

West Africa PrEP Learning Network Session 8

PrEP and IPV

PEPFAR | Wits RHI | FHI 360

FEBRUARY 2021

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic



Access French interpretation / Accès à l'interprétation vers le Français

Meeting Topic: New Meeting
Host Name: Joseph Adams
Invitation URL: <https://zoom.us/j/844297145>
Participant ID: 465967

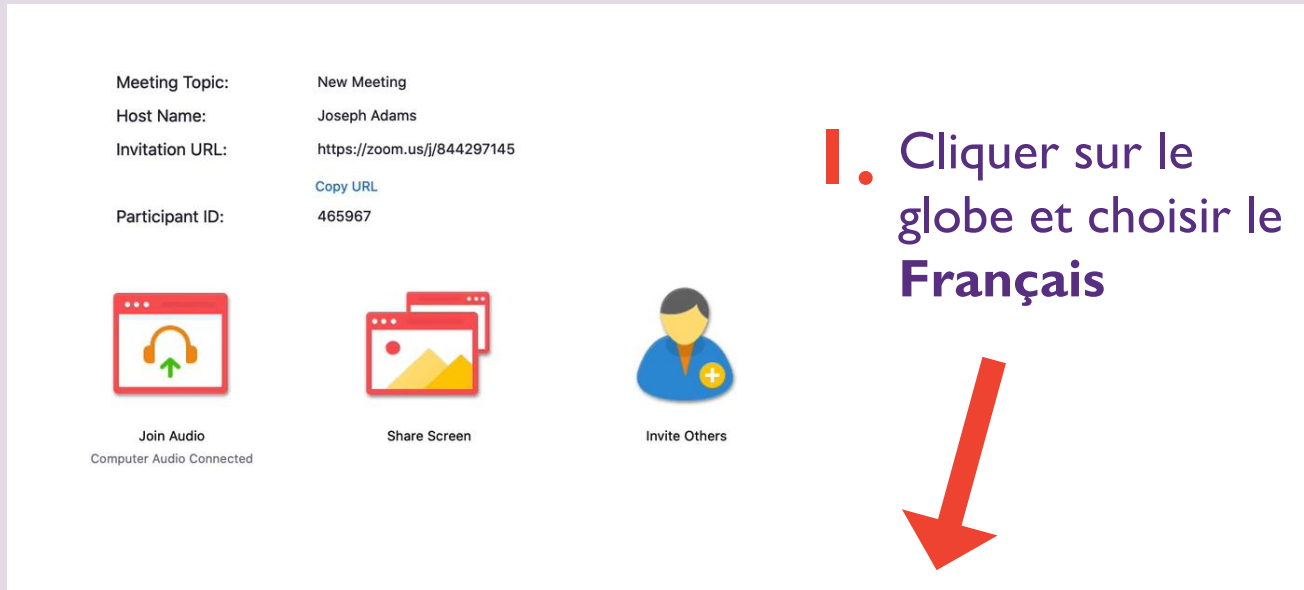
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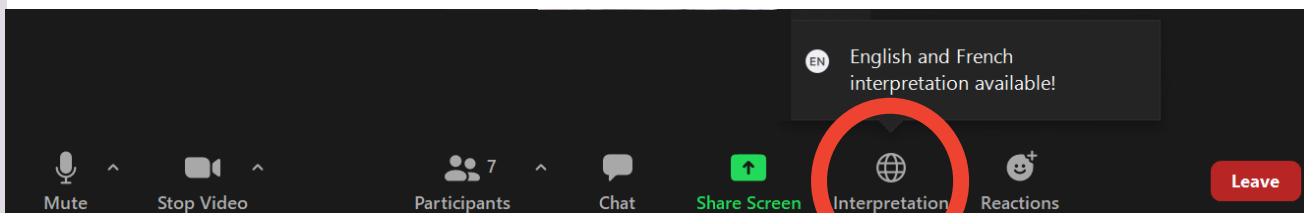
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EN English and French interpretation available!

Mute Stop Video Participants 7 Chat Share Screen Interpretation Reactions Leave



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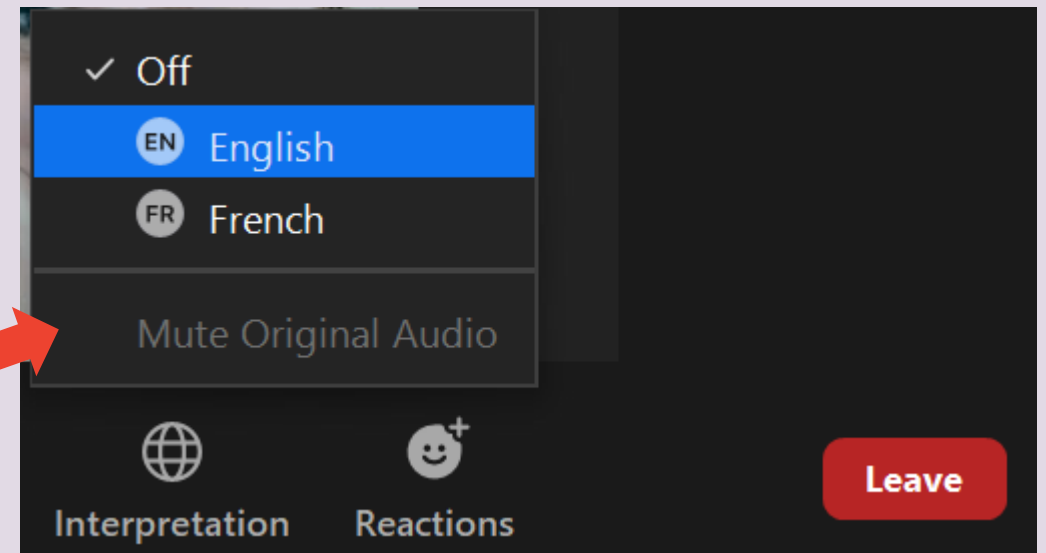
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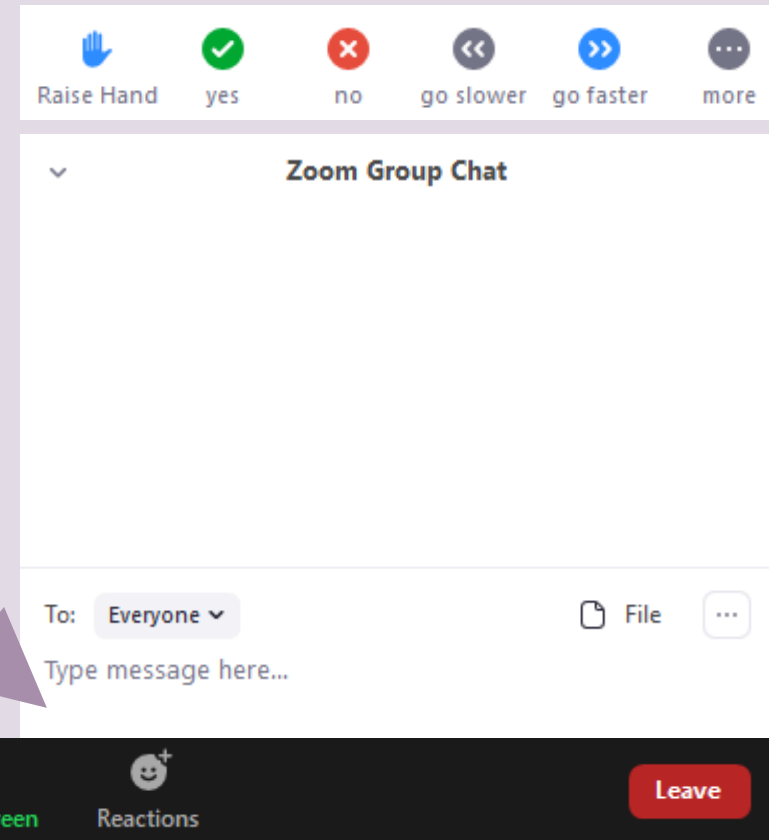
Interpretation Reactions Leave



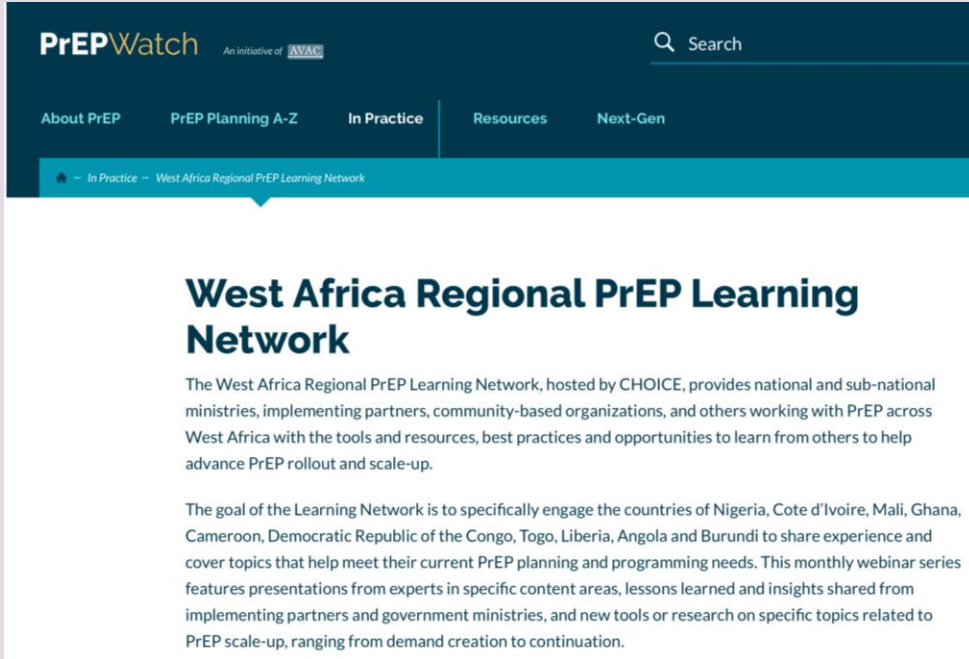
Please introduce yourself in the chat box!

