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1. Cliquer sur le globe et choisir le Français

2. Puis cliquer sur “Mute Original Audio”

English speakers: leave interpretation feature “Off”
Please introduce yourself in the chat box!

Click on “More” to access thumbs up and thumbs down.

Click the “Participants” window to access the raise hand feature, yes/no buttons, and more. You can also access these features via “Reactions”.

Zoom Group Chat

Type message here...
West Africa Regional PrEP Learning Network

To learn more about the Network visit [https://www.prepwatch.org/in-practice/west-africa-prep-learning-network/](https://www.prepwatch.org/in-practice/west-africa-prep-learning-network/)

To sign-up for updates and information on upcoming webinars go to [https://mailchi.mp/prepnetwork/westafrica](https://mailchi.mp/prepnetwork/westafrica)
Key topics for this webinar series

Oral PrEP Introduction Framework

**PLANNING & BUDGETING**
National and subnational plans include oral PrEP and guidelines are established to support access to PrEP via priority delivery channels

**SUPPLY CHAIN MANAGEMENT**
Oral PrEP is regularly available in sufficient quantity to meet projected demand via priority delivery channels

**RING DELIVERY PLATFORMS**
Oral PrEP is delivered by trained healthcare workers across diverse delivery channels that effectively reach target end users

**UPTAKE & EFFECTIVE USE**
End users are aware of oral PrEP and have the support, motivation, and ability to seek out, initiate, and effectively use PrEP during periods of HIV risk

**MONITORING**
Oral PrEP is effectively integrated into national, subnational, program, and facility monitoring systems and ongoing research supports learning
<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>5 min</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td>10 min</td>
<td>Introduction to PrEP and IPV</td>
</tr>
<tr>
<td>10 min</td>
<td>Q&amp;A</td>
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<tr>
<td>10 min</td>
<td>Tools and resources for IPV screening and support</td>
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<td>10 min</td>
<td>Q&amp;A</td>
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<td>10 min</td>
<td>Experiences from Eswatini</td>
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<td>Experiences from Kenya</td>
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<td>20 min</td>
<td>Q&amp;A</td>
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<tr>
<td>5 min</td>
<td>Wrap-up</td>
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</tbody>
</table>
Panelists

• Neeraja Bhavaraju, Afton Bloom
• Emily Reitenauer, USAID
• Thesla Palanee-Phillips, Wits RHI
• Bernard Phiri, FHI 360
• George Makau Mutinda, FHI 360
Access French interpretation / Accès à l’interprétation vers le Français

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English speakers: leave interpretation feature “Off”
SURVEY
How are IPV services incorporated into your program today?
USAID technical recommendations on addressing IPV in PrEP services

Emily Reitenauer | February 17, 2021
1 in 3
women worldwide have been beaten, coerced into sex, or otherwise abused in their lifetimes.

1 in 4
girls’ first sexual encounter was unwanted.

1.5
is the increased likelihood that women who experience intimate partner violence will acquire HIV.

47%
of males living with HIV aged 15 and older are on ART, compared with 60% among females.

Exposed to GBV, particularly IPV, is associated with lower ART use, half the odds of self-reported ART adherence, and significantly worsened viral suppression among women.

Having gender inequitable beliefs or endorsing harmful gender norms – particularly norms sanctioning violence against and the control of women by male partners – decreased the odds of ART use among PLHIV.
Intimate partner violence is associated with:

1. Lower oral PrEP uptake

2. Increased PrEP interruption

3. Lower adherence to oral PrEP and vaginal ring use

4. Qualitative research: IPV resulted in stress and forgetting to take pills, leaving home without pills, and partners throwing pills away

References:

Gender, GBV, and the Clinical Cascade

Prevention
- Evidence-based HIV Prevention
- Initiate on PrEP

Testing
- Access HTS
- 95%
- Survivors identified during self-testing, index testing and partner notification services, and provided and/or referred to HIV treatment initiation and violence response services.

