



# Case Management Data Review: Analysing and available Data to Improve Prevention and Response to Gender-based Violence in Kenya

## BACKGROUND

This report offers a brief overview and analysis of the case management (CM) data recorded by Helpline Assistance Kenya (HAK) 1195 – one of the leading national toll-free helplines for reporting cases of gender-based violence (GBV). HAK plays a vital role in the referral pathway, receiving real-time reports of GBV and providing referrals to assist the survivor to access care and support services. The Helpline staff are thus trained to collect and record data on each case – and to follow-up the case to confirm that the survivor has accessed the services they need. As such, HAK has reliable data on GBV cases handled each month, disaggregated for men, boys, women and girls, for each Kenyan county. The Helpline data presented in this brief provides a snapshot of reporting trends and GBV incidence across the country, including the three counties, Bungoma, Kilifi, and Samburu, participating in the Kenya-Finland Bilateral Programme on GBV. The CM data includes 8,937 cases reported over a six-month period, and provides important baseline data on referrals, access to services, and overall quality of the response – key indicators for this new bilateral programme.

## METHODOLOGY

During the inception phase for the Kenya/Finland Programme, Terms of Reference (ToR)<sup>1</sup> for a CM Data Review were developed “...to gather critical baseline data on county-specific GBV reporting trends and hotspots in Bungoma, Kilifi and Samburu, and how reported GBV cases are handled with the goal of providing data to inform capacity strengthening priorities for both GBV prevention and response.” HAK 1195 was the first and only partner to provide complete CM data<sup>2</sup> for the requested period<sup>3</sup>. This data was reviewed and analyzed with a view to understand reported cases, access to services for those cases, and issues affecting survivor access to services in each county.



Image 1: Promotional material for the Helpline

## CASES REPORTED TO THE HELPLINE

During the period March 2020 to August 2021 which was the height of the pandemic, **8,937 cases were reported to this national toll-free Helpline. Most callers (83%) were reporting psychological abuse (3,771), child neglect (1,859), or physical assault (1,787) – see Figure 1 on the following page. It is important to note that sexual violence cases, (n=902) when aggregated across the various forms i.e. defilement, rape, child marriage etc. represented 10% of all cases reported.**

<sup>1</sup> The ToR included an analysis on seasonal patterns linked to GBV, e.g. months when reporting increases/decreases. Working in partnership with the GSWGs in Bungoma, Kilifi and Samburu, the Programme was able to develop these types of calendars as well as identify wards with high prevalence/risk of GBV. This analysis is documented in the Year 1 Work Plan Summaries for each County.

<sup>2</sup> To protect survivor and caller confidentiality, all unique identifiers were removed from the dataset.

<sup>3</sup> The Programme made several attempts to obtain CM data through the County GSWGs, requesting focal points from each sector to share their reports. However, the partners explained that they do not currently have a mechanism or proper authorization for sharing case data outside of their sector.

