Preventing and Responding to Gender-Based Violence in USAID's PEPFAR Programs

Amelia Peltz, USAID, Moderator
Michael Gaitho, LVCTHealth, Kenya
Jovin Riziki, NACOPHA, Tanzania
Cezzanne Hoffmann, NACOSA, South Africa
LEVERAGING TECHNOLOGY TO TRACK GBV PERFORMANCE IN COASTAL REGION, KENYA

Authors: Michael Gaitho¹, Stephen Wagude¹, Linda Mbeyu¹, Caleb Muli¹, Karuga Robinson², Thiomi Jane³, Joy Melly³

Affiliation: USAID Stawisha Pwani¹, LVCT Health², USAID³

Presenter: Michael Gaitho
Senior Technical Advisor-GBV, USAID Stawisha Pwani

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USAID Stawisha Pwani

LVCT HEALTH @ A Glance

COVID-19 RESPONSE
- COVID-19/IPC - ARPA
- CDC – Prisons COVID-19 Response
- SFU- COVID-19 & Gendered Risks Project
- EJAF- COVID-19 Response
- UNICEF- COVID-19 Response

USAID STAWISHA PWANI
1. Mombasa
2. Kilifi
3. Kwale
4. Taita Taveta
About USAID Stawisha Pwani

Project Description: A five-year program funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID)

Goal: Increase the use of quality county-led health services in four Coastal counties of Kilifi, Kwale, Mombasa and Taita Taveta by strengthening county health systems with a focus on HIV Prevention & Treatment, Family Planning, Reproductive, Maternal, Child and Adolescent Health (FP/ RMNCAH) and Nutrition

Objectives
- Increased demand for and access to quality HIV and TB prevention services
- Increased demand for and access to quality HIV and TB treatment services
- Use of quality FP, Reproductive, Maternal, Newborn, Child & Adolescent Health and Nutrition services(FP/RMNCAH)
- Strengthened capacity of county health systems, local partners and communities to deliver quality health services
Background

HIV programs are required to identify, provide client-centered quality care and report post-Gender-Based Violence (GBV) care from service delivery points (SDPs)

Gaps exist in real-time innovative mechanisms for monitoring daily performance against targets

The existing Kenya Health Information System (KHIS) does not support monitoring these data on daily basis

Four hundred and sixty (460) Health Care Workers (HCWs) were trained to identify GBV using LIVES using the adapted WHO curriculum

Clients disclosing GBV were offered first-line support using LIVES approach

USAID Stawisha Pwani adopted utility of innovative Kobo platform to track and accelerate reporting of post-GBV services
**Methods**

- **A digital data collection form in Kobo toolbox was designed to record de-identified patient-level data including GBV type, LIVES service, and SDPs.**

- **HCWs were trained to enter data daily in Kobo collated from National GBV registers in at least 200 sites (October 2021 to June 2022).**

- **Data was de-identified to protect client’s confidentiality and downloaded real-time data in excel format for processing.**

- **Bi-weekly virtual meetings were held with the facility teams to discuss performance.**
Results

- An upward trajectory in GBV achievement was realized in successive quarters.
- Women 5587 (81%) reported high incidents compared to men 1269 (19%).
- 45% of the SV cases were reported by adolescents.
- 85% of the sexual violence cases were reported by persons aged 10-39 years.
- HTS SDPs reported 2379 (35%), OPD 2037 (30%), CCC 292 (19%), ANC/FP 638 (9.3%), PMTCT 221 (3.2%) and GBVRC 151 (2.2%).
Increase GBV Identification through KOBO
Conclusion

Achievement of targets was attributed to the quadripartite approach:
• GBV identification
• Service provision
• Documentation
• Consistency in updating the Kobo tool

Investment in real-time innovative mechanisms to track program performance can motivate Health Care Workers and facilitate timely achievement of targets
THANK YOU

Appreciation
1. USAID – Kenya
2. MOH
3. USAID Stawisha staff

Contact us
enquiries@lvcthealth.org
www.lvcthealth.org  www.lvctgroup.org
www.one2onekenya.org

@LVCTKenya   @lvctKe   @VCTHealth   TheLVCT
The use of Treatment Advocates and Empowerment Groups as “Game Changers” in GBV case identification and linkage to achieve 95-95-95 targets.
Background

