



ICEC Worldwide Case Studies: Zambia

Partnerships Provide EC Access for Sexual Assault Victims

Health workers created important partnerships with law enforcement and judicial sectors to provide EC for sexual assault victims.

In 1996, the Zambia Ministry of Health (MOH) procured 50,000 units of a dedicated emergency contraceptive pill (ECP) that eventually found its way into health care clinics and pharmacies across Lusaka and Ndola. Despite its widespread popularity among providers and clients, stocks of the product were never replenished. By the end of the decade, EC had gradually slipped into obscurity - so much so that even at Lusaka and Ndola's principal referral hospitals, EC was no longer given routinely to rape survivors.

By 2004, the MOH recognized that this omission was unacceptable and together with *ECafrique*, launched an initiative to increase survivors' access to EC. This intervention tests the feasibility of providing EC through survivors' first points of institutional contact (FPCs), identified in Zambia as the specially-trained Victims Support Unit (VSU) police officers and health facility personnel. The hope is that increased access to EC will encourage more survivors to enter into the institutional support system, while at the same time directly reducing the longer-term health and psychosocial effects of unwanted pregnancy.

This project began as a series of formative research that detailed the nature of sexual assault in the province and identified the strengths and weaknesses of institutional responses to sexual assault. Conducted throughout 2005, these studies included comprehensive record reviews of all rape and defilement cases reported to the police and health facilities in the Copperbelt Province from 2001-2004, and qualitative assessments of community perceptions of sexual assault and survivor services. The researchers found that almost all survivors (91%) reported first to the police, with a much smaller number then going on to seek medical care. Of those who did present at a health facility, approximately 80% did so within EC's timeframe of effectiveness, yet only 37% of eligible women received EC. Based on this evidence, the team identified police officers as key FPCs, uniquely positioned to help survivors avoid unwanted pregnancy resulting from assault.

Based on these findings, the project held an intensive multi-sectoral workshop to build better linkages between the health, police, judicial, and social support sectors. These efforts helped generate a broad-based consensus on the need to reform existing support services and develop better linkages among all elements of the system. The project that developed out of this workshop focuses on equipping FPCs with the knowledge, skills, and resources needed to provide quality EC services. Emphasis is also placed on sensitizing communities and creating widespread awareness of sexual assault in general, the services offered to survivors, and the availability of EC at police and health facilities.



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To date, 50 healthcare providers and Victims Support Unit police officers have been trained to provide comprehensive services, including EC, to victims of sexual violence. A brochure describing EC for rape survivors (downloadable on the ICEC website) has been printed and distributed to police stations throughout the Copperbelt Province, along with a poster.

For more information on this project, contact ecafrique@pcnairobi.org.

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