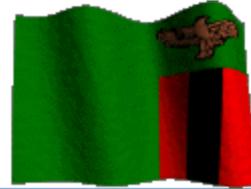




LINKING THE POLICE AND HEALTH SECTORS THROUGH THE PROVISION OF EMERGENCY CONTRACEPTION

New windows of opportunity in Zambia

SV highly prevalent in Zambia



	Data Source	Ever experienced physical violence*	Ever experienced sexual violence *	HIV Prevalence†		
				Female	Male	Total
Kenya	DHS 2003	40	16	8.7	4.6	6.7
Zambia	DHS 2002	53	15	17.8	12.9	15.6
Malawi	DHS 2004	28	—	13.3	10.2	11.8

Weak public sector support systems



In Copperbelt province:

- 91% of all cases reported to police first
- Less than half as many survivors reported to health facilities (1077) than to police stations (2203)
- Of those who presented at the hospital, 82% arrived in 72 hours
 - 37% of those eligible received EC
 - 24% of those eligible received PEP for HIV
- *27% of cases were taken to court*

EC as a bridge for linkage

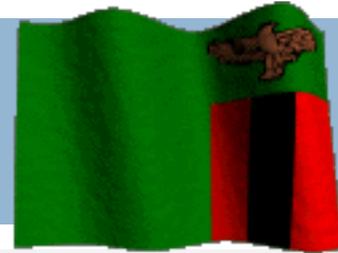


- EC emerged as one element that could bridge sexual assault care in the police and health sectors

- Study worked to demonstrate:
 1. EC could become a standard element of post-assault care in Zambia
 2. Police personnel could provide quality EC services riding on existing CBD/EBD services



The Intervention

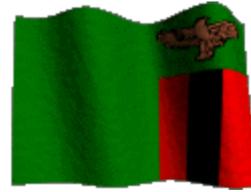


Study sites: 2006 -2008



Police stations/ posts	Hospitals
Ndola Central Police Station	Ndola Central Hospital
Chifubu	Arthur Davidson Children's Hospital
Kasenshi	
Twapia	
Masala	
Kafulafuta	

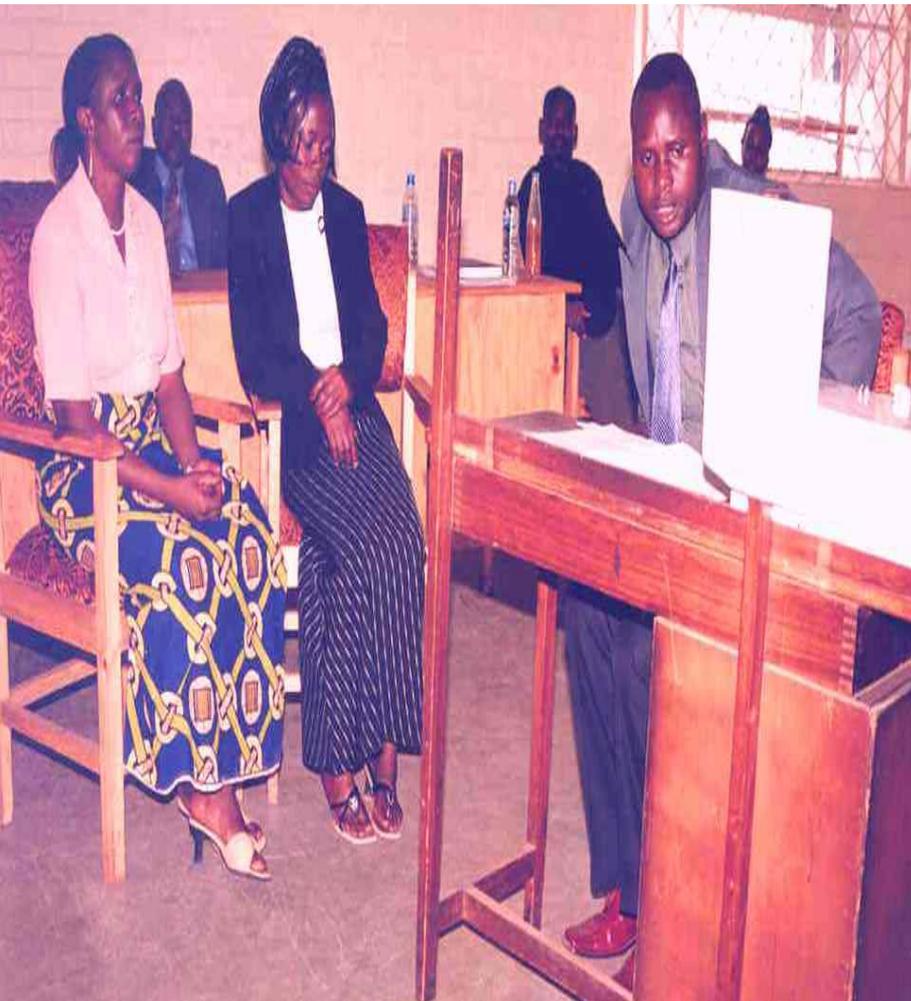
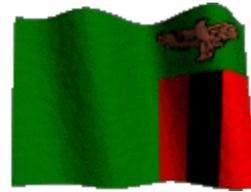
“Orientation” Workshop



