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The police as part of the public health response to SGBV: An exploration of task-sharing in Zambia

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IGWG Panel and Discussion on Addressing GBV in
Health Care Settings: Involving the Public Sector

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Copperbelt Model of Integrated Care (CMIC) for sexual violence survivors

- Operations research study conducted from 2005-2008 in Copperbelt Province, Zambia
- Aimed to enhance access to services for survivors of sexual violence (SV)



Formative research: Purpose and methods

- Conducted a formative assessment in 2005 to inform the intervention:
 - ✓ Review of SV records at **33 police stations & posts** and **19 health facilities** in Copperbelt Province from January 2001 – December 2004

Key formative research findings from 2005

- **Police often first and only point of contact for SV survivors**
 - 91% of all survivors first reported to the police
 - Number of SV cases reported to the police twice as many as the number that reported to health facilities during the same period
- **SV services weak at health facilities**
 - 82% of cases arrived in time for emergency contraception; but only 37% received it

Possible Solution: Collaboration between police and public health sector

Overview of collaboration between the police and the public health sector

- ✓ Joint stakeholders' workshop (MoH, MHA, etc.) to review formative study findings and generate recommendations
- ✓ Initial joint training of police & health providers
- ✓ Later, cross-sectoral training (i.e., health providers trained police)
- ✓ Joint police and health sector supervision
- ✓ Cross-sectoral steering committee, held at police station or health facility, chaired by senior staff of hosting institution

Stakeholders' workshop



- A stakeholders' meeting including representatives from Ministry of Health, Ministry of Home Affairs, Ministry of Community Development and Social Services, NGOs, and churches, was held in 2005
- Formative assessment findings were reviewed and recommendations developed for improving the response to SV across police and public health sectors

