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Determinants of Health Facility Preparedness in the Management of Gender Based Violence in Kenya: A Case of Primary Health Facilities in Mombasa County

By

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Abstract

Gender based violence (GBV) is a significant obstacle to achieving human rights and sustainable development goals. the study aimed at establishing the determinants of health facility preparedness in the management of GBV: A case of PH facilities in Mombasa County. Descriptive cross-sectional research design was used in establishing the factors influencing health facility preparedness in the management of GBV. The study focused on health workers working Mombasa County Primary health (PH) facilities including the hospital administrators, medical officers, clinical officers, nurses, counsellor, psychiatrists, pharmacists and lab technicians working in Level 2, Level 3 and Level 4 health facilities. The study employed the random sampling approach where all the elements had equal chances of being chosen. The study sample was 334 which was 16.4% of the target population. A questionnaire was used in collecting the necessary data aimed at fulfilling the purpose of this study. Data was analyzed using SPSS version 25 and both descriptive and analytic statistics were done. Pearson correlations was used to assess the strength of the association between the study variables. Finally, the multiple regression was run in order to find out the collective predictive power of the independent factors on the dependent variables. The study found and concluded that that budget allocation, health information management system and professionalism were significant factors in influencing the PH facilities preparedness in the management of GBV with significant value of .000 each. Further, the study concludes that physical infrastructure was an insignificant determinant of the PH facilities preparedness in the management of GBV with significance value of .084

Key words: Kenya, Mombasa, Health Facility Preparedness, Management of Gender Based Violence, PH Facilities, Mombasa County, Kenya

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Introduction

GBV (GBV) is a significant obstacle to achieving human rights and sustainable development goals (Zamora, et al., 2018). The World Health Organization (WHO) refers to violence as the intentional application or display of physical strength or force against oneself, an individual, or a group, which can result in harm, injury, death, psychological trauma, or deprivation. (World Health Organization., 2017). GBV affects women's health in various ways, both in the short-term and the long-term; both visibly and invisibly, and can manifest as physical, sexual, or psychological abuse. The violence may be inflicted by an intimate partner or, in the case of sexual violence, by any individual.

To improve healthcare system responses to GBV, several models have been developed in accordance with the WHO guidelines. Models include one-stop crisis centers where survivors of GBV can obtain access to all services related to both the prevention and response of violence. Discussion Others include integrating screening for intimate partner violence into other healthcare services, training healthcare staff on how to properly respond to GBV, improving referrals between the healthcare sector and police, legal, and social services, and supplying healthcare facilities with prepackaged rape kits to help (Colombini, Dockerty, & Mayhew, 2017). Although there have been improvements made to the reaction to violence against women, there is a lack of evidence on whether healthcare facilities are equipped to provide clinical care for sexual violence.

The reports from Kenya Demographic and Health Survey 2014, National Crime Research Centre 2016, and United Nations Population Report 2013 show that despite efforts by the government and its partners, GBV cases are either increasing or remain unchanged (Njagi, 2017). GBV has significant negative impacts on the immediate physical, sexual, and psychological health of survivors and increases their risk of future health problems. The effects of GBV can impair survivors' ability to perform physical and mental tasks and may lead to mental health issues like depression, anxiety, substance abuse, post-traumatic stress disorder, and even suicide (Ford & Boyle, 2021). In Mombasa County, 65% of the population lives in informal settlements (slums), which are home to a large portion of the county's poor and lower-middle class. Empirical evidence shows that poverty exacerbates GBV, and slums in Mombasa are becoming a hub for such violence (Bamiwuye & Odimegwu, 2014).

Although there is a wealth of literature that evaluates the effectiveness of health interventions for intimate partner violence (IPV), these studies do not examine the broader health system factors and processes that could influence the integration of such interventions into standard health care services. This study therefore seeks to examine the determinants of PH facilities preparedness in the management of GBV in Mombasa County of Kenya.