- Introduced police, health and legal personnel to advantages of providing EC as soon as possible to deserving survivors of sexual assault within the window of opportunity for EC and other aspects of the system
- Created demand for institutionalized collaboration

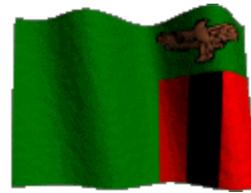


Initial Provider Training

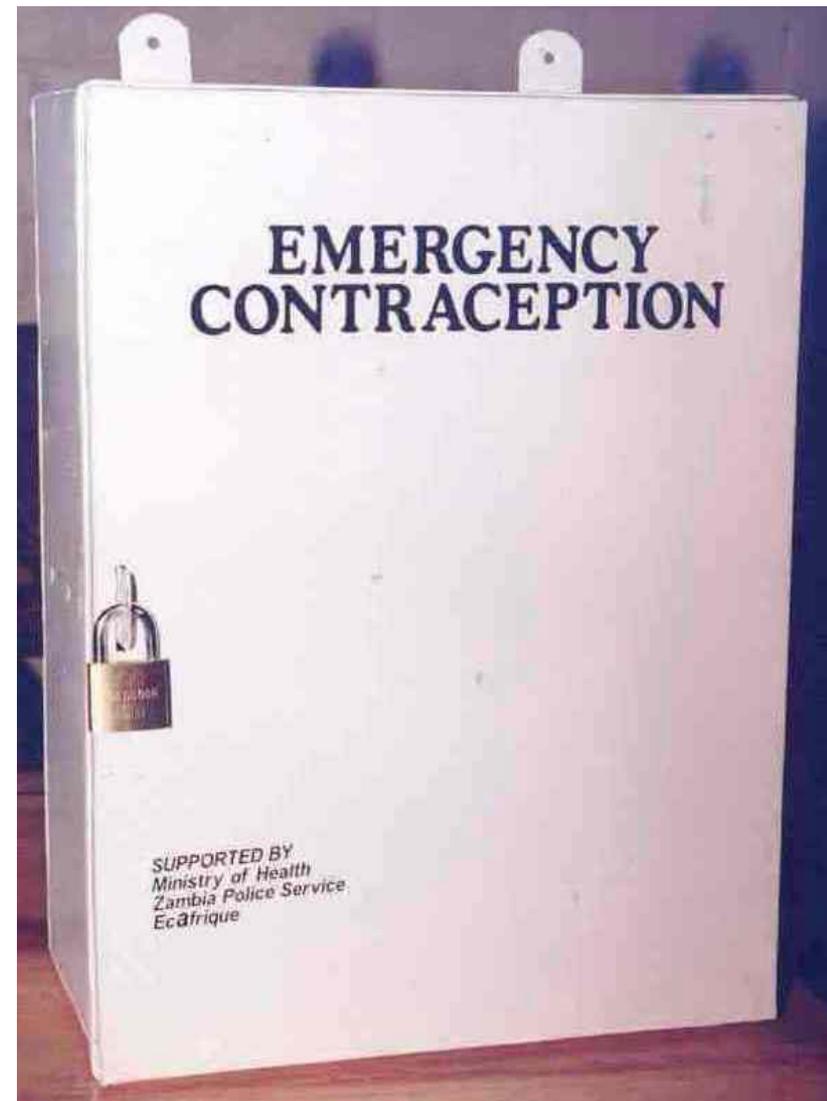


- 8 facilities, 23 doctors and nurses trained
- 20 police stations, 28 officers (Victim's Support Unit) trained as EC CBD agents
- All OIC's and CIO'S were sensitized
- On-site training for new officers