Care and Treatment
- 95%
- Providers identify survivors via routine and/or clinical enquiry during ART initiation and routine clinical care. Survivors offered support and provided with or referred to GBV clinical care.
- Improve quality of post-violence clinical care services in care and treatment sites.
- Adhere to ART & viral suppression
- 95%
USAID’s Gender & GBV Technical Priorities for HIV Services

Increase identification, reach, and retention across the HIV prevention and clinical cascades.

GBV Prevention and Gender Norms Change Interventions

GBV Case Identification, First-line Support, & Linkages between Community and Facility Services

GBV Clinical Care in HIV Treatment Services and GBV Standalone Sites

Find, Retain, & Engage Men across the HIV Prevention and Treatment Clinical Cascade - PrEP, VMMC, Index Testing, Treatment
Increase identification, reach, and retention across the HIV prevention and clinical cascades.

GBV Prevention and Gender Norms Change Interventions

GBV Case Identification, First-line Support, & Linkages between Community and Facility Services

Find, Retain, & Engage Men across the HIV Prevention and Treatment Clinical Cascade - PrEP, VMMC, Index Testing, Treatment

This occurs within PrEP service delivery during initiation counseling.
“Any process to determine PrEP eligibility should include questions about a client’s exposure to or risk of gender-based violence and intimate partner violence, with appropriate interventions or referrals provided as needed.”

Providers must ask clients about experience of violence during initiation counseling, NOT when assessing for PrEP indication or PrEP clinical eligibility. Note that experience of violence does NOT make one ineligible for PrEP.

Clients found to be experiencing violence must be:

- Provided first-line support (LIVES);
- Referred to local clinical and/or non-clinical GBV response services;
- Informed of ways in which they can take PrEP with or without their partner’s knowledge.
The **minimum requirements** that must be in place for sites to ask about experience of violence are:

- Providers offer first-line support (LIVES)
- A protocol/SOP for asking about experience or fear of violence
- A standard set of questions where providers can document responses
- Providers are trained on how to ask and/or identify signs and symptoms of violence
- Providers only ask about IPV or sexual violence in a private setting, confidentiality ensured
- A process for offering referrals or linkages to other services is in place
HIV/GBV Site Integration Checklist

Developed by the Gender and Sexual Diversity Branch in USAID’s Office of HIV/AIDS for USAID country team and implementing partner staff.

Purpose: Site monitoring tool to assess the implementation of USAID’s Gender and GBV technical priorities for HIV programs. For PrEP sites, this tool assesses the implementation of the six minimum requirements for asking about violence.

Please reach out to Emily Reitenauer (ereitenauer@usaid.gov) or Amelia Peltz (apeltz@usaid.gov) for questions about or access to this tool.
Providing First-line Support for Survivors of GBV in HIV Settings: The virtual training was adapted by the USAID/OHA Gender and Sexual Diversity Branch from the Caring for women subjected to violence: A WHO curriculum for training health-care providers.

Structure: Training of trainers (TOT)

Audience: USAID country teams and implementing partners

Objectives:

- Familiarize participants with the GBV first-line support (LIVES) framework
- Learn how to identify signs and symptoms of violence in a clinical context
- Practice techniques in how to conduct routine enquiry and deliver first-line support to a person who discloses violence in a clinical and community context
The global completion rate for the training was 87%.

- 30 countries participated
- 913 people completed the training
- 55 USAID staff completed the training
- 186 IPs completed the training
Staff supporting and delivering HIV prevention and clinical services, including PrEP, participated in USAID’s *Providing First-line Support for Survivors of GBV in HIV Settings* training.

*These numbers are not mutually exclusive.*
Next Steps

- Support to country teams and IPs to cascade the training
- Virtual TDYs
- Remote program monitoring
- Hold additional LIVES trainings for country teams and IPs
- Work with OHA PrEP Team to identify and address TA needs for IPV case identification, first-line support, and referrals
Thank you!
Q&A

Please add questions to the chat.
West Africa PrEP Learning Network Webinar

Tools and Resources for Addressing Partner Dynamics and IPV in PrEP Services

Thesla Palanee-Phillips – CHARISMA Co-PI
Wits RHI, Johannesburg South Africa
February 2021
Asking about IPV as part of PrEP services is a PEPFAR requirement

PEPFAR 2020 Country Operational Plan: To improve effective use of PrEP, new or suspected cases of intimate partner violence (IPV) must be identified and provided necessary gender-based violence (GBV) response services per WHO clinical guidelines. This must be done by integrating routine enquiry* for IPV into PrEP service delivery.

