A combination of financial and non-financial incentives does improve availability and attraction of nurses to rural health care facilities in Lesotho. A program that aimed to attract and retain nurses in rural health care facilities was implemented in Lesotho from 2010 to 2014. The program was a collaborative effort between the Ministry of Health, health care institutions, and the USAID-funded Southern Africa Regional Health and Education Sector Program (SARHESP). The program focused on capacity building activities, including preservice competency-based curriculum and student nurse rural clinical placements.

**Program/Project Purpose:** The program aimed to attract and retain nurses in rural health care facilities in Lesotho.

**Funding:** USAID Southern Africa, Maseru, LS.

**Structure/Method/Design:** The program was implemented in three phases focusing on capacity building activities, preservice competency-based curriculum, and student nurse rural clinical placements.

**Outcomes & Evaluation:** The program was able to attract and fill 325 nurse positions out of the earmarked 375 positions (87%).

**Going Forward:** The program clearly shows that a combination approach to preparing nurses for rural deployment, beginning with the content of the curriculum, student placement in rural areas and a combination of financial and non-financial incentives does improve availability and attraction of nurses to rural health care facilities in Lesotho.

**Funding:** The partners that supported the activities of this program include USAID using PEPFAR funds and Irish Aid supporting the financial and non-financial incentives at the 46 health facilities.

**Abstract #:** 01GMHE008

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**Informal fees for maternal health: A critical interpretive synthesis of evidence and policy**

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**Time series analysis of sexual assault case characteristics and the 2007–2008 period of post-election violence in Kenya**

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**Background:** Kenya witnessed hundreds of cases of sexualized violence in the post-election period (December 2007 to February 2008), yet few comprehensive medical studies measure the prevalence of sexualized violence cases. This study was to establish the patterns of mass rape during the post-election violence.

**Methods:** Medical records of 1,615 patients diagnosed with sexual assault between 2007 and 2011 at healthcare facilities in Eldoret (n = 569), Naivasha (n = 534), and Nakuru (n = 512) were retrospectively reviewed to examine characteristics of sexual assault cases over time.

**Findings:** Data were cleaned to eliminate cases from the analytic dataset that failed logic and consistency checks. Time series and linear regression used were used to examine temporal variation in case characteristics relative to the period of post-election violence in Kenya. We collapsed the dataset by month of assault and calculated the percentage of cases that exhibited a case characteristic of interest, then examined the first 10 autocorrelations for each outcome series, and calculated the Durbin-Watson statistics.

**Interpretation:** These results illustrate systematic alterations in sexual assault case characteristics during the PEV period in Kenya that are consistent with the patterns of mass rape in conflict settings elsewhere. This finding bolsters claims being advanced in legal processes that crimes against humanity of mass rape took place during postelection violence. Limitations of the study include the inability to capture cases that were not reported to medical facilities or sexual homicides, as well as variation over time and by location of medical records. A strength was that time series analysis in conjunction with medical record review allowed us to gain efficiencies that would be lost in a larger, cross-sectional population base survey relying on survivor recall.

**Funding:** This research was funded by Physicians for Human Rights (PHR).

**Abstract #:** 01GMHE009