

Moving to Scale: The Copperbelt Model of Integrated Care



Ministry of Health

Zambia Police Service

Population Council
Zambia

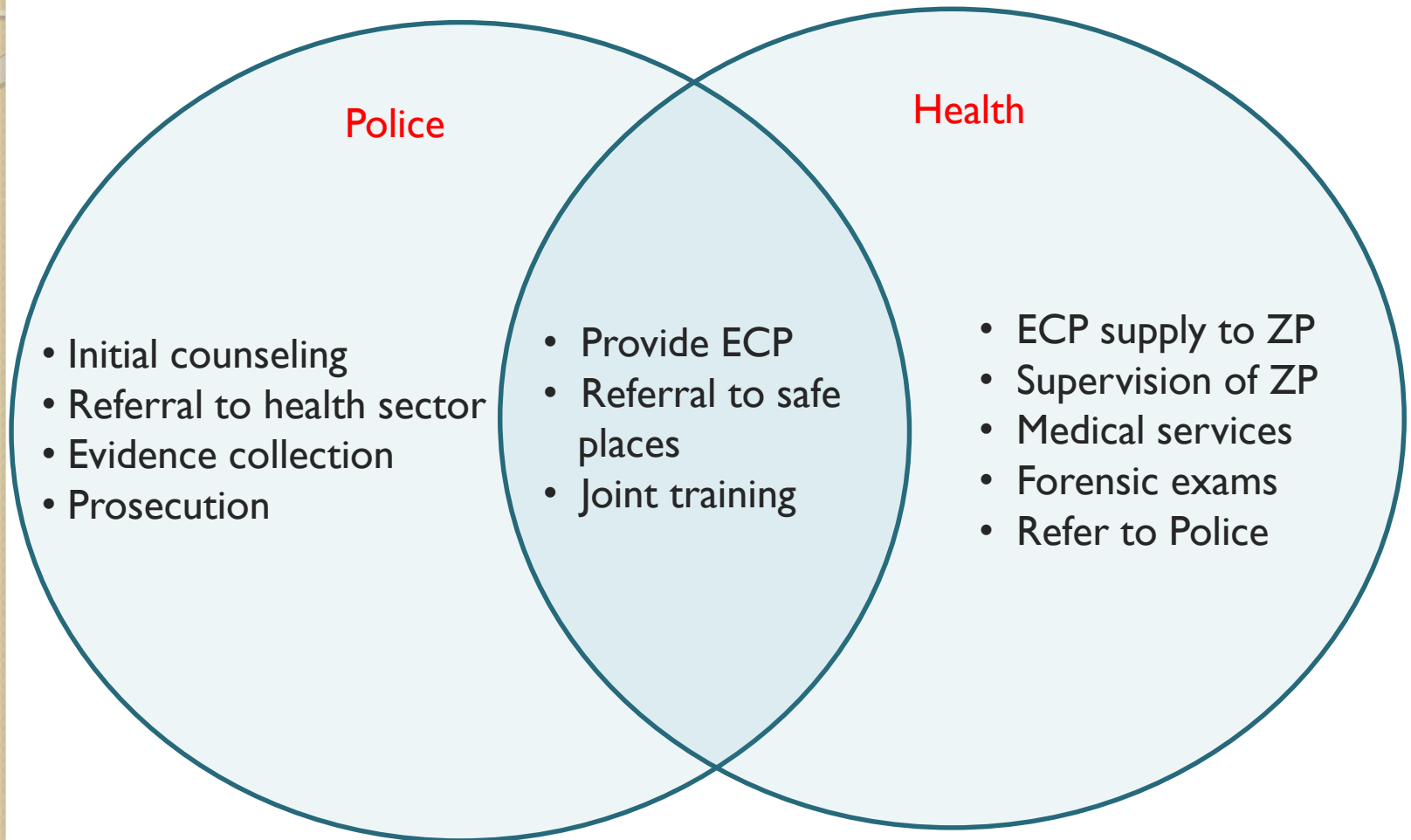
2005 Assessment

- Services weak at health facilities
 - 80% arrived in time for EC; but only 37% received it
 - 24% received PEP at health facilities
- Police often the first– and only– point of contact
 - 91% (2,203) of all survivors reported first to the police
 - Only 1,077 sought medical care
- Transport costs served as important barrier to seeking care, referrals and follow-up

High Rates of Violence in Zambia


Country	Source	Ever experienced physical violence (women 15-49)	Ever experienced sexual violence (women 15-49)	HIV prevalence (total)
Kenya	DHS 2003	40	16	6.7
Zambia	DHS 2007	47	20	14.3
Malawi	DHS 2004	28	----	11.8
Rwanda	DHS 2005	31	13	3.0

CMIC Model



Outcomes

- Police effectively provided EC
 - VSU officers in all 20 stations correctly provided a total of 357 doses of EC to survivors of sexual violence
- Health personnel reported no problems with police officers dispensing EC
- Communities more comfortable reporting to the police at end of intervention
- VSU demonstrated greater recognition of health needs



“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

Widespread recognition of need for Scale-up

“This program should be scaled up ... nationwide ... because there’s a lot of cooperation amongst health institutions, police and other stakeholders.”

“... We have shown it works. We need to support scale up to all areas.”

–Provincial Health Official

Objectives of scale-up

1. Expand police provision of EC nationally
2. Address greater access to PEP within window of opportunity
 - Discussions at study dissemination emphasized the need to address prevention of HIV as well as pregnancy
 - Current HIV prevalence in Zambia is high: 14.3% of population 15-49
 - Police stations/posts closer to communities; minimizes barriers associated with transport within 72 hours

Creating consensus on strategies for expanding CMIC model across nation

- What
 - What elements of CMIC do we scale up?
 - What logistics, procedures, policies need to be established?
 - What type of training must occur? At what level?
 - How do we ensure sustainability, adequate resources?
- When
 - What can we achieve during the project period?
- Where
 - Program focus at national level
 - Where should trainings take place?
- By who
 - What government Ministry leads the process?
 - Who is in charge of implementing?

Strengthening PEP provision

- Recognized need to better address PEP access
 - Considering integrating into PEP CMIC model
- Currently developing consensus on key points:
 - Can non-health professionals provide stat dose of PEP?
 - Can this approach be integrated into CMIC at selected sites?

Achievements to date

- MOH created a multisectoral GBV sub-committee of the Reproductive Health Technical Working Group
 - Includes Police Service, Ministry of Community, Development and Social Services, UNFPA, WHO, NGOs
 - Sub-group established to specifically address scale-up issues

Next steps

- Reach consensus on key issues through two subcommittee meetings in February
- Seek approval from Permanent Secretaries of Health and Home Affairs to conduct activities in early March
- Develop implementation strategy and measurement plan in February/March
 - Plan for hand-over by Ministries
 - Develop, training curriculum, guidance for police
- Implement, supervise and evaluate
- Disseminate results