

**THE COPPERBELT MODEL  
OF INTEGRATED CARE  
FOR SURVIVORS OF RAPE  
AND DEFILEMENT**

# **Aim of the project**

**Multi-Sectoral Comprehensive  
Response**

**to**

**Sexual Gender Based Violence**

# Steps undertaken

A) Involvement of stakeholders from the Beginning:

A series of meetings with various stakeholders

B) Understand the problem (s) and  
its  
impact

a) Conduct survey

b) Share Key findings

# Sharing Key findings

- Most survivors of sexual assault were young
- Most assault survivors who looked for police help or hospital assistance did so well within EC's window of effectiveness
- Police were the first point of institutional contact for virtually all women seeking assistance

# Key findings shared

- Police provision of EC could benefit from 10 to 50 percent of all assault victims who reported to them
- Over half of all assault cases taken to court resulted in the conviction of the perpetrator

# Interventions

Based on identified gaps and taking advantage of available policies

# The intervention comprised two parts

- Provision of EC at selected “first points of contact” (FPC) to victims who might not otherwise receive it within 72 hours of unprotected sex;
- Enhancing the capacity of FPC’s to offer EC through strengthened information dissemination and community outreach



# Shared Key Intervention results

- Police can provide EC to survivors of sexual assault
- Collaboration between Police and health care and community providers can increase quality of services resulting in increased reporting.
- Multisectorial approach appears to increase the chances of survivors of RD having access to criminal justice.
- Services were not comprehensive

# Challenge

No guidelines for provision of services hence current study has initiated the development protocols:

1. Medical management services
2. Facilitation through Police Services to Criminal justice
3. Psychosocial support

# Activities carried out

- Baseline survey has been conducted
- Meetings /workshops with various levels of stakeholders

# Lessons learned

The current study has realized that:

- Multisectorial approach demands time
- Limited expertise on SGBV counseling and referral services

# Partners

- MoH
  - ZPS
  - GIDD
  - ZASPCAN
  - Catholic Diocese
  - Population Council
- UNICEF  
YWCA  
UNFPA  
Care