Stakeholders' workshop: Conclusions & recommendations

SV survivors at great risk of
unintended pregnancy

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graph TD; A[SV survivors at great risk of unintended pregnancy] --> B[Police are likely to see SV survivors during 120 hour window of opportunity for ECP]; A --> C[Existing family planning policies allowed for community-based distribution of oral contraceptives, including ECP]; B --> D[Develop pilot study to assess if Victim Support Unit police officers can safely and effectively provide SV survivors with emergency contraception pill (ECP)]; C --> D; A --> D;
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Police are likely to see
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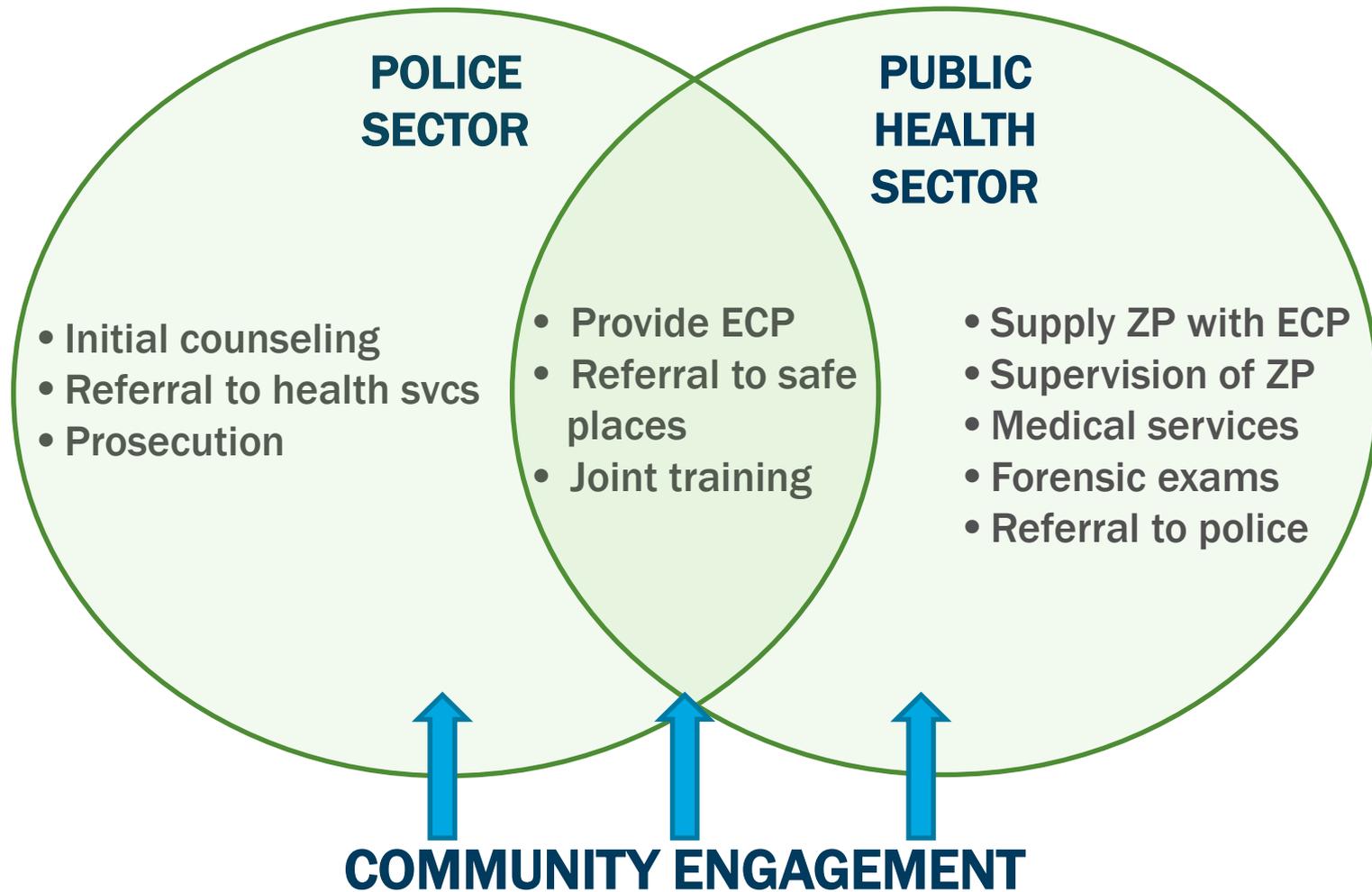
Existing family planning
policies allowed for
community-based
distribution of oral
contraceptives,
including ECP

**Develop pilot study to assess if Victim Support Unit
police officers can safely and effectively provide SV
survivors with emergency contraception pill (ECP)**

The intervention:

