

Children in Zambia

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

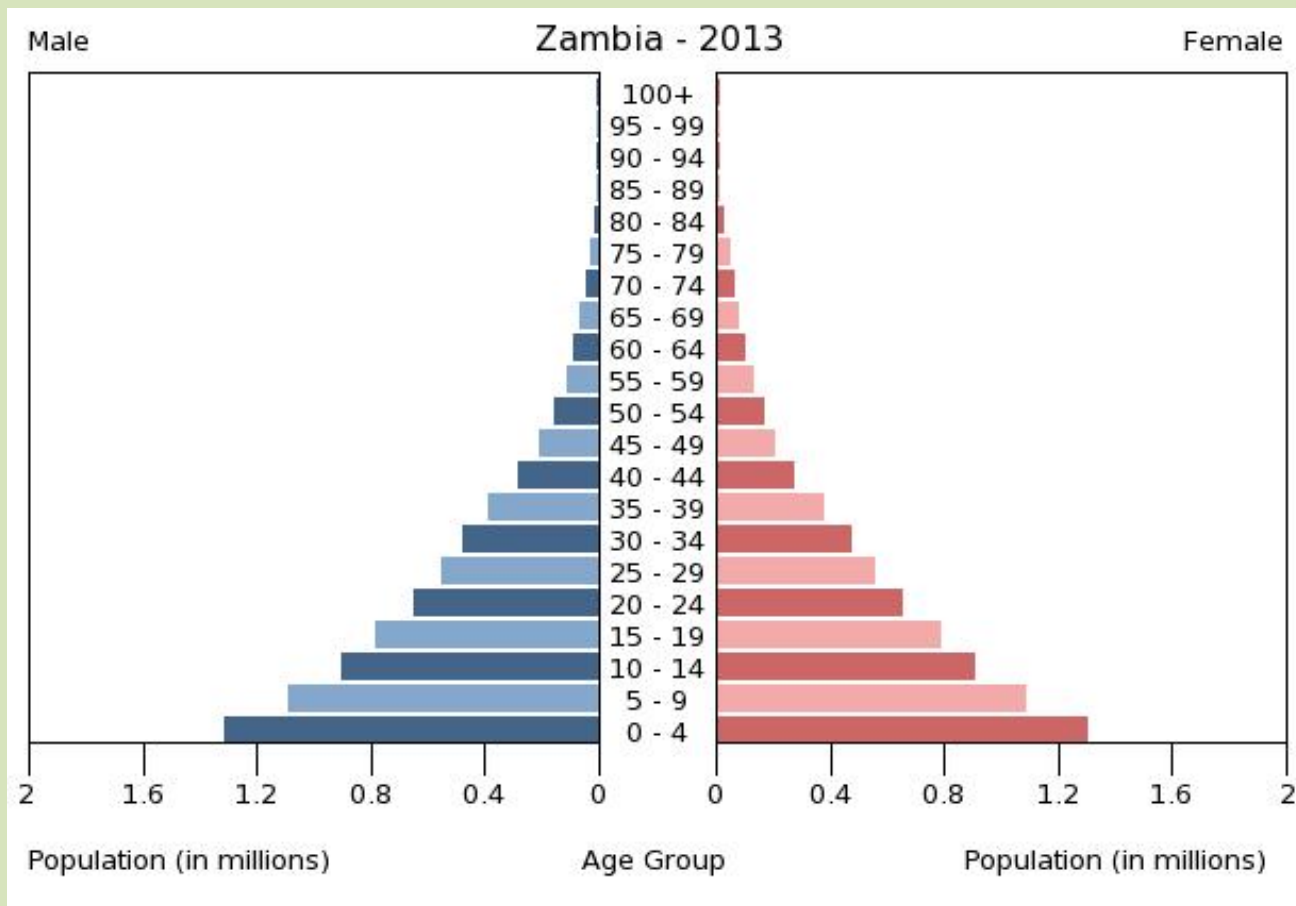


Hard facts

- 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 behaviours
- Cigarette use
- Alcohol use
- Drug use
- Multiple sex partners
- Forcing someone else to have sex
- Mental health problems and suicidal ideation



Under Five Mortality

- 168 deaths/1000 live births (2003)
- Poor recognition of signs of illness
- Delay in reaching a healthcare facility
- Delay in definitive treatment
- Poor compliance with recommended treatment
- Millenium 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 report first sexual experience as being forced