Each setting where AGYW and adult women are counseled on and prescribed PrEP should have the following:

1. Counselors trained on:
   a) How to ask about violence using a standard set of questions where counselors can document responses;
   b) The provision of age-appropriate first-line support (LIVES) when violence is suspected or disclosed;
   c) Referrals for clients who disclose experiencing violence to local clinical and nonclinical GBV response services using discrete referral cards, or the provision of post-violence clinical care at the site itself.

2. A simple standard operating procedure, job aid, or algorithm that outlines the steps that PrEP counselors take if a client discloses experience or fear of violence.

3. Privacy and confidentiality ensured.

*routine enquiry — an approach to identifying cases of IPV among all clients who present for specific services, without resorting to the public health criteria of a complete screening program. It is recommended in certain services for populations that may be at a higher risk of experiencing violence.
Standard Operating Procedures (SOP) and Job Aid for Addressing Intimate Partner Violence in PrEP Services

Includes procedures for:

- IPV routine inquiry, including suggested questions for cisgender women and key populations
- Providing first-line support using LIVES to clients who disclose violence
- Establishing/maintaining a referral network and facilitating warm referrals
- PrEP counseling for clients who disclose violence
- Supporting staff experiencing vicarious trauma
- Adaptations during COVID-19

Available on PrEPWatch.org (link) USAID.gov (link)
Overview of CHARISMA RCT Intervention

Enrollment into PrEP use visit

**Step 1**
- Relationship Assessment (HEART)

**HEART : HEAlthy Relationships Assessment Tool**

**Step 2**
- Module A: Healthy and Unhealthy Relationships
- Module B: Partner Communication
- Module C: Discussing PrEP Use with Partners
- Module D: Responding to Intimate Partner Violence

**Step 3**
- Educational Materials for Male Partners

End of visit and 1 follow-up check-in visit

**Step 4**
- Support and Referrals
Relationship Assessment Tool (HEART)

- **HEART** = Healthy Relationship Assessment Tool
- Developed from primary research and pre-existing validated scales
- 5 domains:
  - Traditional Values
  - Partner Support
  - Partner Abuse and Control
  - Partner Resistance to HIV Prevention
  - HIV Prevention Readiness
- Targets counselling to participant’s needs

I think that a woman cannot refuse to have sex with her husband.

My partner does what he wants, even if I do not want him to.

I can talk about my problems with my family.
Empowerment Counseling Modules

Responding to IPV
HEART indicates any controlling behaviors, emotional abuse or physical abuse

Disclosure and partner support
HEART indicates partner is not abusive but she has not disclosed method use or she has disclosed and he is not supportive

Partner communication
Elements of communication, “I” statements, and conflict de-escalation
All other women receive this module
CHARISMA Videos

Example video link: https://youtu.be/JnxzZWaJB_E
Intervention delivery requirements

• **Staffing and resources:**
  - Lay counselors are suitable for implementation
  - Private space for counseling sessions needed
  - Referral network in place
  - (Ideally) oversight and mentorship from staff with IPV counseling experience
  - (Ideally) tablets or computers for administration of HEART relationship assessment tool
    - In low resource settings a paper version may be used

• **Training:**
  - Lay counselor training and certification via mock counseling sessions
  - Sensitization training for all clinic staff
  - Periodic refresher training sessions and routine observation
CHARISMA RCT results and next steps

• CHARISMA RCT did not show statistically significant effect on PrEP adherence or reported intimate partner violence, BUT...
  – Impacted PrEP disclosure
  – Suggested trends towards a positive intervention effect among those with "CHARISMA risk" (most vulnerable)
  – Was HIGHLY acceptable and perceived as highly valuable to participants for themselves and others in their communities

• CHARISMA Toolkit offers materials to PrEP programs that can be tailored to meet resource needs

• Mobile CHARISMA will offer new resources to reach a broader audience
CHARISMA Toolkit

CHARISMA Toolkit guide
Empowerment counseling to improve women’s ability to use PrEP safely and effectively