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”**.



West Africa Regional PrEP Learning Network



The screenshot shows the PrEPWatch website interface. At the top left, the logo reads "PrEPWatch" with "An initiative of AVAC" below it. A search bar is located at the top right. The navigation menu includes "About PrEP", "PrEP Planning A-Z", "In Practice", "Resources", and "Next-Gen". The current page is "In Practice - West Africa Regional PrEP Learning Network". The main heading is "West Africa Regional PrEP Learning Network". The text below describes the network's purpose and goals.

PrEPWatch An initiative of AVAC

Search

About PrEP PrEP Planning A-Z In Practice Resources Next-Gen

In Practice - West Africa Regional PrEP Learning Network

West Africa Regional PrEP Learning Network

The West Africa Regional PrEP Learning Network, hosted by CHOICE, provides national and sub-national ministries, implementing partners, community-based organizations, and others working with PrEP across West Africa with the tools and resources, best practices and opportunities to learn from others to help advance PrEP rollout and scale-up.

The goal of the Learning Network is to specifically engage the countries of Nigeria, Cote d'Ivoire, Mali, Ghana, Cameroon, Democratic Republic of the Congo, Togo, Liberia, Angola and Burundi to share experience and cover topics that help meet their current PrEP planning and programming needs. This monthly webinar series features presentations from experts in specific content areas, lessons learned and insights shared from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

To learn more about the Network visit

<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>

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

Agenda

Time	Topic
5 min	Welcome and introduction
10 min	Introduction to PrEP and IPV
10 min	Q&A
10 min	Tools and resources for IPV screening and support
10 min	Q&A
10 min	Experiences from Eswatini
10 min	Experiences from Kenya
20 min	Q&A
5 min	Wrap-up

Panelists

- Neeraja Bhavaraju, Afton Bloom
- Emily Reitenauer, USAID
- Thesla Palanee-Phillips, Wits RHI
- Bernard Phiri, FHI 360
- George Makau Mutinda, FHI 360

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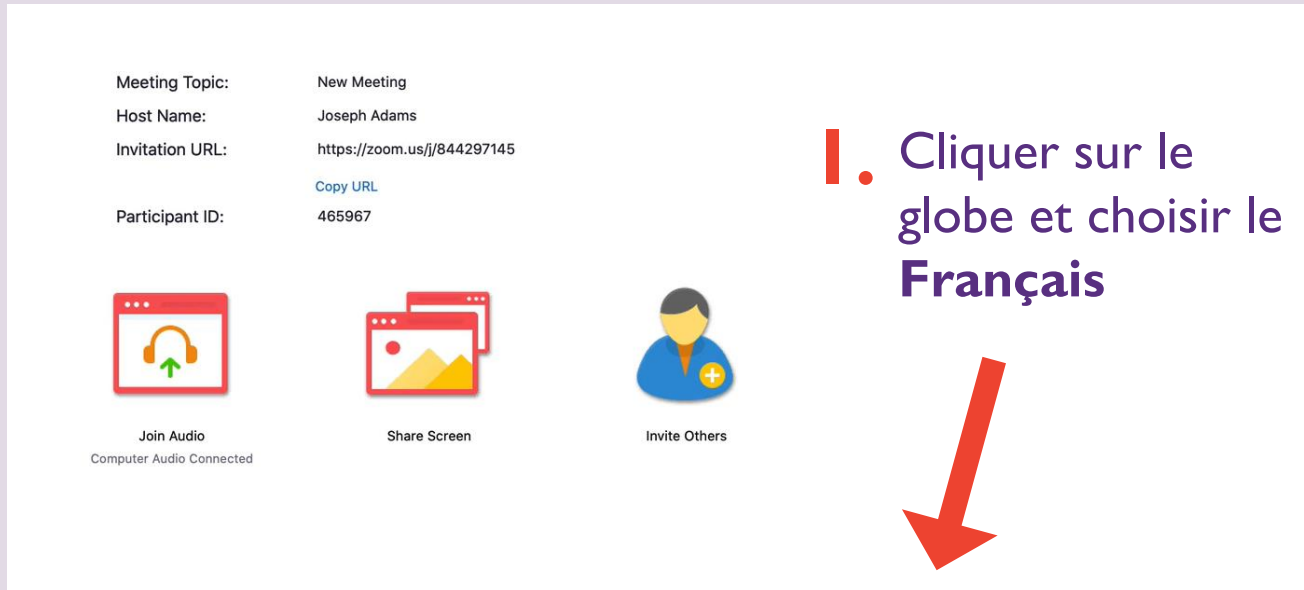
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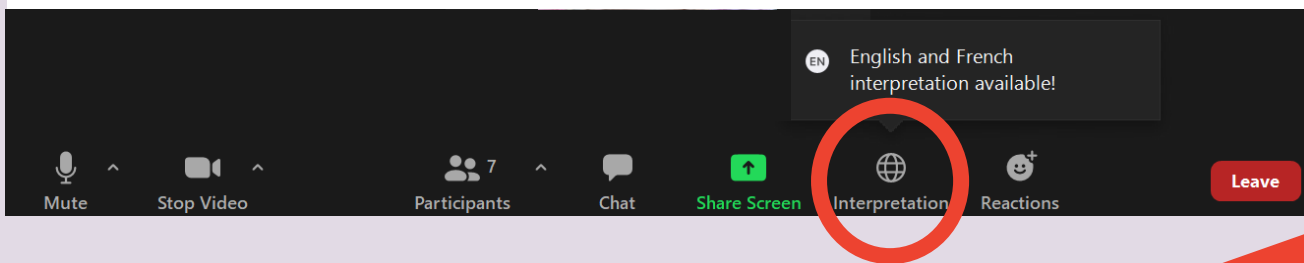
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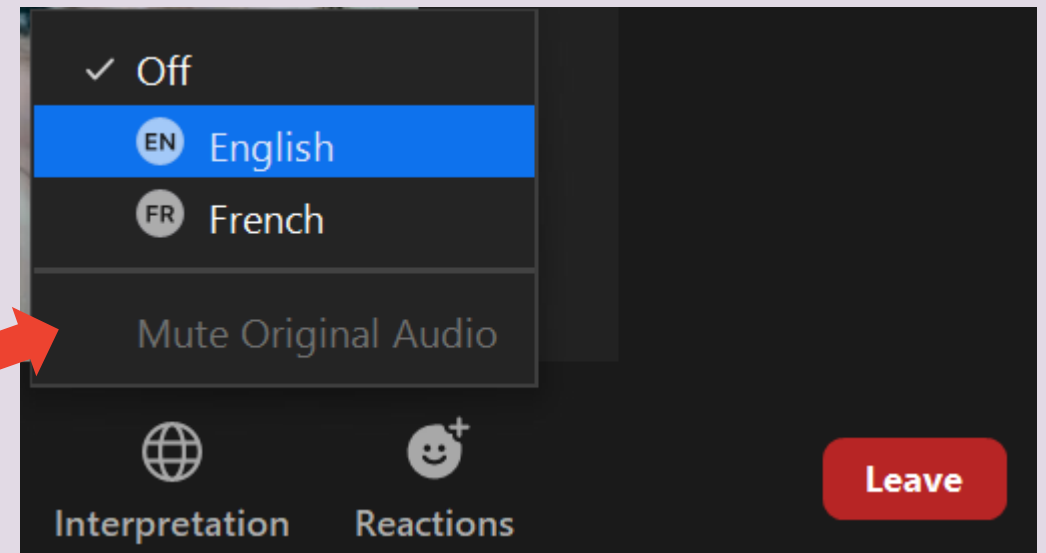
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Interpretation Reactions Leave



SURVEY

**How are IPV
services
incorporated
into your
program today?**



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

USAID technical recommendations on addressing IPV in PrEP services

Emily Reitenauer | February 17, 2021

16 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

HIV, Violence, and Gender Inequality



1 in 3

women worldwide have been beaten, coerced into sex, or otherwise abused in their lifetimes.



1 in 4

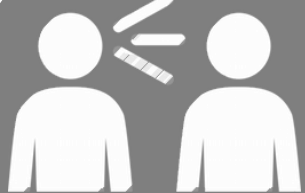
girls' first sexual encounter was unwanted.

Exposure 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.



ART Usage

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.



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.