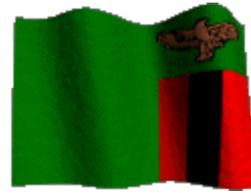
Police Service Delivery



- EC offered to all eligible survivors— determined by checklist
- Referred survivors to provincial hospitals
- Monthly supervisory visits



The reporting process



“when these survivors come, they first see the officer on shift who later hands them over to the VSU for counseling” ... “Under the VSU, the officers there will examine the survivor and see the help she might require” ... “The survivor is accompanied to the hospital by the officer ... is examined in presence of the Police Officers ... SGBV is usually regarded as an emergency so survivor needs not to wait in lines at the hospitals.”

-- police officer at intervention site

**Emergency
Contraception**
for Rape Survivors

Community Outreach

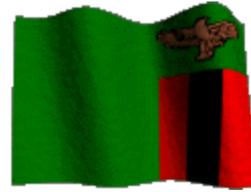


Joint teams of police and health care providers reached:

- ▣ Peer educators
- ▣ School children
- ▣ FP and MCH clients through clinic-based health education talks

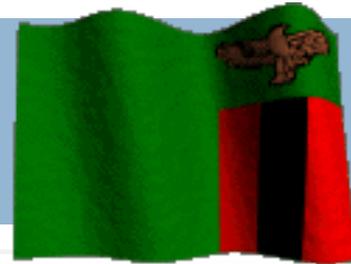
If you've been raped or defiled, emergency contraception can help prevent pregnancy