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
- Murray L K ,Haworth A, Semrau K, Singh M, Aldrovandi G M, Sinkala M, Thea D M, Bolton P A; „Violence and abuse among HIV-infected women and their children in Zambia“; J Nerv Ment Dis. (2006); 194(8): 610-615
- Anderson N, Ho-Foster A, Matthis J, Marokoane N, Mashiane V, Mhatre S, Mitchell S, Mokoena T, Monasta L, Ngxowa N, Salcedo M P, Sonnekus H; „Primary care – National cross sectional study of views on sexual violence and risk od HIV infection and AIDS among South African school pupils“; British Medical Journal (2004);
- 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
- Slonim-Nevo V, Mukuka L.; „Child abuse and AIDS-related knowledge, attitudes and behaviour among adolescents in Zambia“; 2007; 31(2): 143-59
- Chompolola A, Macwan’gi M; „Caretakers’ Experiences with Sick Children in Luapula Province: Implications for Child Survival Interventions in Zambia“; Medical Journal of Zambia (2000); 35(2): 62-69

References(2)

- Schenk K D, Michaelis A, Sapiano T N, Brown L, Weiss E; „Improving the Lives of Vulnerable Children: Implications of Horizons Research Among Orphans and Other Children Affected by AIDS“; Public Health Reports (2010); 125: 325-336
- Kirkpatrick S M, Rojjanasrirat W, South B J, Sindt J A, Williams L A; „Assessment of Emotional Status of Orphans and Vulnerable Children in Zambia“; Journal of Nursing Scholarship (2012); 44(2): 194–201
- Yahaya I, Soares J, Ponce De Leon A, Macassa G; „A comparative study of the socioeconomic factors associated with childhood sexual abuse in sub-Saharan Africa“; Pan African Medical Journal (2012); 11(51): 1-8

Victim Assistance Project Zambia



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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



Ensure environmental sustainability

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



Improve maternal health

Destruction, disruption and/or overburdening of health infrastructure; restricted mobility, reduced food security



Develop a global partnership for development

Decreased investment and increased limits to financial resources for affected countries



Achieve universal primary education



Promote gender equality and empower women

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

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 service



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

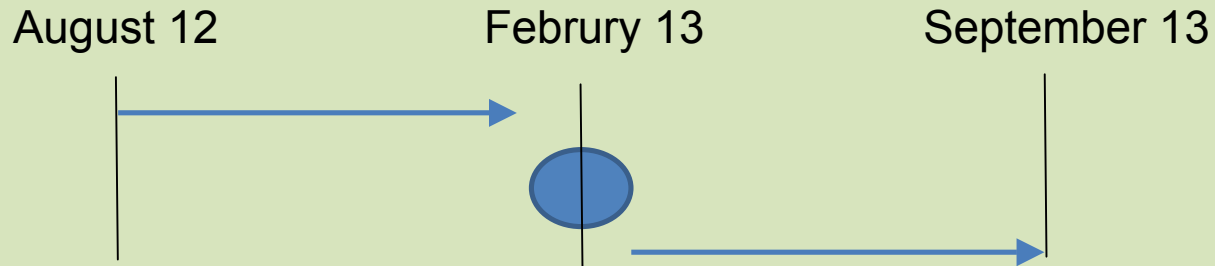


Study Design - Overview

- 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



- 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

Lessons learned

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

Resources

- World Health Organization Violence Prevention Alliance, Global Campaign for Violence Prevention, Plan of Action 2012-2020, VPA, Geneva, Switzerland, 2012; 1- 17
- Dahlberg LL, Krug EG, Violence- a global public health problem. In Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lodsano R edc. World Report on Violence and Health. WHO, Geneva, Switzerland. 2002; 1-56
- Arnetz JE, Arnetz BB, The developement and application of a patient satisfaction measurement system for a hospital-wide quality improvement. Int. J of Quality Health Care, 1996;8,555-566
- John IA, Lawoko S, Oluwatusin A, Acceptance of screening for intimate partner violence, actual screening and satisfaction with care amongst female clients visiting a health facility in Kano, Nigeria. Afr J o Prim. H. Care Fam med 2011; 3(1) Art#174
- Zavala D, Bokongo S, John IA, Mpanga Senoga I, Mtonga R, Mohammed AZ, Odhiambo Anjango W, Oluput-Oluput P: Implementing a hospital based Injury surveillance system in Africa: lessons learned, Medicine Conflict and Survival, 2008; 24, 260-272
- Ellsberg MC, Heise L: Researching Violence Against Women: A Practical guide for Researchers and Activists; Washington DC, USA; Word Health Organisation PATH; 2005