Effects of IPV on women's ability to use PrEP

Intimate partner violence is associated with:

1

Lower oral PrEP uptake¹

2

Increased PrEP interruption²

3

Lower adherence to oral PrEP and vaginal ring use^{3,4}

4

Qualitative research: IPV resulted in stress and forgetting to take pills, leaving home without pills, and partners throwing pills away⁴

1.Lanham et al. Sexual Violence Research Initiative Forum. Oct 2019.

2.Cabral et al. *J Acquir Immune Defic Syndr.* 2018; 77(2): 154-59.

3.Palanee-Phillips et al. *J Acquir Immune Defic Syndr.* 2018;79(5): 580-89.

4.Roberts et al. *J Acquir Immune Defic Syndr.* 2016; 73(3): 313-22

Addressing GBV & Inequality Across HIV Cascade

Prevention



Evidence-based
HIV Prevention

HIV prevention interventions that integrate **violence prevention** and **link to clinical cascade**.



Initiate
on
PrEP

Survivors **identified** and provided **support and referrals to GBV response** services to **increase PrEP adherence**.

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



Initiate
on ART

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

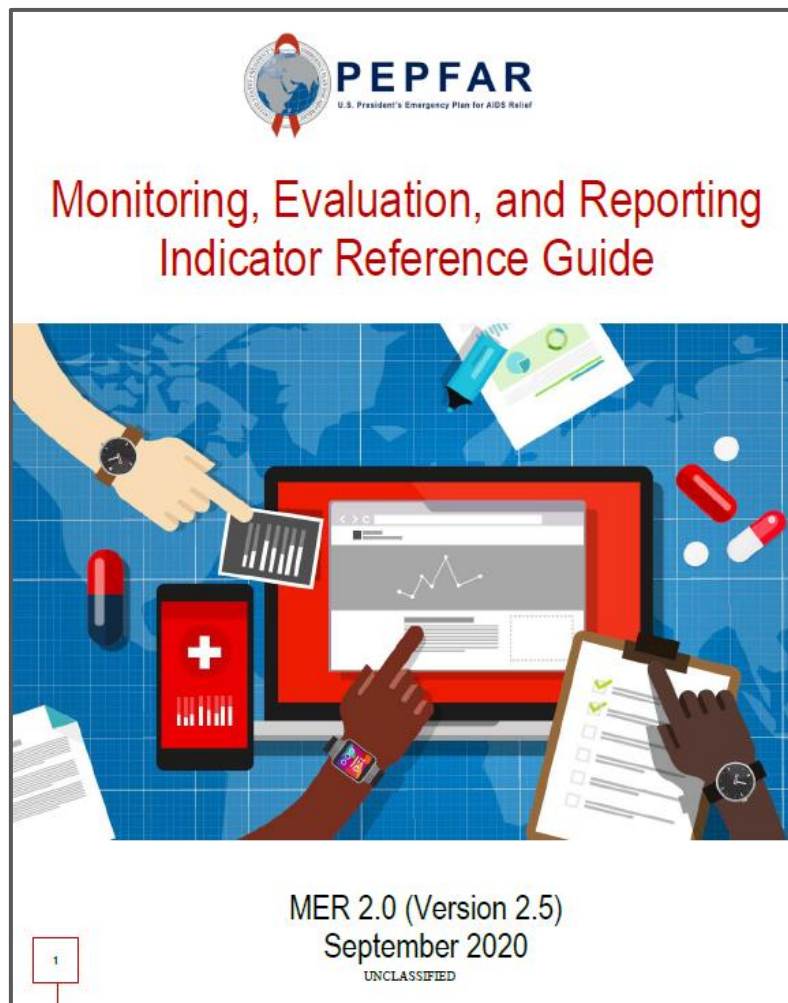
USAID's Gender & GBV Technical Priorities for HIV Services

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



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

MER Indicator Reference Guide: PrEP & IPV



PrEP_NEW Indicator Reference Sheet, pg. 73:

*“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.

Minimum Requirements for Asking About Violence

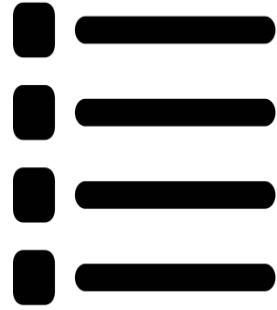
The minimum requirements that must be in place for sites to ask about experience of violence are:



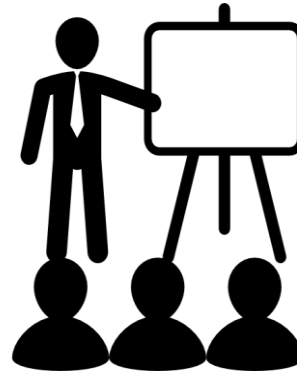
Providers offer first-line support (LIVES)



A protocol/SOP for asking about experience or fear of violence



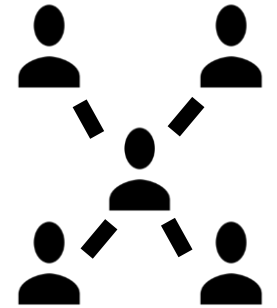
A standard set of questions where providers can document responses



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 Tool

Section I: GBV Case Identification – Routine Enquiry for IPV in Index Testing and PrEP; Clinical Enquiry for IPV in Care and Treatment

If site does not deliver PrEP, Index Testing, or Care & Treatment services, skip to [Section 3](#).

Criteria	YES	NO	Comments
1) HIV Clinical Services – PrEP, Index Testing, and Care & Treatment			
1.1 Site delivers PrEP services <i>If NO, skip to 1.2.</i>			
1.1.1 Site conducts routine enquiry for IPV in PrEP services (newly initiated and currently on PrEP)			
1.2 Site delivers index testing services <i>If NO, skip to 1.3.</i>			
1.2.1 Site conducts routine enquiry for IPV in index testing services			
1.3 Site delivers care and treatment services <i>If NO, skip to 2.1.</i>			
1.3.1 Site conducts clinical enquiry for IPV in care and treatment services			
2) Minimum Requirements for Conducting Routine and Clinical Enquiry for IPV			
2.1 Providers are trained on and provide first-line support (LIVES)			
2.2 Site has a protocol/SOP for conducting routine and/or clinical enquiry for IPV			
2.3 Providers are trained on how to ask about IPV and sexual violence			
2.4 Providers use a standard set of questions to ask about violence and document responses			
2.5 Providers only ask about violence in private settings, ensuring client confidentiality			
2.6 Site has a process for offering linkages and referrals to other GBV response services <i>If site does not conduct clinical enquiry, skip to 3.1.</i>			
2.7 Providers are trained on how to identify the signs and symptoms of violence			
3) Monitoring Adverse Events			
3.1 Site has a process in place for tracking and monitoring adverse events (IPV) as a result of index testing and partner notification services <i>If YES, describe the process in the <u>Comments</u> column. If NO or if site does not conduct Index Testing, skip to Section 2.</i>			
3.2 Site collects data on adverse events (IPV) related to index testing and partner notification services and reports to the IP <i>Describe the process in the <u>Comments</u> column.</i>			
3.3 Site has a process in place for responding to adverse events (IPV) as a result of index testing and partner notification services <i>Describe the process in the <u>Comments</u> column.</i>			

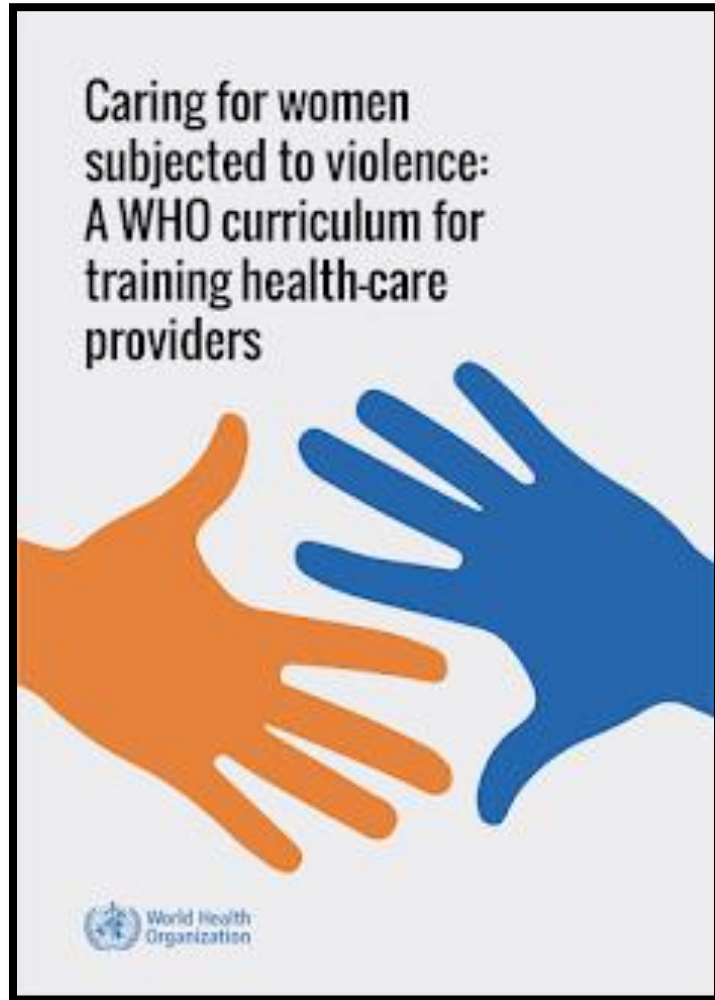
HIV/GBV Integration Checklist

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.

