CHILD-FRIENDLY MODELS FOR PREVENTION AND RESPONSE TO VIOLENCE IN EASTERN AND SOUTHERN AFRICA

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Global: Violence Against Children (VAC)

- Global and regional studies on the prevalence of physical and sexual violence indicate that many survivors of violence are under the age of 18 years.
- UNSG Study on Violence (2006): 133 governments, civil society and children
  - 150 million girls and 73 million boys worldwide raped or subject to sexual violence each year, usually by someone in their family circle
  - 133 and 275 million children annually estimated to witness domestic violence
Regional: ESAR VAC Programmes
Child-Friendly Service Models: Two Case Studies

University Teaching Hospital, Lusaka, Zambia
• 2006
• OSC in a hospital setting
• High HIV setting—60% of children complete PEP

Queen Elizabeth Central Hospital, Blantyre, Malawi
• 2005 PEP, 2010 full services
• OSC attached to hospital
• 1 of 4 OSC; 14 versions of the model planned
<table>
<thead>
<tr>
<th></th>
<th>ZAMBIA (2010)</th>
<th>MALAWI</th>
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<tbody>
<tr>
<td>Avg clients/month</td>
<td>&lt;16 years: 90</td>
<td>&lt; 18 years: 15-20</td>
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<tr>
<td>Mean age</td>
<td>8 years</td>
<td>7 years</td>
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<tr>
<td>Facility staff</td>
<td>Doctor, 3 nurse/counselors, VSU police and social worker</td>
<td>Doctor, nurse, counselor and CF social worker</td>
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<tr>
<td>Follow-up psycho social</td>
<td>&lt;1%</td>
<td>40%</td>
</tr>
<tr>
<td>Follow-up medical</td>
<td>5%</td>
<td>&lt; 5%</td>
</tr>
<tr>
<td>Follow-up community</td>
<td>100% referred to NGOs</td>
<td>15% CF SW, others SWO</td>
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<tr>
<td>Follow-up prosecution</td>
<td>~18%</td>
<td>15-20%</td>
</tr>
<tr>
<td>Management team</td>
<td>Initially per month, now on special basis</td>
<td>Every 1-2 months</td>
</tr>
<tr>
<td>CF protocols/guidelines</td>
<td>Multidisciplinary manual for CSA; also in MOH guidelines</td>
<td>MoH Guidelines &amp; CF OSC guidelines</td>
</tr>
<tr>
<td>Data base &amp; monitoring</td>
<td>Hospital records: abuse, PEP, court cases &amp; outcomes</td>
<td>Yes, though no national data base</td>
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Prevention & Service Response Frameworks

Adult Women (and Girls)

- Community
- Police & Justice
- Health

Children

- Community
- Social Welfare
- Education
- Police & Justice
- Health
Essential Elements of Child-Friendly Services

• One size does NOT fit all—geography, undeliverable policies, staffing, etc.

• **Coordinated ‘team’ approach** in both management and practice:
  
  – **Referrals**: by phone and with accompaniment for child or available in the OSC
  
  – **Minimize repetition**: medics and CP Social Worker examine together to avoid repetition or 2-way mirror & microphones
  
  – **Quality CF counseling**: immediate, encourages return visits or effectively resolves trauma and NGOs follow-up
  
  – **Home visits and re-integration**: assessed by social workers (CP and Community) or referred to NGOs
  
  – **Legal follow-up**: SW officers, VSU, court rep make a joint decisions, with Juvenile Justice Programme monitoring and direct contact with local prosecutors office
Essential Elements (con’t)

• **Specialized staffing** and specialized service:
  – *Core group of pediatricians* trained and rotating—
    *consequences of the evidence/exam are immense*
    (ensure that medical students receive lectures and
    CSA guidelines)
  – *CF exam + CF counseling* help the child process
    immediately and ‘kids get back their power’
  – *Child Protection Social Worker*, dedicated on site and
    overseeing the welfare of the child from the start
    (assigned by Ministry)

• **Emergency plan** in the community, referrals begin
  there, chiefs/elders play a central role to enhance
  family involvement and NGOs can supplement this
  process
Key challenges

• **Schools** not part of the system
• **Early Childhood Development** warrants prevention
• VSU may be strong but **intra-police communication** weak; lack of transport and human & financial resources
• **Financial and human resources** staffing is not priority in tertiary/acute care settings
• **Hostile legal systems** for children but also for doctors & nurses who dislike testifying
Next Steps

• Further documentation of specialized pediatric services so that they are commensurate with levels of violence against children in ESAR

• Ensure that GBV models have child friendly guidelines and protocols for girls & boys

• Urban OSC models must be adapted to district and primary care centre levels:
  – CO designated for forensic evidence (CSA in the curriculum)
  – Nurse makes links to VSU and social welfare (push for generic SW in all health care facilities)