CHARISMA Counselor Training Curriculum

SAMPLE FOUR-DAY AGENDA (FULL TRAINING)
Plan for training workshops to review the Counseling Manual and Counseling Job Aid

<table>
<thead>
<tr>
<th>Section</th>
<th>Time Required</th>
<th>Activity</th>
<th>Activity Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY ONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welcome</td>
<td>8:30-8:45 am</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td>A. CHARISMA, and Why We Need It</td>
<td>8:45-9:00 am</td>
<td>A.1</td>
<td>CHARISMA and Why We Need It</td>
</tr>
<tr>
<td>B. Analyze Why We Need It</td>
<td>9:00-9:15 am</td>
<td>A.2</td>
<td>Why We Need CHARISMA</td>
</tr>
<tr>
<td>C. Knowing Your Learners</td>
<td>9:15-9:30 am</td>
<td>A.3</td>
<td>Relationships and COP</td>
</tr>
<tr>
<td>Rest</td>
<td>9:30-9:35 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Counselor Skills</td>
<td>9:35-10:30 am</td>
<td>B.4</td>
<td>The Counselor Skills</td>
</tr>
<tr>
<td>E. Communication Skills</td>
<td>10:30-11:00 am</td>
<td>B.5</td>
<td>Communication Skills</td>
</tr>
<tr>
<td>Rest</td>
<td>11:00-11:05 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Gender Exercises</td>
<td>11:05-11:30 am</td>
<td>B.6</td>
<td>Socialization Skills</td>
</tr>
<tr>
<td>G. Knowing Your Learners</td>
<td>11:30-11:45 am</td>
<td>C.1</td>
<td>Socialization Skills</td>
</tr>
<tr>
<td>H. Knowing Your Learners</td>
<td>11:45-12:00 am</td>
<td>C.2</td>
<td>Socialization Skills</td>
</tr>
<tr>
<td>Wrap-Up</td>
<td>12:00-12:15 am</td>
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</tbody>
</table>

| **DAY TWO** | | | |
| Welcome | 8:30-8:45 am | Welcome | |
| D. Counseling, Healthy and Unhealthy Relationships | 8:45-9:00 am | D.3 | Happy and Unhappy Relationships |
| E. Counseling, Healthy and Unhealthy Relationships | 9:00-9:15 am | D.4 | Happy and Unhappy Relationships |
| F. Counseling, Healthy and Unhealthy Relationships | 9:15-9:30 am | D.5 | Happy and Unhappy Relationships |
| Rest | 9:30-9:35 am | | |
| G. Counseling, Healthy and Unhealthy Relationships | 9:35-10:00 am | D.6 | Types of Abuse |
| H. Counseling, Partner Communication | 10:00-10:15 am | E.15 | Situational "I" Statements |
| I. Counseling, Partner Communication | 10:15-10:30 am | E.25 | Situational "I" Statements |
| Rest | 10:30-10:35 am | | |
| J. Counseling, Partner Communication | 10:35-11:00 am | E.28 | Conflict Recognition |
| K. Counseling, Partner Communication | 11:00-11:15 am | E.29 | Conflict Recognition |
| L. Counseling, Partner Communication | 11:15-11:30 am | E.30 | Conflict Recognition |
| M. Counseling, Partner Communication | 11:30-11:45 am | E.31 | Conflict Recognition |
| N. Counseling, Partner Communication | 11:45-12:00 am | E.32 | Conflict Recognition |
| Wrap-Up | 12:00-12:15 am | | |
CHARISMA Toolkit

CHARISMA Counseling Manual
Empowerment counseling to improve women’s ability to use PrEP safely and effectively

TIPS FOR TELLING YOUR PARTNER

OBJECTIVE

Encourage the client to think about all aspects of telling her partner in order to make their discussion as safe and comfortable as possible.

TIME

2-3 mins.

CONNECTION AND DISCUSSION

Show the Counseling Job Aid Image 2.0: “Tips for Telling Your Partner.”

- Frame the activity. Feel free to hear the job aid talking to your partner.
- Share the module with your partner.