USAID First-line Support Training



WHO, 2019

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



30
countries
participated



913
people completed
the training

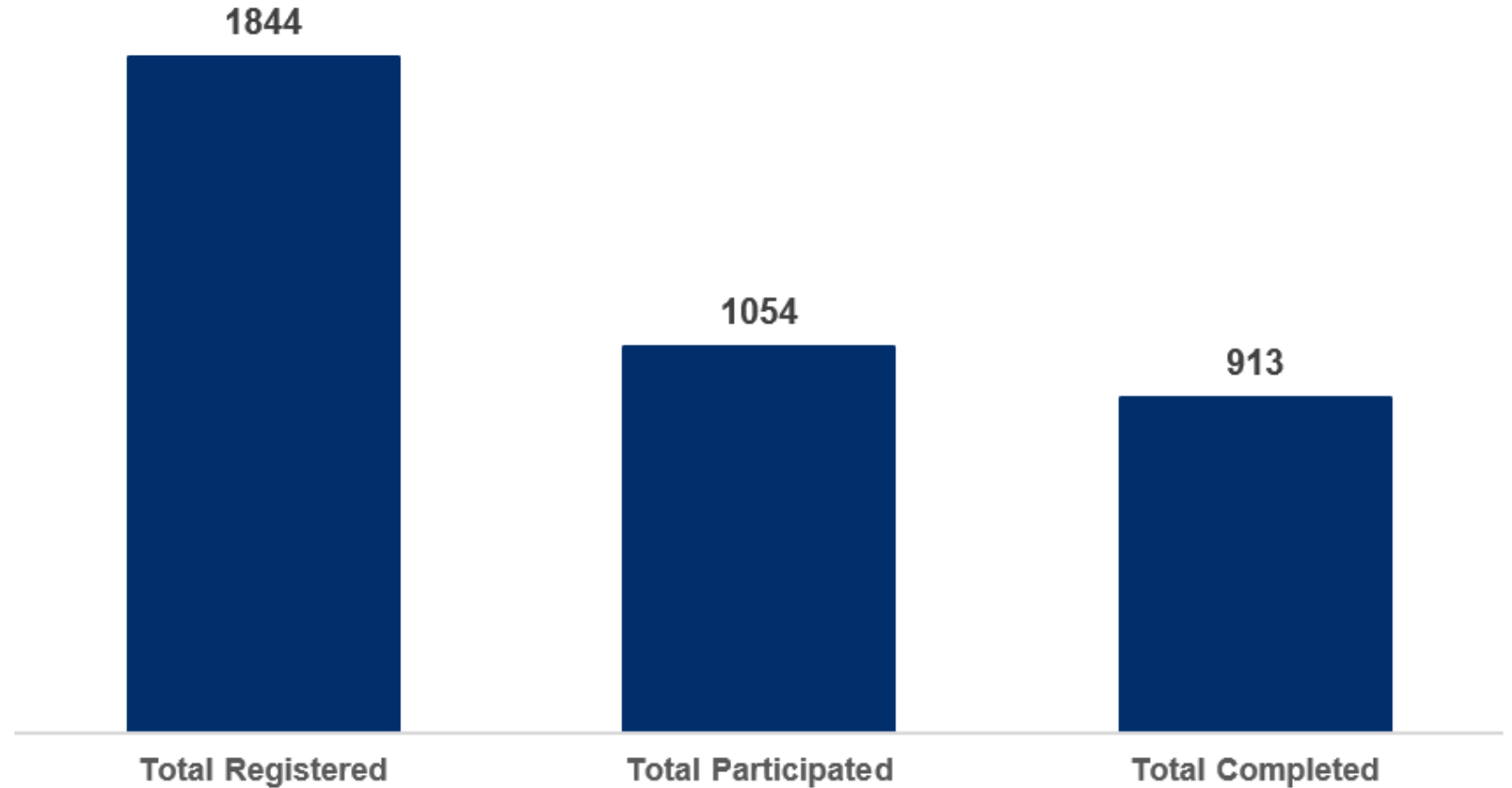


55
USAID staff
completed the
training



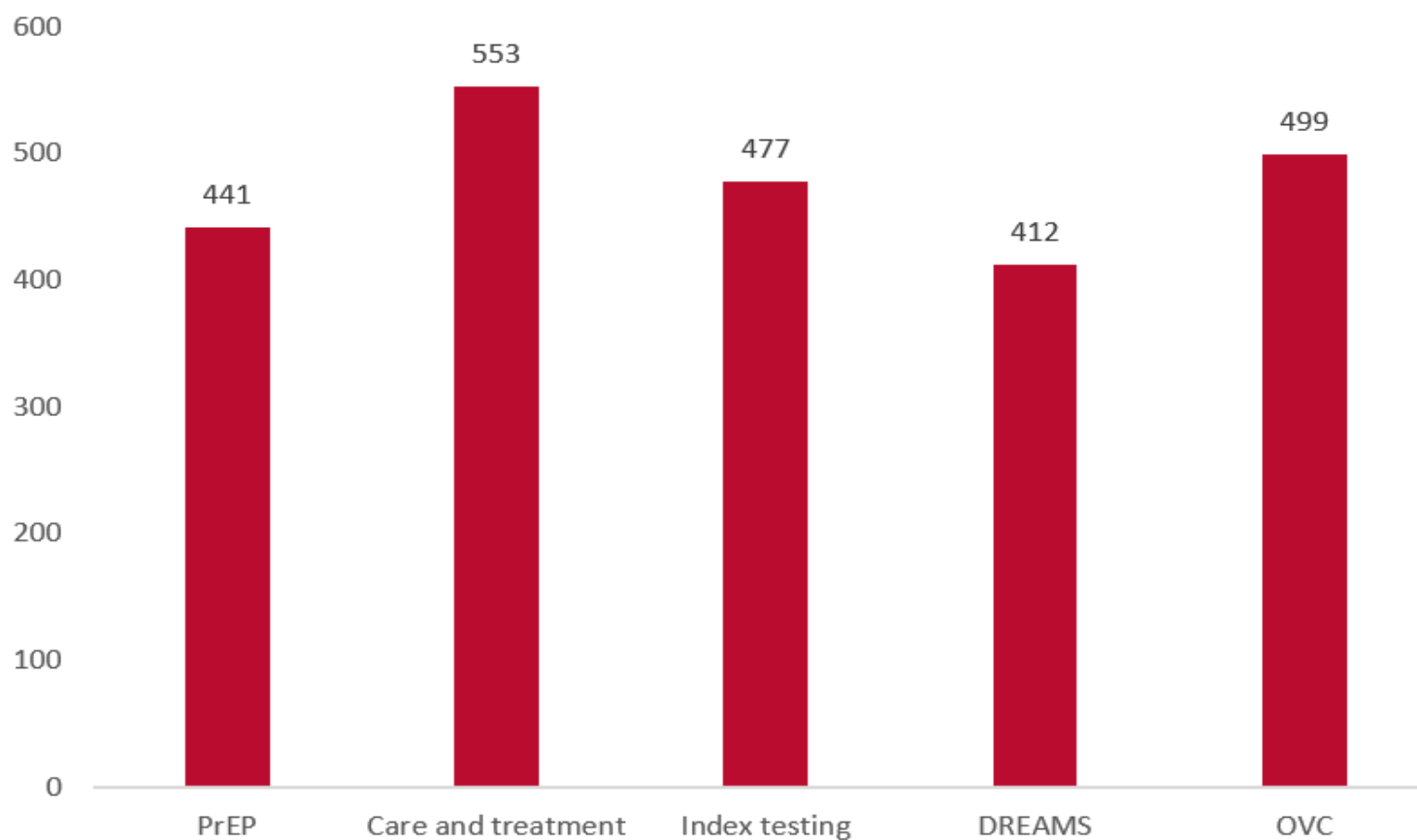
186
IPs completed the
training

The global completion rate for the training was 87%.



