informants were picked based on the institutions that are perceived to be offering services related to GBV, security and SRHR.

The statistical unit for this study is service provider. A service provider is defined in this assessment as a physical entity in which community members report to for purposes of receiving services related to SRHR and GBV. To put it simply it has been assumed that a service provider is any institution (state or non-state) that supports members of target community to access SRHR and GBV services.

2.0 SERVICE PROVIDERS AND SERVICES OFFERED

1.1 Service providers

The services providers identified for purposes of this report are government facilities or institutions, private sector (including clinics, hospitals, pharmacies), or NGOs/INGOs which offer continued essential health services to community members in relation to SRHR and GBV. While some (such as the state agencies) have legal obligations to offer the services, others (such as the NGOs) work to complement services offered by the government. Government agencies in this report include both county and national government institutions. The chart below shows the distribution of sample size by category.



2.2 Essential services offered by various institutions

During the assessment period, service providers listed the following services that they offer to women, girls, youth, elderly and persons with disabilities. The tabulation describes the services offered by various categories of institutions in general.

No.	Category/Type	Services Offered
1	County Health Facilities	Family planning, Menstrual hygiene, Seeking skilled delivery at health facility and community-based post-natal services including transport to health facility during curfew or lockdown situation, Prevention of communicable disease (vaccination, and distribution of free condoms) Gender violence related services (general examination, provision of PEPs, E-Pills and referrals) Household visits to people living with disabilities and elderly through use of CHVs, Community mental health and psychosocial services, make referrals on GBV cases to relevant offices for action and support, Community surveillance to identify deaths caused by domestic violence during epidemics,
		community level surveillance for identification and reporting of challengers in accessing basic services like food, water, shelter and health care through public health, and Pharmaceutical services

2	Private Health Facilities	<p>Family planning, Pharmaceuticals, women economic empowerment (use women as paid CHVs or by involving them in other paid services), mental health and psychological support, Menstrual hygiene, subsidized transport, Seeking skilled delivery at health facility and community-based post-natal services including transport to health facility during curfew or lockdown situation, Gender violence related services, (especially first aid, provision of Pre exposure Prophylaxis (PreP)), and referral services), Prevention of communicable disease, particularly vaccination (provide Human PapillomAvirus (HPV) vaccines and sale of condoms).</p>
3	Private Pharmacies	<p>Pharmaceuticals (is the major service), Family planning (majorly Emergency Contraceptive Pill), Gender violence cases (general examination, counselling, referrals to chiefs and police, Emergency Contraceptive Pill for rape and defilement cases, sale of Condoms), Community Mental and Psychosocial Services, Prevention of communicable diseases, particularly vaccination (majorly referrals) and sale of condoms Seeking Skilled delivery at Health Facility and Community Based Post- Natal services including transport to health facility during curfew or lockdowns situations (some have funds for critical and vulnerable patients), Menstrual hygiene (sale of sanitary towels)</p>

4	National Police Service	<p>Menstrual Hygiene (done for women employees, donates sanitary towels ,educating children on menstrual hygiene, have special rooms for menstrual hygiene where one can exchange pads), Gender violence related services (Gender Desk), Security services including investigations and arresting of sexual /gender violence offenders, Community mental health and psychosocial services (psychosocial support for female police who have gone through traumatic experiences) Household visits to older person who require care (e.g. Mvita Police Station carry out visits to Nyumba ya Wazee in Tudor) Community surveillance to identify deaths caused by domestic violence during epidemics (They use the number 999 at the call centre ,and carry out public sensitization on the same) Economic empowerment and relief funds for affected women and other vulnerable populations (this is done through the Jiokoe Initiative members contribution for female police and partially for community)</p>
5	Local Administration (Chiefs/Asst. Chiefs/Village heads)	<p>Gender violence related services (counselling, referrals, awareness creation during public barazas and assisting in arrests for sexual offenders, housing/sheltering victims of GBV) Security services including investigating and arresting of sexual/gender violence offenders (referrals and assisting the police with arrests for sexual offenders) Household visits to people living with disabilities and elderly people (Through CHVs) Community mental health and psychosocial services Community level surveillance for identification and reporting of challenges in accessing basic services like food water shelter and health care. Family planning (awareness creation through CHVs) Economic empowerment and relief</p>