Tips for Telling Your Partner

- Make sure you have a simple story.
- Mention everyone involved in a calm and clear manner.
- Have an answer to questions about PrEP.
- Listen objectively to your partner’s concerns.
- Avoid blaming or being so negative that your partner avoids discussing PrEP.
- Observe non-verbal language.
- Show concern to the emotions and feelings.
CHARISMA Toolkit

HEART Relationship Assessment

Toolkit available at https://www.prepwatch.org/charisma/
Thank you
Q&A

Please add questions to the chat.
EpiC Eswatini: Integrating IPV into comprehensive KP programming

PrEP West Africa Meeting
Context in Eswatini

- Key populations (KP) continue to experience violence from their families, clients, intimate partners, and general society.

- There have been reports of physical, emotional, sexual, and economic abuse impeding access to HIV services.

- This is exacerbated by the social and legal context where KPs live, including underlying factors of stigma, discrimination, and punitive criminal laws – in particular, the social and legal status of sex workers enables abuse to continue with impunity and without reporting.

- There are also reports that COVID-19 stay-at-home restrictions have contributed to increased cases of intimate partner violence (IPV).
KP who experienced IPV in 2020

KP REPORTED VIOLENCE

- MSM, 140
- FSW, 413

Clients Reported Experiencing IPV

- Emotional
- Emotional and physical
- Emotional, physical, sexual
- Financial, physical, emotional
- Physical
- Physical and emotional
- Sexual
- Sexual, emotional, physical
- Total

F ▢ M
At both community and clinic, EpiC services are provided. As part of clinical services, clients are screened/ treated for STIs, clients are provided FP, and VIA services are provided.

At both community and clinic, due to COVID-19, PSS support is provided, peer referrals for HIV prevention are identified, small to medium group sessions/support groups are provided, HIV self-testing and index testing are provided, and community-based HTS or ORWs after small to medium group sessions is provided.
How did we integrate IPV into PrEP Services?

- During FY20 PEPFAR and Eswatini MOH recommended IPV integration into

  - HIV ST (secondary distribution)
  - Index testing
  - PrEP

- Reviewed programming needs, including client flow and existing psychosocial support (PSS) services
- Brainstormed on how to integrate into existing PSS program
- Adapted a training created by EpiC for nurses and counselors in our program
- Developed SOP to integrate IPV to all services (HIVST, index testing and PrEP) as part of PSS services and ensure safety for all vulnerable clients
IPV training

• Virtual training over 3 days
• 2 lead facilitators led training virtually from HQ
• Participants had to complete an online pre-test before the training
• Trainers’ responsibilities – developed role play sessions and group work to align with learning objectives

IPV services were previously provided by dedicated PSS staff, with a referral from our HCWs. This is the first time that IPV services are being provided by our HCWs. It is a new way to think about their role supporting IPV.
SOP development

- Took multiple different tools/guidance for integration of IPV into index testing, HIV ST, and PrEP services
- Reviewed flow of clients and existing materials for all services, focusing on Index, HIV ST and PrEP
- Evaluated role of IPV during COVID without existing PSS services on site, and potential role after (still TBD)
- Ensured tools (referral directory for PSS services, Sexual Offences and Domestic Violence Act) are available on-site for use by HCWs
- Provided scripts to help ensure HCWs have tools for the different scenarios, and that they speak to the program and not generic approaches
## IPV screening tool

<table>
<thead>
<tr>
<th></th>
<th>2. IPV screening</th>
<th>The following questions should be asked to rule out IPV for each partner.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>visit</td>
<td>• Has [the partner’s name] ever made you feel afraid, emotionally abused or insulted, threatened to hurt you, or tried to control you (for example, not letting you out of the house)?</td>
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<tr>
<td></td>
<td></td>
<td>• Has [the partner’s name] ever hit you, kicked, slapped, or caused you some other kind of physical harm?</td>
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<tr>
<td></td>
<td></td>
<td>• Has [the partner’s name] ever forced you to have sex or forced you to have some kind of sexual contact that you didn’t want?</td>
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<tr>
<td></td>
<td></td>
<td>• Has [partner’s name] ever outed you or threatened to tell your family or others about your sexual orientation, gender identity, occupation (sex work), or drug use in order to harm you? (in the case of a KP)</td>
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<tr>
<td></td>
<td></td>
<td>• Has [partner’s name] ever tried to control your transition process? (in the case of transgender clients)</td>
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<tr>
<td></td>
<td>3. Client management</td>
<td>If the client answers “yes” to any of the screening questions, the provider should discuss with the client about how to use PrEP safely in the context of their relationship.</td>
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<td></td>
<td></td>
<td>HTS Counsellors or Nurses</td>
</tr>
</tbody>
</table>
What’s next?