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Statement of the Problem

In Mombasa County, 65% of the population lives in informal settlements (slums), which are home to a large portion of the county's poor and lower-middle class. Empirical evidence shows that poverty exacerbates GBV, and slums in Mombasa are becoming a hub for such violence (Bamiwuye & Odimegwu, 2014). The provision of healthcare services to GBV survivors is a critical aspect of their recovery and rehabilitation. Primary health facilities play a pivotal role in this process. However, there is a pressing need to investigate the preparedness of these facilities in Mombasa County to adequately address the healthcare needs of GBV survivors. One of the primary challenges is the limited availability and accuracy of data related to GBV cases in Mombasa County. Survivors often do not report incidents due to stigma, fear, or lack of awareness of available support services. This underreporting may result in an underestimation of the true extent of the problem, hindering the development of targeted healthcare interventions. A comprehensive study is necessary to assess the factors contributing to underreporting and to gauge the actual prevalence of GBV cases in the county (WHO, 2021).

The preparedness of primary health facilities to respond to the healthcare needs of GBV survivors is a critical concern. This includes the availability of trained healthcare providers, the provision of forensic evidence collection, the accessibility of post-exposure prophylaxis for HIV and other sexually transmitted infections, and the adequacy of psychological support and counseling services. Challenges in healthcare system preparedness, such as staff training and resource allocation, must be identified and addressed to ensure that survivors receive timely and appropriate care. There are limited studies that investigate the enabling and constraining factors for comprehensive and integrated action on the gender-based violence (GBV). Although there is a wealth of literature that evaluates the effectiveness of health therapies for violence against intimate partners, these studies do not examine the broader health system factors and processes that could influence incorporating these measures into standard health care services (Colombini, Dockerty, & Mayhew, 2017; Feder, et al., 2011; O'Doherty, et al., 2014; Bair-Merritt, et al., 2014; O'Campo, Kirst, Tsamis, Chambers, & Ahmad, 2011;). A closest study to the current one was done by Wakahe (2010) on health institutional readiness to offer comprehensive treatment to survivors of those affected by gender on the basis of gender in Kenya. The study lacked a specific focus as it focused on the entire Kenya. The current study sought to establish preparedness of primary health facilities in the provision of healthcare to survivors of gender-based violence in Mombasa County, Kenya.

Research Design

Descriptive cross-sectional research design was used in establishing the factors influencing health facility preparedness in the management of GBV. The study focused on health workers working Mombasa County PH facilities including the hospital administrators, medical officers, clinical officers, nurses, counsellor, psychiatrists, pharmacists and lab technicians working Level 2, Level 3 and Level 4. The study employed the random sampling approach where all the elements had equal chances of being chosen. A sample of 334 was realized by applying the formula Yamane (1967). A questionnaire was used to collect data aimed at fulfilling the purpose of this study. The questionnaire contained closed questions. Data was analyzed using Statistical Package for Social Sciences version 25. Pearson correlations was used to assess the strength of

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the association between the study variables and a multiple regression was run in order to find out the collective predictive power of the independent factors on the dependent variables

Results and discussion

The study achieved a response rate of 273(81.7%) which was considered sufficient (Mugenda and Mugenda, 2009). The background information considered was the respondents' gender, age, highest level of education, period of time working at Mombasa County PH facilities. **See Table 1.**

Table 1: Demographic Information

Characteristics	Frequency	Percent
Gender		
Female	159	58
Male	114	42
Total	273	100
Age bracket		
18-29 years	28	10
30-39 years	119	44
40-49 years	91	33
Above 49 years	35	13
Total	273	100
Level of Education		
Certificate level	62	23
Diploma level	124	45
Graduate/Degree	58	21
Postgraduate	29	11
Total	273	100
Duration of service as HCW		
0-5 years	78	29
6-10 years	120	44
11-15 years	55	20
Over 15 years	20	7
Total	273	100

Source: Research data 2023

Primary Health Facilities Preparedness to Manage GBV Cases

The results show that majority 262(96%) of the respondents agreed that Primary Health (PH) facilities had the necessary infrastructure to effectively manage GBV cases and 255(93%) agreed that PH facility staff were well-trained in managing GBV cases. **See Table 2.**

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Table 2: PH Facilities Preparedness

