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

Carol Ajema and Wanjiru Mukoma

26th June 2012
Partners Meeting-Mombasa
• Evidence collection in Kenya not done according to national guidelines
  – Many health facilities lack equipment required to undertake evidence collection

• Documentation of evidence collected not as per set standards
  – PRC form: health document for medico-legal documentation
  – P3 form: Kenya police medical examination form
Goal: Improving the collection, documentation and utilization of medico-legal evidence in Kenya

Duration: 2010-Jan 2012

Sites: Rachuonyo and Kitui districts

Target population: Police and health care workers

How: Assembling rape kit; Training Police and HCWs on use of existing national protocols for documenting evidence obtained; record review of hospital and police records
Key Findings

• 67% (n=501) of survivors were under 18 years
  – 331 survivors attended to at intervention site
  – 170 comparison site

• Survivors at the intervention site were three times more likely to have the P3 form filled in for them both at the health facility and police station

• PRC form not filled in at baseline in intervention site
  – 79 clients had this form filled in at end line

• 42% of survivors at intervention site were documented in more than one of the four required health records

• Only 17% of P3 forms at the facilities were signed
Key Findings

- There was an improvement in evidence collection

<table>
<thead>
<tr>
<th>Evidence collected</th>
<th>Baseline Data</th>
<th>Endline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention site</td>
<td>Comparison site</td>
</tr>
<tr>
<td>Blood</td>
<td>73 (72%)</td>
<td>8 (18%)</td>
</tr>
<tr>
<td>Urine</td>
<td>52 (51%)</td>
<td>8 (18%)</td>
</tr>
<tr>
<td>External Swabs</td>
<td>61 (60%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>HVS/AS</td>
<td>-</td>
<td>5 (11%)</td>
</tr>
</tbody>
</table>
Conclusion

• There was an overall appreciation for the introduction of the rape kit that resulted in:
  – Faster evidence collection and onward transmission
  – Survivors not having to narrate their complaints to all with the exception of the clinician and counsellor

• Overall increase in use of and better completion of the PRC and P3 forms

• Training increased the number of providers competent in evidence collection and documentation

• The rape kit reduced the number of reference documents required to complete the PRC form

• The rape kit can easily and effectively be used to improve evidence collection and documentation in poor resource settings - can be scaled up
Application of study findings

National level advocacy

- LVCT is the secretariat of the Division of Reproductive Health RH TWG
- PRC form and PRC registers reviewed based on findings
- DRH has adopted key findings
  - DRH currently sourcing for rape kits within the GoK commodity supply system - scale up
  - Review of the guidelines for management of SV to include the new evidence
  - National training curricula on clinical management of survivors of SV reviewed
- SOATF & GIZ SOPs development process
  - Writing section on evidence collection and management
  - Reviewed medical regulations for implementing the sexual offences Act – Handed over to the AG
Application of study findings

At the service delivery level

• The establishment of a collaborative HCW capacity building with:
  • the department of police
  • department of public prosecution and
  • the Government chemist

• multi-sectoral training approach developed from COE1 adopted by SOATF

• LVCT lead trainer in medical management within the multi-sectoral training approach for
  • Community opinion leaders
  • Police
  • Health care providers
Application of study findings

Documentation and dissemination:

– The development of IECs in use in health facilities:
  • a checklist on documentation of evidence collection
  • A brochure and poster on “sexual violence if it happens”
  • A poster on guidelines for documentation of medico-legal examination

– 1 paper published in the journal of forensic medicine and 2 abstracts presented in international conferences

– Study report available after July
Moving forward......

• PRC form awaiting Gazettement – big win
• Advocacy continues for
  – Acceptance of rape kit evidence as credible
  – Serialisation of the rape kit components
  – Collection of 3rd set evidence for long term storage – recommendation of govt chemist based upon study findings
• Replication of the multi-sectoral training approach in other LVCT supported PRC sites
• What services do we provide to survivors presenting after 72 hours?
  – No standards
  – Currently getting full PEP
  – No consistency of services
Moving forward......

• Future research:
  – paper trail of medico-legal evidence-esp. police records
  – Case outcomes within the courts based on health and police records
  – Tracking of evidence at police stations for transmission to government chemist

• Interventions required:
  – Role of community structures (traditional justice system preferred by most) in evidence chain management
  – Standardised provider trainings
  – Culturally sensitive community based interventions
Positive spin offs

• LVCT awarded 3 year UNTF grant focused on referral mechanisms for evidence across sectors
  – CSO coordination
  – Harmonised M&E systems
  – Learning platform – role of network
  – Supporting SOATF mandate

• LVCT with funding from the Elton John AIDS Foundation undertaking a project aimed at
  – Establishing a quality assurance framework for post rape care services with focus on:
    • Retention of survivors on HIV PEP for the 28days treatment period
    • Psychosocial support
    • Use of community based follow up to increase uptake of services
Acknowledgements

- Population Council
- Ministry of Health – Division of Reproductive Health
- The Government Chemist
- The Police Department
- Study respondents
- Donors
Thank You!

• Carol Ajema
  cajema@lvct.org
• LVCT
  enquiries@lvct.org
Acronyms

- DRH  Division of Reproductive Health
- PRC  Post Rape Care
- SOATF Sexual Offences Act Implementation Taskforce
- UNTF United Nations Trust Fund
- RH TWG Reproductive Health Technical Working Group