		funds for affected women and other vulnerable populations (Referring women to funding opportunities i.e. NGOs Youth Fund, Women Fund, Uwezo Fund etc.) Prevention of communicable diseases (awareness on vaccination, distribution of free condoms)
6	Judiciary	Hearing of GBV cases, Sentencing perpetrators of GBV, Ensuring compensation of victims of violence
7	Department of Children	Care and protection for the children Legal Aid service for the children Welfare and cash transfer for orphans and vulnerable children Sensitization, awareness creation and Education Lobbying for resources for the children support Referrals for gender violence cases against children.
8	NGOs and Community Organizations	Pro bono legal services (including litigation) for survivors of gender based violence. Housing and sheltering of GBV survivors (in their homes) Awareness, referrals and policy advocacy on GBV, Family Planning and Maternal Health – mainly policy advocacy, awareness creation, direct service provision Psychosocial support for survivors of GBV Community surveillance to identify deaths caused by domestic violence during epidemic Community level surveillance for identification and reporting of challenges in accessing basic services like food ,water, shelter and health care Economic empowerment and relief funds for affected women and other vulnerable populations

2.3 Number of Gender Based Violence Being Reported

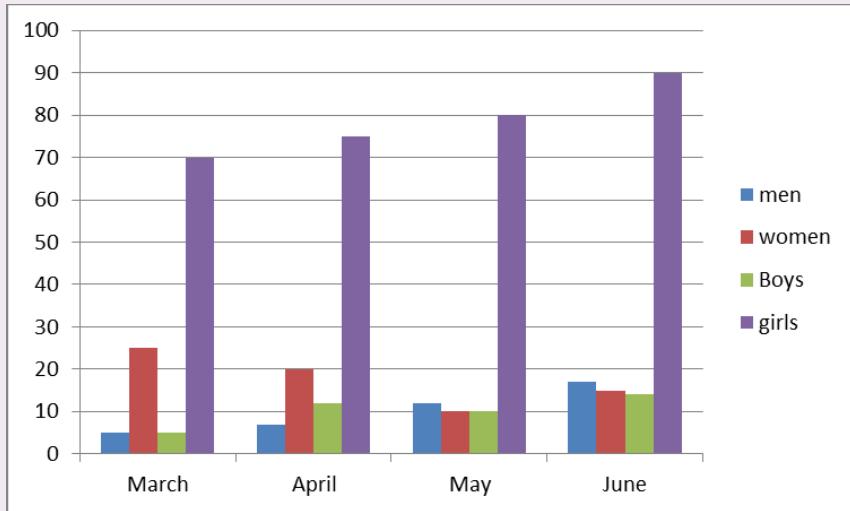
According to GBVRC (Mombasa), the number of GBV cases being reported has dropped significantly due to several reasons ranging from fear of being locked up in COVID 19 isolation centre, to dusk to dawn curfew. This was also the case in most of other government facilities. On the other hand, private facilities and NGOs recorded high numbers (a surge in number of GBV cases) being reported. The surge in private facilities and NGOs could be as a result of inaccessibility and strict measures in public hospitals.

On another note, it would be worth noting that the GBV cases reported indicated that girls experienced more sexual and gender violence, followed by women. However, number of cases reported by boys also increased during the COVID 19 period though the cases were still lower than those of women and girls. Men reported the least number of gender violence cases but with a steady rise over the four months.



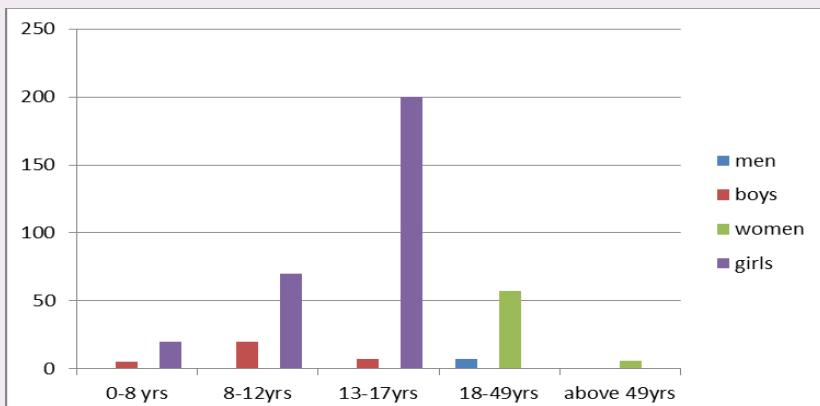
COURTESY: ADAM LUTTA, BABATAU INC.

