Field Implementation Report

Sexual and Gender-Based Violence (SGBV) Health & Referral Services Study Nyanza Region, Kenya

Role: Research Officer - Qualitative Data Collection & Field Coordination

Executive Summary

This report documents the field implementation of a qualitative study examining the accessibility, quality, and coordination of health and referral services for adolescent survivors of sexual and gender-based violence (SGBV) aged 15 - 24 across two counties in Kenya's Nyanza region. The study sought to understand how survivors navigate health, psychosocial, legal and community support systems, identify barriers to service uptake, and generate evidence to strengthen survivor-centred service delivery. My role focused on conducting qualitative interviews with duty bearers across the referral pathway and engaging survivors to understand their lived experiences. This report highlights the implementation approach, quality assurance measures, operational challenges, and lessons learned.

1. Project Background

Adolescent survivors of SGBV frequently interact with multiple institutions, including healthcare facilities, police services, community structures, civil society organisations and government agencies. Although referral pathways exist, differences in coordination, awareness and accessibility can affect the quality and timeliness of support received. This study explored how these systems function in practice and identified opportunities to strengthen survivor-centered care that is properly coordinated.

The qualitative component of the study was implemented through interviews with stakeholders involved in the survivor support chain. Participants included community representatives, government officials, police officers attached to Gender Desks, civil society organizations, and adolescent survivors.

2. Study Objectives

- Assess the accessibility and quality of SGBV health services.
- Understand survivors' experiences navigating referral pathways.
- Identify barriers and facilitators influencing service uptake.
- Generate recommendations to strengthen survivor-centred health and referral systems.

3. Field Implementation

Fieldwork was undertaken across two counties using purposive sampling to capture perspectives from different stages of the survivor referral pathway. Interviews were scheduled in consultation with local stakeholders and conducted in locations that prioritised privacy and participant safety.

Speaking with duty bearers provided insight into institutional roles, referral practices and coordination mechanisms. Interviews with survivors complemented these perspectives by documenting lived experiences of accessing health, legal, psychosocial and community-based support services.

5. Quality Assurance

Quality assurance was maintained through consistent use of interview guides, informed consent procedures, daily reviews of interview notes, secure handling of study materials, and regular team debriefs to ensure consistency, completeness and adherence to ethical standards.

6. Operational Challenges and Mitigation

Coordinating interviews across multiple institutions required flexible scheduling to accommodate respondent availability. Given the sensitive nature of SGBV, interviews were conducted using a survivor-centred approach that prioritised dignity, confidentiality and voluntary participation. Continuous communication within the research team enabled timely resolution of logistical issues while maintaining study quality.

7. Reflections from the Field

Interviewing both survivors and duty bearers provided complementary perspectives on the referral ecosystem. While many institutions described established referral mechanisms, survivor narratives highlighted practical barriers including stigma, transport costs, delays, limited awareness of available services and inconsistencies in follow-up support. These contrasting perspectives reinforced the importance of examining both institutional processes and lived experiences when evaluating service delivery.

8. Lessons Learned

- Ethical preparation builds participant trust.
- Multi-sector engagement provides a more complete understanding of referral systems.
- Daily debriefs strengthen consistency and data quality.
- Flexibility is essential when coordinating diverse stakeholders.
- Operational observations are valuable evidence for programme improvement alongside interview findings.

9. Conclusion

The field implementation successfully engaged stakeholders across the SGBV referral pathway while maintaining ethical standards and data quality. Beyond supporting the study objectives, the experience strengthened my skills in qualitative interviewing, stakeholder engagement, field

coordination, quality assurance and professional reporting. The project reinforced the importance of survivor-centred research and systematic documentation in generating evidence to improve health and referral services.