Children in Zambia

- Dearth of information on recent situation
- Violence against children
- Orphans due to HIV/AIDS
- School drop-outs
- Street children

Hard facts

- One of world's poorest countries
- 68% living below internat. Poverty line (*World Bank, 2011*)
- Unemployed rate: 50%
- 1.3 Mio orphans, 0 to 17 years of age
  - One orphan for every nine people
- Median Age: 16.7 years
- Life expectancy: 35.2 years
- HIV/AIDS prevalence: 980.000*

*CIA*
Age Pyramid of Zambia

*CIA
The injured child

- Traffic crashes
- Falls
- Violence

- 1.2 Mio deaths annually caused by traffic crashes worldwide with 90% occurring in low- and middle income countries (LMIC) (WHO)

Child sexual abuse

- 70-90% by persons known to child
- 90% committed by men
- Don't tell anyone because
  - Not being believed
  - Threatened
  - News will hurt parents
- High risk behaviour
  - “family abuse by family members as significant predictor of engagement in high-risk behaviors“
- Adverse health behaviour
Adverse Health Behaviours

- HIV/AIDS high risk behaviour
- Cigarette use
- Alcohol use
- Drug use
- Multiple sex partners
- Forcing someone else to have sex
- Mental health problems and suicidal ideation
Under Five Mortality

- Poor recognition of signs of illness
- Delay in reaching a healthcare facility
- Delay in definitive treatment
- Poor compliance with recommended treatment
- Millennium Development Goals (MDG)
  - Reduce U5M rate of 168 to 64 deaths/1000 live births
Exposure to violence

- To physical violence: average 42%
- To sexual violence (lifetime): average 23%
- To both PV and SV: 12%
- 1/3 of adolescent girls reported first sexual experience as being forced

Global School-based Student Health Survey
Beliefs

- One has to have sex to show love
- Girls like sexually violent guys
- Girls enjoy rape
- Girls mean yes when say no
- Unwanted touching is not sexual violence
- It is not rape to force sex on someone you know
- Sex with a virgin can cure HIV infection
HIV/AIDS

- What works in providing care and support to children and families?
- More likely to drop out of school to care for younger siblings
- Adverse psychological and social effects among children
- Decrease stigmatization
- → serostatus disclosure
  - Source of violence at home or at school
References

- WHO; „World report on violence and health“; 2002; 59-86
- Brown DW et al. „Exposure to physical and sexual violence and adverse health behaviours in African children: Results from the global school-based student health survey“; 2009; 87(6): 447-55
References (2)


Victim Assistance Project Zambia

Michael Schober MD, Robert Mtonga MD, Maria Valenti, Annelies Hawliczek
Millennium Development Goals (MDG) | Armed violence effects
---|---
Eradicate extreme poverty and hunger | Loss of livelihoods, unemployment, displacement; malnutrition; changes in household composition; increased number of female-headed households; disruptions in service/welfare provision; internal trade and markets, reduction in access to food and fee-based health and education services (especially by
Combat HIV/AIDS, malaria and other diseases | Accelerated rural-to-urban migration and growth of slums; reduced access to safe drinking water and sanitation (including destruction of infrastructure); unregulated resource exploitation and deforestation
Reduce Child mortality | Destruction, disruption and/or overburdening of medical facilities; disruption of livelihoods; reduced
Ensure environmental sustainability | Destruction, disruption and/or overburdening of health infrastructure; restricted mobility, reduced food security
Improve maternal health | Decreased investment and increased limits to financial resources for affected countries
Develop a global partnership for development | Increased number of female-headed households; increased rates of gender-based violence; deepening poverty, including loss of land and homes when husbands are killed/injured; increased exposure to sexual violence, ill-health resulting from HIV, prostitution and other illicit or dangerous means of income-generation; recruitment of women and girls into armed groups; lack of access to disarmament benefits during disarmament, demobilization and reintegration (DDR) programmes
Achieve universal primary education | Promote gender equality and empower women
Main Project Goals

- Improve care and rehabilitation of victims of interpersonal violence in Lusaka
- Suggest guidelines for best practice for other sub-Saharan African countries
Actions for Improvement

- Cooperation 😊
Partners: North/South Partnership

- Cooperation Zambia and Austria
  - Participation of medical students of Zambia and Austria in the ER, and availability to partner organizations, who are fully informed about the project.
  - Fund raising and project management: Austria
  - Support of Zambian health and social services
Actions for Improvement

- Training day of emergency room and social service staff by medical project leaders
  - for better networking
  - for information sharing
  - for providing guidelines to help match patient/client needs and how to assist clients to access them
Follow up meetings every 6 month will be held
Brochures

• Printed and illustrated materials are free and available for patients/clients.
Study Design - Overview

- Discuss proposal with local Zambian partners and solicit input and participation
- Collect and analyze baseline data
- Train participants for intervention, prepare materials and conduct intervention
- Collect and analyze followup data
- Join with local partners in making recommendations for improvements

Every 6 month
Study

• Baseline phase, Training, Intervention Phase

  August 12    February 13    September 13

  →

• Creating evidence to implement the measures in other cities
Study Parameters

- Comparing results of 1st and 2nd Phase
  - Number of referrals to social service organizations or ER and follow up consultations
**IPNW Questionnaire**

### III. GENERAL DATA OF PATIENT/CLIENT

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>REGISTER + DATE/TIME</th>
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**INFORMED CONSENT:**
I hereby give consent to allow to record details of my injury. This data will be used for study reasons to improve care and rehabilitation. Your name and personal data will be anonymized and can’t be traced by others. I am doing this voluntarily and I am informed of what the project is about and my autonomy to withdraw at any stage.

**PLACE WHERE INJURY OCCURRED**

<table>
<thead>
<tr>
<th>DEPT</th>
<th>MUNICIPALITY</th>
<th>ADDRESS</th>
<th>DATE/TIME</th>
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### IV. HISTORY BEFORE ACTUAL EVENT

**Exposure to violence in past:**
Description of (When? Frequency? Kind of Violence?):

### V. VICTIM ASSISTANCE

**Subjective opinion of patient/client**
(1=strong yes, 2=yes, 3=no, 4=strong no 5=not appropriate, 6=no reply)

- Have you received sufficient information... to whom you should direct your questions... on community services...
- How to contact and reach medical and community services...
- How concerned were you about... receiving appropriate help later on in the case of discomfort and need...
- If appropriate: the interventions undertaken until now helped to...
- Being able to speak to others more openly about the event...
- If yes, did that improve your situation...

### VI. AFTER REFERRAL: QUALITATIVE QUESTIONS:

**What changed for you in the receiving support here?**

- Did this improve your situation?

**Are you feeling cared for? What is good, what is not?**

- If appropriate: Did the frequency of violence to you decrease?
Lessons learned

• Time management
• Management of students and participating staff
• Statistics planning
• Regular Evaluation (Project leaders and students)
• Budget
Resources


- Ellsberg MC, Heise L: Researching Violence Against Women: A Practical guide for Researchers and Activists; Washington DC, USA; Word Health Organisation PATH; 2005