Statements	NO n(%)	YES n(%)	Mean	Std. Deviation
i. PH facilities have the necessary infrastructure to effectively manage GBV cases	11(4)	262(96)	4.5897	.49278
ii. PH facility staff are well-trained in managing GBV cases	18(7)	255(93)	4.4066	.79951
iii. Availability of essential medical supplies and equipment has improved PH facility preparedness in managing GBV cases	21(8)	252(92)	4.2601	.81017
iv. Availability of counseling and support services has improved PH facility preparedness in managing GBV cases	73(27)	200(73)	3.9853	1.46521
v. PH facilities have the necessary confidentiality and privacy measures in place to manage GBV cases	77(28)	196(72)	3.7070	1.09906
vi. Availability of relevant policies and guidelines has improved PH facility preparedness in managing GBV cases	72(26)	201(74)	3.6117	1.10287

Source: Research data 2023

Budget Allocation to PH Facilities to Manage GBV Cases

The results show that half 142(52%) of the respondents disagreed that government funding for PH facilities in the management of GBV is adequate and 186(68%) agreed that the allocation of government funds for GBV management is fair and equitable across PH facilities. Most 198(72%) agreed that government funding had a positive impact on the training and capacity building of health workers to manage GBV. However, 216(79%) thought that the current level of government funding was not sufficient to meet the needs of PH facilities in the management of GBV. Majority 234(86%) of the respondents agreed that the allocation of a larger budget for GBV management could significantly improve the ability of PH facilities to handle such cases.

See Table 3.

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Table 3: Budget Allocation to PH Facilities to Manage GBV Cases

Statements	NO n(%)	YES n(%)	Mean	Std. Deviation
i. Government funding for PH facilities in the management of GBV is adequate.	142(52)	131(48)	3.2894	1.50262
ii. The allocation of government funds for GBV management is fair and equitable across PH facilities	87(32)	186(68)	3.3150	1.35705
iii. Government funding has a positive impact on the training and capacity building of health workers in PH facilities to manage GBV.	75(28)	198(72)	3.6886	1.18591
iv. The current level of government funding is sufficient to meet the needs of PH facilities in the management of GBV.	216(79)	57(21)	2.1136	1.45708
v. An increase in budget would significantly improve the preparedness of PH facilities in managing gender-based violence	5(2)	268(98)	4.7253	.44720
vi. The amount of budget allocated for GBV management should be increased	36(13)	237(87)	4.5824	.90423

Source: Research data 2023

Availability of Physical Infrastructure to Manage GBV Cases

The respondents agreed that the hospital facilities' premises provided safe and welcoming environment for GBV victims 218(80%), that the hospital facilities' premises promoted the confidentiality and privacy of GBV victims seeking services 254(93%), the hospital facilities' premises provided adequate space and resources for staff to conduct examinations and assessments for GBV victims 217(79%) and that the hospital facilities' premises affected the comfort and safety of GBV victims during examinations and assessments 205(75%). **See Table 4.**

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Table 4: Availability of Physical Infrastructure to Manage GBV Cases

Statements	NO n(%)	YES n(%)	Mean	Std. Deviation
i. The hospital facilities' premises (e.g. lighting, signage, waiting areas) provide a safe and welcoming environment for GBV victims	55(20)	218(80)	3.7070	.99365
ii. The hospital facilities' premises promotes the confidentiality and privacy of GBV victims seeking services	19(7)	254(93)	4.2051	.55078
iii. The hospital facilities' premises affects the comfort and safety of GBV victims during examinations and assessments	68(25)	205(75)	4.2491	.43328
iv. Availability of medical supplies (e.g. rape kits, emergency contraception, PEP kits) affects the ability of the facilities to provide prompt and appropriate care for GBV victims	21(8)	252(92)	4.1319	.51895
v. The availability of medical supplies affects the staff's ability to provide trauma-informed care to GBV victims	72(26)	201(74)	3.6190	.95560
vi. The availability of medical supplies influences the likelihood of GBV victims seeking care from the facility	47(17)	226(83)	3.7656	.82915
vii. The availability of medical supplies impacts on the facilities' ability to provide comprehensive care to GBV victims (e.g. medical, mental health, and social services)	55(20)	218(80)	4.0513	1.17461
viii. The availability of laboratory services (e.g. STI testing, pregnancy testing) affects the ability of the facilities to provide comprehensive care to GBV victims	73(27)	200(73)	4.1209	1.26754
ix. Availability of laboratory services impacts on the likelihood of GBV victims seeking care from the facility	17(6)	256(94)	4.7216	.44903
x. Availability of laboratory services impact on the facilities' ability to provide prompt and appropriate care to GBV victims	55(20)	218(80)	4.2564	1.24860
xi. Availability of laboratory services impact on the facilities' ability to document and report GBV cases to appropriate authorities	35(13)	238(87)	4.4029	1.08071

