



Physicians for
Human Rights

Scaling quality: A Hospital-based Intervention to Improve Patient Care and Forensic Documentation of Sexual Violence

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Physicians for Human Rights and The Program on Sexual Violence in Conflict Zones

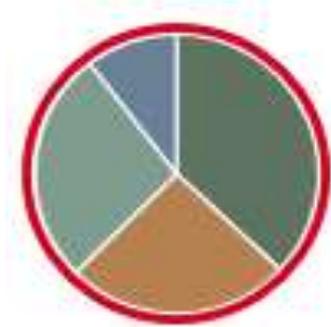
Physicians for Human Rights (PHR) uses medicine and science to document and call attention to mass atrocities and severe human rights violations.





Widespread Training of Professionals to Document Forensic Evidence of Sexual Violence

2,161 Total

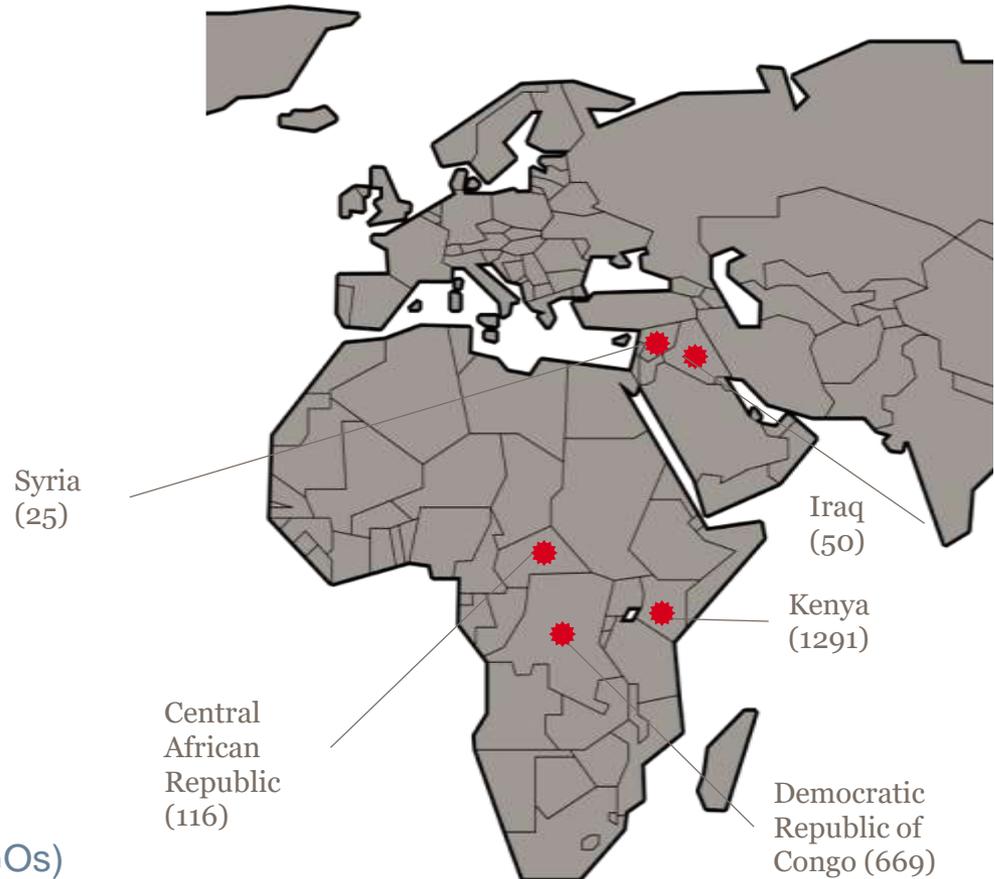


800 Clinicians

543 Lawyers/Judges

601 Police Officers

215 Other (Journalists, Chiefs, NGOs)





Continued Challenges

- **Professional transfers**
- Lack of **institutional policies and support** for SGBV response and forensic evidence collection at facilities
- **Privacy** of documentation
- Lack of **healthcare provider knowledge** of existing guidelines
- **Infrastructure**
- **Communication** between departments



“We are back to our old ways ... there ...[were]... six of us who went to the PHR training and now I am the sole remaining.”