The graph below shows reported cases between the months March and June 2020.



It is important to note that, despite the general county trend as reported by Mombasa GBVRC and National Crimes and Research Centre, Mombasa Situation Room (via hotlines) reported more GBV cases for women (42 cases) followed by Girls (34 cases), men (30 cases) and boys (8 cases). This is interesting as this is the only platform were more cases of men seem to be reported.

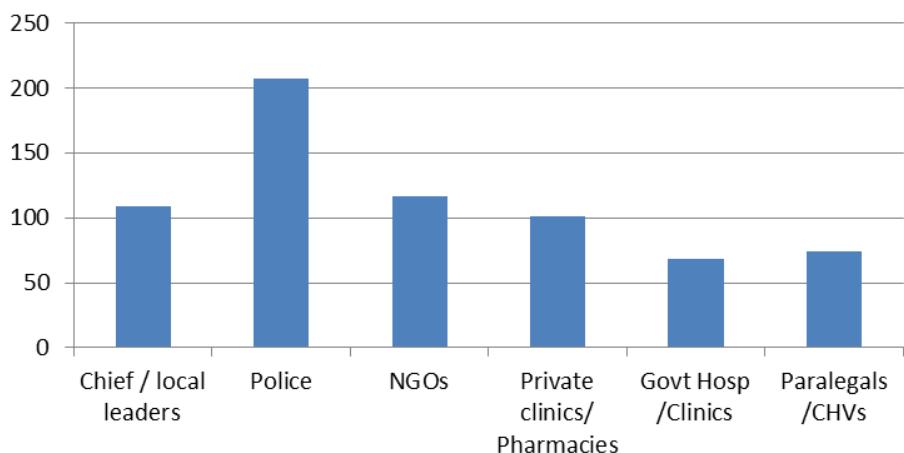
Girls aged between 13-17 years experienced more gender violence followed by those aged between 8-12 years while those below the ages of 8 years reported least cases. The graph below summarises the age disaggregation.



2.4 Where Survivors get GBV or Health Services

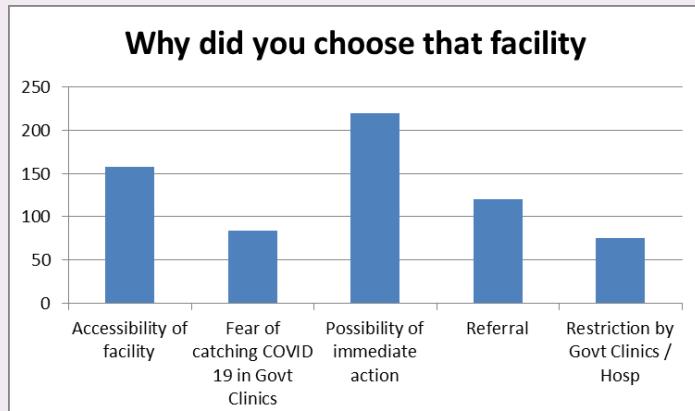
When asked where they reported cases of GBV cases or where they receive health related services during COVID 19 period, most respondents revealed that they got services from the police, NGOs, chiefs/local leaders, private clinics/pharmacies, paralegals/CHVs and government hospitals/clinics (in that order). It is worth noting that, most respondents also indicated that they reported to more than one institution.