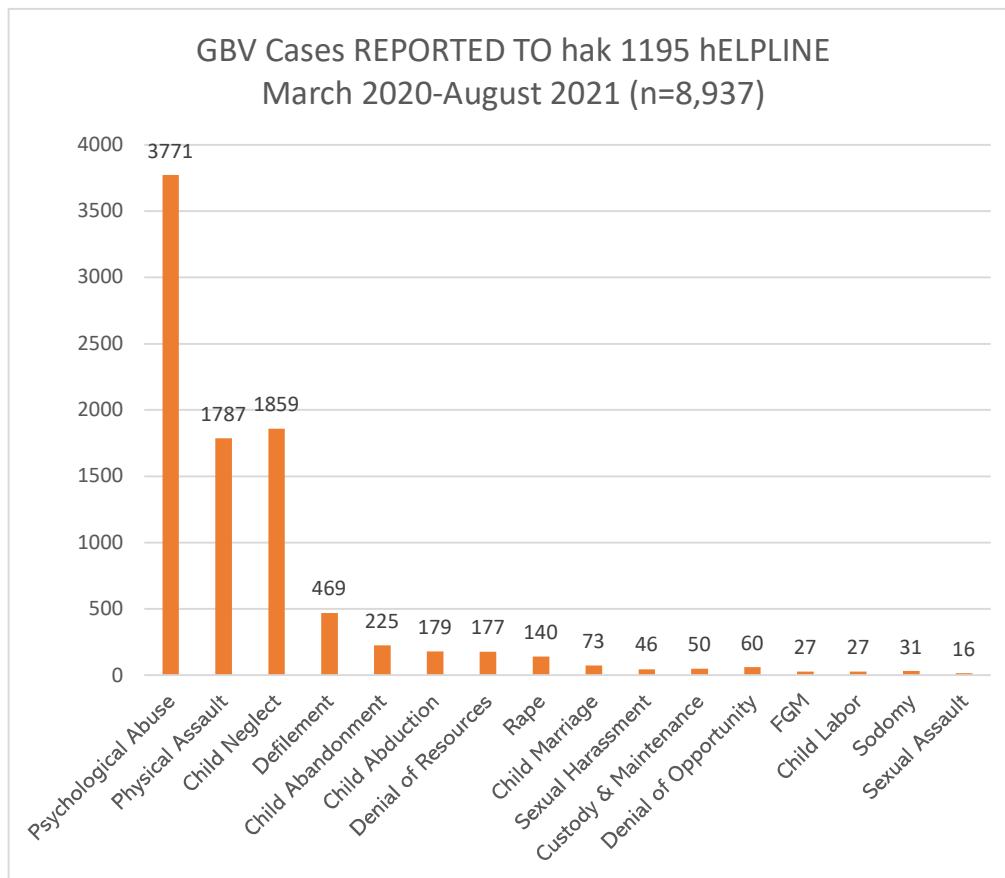


Figure 1: Type of Cases Reported to HAK 1195

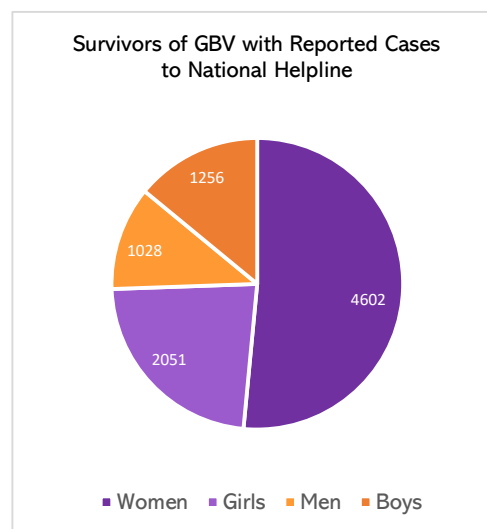
## GENDER ANALYSIS OF CASES REPORTED

Of those cases reported, 6654 affected women and girls, 2379 affected by men and boys, with a greater number of the reported cases affecting women (4,602), followed by girls up to age 17 (2,051), then boys up to age 17 (1,256) and men (1,028) – see Figure 2.

## REFERRALS & LINKAGES TO SERVICES

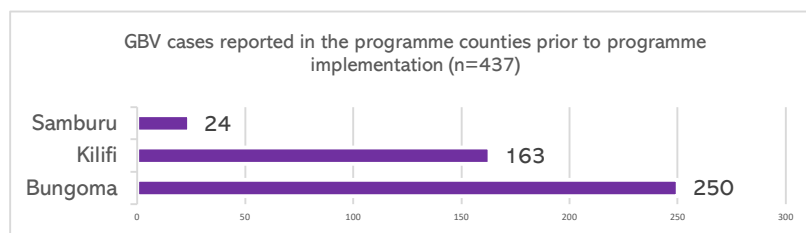
Limitations in the CM data constrained this type of detailed analysis. Due to the nature of the qualitative data contained in the case files, and gaps in documentation, it was not possible to access survivor access to services as they are not adequately captured. For example, the CM data typically indicates that the survivor was “referred to police” or “referred for health services”. The reports do not specify the site (i.e. service point), nor whether the client accessed the service for which they were referred. As such, there is no documented evidence to confirm that the survivor was able to get the care and support they need, therefore there is limited potential for transparency and accountability in the delivery of services.

Figure 2: Gender Analysis of Reported Cases



## ANALYSIS OF THE GBV CASES HANDLED FROM BUNGOMA, KILIFI & SAMBURU

Focusing on the three target counties where the Kenya-Finland Programme will be implemented: Bungoma, Kilifi and Samburu, the counties constitute just 4.9% of the total cases reported during the sampled six-month period.



The table below provides additional information on the types of cases reported in each county by type of abuse, gender, and age. Across all three counties, psychological abuse is the most commonly reported issue, followed by physical assault in Bungoma, child neglect and defilement in Kilifi, and female genital mutilation (FGM) in Samburu. In addition, GBV against women are among the most frequently reported cases, followed by girls.