Evaluation methodology

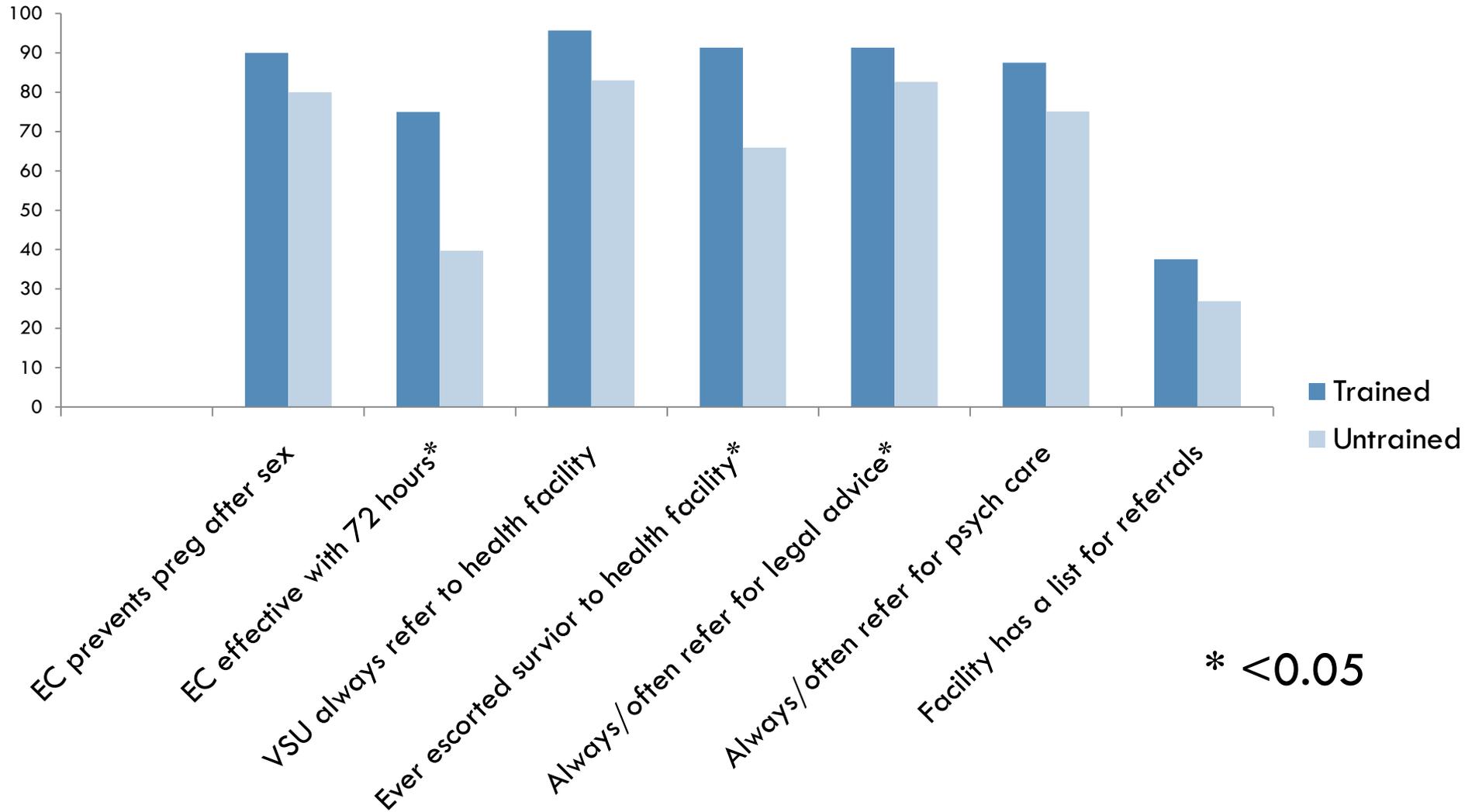


- Monthly service statistics collected from 2006-2008 in six stations/ posts
- Provider KAP survey conducted in Sept. 2007 to assess impact of training/ sensitization
- Endline FGDs and KIIs conducted in Nov. 2008