Source: Research data 2023

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Availability of Information Technology and Management of GBV Cases

Results show that the respondents agreed that Information Technology (IT) solutions helped to increase the availability of GBV-related data 217(80%), that IT improved the documentation and tracking of GBV cases, 234(86%), that implementation of IT solutions enhanced the privacy and confidentiality of GBV survivors 255(93%), that IT helped in facilitating referral of GBV survivors to appropriate support services 216(79%) and that IT enhanced the accountability and monitoring of GBV cases 218(80%). **See Table 5.**

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Table 5: Availability of Information Technology and Management of GBV Cases

Statements	NO n(%)	YES n(%)	Mean	Std. Deviation
i. Information technology (IT) solutions helps to increase the availability of GBV-related data in PH facilities	56(20)	217(80)	4.0183	1.20494
ii. IT improves the documentation and tracking of GBV cases in PH facilities	39(14)	234(86)	4.3773	.72289
iii. Implementation of IT solutions enhances the privacy and confidentiality of GBV survivors in PH facilities	18(7)	255(93)	4.2747	.57649
iv. IT helps in facilitating referral of GBV survivors to appropriate support services in PH facilities.	57(21)	216(79)	3.9524	.97086
v. IT enhances the accountability and monitoring of GBV cases in PH facilities.	55(20)	218(80)	3.9231	1.28250
vi. Communication systems can improve the efficiency of PH facilities in responding to GBV cases.	38(14)	235(86)	4.3223	.70615
vii. Communication systems to increases the availability of GBV-related data in PH facilities.	36(13)	237(87)	4.3480	.70173
viii. Communication systems improves the documentation and tracking of GBV cases in PH facilities.	18(7)	255(93)	4.2674	.57356
ix. Implementation of communication systems enhances the privacy and confidentiality of GBV survivors in PH facilities.	19(7)	254(93)	4.4762	.62454
x. EHRs helps to increase the availability of GBV-related data in PH facilities.	40(15)	233(85)	4.1868	.66827
xi. EHRs improves the documentation and tracking of GBV cases in PH facilities.	73(27)	200(73)	4.1978	.83428
xii. Implementation of EHRs enhances the privacy and confidentiality of GBV survivors in PH facilities.	18(7)	255(93)	4.6960	.58713

Source: Research data 2023

Professionalism in Managing GBV Cases

The results show that majority 255(93%) agreed that staff skills improved the efficiency of PH facilities in responding to GBV cases and 265(97%) agreed that staff skills improved the documentation and tracking of GBV cases in PH facilities. In addition, 254(93%) agreed that the enhancement of staff skills improved the privacy and confidentiality of GBV survivors in PH

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facilities and 255(93%) agreed that staff skills improved the quality of care for GBV survivors in PH facilities. **See Table 6.**

Table 6: Professionalism in Managing GBV Cases

Statements	NO N(%)	YES N(%)	Mean	Std. Deviation
i. Staff skills do improve the efficiency of PH facilities in responding to GBV cases	18(7)	255(93)	4.6740	.78587
ii. Staff skills improve the documentation and tracking of GBV cases in PH facilities	8(3)	265(97)	4.3736	.48465
iii. The enhancement of staff skills improves the privacy and confidentiality of GBV survivors in PH facilities	19(7)	254(93)	4.5092	.62493
iv. Staff skills improve the quality of care for GBV survivors in PH facilities	18(7)	255(93)	4.0806	.45466
v. Nurses' experience is sufficient in GBV care	18(7)	255(93)	4.1465	.50780
vi. The health practitioners have sufficient skills in managing GBV cases	12(4)	261(96)	4.7509	.43328
vii. Counselling is available in all levels of the healing process	18(7)	255(93)	4.2418	.56894
viii. Training is provided through workshops/seminars on providing care in better approaches	55(20)	218(80)	4.0549	.98177
ix. Team work is achieved through multidisciplinary approach in managing the GBV cases	73(26)	200(74)	3.9560	1.29687

