

Our Impact

PRC1 study: 2004 – 2006

Obj: to describe the requirements for delivery of post rape care services in resource settings

Output: Standard of care and model for integrated post rape care service delivery

Partners: LVCT, LSTM, Trocaire

PRC costing study-2006

Obj: to estimate the costs of scaling up integrated PRC services in public health care settings in Kenya

Output: Scale up costs determined

Partners: LVCT, DRH, HPI

Chain of evidence 1: 2007 -2008

Obj: To develop and test a model for a chain of a chain of evidence for post rape care services in public health care settings

Output: Minimum requirements for evidence collection and maintenance identified

Partners: LVCT Health, Population Council, DRH

Chain of evidence 1: 2010 -2012

Obj: To improve the collection, documentation and utilization of medico-legal evidence in Kenya.

Output: Locally assembled evidence collection kit developed and piloted

Partners: LVCT, Population Council, Government Chemist, Kenya Police, Director of Public Prosecutions Office, and DRH

Child Abuse Management 1: 2014-2015

Obj: To assess the availability and quality of comprehensive post-rape care services for child survivors of sexual violence in Kenya

Output: Service requirements for child survivors and health provider capacity gaps identified

Child Abuse Management 2: 2016-2017

Obj: To enhance access to comprehensive post-rape care services for children in Kenya

Output: Service delivery model tested

Partners: LVCT, Population Council

2006-2009

Technical assistance to the Division of Reproductive Health (DRH) for development of national standards:

- Management of rape/sexual violence
- Training curricular and manuals for clinicians, nurses, laboratory personnel and counsellors
- MOH 263 (PRC) form as health care medico-legal evaluation and documentation form

2007

- PRC indicators integrated into DRH business plan
- DRH develops scale up plan for PRC services in Kenya

2009/10

- Review of national guidelines on the management of rape with standardized locally assembled kit integrated
- Review of national training curricula to incorporate modules on forensic evidence management
- Revision of PRC form to enhance chain of custody

2015/16

- Review of national training curricula on clinical management of sexual violence to include a module on management of child survivors
- Job aids for service provision developed

2017

- National standard operating procedures for management of child survivors developed

2006-2009

Technical assistance to the Division of Reproductive Health (DRH) for development of national standards:

- Post rape care services scaled up from 3 to 19 sites supported by LVCT
- Training curricular and manuals for clinicians, nurses, laboratory personnel and counsellors
- Approximately 9,000 survivors of sexual violence provided with comprehensive post rape care services

GAPs: Linking practice to research

No knowledge of the costs of scaling up PRC services by DRH

Poor medico-legal linkages, no standards for evidence collection, no integrity in evidence chain

Utilization and effectiveness of locally assembled evidence collection kit for improved medical management and justice outcomes unknown

Over 60% of survivors presenting for services are aged below 18 years. No guidelines or standards in place for managing children