Results

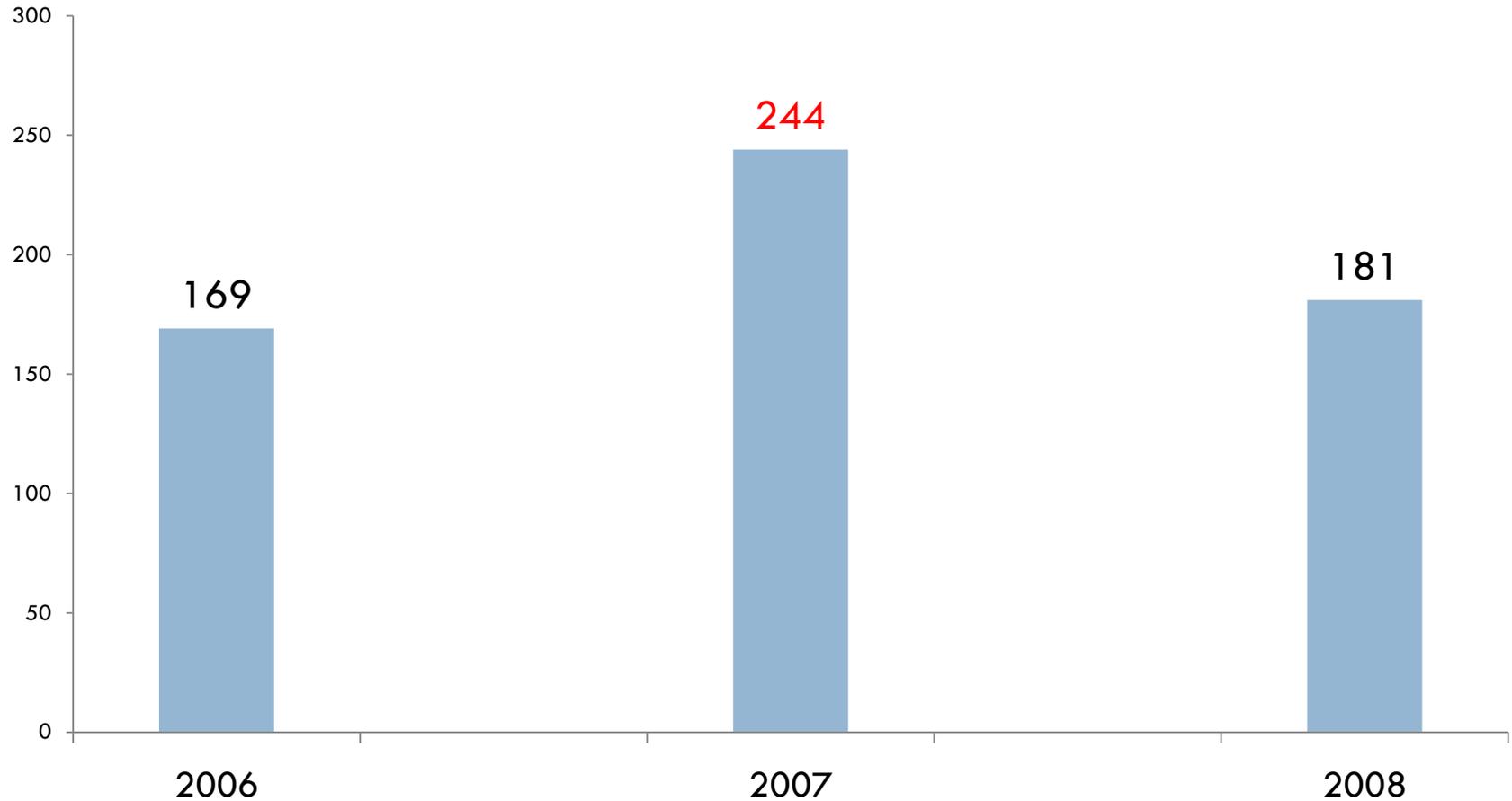


Increased knowledge among trained police





Increased reporting to police at height of intervention



Reasons for increased reporting



“Now we quickly report to the police because we know we will find assistance like EC”

-Community member

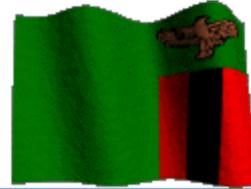
“Now there is more sensitization. Many people are reporting because of this EC program.”

-provincial health official

“We have more and more people coming in. Earlier they used to be charged to get the police report, and had transport problems. Now people are coming almost immediately.”

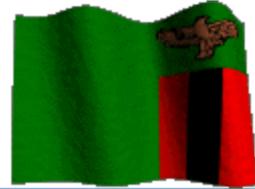
-hospital official

Police effectively provided EC



- 195 doses of EC provided over 3 years
- Only 2 doses provided to non-sexual assault survivors
 - ▣ Client referred to police by health center after EC stock-out
- No adverse events or complaints were reported