Copperbelt Model of Integrated Care for SV survivors

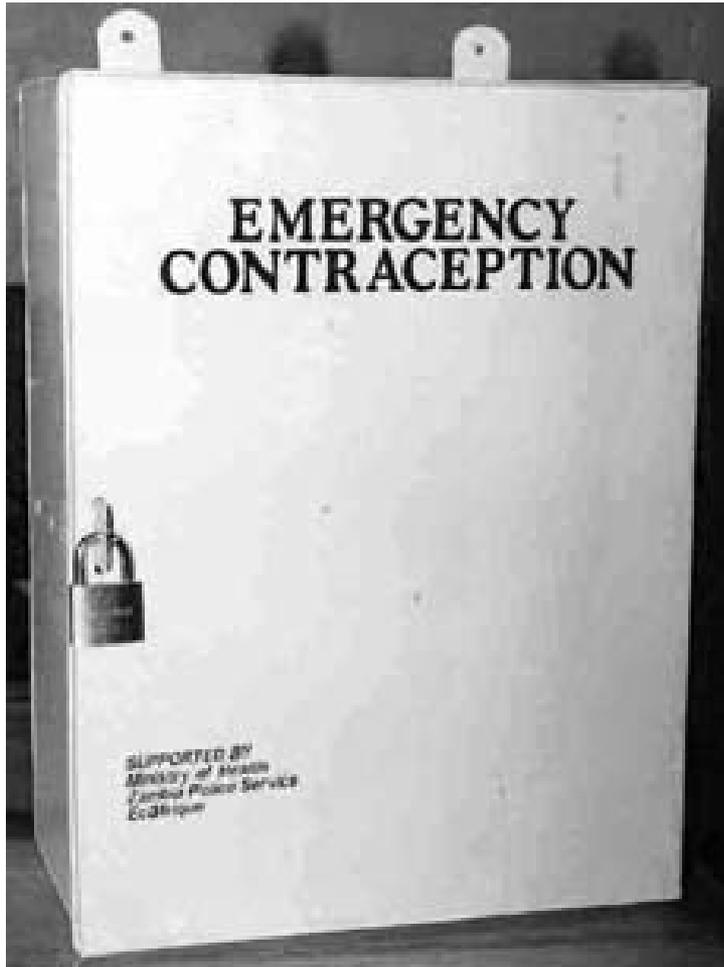
2006-2008; 5 police stations/posts



On-site training

- VSU officers who attended classroom trainings were expected to return to their facilities and train any officers that did not attend
- Trained **health providers** assisted the **VSU officers** with the on-site trainings

ECP provision at police stations and posts



Each station given a set of basic supplies:

1. Secured, locked box for ECP
2. Provider aids
 - a. Client screening checklists
 - b. Standard operating procedures
3. Record-keeping tools
 - a. Survivor logbook
 - b. Monthly report form
4. ECP commodities & instructions

Excerpt from client screening checklist

(Adapted from *Resources for Emergency Contraceptive Pill Programming: A Toolkit*.
PATH:2004)

1.	Was the client raped/defiled?	Yes (go to 2)	No <i>Client not eligible</i>
2.	Did the assault involve penetrative sex?	Yes (go to 3)	No <i>Client not eligible</i>
3.	Did the assault occur within the past 72 hours?	Yes (go to 4)	No <i>Client not eligible</i>
4.	Has the client had her first menstrual period?	Yes (go to 5)	No <i>Client not eligible</i>
5.	Does the client want to prevent pregnancy?	Yes (go to 6)	No <i>Client not eligible</i>

If client answered 'YES' to questions 1-5, she is eligible for EC. Proceed.

If client answered 'NO' to ANY of the questions above, she is not eligible. STOP.

6.	Is the client currently pregnant?	Yes <i>Client not eligible</i>	No (go to 7)
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If the client's pregnancy status is unclear, EC may still be given, but with the explanation that it will not work if she is already pregnant and will not harm the fetus.

Joint police and health sector supervision

- **District reproductive health coordinator and VSU coordinator** conducted monthly supervisory visits to each participating police station & post:
 - Collected monthly reporting forms
 - Reviewed all ECP checklists for accuracy and proper ECP provision
 - Provided support & discussed challenges with VSU officers
 - Re-supplied ECP stocks and forms as needed

Result 1 (analysis of service statistics and checklists) Police safely and effectively provided EC

- 357 doses of EC provided to SV survivors over 3 years
- No adverse events or complaints
- All doses provided to women and girls of reproductive age; never given to girls below age 10 (per study protocol)

Result 2 (analysis of service statistics)

Police referred clients at high rates

- Intervention definition of ‘referral’: provision of info on services available at health facilities, or accompanying survivor to a health facility

Percent of all survivors referred to health facility, by station and year (n=612)

Station	2006 %	2007 %	2008 %	Average %
Chifubu	100	100	100	100
Kanshenshi	100	100	100	100
Masala	77	100	100	92
Kafulafuta	92	86	0	59
Ndola Central	5	3	8	5

Reflections

Surprising fact ...

- Most survivors reporting to police were adolescents
- 49% < age 14; 85% < age 19

Could've done better if ...

- We could control turnover of trained police

Need to think more about ...

- How to address transportation needs of referred clients

Reference

- Jill Keesbury, Mary Zama, Sudha Shreeniwas. 2009. The Copperbelt Model of Integrated Care for Survivors of Rape and Defilement: Testing the feasibility of police provision of emergency contraceptive pills.” Lusaka: Population Council.
- http://www.popcouncil.org/uploads/pdfs/2009RH_ZambiaCopperbeltModelIntCare.pdf



Thank you!

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