- Print and issue SOP that was developed after integrating IPV screening, prevention and management into multiple program services.
- Formally train staff on the SOP, not just the IPV skills to implement the SOP.
- Review clinical assessment/screening tools to integrate IPV to all services aligned with client flow.
- Provide TOT Training and orienting KP-led CBOs on IPV in HIV programs.
- Review and assess results.
Reflections from our experience to-date

- KPs consistently note the need for additional PSS services, as access is currently limited.
- Physical, mental, emotional and economical IPV is noted as barrier for adherence and general health and wellbeing.
- Three PrEP studies were conducted from 2017-2018 in Eswatini. A frequent reason for not wanting to start PrEP and declining PrEP include women feeling that they “need partner consent.” Gender norms programming is a gap in country and impacts health services.
- IPV screening can help play a role in the conversation about IPV and index testing, HIV ST and PrEP as it is often an undiscussed topic during health services. IPV doesn’t have to stop the service uptake (of prevention services for example) but help identify what services will work for the individual.
EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.
Addressing IPV in PrEP Programming

EpiC Project – Kenya Experience

George Mutinda
Technical Advisor - Clinical
FHI 360 KPIF Project

• Provides support to strengthen structural interventions and create an enabling environment at the national and sub-national levels

• Supports 10 implementing partners (IP) in 7 counties (9 KP-led and 1 KP competent)
Integration of IPV screening into PrEP programming

• Rolled out LIVES training to 76 service providers

• Sensitized peer educators on violence services and response at community level

• Service providers at drop-in centers (DIC) and outreach level screen for IPV and ensure first line response

• Incidents reported using the violence reporting forms and gender-based violence (GBV) registers

• Reports shared by IPs via violence reporting summary
Program activities for sensitization

• Health education with standardized messages for group and one-on-one communications
  ✓ Training of service providers to identify and respond to violence in HIV programs (LIVES Training)
  ✓ Educating KPs to build knowledge on their rights and violence

• Platforms to advocate for PrEP use and discuss how to mitigate IPV
  ✓ PrEP clubs for PrEP users who interrupted treatment
  ✓ Theme days to support demand creation and retention
  ✓ Partner's day for partners and social networks to DIC users
  ✓ Support groups for partners of sex workers
  ✓ PSSGs for survivors of violence led by mental health counselors
Screening for IPV

• Screening for IPV is integrated into the clinic visit form
• Group and case by case screening
• Before initiating PrEP look at safety and storage of drugs – Link to PrEP champion – then start PrEP

Awareness creation

• Use of PrEP icons/celebrity as ambassadors to advocate for PrEP use and highlight relationship between violence and HIV risk
• Meetings at clubs, bars, and sex dens to sensitize owners and managers
IPV screening tools

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV)

Because your safety is very important to us, we ask all clients the following questions:

1. Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you?  □ Yes  □ No
2. Has [partner’s name] ever threatened to hurt you?  □ Yes  □ No
3. Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?  □ Yes  □ No

Refer the client for further PrEP assessment at the health facility if:
- HIV status of the sexual partner(s) is Positive or Unknown
- Any Yes to the screening questions

Remarks
Prevention through crisis response team

• A crisis response committee
• Advocate with police and other power structures during sensitization meetings
• Get feedback from key populations on the functionality of the crisis management system
• Provide support to the crisis management team
• Educate key populations on situation of violence and support offered by the program
• Review monthly cases of violence and the support provided by the program
• Factor violence response costs at planning stage
Addressing IPV