- NACOPHA recognizes that GBV directly and indirectly increases the chances of HIV infection.
- Sexual violence is the most direct link between GBV and HIV.
- The aggressor uses physical violence, verbal threats, or coercive tactics to pressure the victim into submission.
- The victim, unable to negotiate safer sex, is at risk for HIV infection.
- However, the magnitude of the problem was not known.
- Integrating GBV in HIV programming through Treatment Advocates (TA) and Empowerment Groups (EG) is critical in contributing to increased GBV case identification, resolution, and linkage.
Methods

- NACOPHA integrated GBV component in the TAs Training Manual and in the EG Educational Sessions for PLHIV.
- TAs are oriented on different forms of GBV and their effects on the individual victim, community, and for epidemic control.
- TAs are taken through GBV referral pathways, GBV screening and on reporting tools.
- TAs sensitize community on GBV reporting
- TA listens, provides information, seeks informed consent, provides timely referral and follow-up.
- List of GBV support services is provided to facilitate linkage
- Close working relationship is maintained with welfare officers, police gender desk, paralegals and others who handle GBV issues.
Treatment advocates orientation on GBV
NACOPH
A’s GBV Referral Pathways
Traditional leaders discussing on ways to address GBV
Results by Quarter 3 of year 3 of HEBU TUYAJENGE project: GBV cases identified and supported
Impact and conclusion

- A total of 304 (M 123 F 181) treatment defaulters were returned into treatment and care
- With empowered community champions, GBV supportive systems and more informed and supportive communities it is then that we can contribute to the 95-95-95 targets.
Traditional leaders discussing on ways to address GBV.
This project is made possible with support from the U.S. President's Emergency Plan for AIDS Relief through the United States Agency for International Development, generous support of the American people and the Government of United Republic of Tanzania.

THANK YOU
EXPANDING COMMUNITY ACCESS TO POST-VIOLENCE CARE

By Cezzanne Hoffmann, Dr Ntotleng Mabena, Sophie Hobbs
USAID Partners Meeting | NOVEMBER 2022
BACKGROUND

- South Africa experiences some of the highest rates of violence in the world
- **Women and girls** disproportionately affected by GBV
- BUT women tend to have higher health-seeking behaviour
- Likely to attend **primary healthcare facilities** regularly for SRH services
- Opportunity to **expand access to post-violence care services** in under-served communities
- Integrate GBV programming into primary healthcare system

SOUTH AFRICA

- **8.2 million** people living with HIV
- **4.4 million** people on antiretroviral treatment
- **13.7%** of the population estimated to be living with HIV
- **85,145** AIDS-related deaths
- **60%** of TB cases are in people living with HIV
- **50%** of women are believed to have experienced some form of violence at least once in their lifetime
- **65.5%** youth unemployment rate
- **3.3 million** youth not in employment, education or training

Sources: Stats SA (2021), National Strategic Plan on GBV and Femicide (2020)
• Training healthcare providers to render minimum package of care
• Community campaigns using a localised approach in community media

• At PHC facilities to provide psychosocial support and linkage to care
• GBV Ambassadors deployed to provide awareness and support pathways into PVCS

• Training community stakeholders and healthcare providers in receiving and responding to disclosures of GBV, using World Health Organisation’s LIVES model
OUTCOMES

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<tr>
<th>Category</th>
<th>COP 20</th>
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<tbody>
<tr>
<td>GBV Survivors Reached</td>
<td>14672</td>
<td>24811</td>
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<tr>
<td>AGYW Survivors Reached</td>
<td>6928</td>
<td>12061</td>
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<tr>
<td>Percent of survivors accessing services 10-24 years</td>
<td>34%</td>
<td>49%</td>
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<tr>
<td>Percentage of reported cases from PHC/CHC</td>
<td>2%</td>
<td>15%</td>
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<tr>
<td>Post Violence Care facilities supported</td>
<td>84</td>
<td>113</td>
</tr>
</tbody>
</table>
CONCLUSIONS & QUESTIONS

• Continued need for integration of PVCS at PHC facilities to:
  • Improve case identification
  • Strengthen accessibility to basic post-violence care services
  • Strengthen referrals to more specialised services
  • Reach hard-to-reach vulnerable young women
THANK YOU

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ON HIV, AIDS AND TB

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Questions for Discussion

- How can GBV services be further integrated into health services?
- What other strategies can we employ to improve case finding of GBV and IPV survivors?
- What other services/touch-points can be used for integration?
- How can we engage or partner with the Ministry of Health to ensure seamless integration of post-GBV services?
- What must the MOH / Government do to ensure generation of real-time GBV data for prompt decision making?