Where Do You Report/ Get Services



The respondents also gave the following reasons for reporting or accessing services in the above institutions:

Why did you choose that facility



When probed further on what restrictions by Government clinics and health facilities, the respondents reported as follows:

- a) Mandatory testing for COVID 19 in cases where patients had symptoms similar to those of COVID 19
- b) Discouraging patients to only visit health facilities when they experience emergency of serious health problems

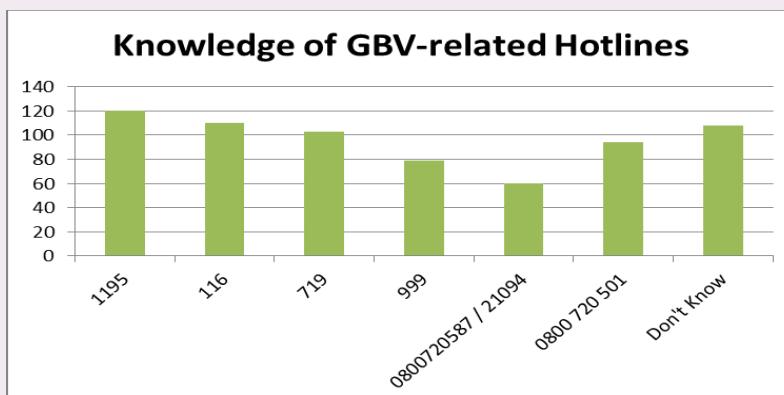
2.5 Gender Based Violence Hotlines

The COVID 19 pandemic period has seen a rise in new helplines to help curb GBV cases. The governments and non-state actors have developed hotlines (most which are toll-free) to support survivors of GBV in accessing various services. While some of the hotlines have been in existence even before COVID 19 pandemic, new ones sprang immediately after March 2020. The following table broadly summarizes the key available hotlines:

Institution	National Police Service (Mombasa)	County Government of Mombasa - Department of Gender and Cultural Affairs	FIDA Kenya	Ministry of Public Service, Youth and Gender Affairs	Ministry of Health - National Government
Hotline	999	0800720587 / 21094	0800 720 501	1195	719
Main Purpose	To assist the general public to report and get prompt action towards insecurity matters and other related matters (GBV/attending to distress cause)	Gender Based Violence cases	Gender Based Violence cases	Gender Based Violence cases	Mental health cases
Type of GBV reported	Domestic violence, Rape, defilement	Domestic violence, Rape, defilement	Domestic violence, Rape, defilement	Domestic violence, Rape, defilement	Emotional violence

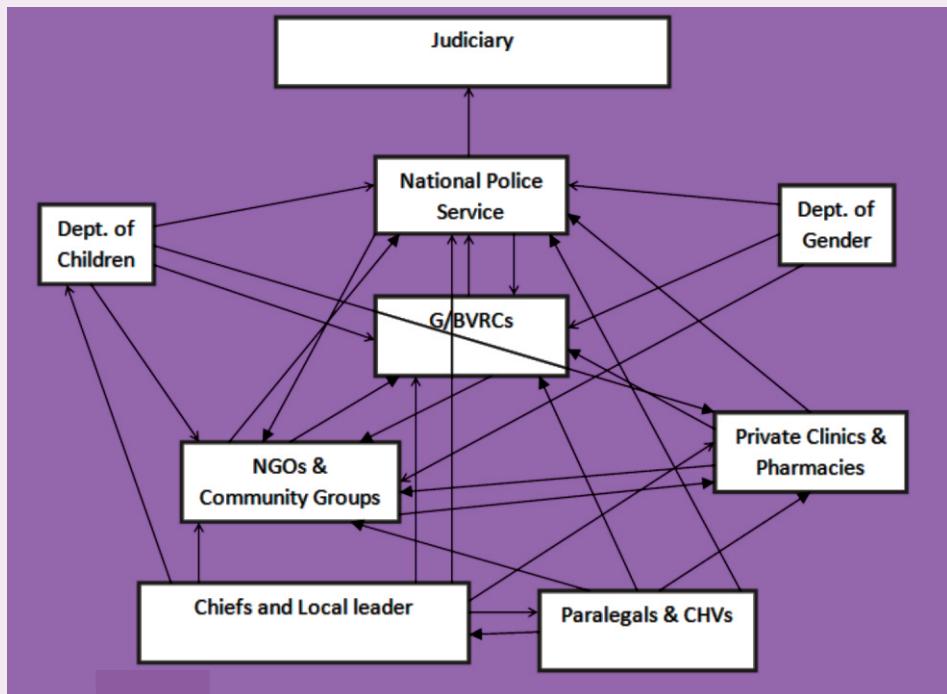
Services offered	Investigation, arrests, referrals	Psychosocial support, referrals	Counselling, legal aid, referrals	tele-counselling, referral,	Tele-counselling
Steps for Awareness	Sensitization via stakeholders forums	Sensitization via social media, partners, posters	Sensitization via social media, public forums, partners, posters	Sensitization via partners, website, social media, public forums, posters	Online and media sensitization
Challenges	Limited awareness on operations	office space that offers the counselling is not spacious enough to protect privacy; Limited awareness on	Limited awareness on operations	Some survivors are still not aware of the service	Most citizens are not aware of the tele counselling service
Referral Network	Children Departments, G/BVRCs, Health Facilities, NGOs	Sauti ya Wanawake, Kituo cha sharia, FIDA Kenya, Action Aid, CWID.	Health facilities, Police	Children Departments, G/BVRCs, Health Facilities, police, NGOs	Health facilities,