- Key population-led outreach and services
- Campaign to stop violence against key populations
- Report aggressors or incidents of violence against key populations
- Create safe spaces (drop-in centers) and rescue centers
- Set up a 24-hour crisis-support telephone line
- Provide Health and Legal Services
Lessons

• Persistent violence calls for stoppage of PrEP
• Increase in violence reduces retention in PrEP
• Address storage of PrEP drugs
• Important to track IPV and differentiate from GBV where possible
• Factor violence response costs at planning stage
Monthly GBV Cases Reported by KP type Oct-Dec 2020

GBV cases reported

<table>
<thead>
<tr>
<th></th>
<th>Oct' 20</th>
<th>Nov' 20</th>
<th>Dec' 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSWs</td>
<td>173</td>
<td>154</td>
<td>89</td>
</tr>
<tr>
<td>MSM</td>
<td>300</td>
<td>307</td>
<td>339</td>
</tr>
<tr>
<td>TG</td>
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</tbody>
</table>

GBV cases by County

- Nairobi: 407 cases (76% FSWs, 19% MSM, 87% TG)
- Nakuru: 465 cases (19% FSWs, 44% MSM, 80% TG)
- Busia: 148 cases (80% FSWs, 19% MSM, 65% TG)
- Kisumu: 192 cases (100% FSWs, 100% MSM, 100% TG)
- Kilifi: 143 cases (67% FSWs, 62% MSM, 61% TG)
- Meru: 3 cases (100% FSWs, 100% MSM, 100% TG)
- Mombasa: 61 cases (62% FSWs, 62% MSM, 38% TG)

Gend_GBV:
- Nairobi: 308 cases
- Nakuru: 44 cases
- Busia: 65 cases
- Kisumu: 192 cases
- Kilifi: 143 cases
- Meru: 3 cases
- Mombasa: 61 cases

% receiving post GBV clinical service:
- Nairobi: 76%
- Nakuru: 19%
- Busia: 65%
- Kisumu: 80%
- Kilifi: 100%
- Meru: 3%
- Mombasa: 2%

Meru and Mombasa implemented through Community Engagement Grant
HIV service access through GBV activities Oct-Dec 2020

No. of GBV related services reported - Q1 FY21

- No of Individuals
- SGBV
- Physical/Emotional

Number of cases reported:

<table>
<thead>
<tr>
<th>Service</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled (KP_PREV)</td>
<td>20</td>
</tr>
<tr>
<td>Tested</td>
<td>204</td>
</tr>
<tr>
<td>Newly Diagnosed</td>
<td>0</td>
</tr>
<tr>
<td>Known Positive</td>
<td>2</td>
</tr>
<tr>
<td>PEP post GBV</td>
<td>14</td>
</tr>
<tr>
<td>Emergency Contraceptive</td>
<td>10</td>
</tr>
<tr>
<td>Referred Rescue shelter</td>
<td>21</td>
</tr>
<tr>
<td>referred for Counselling</td>
<td>808</td>
</tr>
<tr>
<td>Enrolled PrEP STI treatment</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>
EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.
Q&A

Please add questions to the chat.
Take the survey!

Tell us what you think of the webinar series and help inform future sessions.

French: [https://bit.ly/3cWrZxS](https://bit.ly/3cWrZxS)

We will share the links in follow-up communication.
Upcoming Sessions

Considerations for the Provision of Event-Driven PrEP

Upcoming sessions will be defined based on feedback from participants.

West Africa Regional Learning Network: Sign up to receive updates and invitations to webinars.

Sign-up here: https://mailchi.mp/prepnetwork/westafrica
Visit PrEPWatch for Additional Resources

- Webinars will be **recorded** and loaded onto PrEPWatch for you to access at a later date.

- You can find the **Plan 4 PrEP Toolkit** on PrEPWatch, in both English and French ([https://www.prepwatch.org/prep-planning/plan4prep-toolkit/](https://www.prepwatch.org/prep-planning/plan4prep-toolkit/)).

- Information on **upcoming webinars** can also be found on PrEPWatch.

- Sign up for our **WARLN mailing list** to receive updates and invitations to webinars ([https://mailchi.mp/prepnetwork/westafrica](https://mailchi.mp/prepnetwork/westafrica)).

Thank you!

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