LVCT PROJECT
Pop Council SGBV Partners Meeting
Zambia, 2011
COE II STUDY OBJECTIVES

• Title:

  “Improving the collection, documentation, and utilization of medico-legal evidence in Kenya”.

• Specific objectives:

  – Develop and test the feasibility of a strategy for improving forensic evidence collection and documentation on the PRC form within health facilities.

  – Develop and test the feasibility of a strategy for ensuring that such forensic evidence is recorded on the P3 form and entered into legal evidence at the police station.
PLANNED ACTIVITIES

• Coverage: 2 district hospitals and 2 police stations.
• Phase 1: Baseline
  – data collection & analysis
  – Meetings with key government departments

• Phase 2: Intervention
  – Meetings with Govt representatives
  – Assembling of a pre-packed rape kit
  – Training of police, prosecutors & HCWs
  – Monthly data collection

• Phase 3: Evaluation.
<table>
<thead>
<tr>
<th>Data type</th>
<th>When collected</th>
<th>By whom</th>
<th>Utilisation of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of survivors presenting at health facility (age, gender)</td>
<td>Monthly</td>
<td>Program staff</td>
<td>To establish %age of survivors reporting within 72 hours; assess no. of kits &amp; PRC forms used</td>
</tr>
<tr>
<td>Type of SV</td>
<td>Monthly</td>
<td>As above</td>
<td>To do a comparison of type of SV plus evidence collected</td>
</tr>
<tr>
<td>Numbers initiated on PEP, EC</td>
<td>Quarterly</td>
<td>As above</td>
<td>To inform program improvement</td>
</tr>
<tr>
<td>Numbers of rape kit assembled and distributed</td>
<td>Quarterly</td>
<td>Program and research staff</td>
<td>To assess number of kits used</td>
</tr>
<tr>
<td>Police and health care workers trained</td>
<td>Mid-project</td>
<td>Research coordinator</td>
<td>To assess the level of utilisation of the medico-legal documents</td>
</tr>
<tr>
<td>Number of PRC and P3 forms filled in</td>
<td>Quarterly</td>
<td>Research officer</td>
<td></td>
</tr>
</tbody>
</table>
ACTIVITIES TO DATE

• Ethics approval obtained.
  – To be re-applied after 1 year

• Baseline data from 2 hospitals collected.

• Photocopies of Police examination forms for survivors obtained from health facilities.

• Meetings held with MoH, Government Chemist and Director of Public Prosecution’s office.

• Data entry finalised.
• Permission to collect data from survivor case files at the police stations yet to be obtained.
  – This led to a 2-months delay in initiating project activities.

• Delays in getting an official go-ahead from the targeted government departments.
  – Several protocols to be observed.
LESSONS LEARNT

• Importance of working in collaboration with Government.
• This has led to our project findings being used to influence sections in the revised national guidelines on management of sexual violence in Kenya:
  – Examination and evidence collection from child(boys and girls) survivors(Chapter 1).
  – Forensic evidence(chapter 3 of the guidelines).
    • This entire section was lacking in the previous guidelines.
  – The medico-legal (PRC) form.
    • This was revised as per study findings.
    • The form can now be filled in by a medical/clinical/nursing officer.
NEXT STEPS

• Meetings with representatives from government departments to build consensus on:
  – The locally assembled rape kit
  – Training content to be covered by each partner
    • Government chemist
    • Prosecutor’s office
    • Division of Reproductive Health
    • LVCT

• Monthly data collection.

• Ensuring that the lessons learnt from this project are utilised in the review of the existing training curricular on the clinical management of sexual violence.
NEED FOR T.A.

• In how to address any issues that might emerge as regards the rape kit
  – Legal expertise
Thank You!

- Contacts

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