To ascertain the level of awareness by the residents of Mombasa County, respondents were asked which hotlines they knew. The following bar graph shows the response.



2.6 Referral Pathways

The report shows that most service providers, if not all, do referral of cases to relevant facilities or offices for appropriate action. The following picture shows the intersections among service providers based on the data collected:



3.0 CAPACITY AND OPERATIONAL CHALLENGES

3.1 Challenges experienced by services providers

Most of the service providers reported to be experiencing some challenges. Table 2 shows some of the capacity and operational challenges as reported by the various institutions.

3.1.1 Challenges by Government Institutions

The reported challenges include:

- **Staffing** – Most health facilities reported that they had limited number of staff while other institutions reported that some staff had to work from home due to Government restrictions on COIVD 19. The limitation in staffing impede on efficient service delivery especially when the number of GBV cases keep rising
- **Time** – On the onset of COVID 19 pandemic in Kenya, Judiciary and many other Government departments (both national and county) closed their doors to the public thus crippling efforts towards combating GBV. The Judiciary, however, partially resumed through online proceeding and filling of cases. This has posed serious challenge as most witnesses are either not aware of the process or
- **Funding** – While some institutions experienced low level of funding, some reported budget cuts as the Government had to redirect funds to combating the pandemic. This slowed operations and in some cases hindered response (especially by Police and Health facilities) to GBV cases.
- **Awareness creation and public education** – Some institutions (chief and Children offices) reported that it was difficult to create awareness as public gatherings were banned

- **Preservation of evidence** – It was also reported that evidences of cases that were reported while the responsible officers were working from home were tampered with by children or other family members while performing family chores or playing
- **Shelters and Safe Houses for survivors of GBV** – State officers reported that the absence of a government safe house inconvenienced them as some of them had to house the survivors. This was also perceived as dangerous by family members since the COVID 19 status of the survivors was not known.

3.1.2 Challenges experienced by Non-State actors

- **Operating Time** – Most of the facilities and organizations reported that their services were not classified as essential therefore compelling them to close during curfew hours.

Staffing – Most NGOs and private facilities were compelled to send staff on compulsory unpaid leave or terminate their contracts. This meant that the same amount of work that was done by more staff had to be done by less staff thus leading to slow response. However, those that had their staff not terminated still reported shortages as the number of GBV survivors that needed support surged.

- **Shift to Online/Digital Platform** – Most NGOs or private facilities were compelled to change from face - face interactions to tele-conferencing or other digital platforms to reach out to the beneficiaries. This has been a challenge as the beneficiaries may not have sufficient data bundles or access to equipment (e.g. smartphones or laptops) that allow such arrangement. Other facilities also reported that some community members were uncomfortable with tele-counselling.
- **Funding** – While some institutions experienced low level of funding, some reported budget cuts as the Government had to redirect funds to combating the pandemic. This slowed operations and in some cases hindered response (especially by Police and Health facilities) to GBV cases.