Type of Abuse Reported by County	Female		Male		Total
	Women	Girls	Men	Boys	
<b>Bungoma</b>	<b>112</b>	<b>61</b>	<b>34</b>	<b>43</b>	<b>250</b>
Child Abandonment	0	9	0	10	19
Child Abduction	0	1	0	2	3
Child Marriage	0	1	0	0	1
Child Neglect	0	26	0	27	53
Custody and Maintenance	0	3	0	0	3
Defilement	0	16	0	0	16
Denial of Opportunity	1	2	0	1	4
Denial of Resources	3	0	1	0	4
Physical Assault	36	2	2	3	43
Psychological Abuse	69	1	31	0	101
Rape	3	0	0	0	3
<b>Kilifi</b>	<b>55</b>	<b>50</b>	<b>39</b>	<b>19</b>	<b>163</b>
Child Abandonment	0	5	0	3	8
Child Abduction	0	2	0	0	2
Child Labor	0	3	0	0	3
Child Marriage	0	2	0	0	2
Child Neglect	0	16	0	12	28
Custody and Maintenance	0	0	0	3	3
Defilement	0	20	0	0	20
Denial of Resources	1	0	1	0	2
Physical Assault	10	1	2	0	13
Psychological Abuse	42	1	35	0	78
Rape	1	0	0	0	1
Sexual Harassment	1		1	0	2
Sodomy	0	0	0	1	1
<b>Samburu</b>	<b>14</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>24</b>
Denial of Opportunity	0	1	0	0	1
Denial of Resources	1	0	0	0	1
Female Genital Mutilation	0	4	0	0	4
Physical Assault	1	0	1	1	3
Psychological Abuse	12	0	2	1	15
<b>Total</b>					<b>473</b>

## OBSERVATIONS & OPPORTUNITIES FOR STRENGTHENING THE RESPONSE

The insights provided below extend beyond the analysis of the HAK 1192 data, and include meetings and consultations across sectors which were carried out in the Inception Phase:

**Limited reporting of GBV Cases in the Programme Counties:** With less than 5% of reported calls to HAK 1195, and no county-specific helplines in Bungoma, Kilifi, and Samburu, the programme will need to take steps to ensure there is sufficient awareness of and access to reporting channels to the Helpline and other mechanisms.

**Availability of CM documentation:** The HAK 1195 Helpline was the only service provider that responded to the request for CM data for the specified six-month period. During County GSWG, and during County-level meetings with Chiefs in Bungoma, Kilifi, and Samburu – none of the stakeholders have a practice of consolidating and sharing anonymized data to plan and monitor prevention and response efforts for reported cases. In several instances, the stakeholders revealed that they do not maintain records for the cases reported to their respective office. There is an urgent need to orient stakeholders on the Multi-sectoral Standard Operating Procedures for Sexual Violence Prevention and Response (2013) which provide tools and parameters for the safe and appropriate exchange of information across each sector, and hold them accountable for complying with these minimum standards.

**Missing information on the nature of the response/access to services:** While the CM data from 1195 can be disaggregated according to age, sex, location, time of the offence, and form of violence, there is limited information on linkages to services. With more complete and

up-to-date case records, service providers across each Sector will be better able to identify which cases are progressing and status, and those that require additional support. Moreover, supervisors can also use this information to note gaps in the response, and mentor staff to improve the response.

**Quality Assurance (QA)/Supervision:** Quality assurance measures do not include regular case reviews by supervisors, except in the Health Sector and the Office of the Public Prosecution. For instance, in most sectors, supervisors are not regularly meeting with their direct reports, or conducting case reviews to ensure that their officers are: (A) responding to reported cases, (B) documenting the actions taken to assist survivors - including referrals to other care and support services, and/or (C) noting gaps in the response. This type of QA/supportive supervision could be integrated into day-to-day practice, and implemented with minimal cost in each sector. Most importantly, this approach allows for direct feedback/support to address critical gaps in the response and find joint solutions.

**Use/Application of the CM Data:** While the protection, safety, and dignity of survivors is the utmost concern, some parameters of the case data, such as location of the alleged incident, difficulties encountered as referral sites, and trends showing an increase or decline in GBV are relevant and useful within and across Sectors. The Multi-sectoral Guidelines (referenced earlier in this brief) offer tools for this type of data sharing and collaboration, however the systems are not yet operational. Use of selected CM data, both within sectors and across sectors, could inform more targeted and efficient primary, secondary and tertiary prevention and response efforts.

## CONCLUSION

This data review offers a baseline understanding of the CM data available in the sector. The analysis provides a high-level overview of the types of cases reported over a six-month period. Moreover, lessons learned from conducting the review offer important insights and recommendations to improve case documentation, encourage regular case reviews as a strategy for supervision and quality assurance, and increase sharing of CM data across sectors. These simple solutions, if implemented at scale, could greatly increase transparency and accountability of service providers – helping to ensure that GBV survivors are able to access vital care and support services.