USAID First-line Support Training: # of participants by technical area

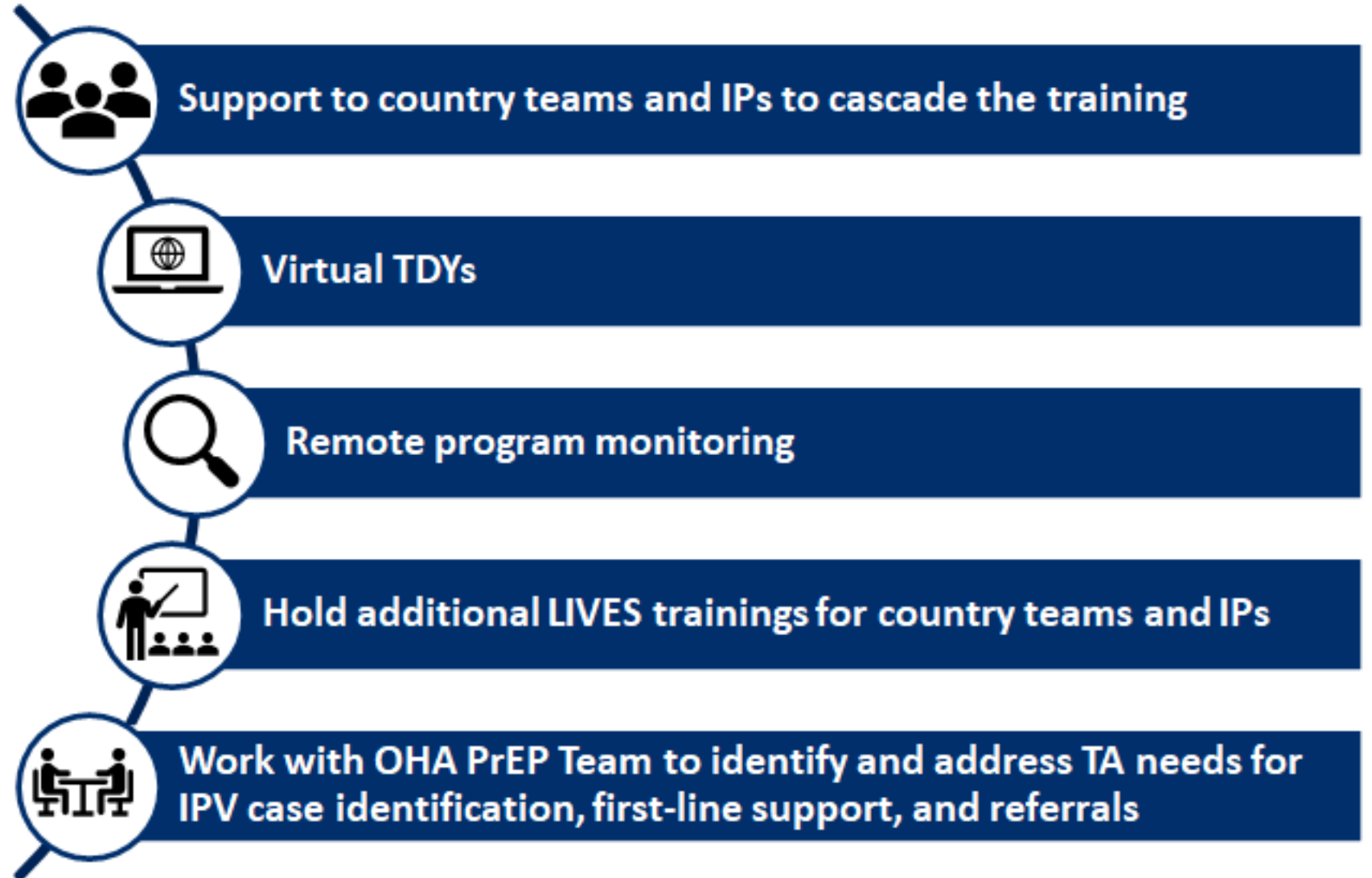
Staff supporting and delivering HIV prevention and clinical services, including PrEP, participated in USAID's *Providing First-line Support for Survivors of GBV in HIV Settings* training.



**These numbers are not mutually exclusive.*

USAID First-line Support Training for PrEP Sites

Next Steps





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.

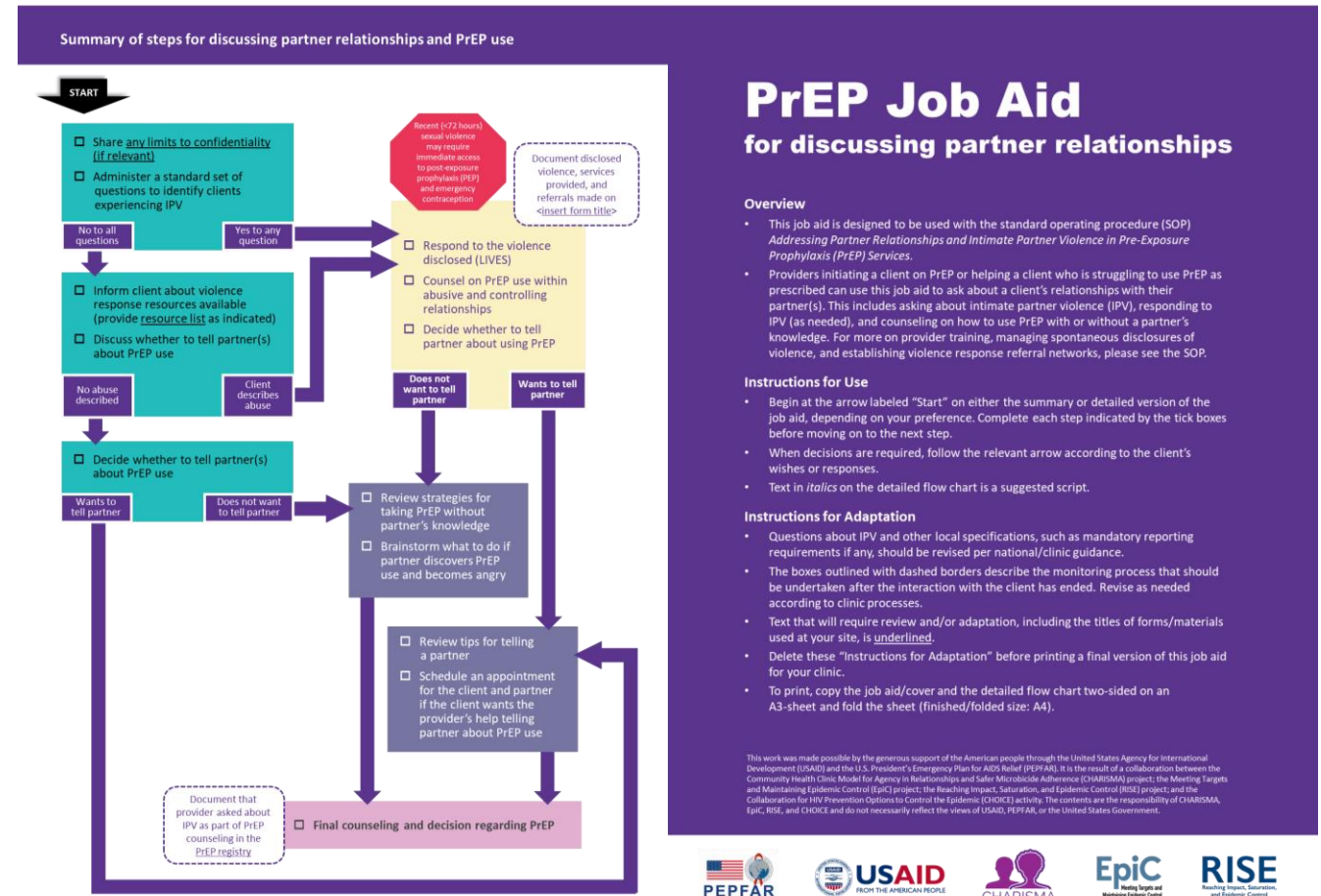
**routine enquiry — an approach to identifying cases of IPV among all clients who present for specific services, without resorting to the public health criteria of a complete screening program. It is recommended in certain services for populations that may be at a higher risk of experiencing violence.*

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
Counseling**
(Module A plus
Module B, C, or D)



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

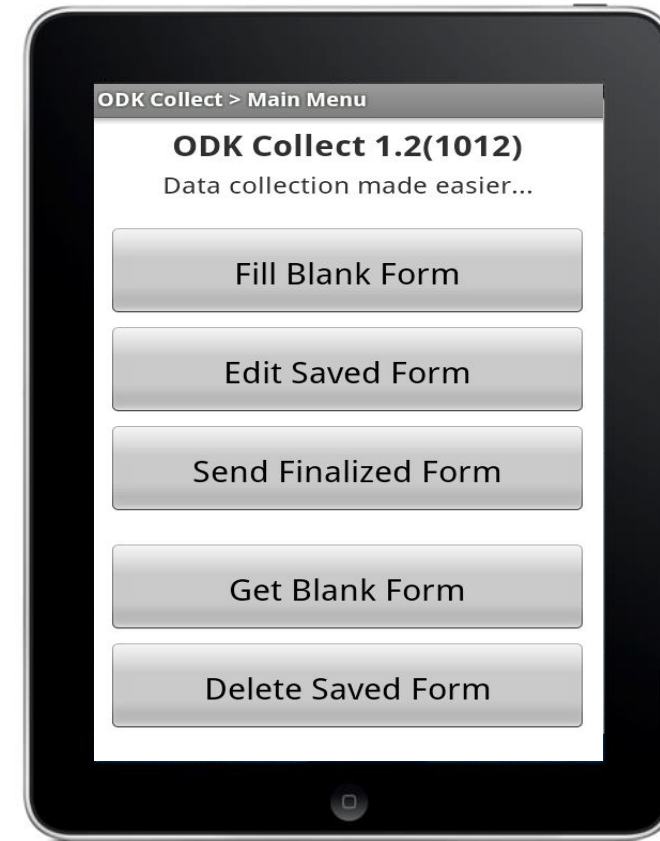
Step 4



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

HEALTHY RELATIONSHIPS

WHAT'S A HEALTHY RELATIONSHIP ANYWAY?

PARTNER COMMUNICATION

HOW TO TALK TO YOUR MAN?

PREP DISCLOSURE

HOW DO YOU TELL YOUR MAN ABOUT PREP?