- **Awareness creation and public education** – Most of the respondents reported to that they had to resort to use of other platforms such as radio shows, bulk sms, and social media to conduct awareness and public education. According to them, these change left many community members out as some do not possess phones or have limited access to data bundles for social media access.
- **Shelters and Safe Houses for survivors of GBV** – The surge in number of GBV survivors who required safe sheltering was one of the major concerns by NGOs or community organizations. Most of them reported that lack of safe house in Mombasa is a major concern especially during the pandemic period when housing non-family members in their houses is a health risk.
- **Referrals** – Some respondents reported that the referral chain became complicated as some of the traditional partners had closed down due to COVID 19 crisis. In addition, they reported that some partners also turned community members back due to congestion and space limitation



4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

To strive to achieve its health goals and objectives, Mombasa County has over the past seven years laid emphasis on partnership between public and private actors. In addition, the County has passed several legislations, policies and health responsive budgets. However, it is evident from COVID 19 crisis un-earthed some gaps in the health sector that if addressed would lift Mombasa above many other Counties. While the County has continued working with private sector and local organization is realizing efficient service delivery in health sector, some of the government directives may have forgotten the contributions that these sectors would have made in case adjustments would have been made to enhance essential services from the private sector during COVID 19 crisis. In addition, the absence of a safe house is also a wake-up call to the County if it were to be prepared for future epidemics and crises.

4.2 Recommendations:

The study makes the following key recommendations:

a) To the County Government of Mombasa

- Develop County Guidelines on provision of essential services which is sensitive to both private and public sector contributions
- Conduct awareness on County Hotlines
- Build and resource a functional safe house or shelter for victims of gender based violence

b) Local organizations and facilities

- Build sustainable partnerships with national and county government to ensure smooth continuity of service provisions during crises and epidemics
- Conduct awareness on County Hotlines and services related to GBV

ANNEX 1 – LIST OF SERVICE PROVIDERS WHO PARTICIPATED IN THE STUDY

No.	Name of Institution	Sub-County
1.	Badria Hospital	Nyali Sub-County
2.	Kisauni Dispensary	Nyali Sub-County
3.	Bayleaf Hospital	Mvita Sub-County
4.	Mwembe Tayari Dispensary	Mvita Sub-County
5.	Shelly Beach Hospital	Likoni Sub-County
6.	Bamako Dispensary	Likoni Sub-County
7.	Jitoni Medical	Jomvu Sub-County
8.	Mikindani Health Centre	Jomvu Sub-County
9.	Jordan Health Centre	Kisauni Sub-County
10.	Junda Health Dispensary	Kisauni Sub-County
11.	Mainland Health Centre	Changamwe Sub - County
12.	Magongo Dispensary	Changamwe Sub - County
13.	GBVRC	Mvita Sub-County
14.	Nkoko Iju Africa	Nyali Sub-County
15.	Initiative for Equality and Non Discrimination (INEND)	Kisauni Sub-County
16.	Kituo Cha Sheria	Mvita Sub-County
17.	Pema Kenya	Nyali Sub-County
18.	Federation of Women Lawyers (FIDA K)	Nyali Sub-County
19.	HAPA Kenya	Kisauni Sub-County
20.	Police Gender Desk	Kisauni Sub-County
21.	Police Gender Desk	Mvita Sub-County
22.	Tunaweza Women with Disability	Nyali Sub-County
23.	Mtopanga Pharmacy	Kisauni Sub-County
24.	Goodlife Pharmacy	Nyali Sub-County
25.	Allmed Pharmacy	Mvita Sub-County
26.	Chaani Chief's Office	Changamwe Sub - County
27.	Likoni Chief's Office	Likoni Sub-County
28.	Mzee wa Mtaa	Changamwe Sub - County
29.	County Director Children's Department	Mvita Sub-County
30.	ActionAid	Kisauni Sub-County
31.	Pwani Youth Network	Jomvu Sub-County
32.	Idemos Pharmacy	Changamwe Sub- County
33.	Manyatta Youth Entertainment	Likoni Sub-County
34.	Matene Chemist	Jomvu Sub-County
35.	Mombasa Situation Room	Mvita Sub-County