Source: Research data 2023

Inferential Statistical Analysis

The main objective of the study was to examine determinants of health facility preparedness in the management of GBV in primary health facilities in Mombasa County. In order to assess the relationships among the independent variables and dependent variable, a bivariate analysis was conducted. This analysis set to determine whether each of the independent variables in this study that is, budget allocation (X_1), physical infrastructure (X_2), information technology (X_3) and professionalism (X_4) had any influence on the management of GBV cases. The results for each variable in this study are given by the Pearson's Rho (r) and its corresponding p -value as indicated in (Table 7).

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Table 7: Bivariate Linear Correlation Analysis: All variables

		PH Facilities Preparedness	Budget Allocation	Physical Infrastructure	Information Technology	Professionalism
PH Facilities Preparedness	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	273				
Budget Allocation	Pearson Correlation	-.095	1			
	Sig. (2-tailed)	.116				
	N	273	273			
Physical Infrastructure	Pearson Correlation	.079	.223**	1		
	Sig. (2-tailed)	.196	.000			
	N	273	273	273		
Information Technology	Pearson Correlation	-.243**	.354**	-.157**	1	
	Sig. (2-tailed)	.000	.000	.009		
	N	273	273	273	273	
Professionalism	Pearson Correlation	.024	.027	.473**	.519**	1
	Sig. (2-tailed)	.689	.653	.000	.000	
	N	273	273	273	273	273

** . Correlation is significant at the 0.01 level (2-tailed).

The results of the correlation analysis show varied degrees of interrelationships. The results suggested that information technology has an influence on management of GBV cases primary health facilities in Mombasa County. Information technology (X_3) was statistically significantly correlated with managing GBV cases ($r = -.243^{**}$, $P < .001$). This implies that the worse information technology becomes the worse management of GBV cases gets in PH facilities in Mombasa Country.

Table 8 shows the multiple regression analysis that was done on the four factors (budget allocation physical infrastructure, information technology and professionalism) to test their combined influence on the management of GBV cases primary health facilities Mombasa County. The regression output containing all the four variables in this study was found to be valid ($F_{(4,268)} = 12.913$, $P < .001$) meaning the two factors in this study are good predictors explaining the variations of management of GBV cases primary health facilities.

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Table 8: Analysis of Variance (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.633	4	2.158	12.913	.000 ^b
	Residual	44.791	268	.167		
	Total	53.424	272			

a. Dependent Variable: PH Facilities Preparedness

b. Predictors: (Constant), Budget Allocation, Physical Infrastructure, Information Technology, Professionalism,

The results of regression analysis in Table 9, indicate significant influences of management of GBV cases primary health facilities in Mombasa County. The coefficient of determination (R-squared) of 0.642 shows that 64.2% of the total variations of management of GBV cases can be explained by four independent variables (budget allocation, physical infrastructure, information technology and professionalism). The adjusted R-squared of 0.583 show that these factors, in exclusion of the constant variable, explained by the change of management of GBV cases in primary health facilities by 58.3%. The remaining percentage (41.8%) can be explained by the factors excluded in the multiple regression models under investigation in this study. The standard error of estimate (0.108) shows the average deviation of the independent variables from the line of best fit.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.801 ^a	.642	.583	.10882

a. Predictors: (Constant), Budget Allocation, Physical Infrastructure, Information Technology, Professionalism

The multiple regressions results shown in Table 10 indicate that budget allocation ($X_1: \beta_1 = .264, P < .001$), information technology ($X_3: \beta_2 = .929, P < .001$) and professionalism ($X_4: \beta_2 = .482, P < .001$) influenced the management of GBV cases under investigation in this study. However information technology ($X_3: \beta_2 = .929, P < .001$) has more influence on management of GBV cases in primary health facilities in Mombasa County. Based on this study, information technology should be enhanced in order to ensure quality in management of GBV cases.