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)

Prior to training ask counselors to review the Counseling Manual and Counseling Job Aid

Section	Time required	Activity	Activity name
DAY ONE			
Welcome	8:30–8:40 a.m. (10 min)		
	8:40–9:10 (30 min)	A.1	What Is CHARISMA
	9:10–9:40 (30 min)	A.2	Why We Need CHARISMA
A. CHARISMA and Why We Need It	9:40–10:40 (60 min)	A.3	Relationships and PrEP
	Break 10:40–10:55 (15 min)		
B. Counselor Skills	10:55–11:35 (40 min)	B.4	The Counselor Role
	11:35 a.m.–12:20 p.m. (45 min)	B.5	Counselor Challenges
Lunch 12:20–1:10 (50 min)			
B. Counselor Skills	1:50–2:00 (10 min)	B.6	Active Listening
	2:00–2:40 (40 min)	B.7	Listening Skills
Break 2:40–2:55 (15 min)			
C. Gender Exercises	2:55–3:25 (30 min)	C.8	Who Has Power
	3:25–3:55 (30 min)	C.9	Sex and Gender
	3:55–4:25 (30 min)	C.10	Where Do You Stand?
Wrap-Up	4:25–4:40 (15 min)		
DAY TWO			
Welcome Day Two	8:30–8:40 a.m. (10 min)		
D. Counseling: Healthy and Unhealthy Relationships	8:40–9:40 (60 min)	D.11	Happy and Unhappy Relationships
	9:40–10:10 (30 min)	D.12	What Makes a Good Relationship
	10:10–10:40 (30 min)	D.13	Tree Activity
Break 10:40–10:55 (15 min)			
D. Counseling: Healthy and Unhealthy Relationships	10:55–11:25 (30 min)	D.14	Types of Abuse
E. Counseling: Partner Communication	11:25–11:55 (30 min)	E.15	Relationship "I" Statements
Lunch 11:55–12:45 (50 min)			
E. Counseling: Partner Communication	12:45–1:15 (30 min)	E.16	Conflict De-Escalation
F. Counseling: Discussing PrEP Use with Your Partner	1:15–2:30 (75 min)	F.17	Discussing PrEP Use with Partners



CHARISMA Toolkit



CHARISMA Counseling Manual

Empowerment counseling to improve women's ability to use PrEP safely and effectively



CHARISMA Counseling Job Aid

Empowerment counseling to improve women's ability to use PrEP safely and effectively

Step 2 - Module C

TIPS FOR TELLING YOUR PARTNER

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

TIME
5 to 7 minutes

INSTRUCTIONS AND CONTENT
Show the Counseling Job Aid page titled "Tips for Telling Your Partner."



Frame the activity: *I'm glad to hear you're interested in talking to your partner. (Or: I know, for now, you are only considering discussing PrEP with your partner.) It can sometimes be difficult to bring up the issue of HIV prevention. I'd like to help make that easier. Let's start by talking about some best practices to make the conversation as easy as possible.*

Discuss the following best practices.

- How to tell your partner
- Use clear and simple language.
 - Maintain eye contact; remain confident and calm.
 - Have prepared answers for anticipated questions.
 - Listen objectively to your partner's concerns.
 - Avoid blaming others for why you decided to use PrEP.
 - Observe his body language.
 - Be sensitive to his emotions and feelings.



Module C
Discussing PrEP Use with Partners

Tips for Telling Your Partner

<p>HOW</p>	<p>WHEN</p>
<p>WHERE</p>	<p>OTHER ISSUES</p>

Icons created by Aneque Ahmed, Guilherme Furukao, Enahis, and Usade from Noun Project

Step 2 - Module C

CHARISMA Toolkit

HEART Relationship Assessment

HEART

Page 1 of 5

Record ID _____

READ: I would like to ask you some questions about you and about your relationship with your partner(s) and your readiness to use an HIV prevention product. These questions will help determine what kind of counseling and support you might need from us.

Before we begin, I would like you to take a moment to think about the partner or partners you have been involved with sexually during the last year.

I would like to ask you some questions about what you have told your partner about your PrEP use and his reaction. Yes No

Does your primary partner know that you are taking tablets for HIV prevention?

If you don't have a primary relationship, think about your partner who has the most "say" or more influence over your ability to use HIV prevention products.

What was his reaction when he first found out? Supportive Neutral Opposed Don't know

Templates for referrals

SOCIAL SERVICES	HEALTH SERVICES	LEGAL SERVICES
Crisis counseling	Mental health support and counseling	Law enforcement
Financial aid	Forensic exam	Legal aid
Shelter	Additional HIV and contraception services	
Services for children		

Icons created by Delwar Hossain, Vectors Point, Hat-Tech, Thak Ka, IconTrack, Dmitry Vasiliev, Arijit Adak, ProSymbols, and parkjsun from Noun Project

Materials for male partners

Give Support!

You have a right to live free of violence.

Changing is hard – but we help each other

If we don't reach out to them it's like we agree with the violence.

and our family is happier!

She can't provoke you to use violence. It's YOUR choice.

PrEP Fact Sheet
 TAKEN DAILY, PrEP IS AN ADDITIONAL PREVENTION OPTION FOR HIV-NEGATIVE PEOPLE
 WE ARE THE GENERATION THAT WILL END HIV
 PrEP: before exposure → coming into contact with HIV → a medicine to prevent infection

Toolkit available at <https://www.prepwatch.org/charisma/>

PrEP is another option for prevention. Prevention options include:

- Condoms
- PrEP
- Counseling
- PEP
- Healthy lifestyles
- Treatment for STIs
- Male medical circumcision
- ART for partners living with HIV

What is the difference between PrEP, PEP, and ART?

All three contain antiretroviral medicines in different combination for different purposes:

- PrEP is a pill that has 2 anti-HIV medicines taken daily to prevent HIV for HIV-negative people
- PEP is taken within 72 hours after exposure to HIV (eg after rape) for 28 days to prevent HIV
- ART is a 3-medicine treatment for HIV-positive people to reduce the levels of HIV in a person's body

PrEP is only for people who are HIV-negative.
 PrEP is recommended for people at high risk for HIV infection.

Thank you



Q&A

Please add
questions to the
chat.