ANNEX 2 – QUESTIONAIRRES

Rapid Assessment Tool Assessing Capacity of state and non-state institutions for provision of essential services during epidemics

Introduction

My name is from Collaboration of Women in Development (CWID) in Mombasa. CWID is an NGO. We are conducting a rapid assessment of institutions offering essential health services to women and other vulnerable population. The aim of this assessment is to provide information that will support Mombasa County Government to develop and adopt Guidelines that will enhance essential health services during epidemics and crisis period currently and in the future. Any information provided to us will be treated with at most confidentiality. Participation in this interview is voluntary and when you feel uncomfortable answering any question, the same can be skipped or the interview can be stopped any time.

Kindly confirm if you are willing to proceed with the Interview

Start Time: End Time:

Part 1: Identity Questions

Name of Institution:

Sector (state/NGO/private sector/community):
.....

Name of Respondent (Optional):
.....

Gender of Respondent:
.....

Designation of Respondent:
.....

Part 2: Questions related to functions and services

1. What is your specific target beneficiaries/group?

.....

2. What specific services does your institution offer?

.....

Service Sector	Mark
a) Family planning	
b) Menstrual hygiene	
c) Maternal Health (maternal nutrition, antenatal)	
d) seeking skilled delivery at health facility and community-based post -natal services including transport to health facility during curfew or lockdown situations)	
e) prevention of communicable diseases, particularly vaccination	
f) Gender violence related services	
g) Security services including investigations and arresting of sexual/ gender violence offenders	
h) Household visits to people living with disabilities	
i) Community mental health and psychosocial services	
j) Household visits to older person who require care	
k) Safe houses/shelters for GBV victims	
l) Community surveillance to identify deaths caused by domestic violence during epidemics	
m) Community level surveillance for identification and reporting of challenges in accessing basic services like food, water, shelter and health care	
n) Economic empowerment and relief funds for affected women and other vulnerable populations	
o) Pharmaceuticals	
p) Other (describe)	

3. Do you experience any difficulty offering the above services to your target beneficiaries during COVID 19 periods? If Yes, explain
-

4. Are there any challenges with reporting case? If yes explain. If No, describe what makes your clients have the confidence to share information
-

5. Do you have partners (state or non-state) that your office/institution works with when discharging your duties? If yes, list them.

a) Government/Public

b) Non-State/Private/NGOs

6. Kindly describe your capacity under the following categories and how they affect your service delivery?

- a) Human Resource
- b) Financial resources
- c) Information and public awareness

7. Kindly provide any other information that may be useful to support the study
-

8. Do you have any materials/documents that you can share with us for more information?
-

Hotline Assessment Tool

Assessing Capacity of state and non-state institutions for provision of essential health services during epidemics

Introduction

My name is from Collaboration of Women in Development (CWID) in Mombasa. CWID is an NGO. We are conducting a rapid assessment of institutions offering essential health services to women and other vulnerable population. The aim of this assessment is to provide information that will support Mombasa County Government to develop and adopt Guidelines that will enhance essential health services during epidemics and crisis period currently and in the future. Any information provided to us will be treated with at most confidentiality. Participation in this interview is voluntary and when you feel uncomfortable answering any question, the same can be skipped or the interview can be stopped any time.

Kindly confirm if you are willing to proceed with the Interview

Name of interviewer:

.....

Start Time: End Time:

Part 1: Identity Questions

Name of Institution:

.....

Sector (state/NGO/private sector/community):

.....

Name of Respondent (Optional):

.....

Gender of Respondent:

Designation of Respondent:

.....

Part 2: Questions related to functions and services

1. When did you establish your Hotline?

.....

2. What is the main purpose of your hotline?

.....

3. Between March and July 2020, how cases of gender based violence have been reported?

- a) Women b) Men c) Girls d) Boys

4. If the Hotline was established before March 200, how cases of gender based violence were reported between January and end of February 2020?

- a) Women b) Men c) Girls d) Boys

5. What steps have you taken to ensure the public is aware of this service?

.....