PHR's Solution: Institutional Capacity Development





Institutional Capacity Assessments: Process

**Capacity
Assessment**



**Tailored
Recommendations**



**Rights-driven
Technical Assistance**



**Monitoring and
Evaluation**





Capacity Assessment

The assessment tools use a **modular format** and were developed through a **quality improvement process** that allows for **piloting, refinement, and restructuring**.

The tools include:

- Aggregate Data Collection
- Patient Flow and Process Mapping
- Professional Assignment Capacity and Development Assessment
- Resource Availability and Management Assessment
- Quality Assessment and Improvement
- Quality Assurance Chart Review



Tailored Recommendations



Select Recommendations

- **Standard operating procedures:** Support and provide technical assistance for the development of clinical SOPs.
- **Vulnerable populations:** Protocols should be updated to include children; adolescents; individuals with cognitive, hearing, and visual impairments; and, as applicable, targeted populations.
- **Evidence collection, storage, transfer:** Develop standard operating procedures and safe storage for proper evidence storage and transfer.
- **Evidence kit:** Draft a plan to supply sustainable, economical evidence collection supplies for the facility in conjunction with other stakeholders
- **Provide Training:** PHR should provide training (or a series of trainings) focused on assessment, history taking, physical examination, laboratory assessment, reaching conclusions within the context of their roles, and documentation. This could be followed by more advanced trainings focused on pediatric and adult assessment, and forensic photography.



Technical Assistance: Whole Hospital Approach

Select Activities

- Creation of an SGBV Committee within the hospital to guide and lead all SGBV interventions, including the creation of linkages with partners from other sectors
- Introduction of new policies and protocols
- Development of Child-friendly Spaces
- Internal training workshops (staff-led)





Monitoring and Evaluation

Mixed-methods evaluation strategy

Quantitative: Legal and medical record review of sexual violence cases

- Control and intervention sites in Kenya
- 37-month period (24 months prior to the intervention, 1 month during, 12 months post)
- N=431 records (215 medical and 216 legal)

Qualitative: Semi-structured interviews

- 87 interviews (Kenya 57, DRC 30) with healthcare, law enforcement, and legal sector Program participants in DRC and Kenya.
- Program monitoring data was also utilized in the analysis.



Evaluation Results: Quantitative

- Review of legal records showed **statistically significant treatment effect in adjudication outcomes favoring the survivor** in the period immediately following the intervention
- Analysis of legal records indicated **more complete medical forms associated with an increased likelihood of an adjudication outcome favoring the survivor**
- Within all cases examined for the intervention site (Nakuru) within the post-intervention period (n=30), **each additional element of forensic documentation examined** that was complete within the legal record was **associated with a 1.3 increase in the odds of an adjudication outcome favoring the survivor of sexual assault.** (OR=1.35, 95% CI 1.1-1.7, p=0.009)
- **Significant increases** within the medical record reviews for completion of **Part B of the PRC form, a VDRL test, and vaginal swabs**
- In the legal record, **all of the medical forensic documentation outcomes examined moved in a favorable direction** when associated with program exposure, and **date and time of the incident being documented in the medical record was substantially elevated within legal records**



Results: Qualitative

“Before this I did not know the importance of the forms, it was always a back and forth with the team at the [facility]. PRC forms will now be included in the stationery budget, so that we can print them ourselves.”

- Significant efforts have been made to provide physical space in healthcare facilities for exams
- Sensitivity for privacy also extends to the storage of patient records.
- New protocols have been put in place and to limit access to confidential patient records.
- Created kits of relevant supplies required to conduct forensic medical examinations and to properly collect, transmit and store forensic samples.



Future Steps

- Share the forensics quality improvement assessment toolkit widely
- Further refine hospital-level forensic protocols
- Develop continuing medical education courses on forensic management of sexual violence
- New partnerships to scale these best practices more widely in Kenya, DRC, and other conflict-affected regions



Thank You!

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