EpiC Eswatini: Integrating IPV into comprehensive KP programming

PrEP West Africa Meeting

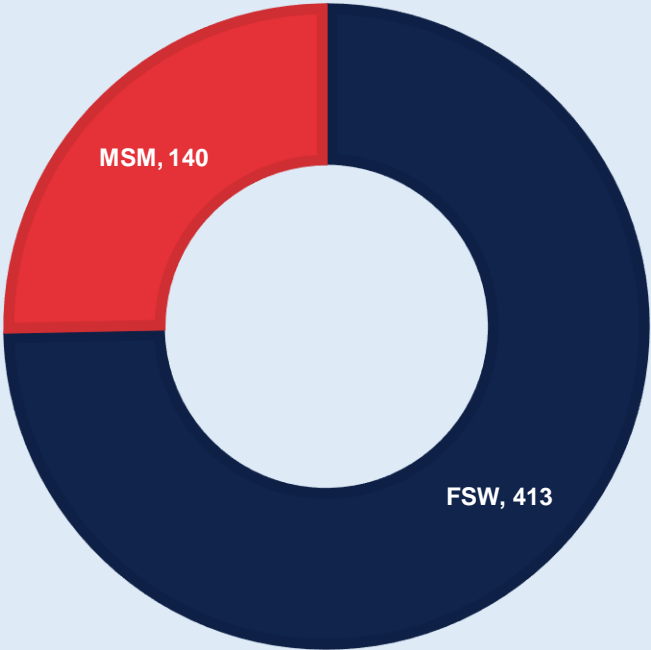


Context in Eswatini

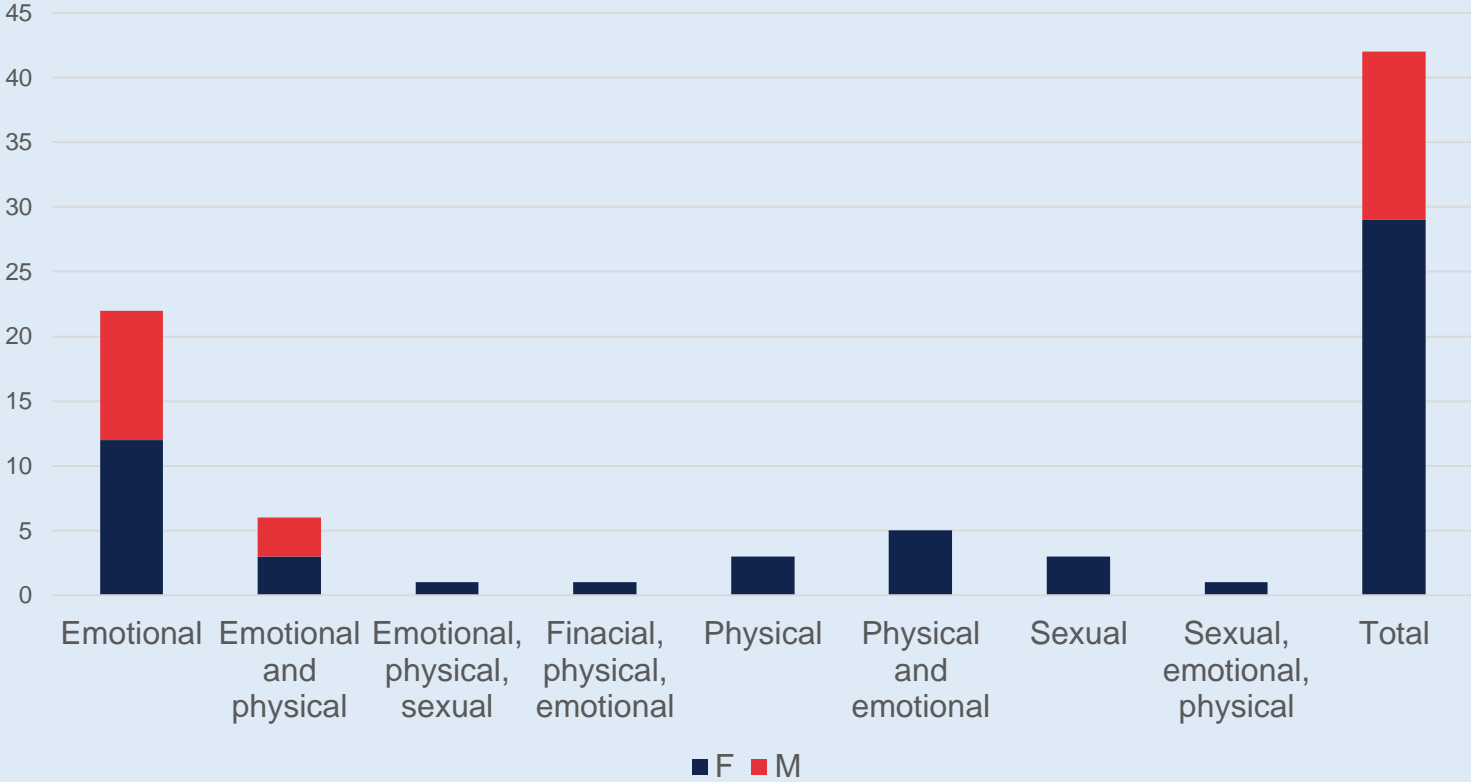
- Key populations (KP) continue to experience violence from their families, clients, intimate partners, and general society
- There have been reports of physical, emotional, sexual, and economic abuse impeding access to HIV services
- This is exacerbated by the social and legal context where KPs live, 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

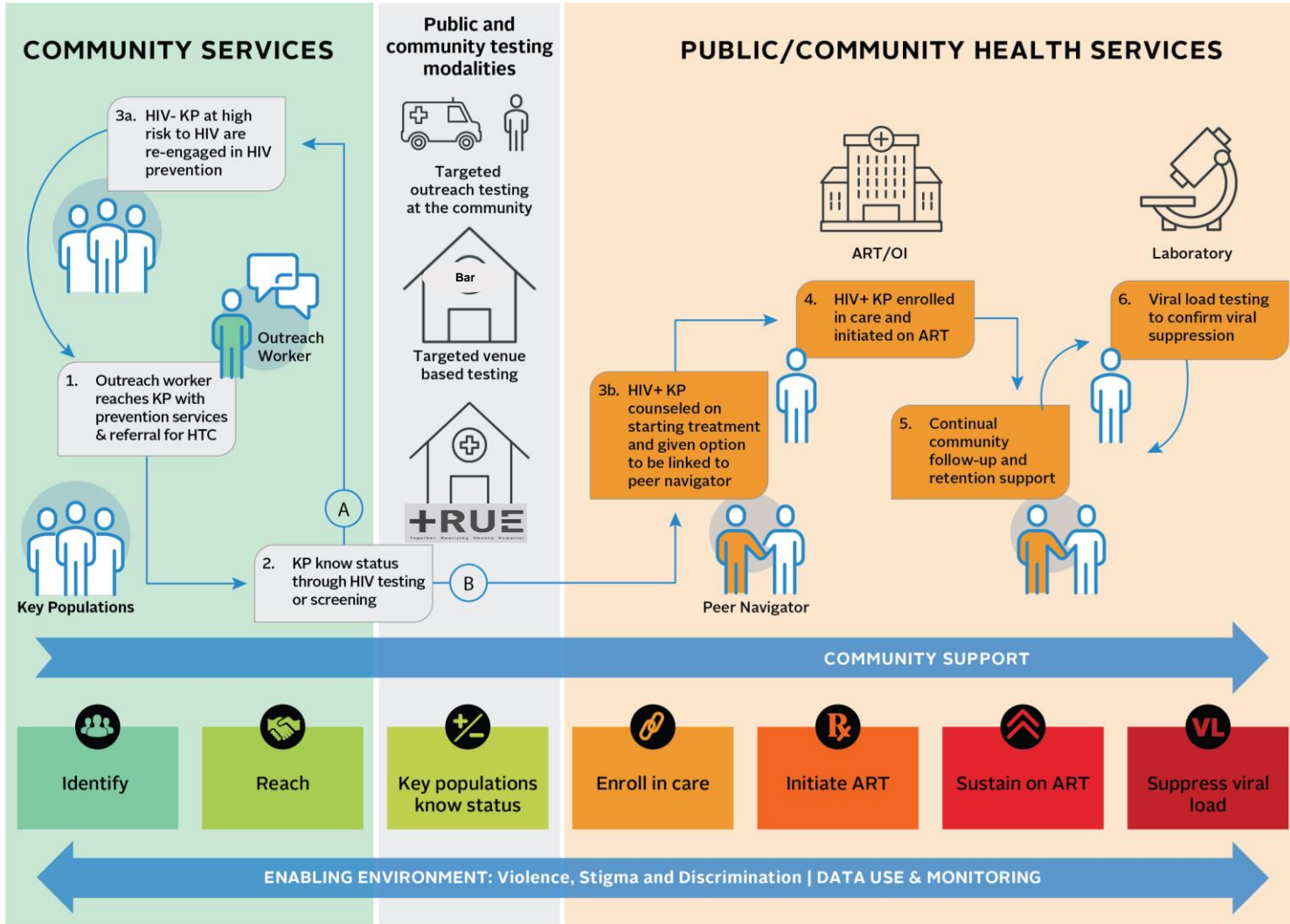
KP REPORTED VIOLENCE



Clients Reported Experiencing IPV



Service Delivery Model



— Additional —
EpiC services

AS PART OF CLINICAL SERVICES



Clients screened/
treated for STIs



Clients are
provided FP



VIA services
are provided

AT BOTH COMMUNITY AND CLINIC



Due to COVID-19

Provide
PSS support



Identifies new
networks through peers



Peer-peer referrals
for HIV prevention



Small to medium
group sessions
/support groups



ORWs screen
peers for GBV,
TB and STIs



Community based HTS
by ORWs after small to
medium group sessions



Community
based DDD for ART and
PrEP



HIV
Self Testing



Index
testing

How did we integrate IPV into PrEP Services?

- During FY20 PEPFAR and Eswatini MOH recommended IPV integration into



HIV ST
(secondary distribution)



Index testing

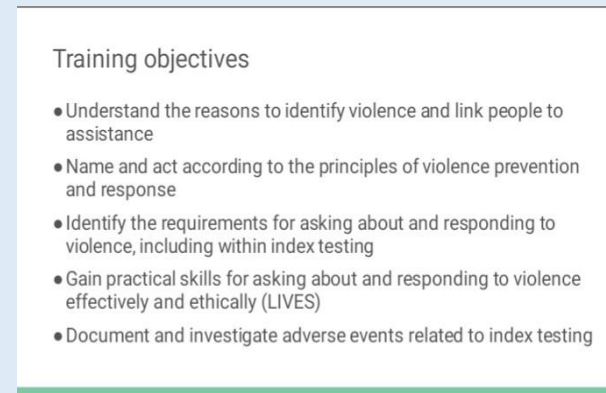


PrEP

- 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 SOP

Minimum requirements that must be in place before you ask about violence

The following illustration describes what the first-line support refers to in relation to the LIVES approach.

- Listen** closely with empathy and no judgment. Give the survivor a chance to share their experiences in a safe and private place to a caring person who wants to help.
- Inquire** about needs and concerns; Learn what is most important for the survivor. Respect their wishes and respond to their needs.
- Validate** the information. Let the survivor know that their feelings are common, that it is safe to express them, and that everyone has a right to live without violence.
- Enhance safety.** Help assess the survivor's situation and make a plan for their future safe to express their needs.
- Support** the survivor, connect survivor with other resources for their health, social, and justice/legal needs as their needs are generally beyond what can be provided in the health facility.

First-line support

Task	Explanation
Listen	Listen closely with empathy and no judgment
Inquire about needs and concerns	Assess and respond to various needs and concerns—emotional, physical, social, safety
Validate their experiences	Show you believe and understand, assure victim that they are not to blame
Enhance safety	Discuss a plan to protect the victim from further harm if violence occurs again
Support	Support the victim to connect with additional services

Source: WHO, 2014. Health care for women subjected to intimate partner violence or sexual violence

DUTIES AND RESPONSIBILITIES

Clinical Services Manager. The clinical services manager will be responsible for identifying referral organizations and update the team members about the information. The other responsibility will be to make sure that all staff are trained on IPV screening, management and referral as well LIVES; ensure IPV is properly documented, following up on IPV referrals and outcomes, generally monitoring IPV data and take actions as needed, conduct regular site visits.

