Reviewer's report

Title: Utilization and uptake of Gender based violence recovery services within a reproductive health voucher program in Kenya

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Reviewer: Anna Gorter

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This could potentially be a very interesting article, but it needs some more work. The paper is too long. There are too many little details about the program (e.g. regarding claims processing), while other relevant information is missing.

Major compulsory revisions:

I would suggest to take out tables 2, 3, 4, and concentrate on the qualitative data. Tables 2, 3, 4 have too many little details which are not very well explained, nor sufficiently discussed in the discussion section. The information of these tables, if relevant to the qualitative analysis, can shortly be described in the text.

Page 2: Abstract, rewrite after revision of the paper and do not insert too many details, such as the following phrase: “Among the IDIs, 69 were conducted ……districts (Kitui, Kiambu and Kisumu) and Nairobi informal settlements in Kenya.”

Page 3-page 6. Introduction is too long. The article is about the use of OBA for GBVR services, hence there should be a bit more emphasis on services for GBV. Please reduce but insert some information (if existing) on international developments with GBVR services as well as on the health facilities providing GBVR services to the OBA program: number, type and level in each district, staffing, capacities, when trained, type of training etc.

Page 3: Introduction. The following phrase can be moved to the piece treating GBV in Kenya: “In Kenya, GBV has been defined as physical, sexual and psychological violence against an individual, family or a community”.

Page 4: Reformulate the following so there is not the repetition of the words “affect effective management”: Cost associated with care seeking such as medical treatment, counselling and seeking legal redress for GBV has been cited as a key factor affecting effective management of GBV cases. Availability of care and support services for survivors and the quality of care provided has been cited to affect effective management of GBV. [26, 27]

Page 5: Change “demonstration sites” in “intervention sites”.

Page 5: The reference 30 is not complete in the following phrase: “….gender based violence [30]. The five demonstration sites are: Kisumu, Kitui, Kiambu, and

Page 5: The following is incorrect. It should be monthly and not biweekly: “When this claim is approved, the funds (an amount based on a negotiated schedule for each service) are disbursed biweekly to the facility”.

Page 5: Revise the following phrases, they are repetitive: “The GBVR services vouchers are made freely available for women directly from the facility (there is no community-based distribution unlike the other voucher services) [28]. Once women have received the care, the provider makes a claim to the voucher management agency (VMA)” and “Unlike the other two vouchers, safe motherhood and family planning, the GBVR service voucher is only distributed at the accredited facilities providing these services. When survivors go to a participating facility they receive free treatment and the voucher service provider (VSP) will seek reimbursement from the VMA”.

Page 5. Take out “antiretroviral drugs” and replace with “HIV post exposure prophylaxis (PEP)” (to prevent misunderstandings) in the following phrase: “….accommodation, laboratory testing and X-rays, access to pregnancy prevention medication and antiretroviral drugs..”. The program does not pay for antiretroviral drugs in general only for antiretroviral drugs used in PEP.

Page 5: Please add references: “Although the voucher program have been successful in increasing skilled birth attendance, uptake of long term family planning methods, and reducing out of pocket expenditure…”:
Bellows et al, Increase in facility-based deliveries associated with launch of an output-based maternal health voucher program among residents of informal settlements in Nairobi, Kenya, accepted for publication by Health Policy and Planning.
And I think there is a third paper: “Community-level impact of the reproductive health vouchers program in Kenya on service utilization”. Submitted to HPP.

Page 6: “have” should be “has” in “Although the voucher program have been..”

Page 7: explain very shortly what you mean with “opinion leaders”

Page 8: Following is repetitive: “GBV services included treatment for gender violence, sexual assault/rape/defilement/sodomy, counselling/testing/treatment, attempted sexual assault/rape/sodomy (Table 1). Sexual assault (rape, defilement and sodomy) accounted for two-thirds (66%) of all the cases while
attempted cases of sexual assault comprised 1%.

Pages 8 and 9: as suggested above, insert findings from the three tables as text, if relevant for the qualitative analysis.

Page 10. There are quite some small mistakes/typos, for example an extra “the” in: “...first and get a the Kenya police medical examination...”

Page 10 to page 22: the text is too long, sometimes repetitive and also should be organised better (for example on the PF3 form, on capacity providers, on stigma). Please reduce the text with at least 30% and reorganise in a better order.

The authors could use for example the abstract as guiding instrument for organising the findings, especially for pages 10 to 22:

• Analysis showed low uptake of GBVR services among target populations.
• There was a general lack of awareness of the gender based violence (GBV) vouchers and lack of understanding of the benefit package.
• Nearly two-thirds (64%) of the GBVR clients were children and adolescents aged below 20 years.
• Immediate financial needs of victims, stigma and cultural subscriptions undermine reporting of cases and the much needed medical services.
• Poor responsiveness from law enforcement agents and fear of reprisal from perpetrators commonly undermine treatment options.
• Low provider knowledge and lack of supplies is evident in many accredited rural facilities.

Discussion: this should be improved considerably. I would recommend that first the description of the results is improved and then the different findings can be discussed in the discussion in a clear manner. The abstract does organise the issues in a logical manner. Hence this same logic and order can be maintained in the sections of Findings (as already suggested above) as well as Discussion and Conclusion.

Page 29.

Reference 29 should be: Bhatia MR and Gorter AC. Improving access to Reproductive and Child Health services in developing countries: are competitive voucher schemes an option? Journal of International Development; 2007; 19(7): 975-981.

Reference 31 and 32 are the same.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have done some consultancy work for Population Council, the authors’ affiliation.