6. Are there any challenges experienced by your office/institution about this service? If yes explain.

.....

.....

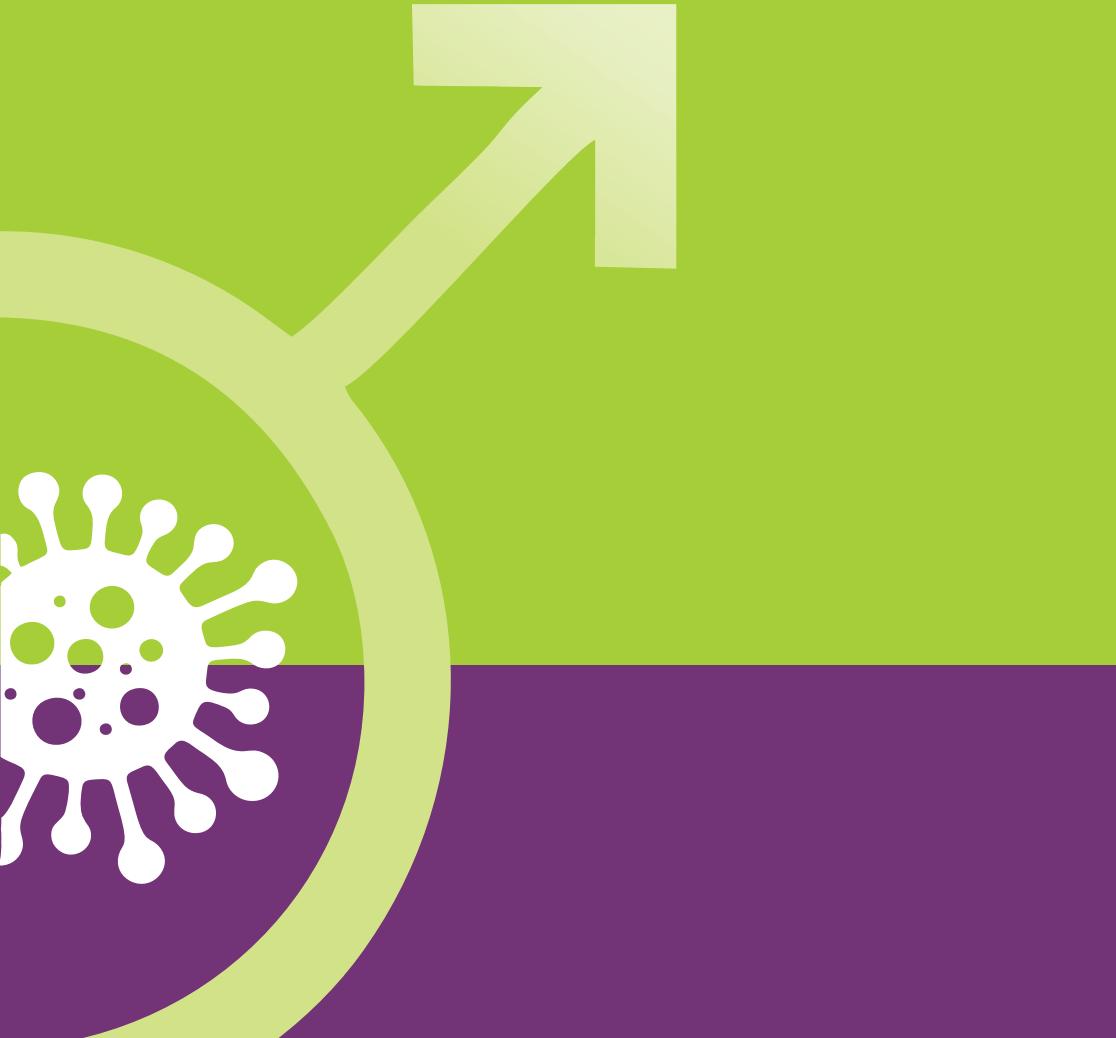
7. Do you make referrals? Kindly list the partners/institutions you partner with for referrals and the kind of services they offer.....

8. Kindly provide any other information that may be useful to support the study
.....

Personal Notes

Personal Notes

Personal Notes



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