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Table 10: Determinants of health facility preparedness in the management of GBV Cases: Regression Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	7.556	.671		11.266	.000
	Budget Allocation	.264	.059	.275	4.442	.000
	Physical Infrastructure	.180	.104	.130	1.733	.084
	Information Technology	.929	.138	.561	6.722	.000
	Professionalism	.482	.111	.385	4.342	.000

a. *Dependent Variable: PH Facilities Preparedness*

Discussion

Generally, most respondents agreed that the primary health facilities were prepared to manage GBV cases. The findings are in line with Fernandes et al. (2020) that Kenya has made significant advancements in the development of standards and guidance regarding GBV. In addition, the findings are in line with Ramadan (2021) that there were variations in the access, quality, and coverage of GBV patients care.

The findings from this study showed that government budget allocation was inadequate for management of GBV at primary care health facilities. The results are in line with Usdin et al. (2020) that the budgeting process plays a crucial role in the preparedness to manage GBV in South Africa and ongoing efforts are needed to secure sufficient financing and resources to effectively address GBV. The findings agree with Laisser et al. (2021) who said that the health care workers perceived the budget tool to be advantageous in the implementation of GBV programs and policies in public hospitals and Johnson (2014) who concludes that Government budgetary allocations for programmes addressing GBV are limited.

Overall, the results show that the hospital facilities' premises provide adequate space and resources for staff to provide healthcare services to GBV victims. The findings are in line with Keesbury et al. (2012) physical infrastructure was significant in the 'one-stop centers' for GBV in Kenya and Zambia. Rybarczyk et al. (2021) also found that medical supplies essential and significant for the care of survivors of sex-and GBV in post-conflict Eastern Democratic Republic of Congo. However, they differ with Chikowe and Mwapasa (2018) found that majority of rural health centers in Malawi lack basic health commodities for the screening, diagnosis and treatment of diabetes and this impedes on their effective management of growing diabetes burden.

Results on health information management system in this study agreed with Philbrick et al. (2022) who found that ICT use was significantly important in the prevention and respond to sexual and GBV in in Cambodia, Kenya, Nepal Democratic Republic of Congo and Lebanon. They also agreed with Rosmalen-Nooijens et al. (2021) who said that GBV/DV predictive systems was significant in the management of GBV and consequential mental disorders and that GBV victims/Patients with and without sensitive records preferred less sharing of sensitive versus less-sensitive information (Caine and Hanania, 2013).

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The findings on professionalism were in line with Hegarty et al. (2020) who found health practitioners play an important role in identifying and responding to GBV/DVA. Aljomaie et al. (2022) concluded that nurses should be better educationally prepared and more organizationally supported in order to adequately respond and provide healthcare to people experiencing DFV. Cuadrado-Gordillo and Parra (2021) said that medical care giver was significant in the management of GBV in adolescent dating from a medical perspective in Spain. Moreover, the findings are in line with Mphephu and du Plessis (2021) that healthcare providers felt compassion and were willing to provide nursing care.

Conclusions

The study concludes that government budget allocation for PH facilities in the management of GBV was inadequate. The hospital facilities' premises provided safe and welcoming environment for GBV victims and promoted the confidentiality and privacy of GBV victims seeking services. The IT solutions helped to increase the availability of GBV-related data in PH facilities. Staff skills improved the efficiency, documentation and tracking of PH facilities in responding to GBV cases.

Recommendations:

The study recommends that the county and sub-county health management team work together with the facility management teams to:

- i) Lobby allocation of more funds for management of GBV cases in PH in Mombasa County.
- ii) Ensure maintain appropriate security measures, adequate lighting, and separate entrances and confidentiality and prevent further harm or distress to survivors seeking care.
- iii) Enhance information technology for standardization of data collection tools and protocols for recording and reporting GBV incidents.
- iv) Support capacity building programs focused on professionalism and ethical conduct for healthcare providers and staff members in primary health facilities inf responding to GBV cases.

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