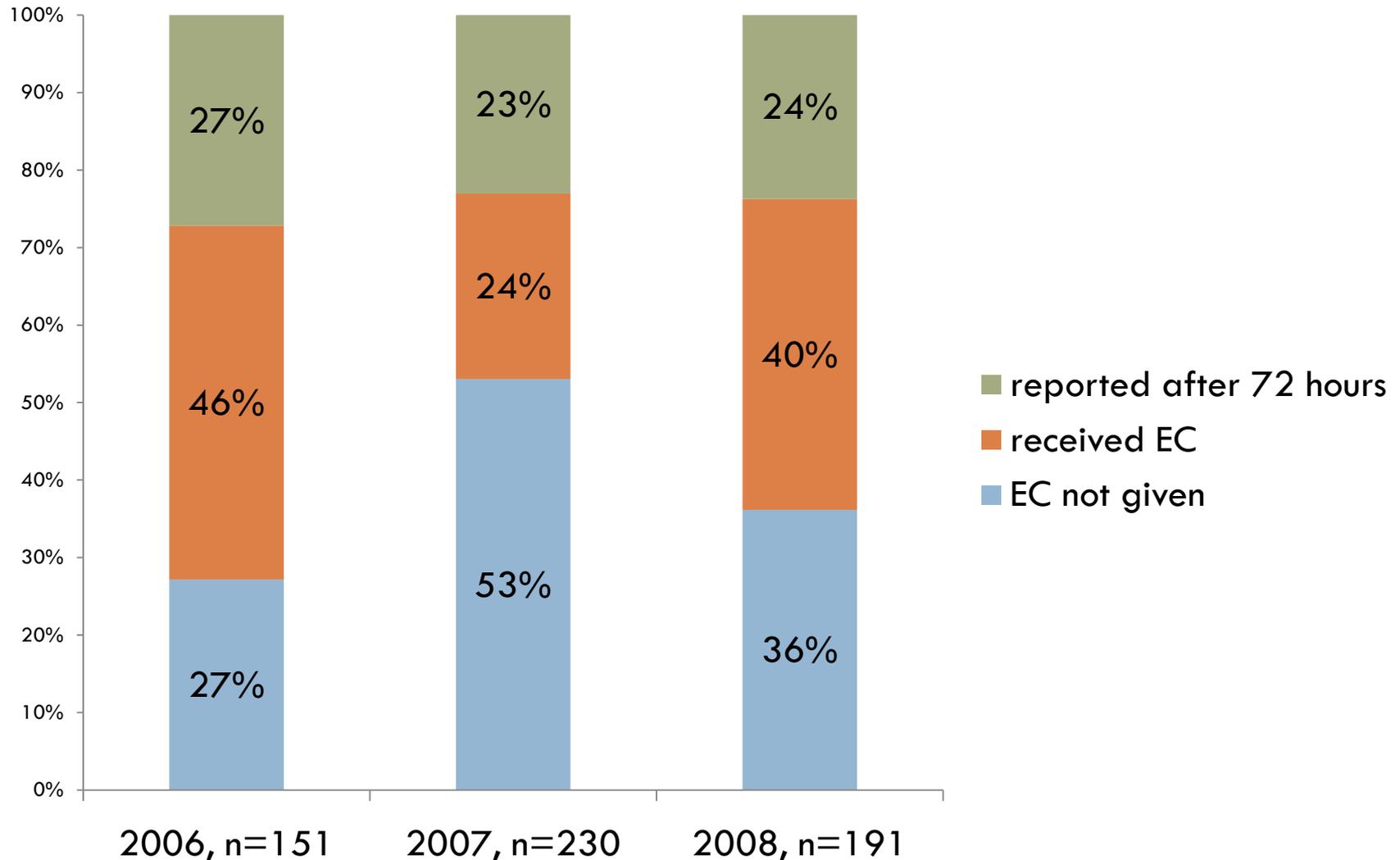
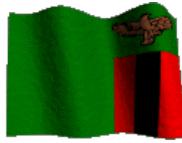
Well-received by health sector



“We haven’t faced any challenges regarding these EC being administered by police officers. If any, it has made our job easy because by the time survivors come to the hospital, they already have received some help so we just pick up from where our friends ended.”

- Hospital staff

Access improved, but remained inconsistent (among eligible survivors)



