



*Building Partnerships,  
transforming lives*

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

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**Partners Meeting-Mombasa**



# Study Background

- 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



# Chain of Evidence Study

**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

<u>Evidence collected</u>	Baseline Data		Endline Data	
	Intervention site	Comparison site	Intervention site	Comparison site
<b>Blood</b>	73 (72%)	8 (18%)	206 (96%)	38 (37%)
<b>Urine</b>	52 (51%)	8 (18%)	154 (72%)	38 (37%)
<b>External Swabs</b>	61 (60%)	1 (2%)	19 (9%)	3 (3%)
<b>HVS/AS</b>	-	5 (11%)	176 (82%)	14 (42.4%)



# 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 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 3<sup>rd</sup> 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



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# Thank You!



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Norad





# 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