Limitations of VSU officers undermined access

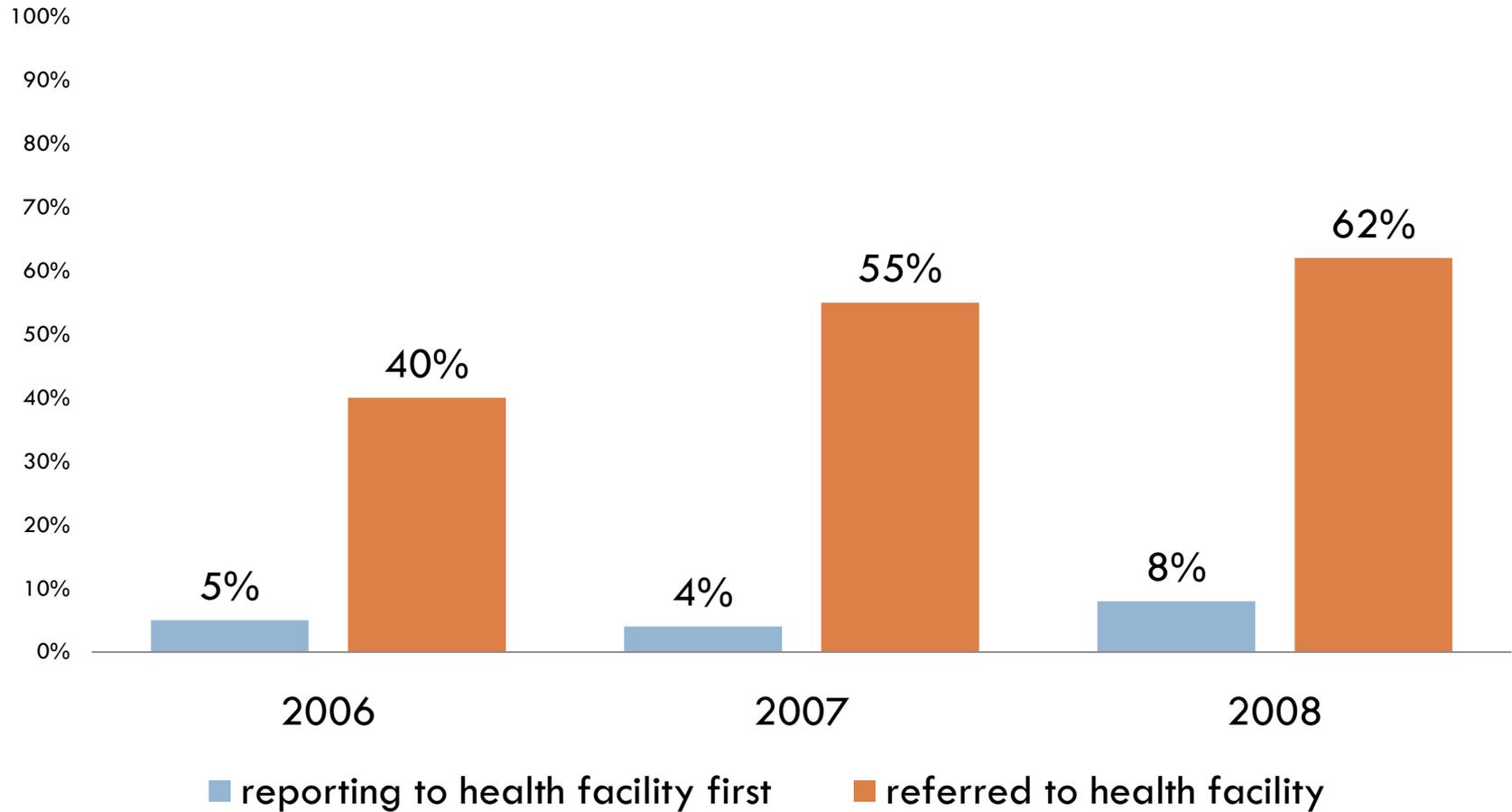


- Only trained VSU officers could provide EC
 - 1-2 per station, at most

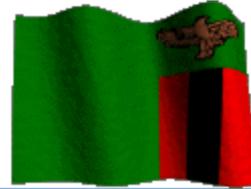
- High staff turnover
 - By October 2008, only 3 of 8 originally trained officers remained in intervention sites
 - 9 providers trained on-site, but gaps remained

- Limited hours
 - VSU officers on-site only during working hours
 - Called away in 2008 for election-related duties

Increased referrals



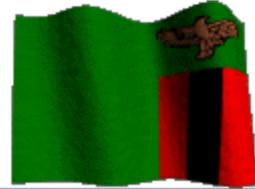
Barriers to referrals



“... going to the hospital it is very far, so we have a transport problem ... at [our] Police Station we have one vehicle which does all station activities which need transport so we can't rely on it, so in some fortunate cases we ask the paralegals or community for assistance in that area for transport.”

- rural police officer

Cost-effective



“This program is resource cheap, in the sense that it doesn’t need a lot of funds to be sustained, keeping in mind that the most expensive part of sustainability of such programs is man power which we partly have in an already existing system. “

- Provincial health official

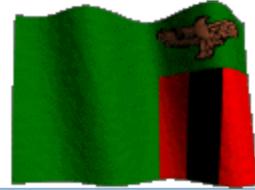
Created multi-sectoral collaboration



Yes.....the EC program has helped us work well and do our work better ... It has also helped us to have improved relationships between Police, MOH and other stakeholders ... and the community because we are being seen to care for their lives, they see us as friends now ... it has created partnership with Paralegal, YWCA, MOH & its institutions, and other stakeholders and NGOs.”

- Police officer

Conclusions



- Police provision of EC
 - is feasible
 - increases access to health care services
 - can strengthen systemic capacity to respond to GBV

- Effective implementation requires large, active cadre of trained police providers

Thank you!