Nurses /HTS Counsellors. The nurses and HTS counsellors will be responsible of creating a conducive environment, that is private so that the client is able to open up about IPV before the clinical service is conducted. They will conduct IPV screening to all clients accessing index testing, PrEP AND HIVST. The other responsibility will be to give adequate information of referral systems and refer if client agrees to access the mentioned services. When referring the client, the nurse/HTS counselor should make sure that the client is linked to a peer outreach workers who can navigate the client to the referral service.

Community Outreach Workers. The community outreach workers will be responsible of referring clients who experience intimate partner violence and would have notified them to the clinical team for assessment and further management. They will also be responsible for reporting such cases to their supervisor who is the program officer for community response who in turn will liaise with the clinical team for further management. Community workers are

PROCEDURES FOR IPV SCREENING AND MANAGEMENT IN THE CONTEXT OF HIV & SELF-TESTING

Step Number	Description	Procedures	Responsible person(s)
1	Offer HIVST	<ul style="list-style-type: none"> The client should be offered HIVST by using a standard script. In the event the client accepts HIVST, then the IPV screening should be provided for each partner IPV screening should be offered anytime when distributing HIVST to the client and when asking the client if s/he is interested to give an HIVST also to the partner(s) 	HTS Counsellors or Nurses
2.	IPV screening	<p>The following questions should be asked to rule out IPV for each partner.</p> <ul style="list-style-type: none"> 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)? Has [the partner's name] ever hit you, kicked, slapped, or caused you some other kind of physical harm? 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? 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) Has [the partner's name] ever tried to control your transition process? (in the case of transgender clients) 	HTS Counsellors or Nurses
3.	Client management	<ul style="list-style-type: none"> 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. 	HTS Counsellors or Nurses

PROCEDURES FOR IPV SCREENING AND MANAGEMENT IN THE CONTEXT OF INDEX TESTING

Step Number	Description	Procedures	Responsible person(s)
1	Offer Index Testing	<ul style="list-style-type: none"> The index client should be explained about and offered index testing. In the event the client accepts index testing/PrEP/ HIVST, then the index client should be invited to elicit each contact and the IPV screening should be provided for each elicited partner. 	HTS Counsellors or Nurses
2.	IPV screening	<p>The following questions should be asked to rule out IPV for each elicited partner.</p> <ul style="list-style-type: none"> 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)? Has [the partner's name] ever hit you, kicked, slapped, or caused you some other kind of physical harm? 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? 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) Has [partner's name] ever tried to control your transition process? (in the case of transgender clients) 	HTS Counsellors or Nurses
		<ul style="list-style-type: none"> If the client answers "yes" to any of the screening questions, the provider should work with the client to see which partner notification strategy may be most appropriate. <ul style="list-style-type: none"> If the notifying the partner places the client's safety is at risk, then partner notification services should not be offered until the client's safety can be assured. Document the client as 'at risk' for that partner, in the <i>Index testing register</i> Do not offer client referral or dual referral 	HTS Counsellors or Nurses

PROCEDURES FOR IPV SCREENING AND MANAGEMENT IN THE CONTEXT OF PRE-EXPOSURE PROPHYLAXIS

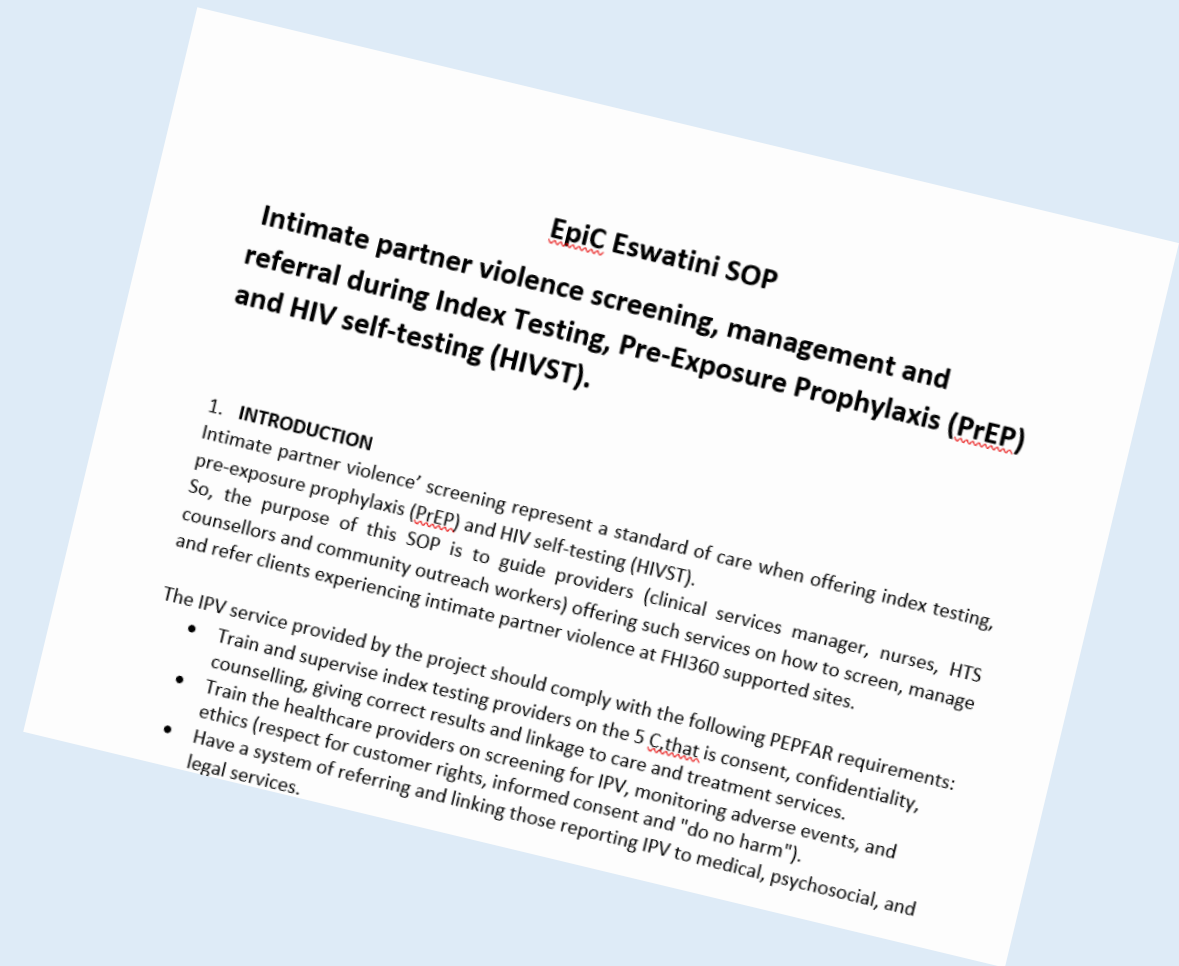
Step Number	Description	Procedures	Responsible person(s)
1	Offer PrEP	<ul style="list-style-type: none"> PrEP should be explained to the client after client has tested HIV negative using the standard questions. In the event the client accepts PrEP, then the IPV screening should be provided for each partner IPV screening should be offered at PrEP initiation and afterwards at each PrEP refill and follow up visit 	HTS Counsellors or Nurses
2.	IPV screening	<p>The following questions should be asked to rule out IPV for each partner.</p> <ul style="list-style-type: none"> 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)? Has [the partner's name] ever hit you, kicked, slapped, or caused you some other kind of physical harm? 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? 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) Has [partner's name] ever tried to control your transition process? (in the case of transgender clients) 	HTS Counsellors or Nurses
3.	Client management	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Brainstorm specific challenges they may face and strategies to overcome these challenges by using the job aide in Annex 5, but if PrEP can pose a risk for IPV or already caused IPV, then postpone initiation or interrupt PrEP respectively, discuss other 	HTS Counsellors or Nurses

IPV screening tool

		visit	
2.	IPV screening	<p>The following questions should be asked to rule out IPV for each partner.</p> <ul style="list-style-type: none"> • <i>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)?</i> • <i>Has [the partner's name] ever hit you, kicked, slapped, or caused you some other kind of physical harm?</i> • <i>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?</i> • <i>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)</i> • <i>Has [partner's name] ever tried to control your transition process? (in the case of transgender clients)</i> 	HTS Counsellors or Nurses
3.	Client management	<ul style="list-style-type: none"> • 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. 	HTS Counsellors or Nurses

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 Gobe 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



MINISTRY OF HEALTH
NATIONAL AIDS & STIs CONTROL PROGRAM

PrEP Rapid Assessment Screening Tool (RAST)

Age: _____ Sex: _____ Date: _____

1. What is your HIV status? *(if response is positive discontinue assessment else administer all questions)*

Negative Positive Unknown Unwilling to disclose

2. What is the HIV status of your sexual partner(s)?

Negative Positive Unknown

In the past 6 months

3. Have you had sex without a condom with a partner(s) of unknown or positive HIV status?

No Yes

4. Have you engaged in sex in exchange of money or other favors?

No Yes

5. Have you been diagnosed with or treated for an STI?

No Yes

6. Have you shared needles while engaging in intravenous drug use?

No Yes

7. Have you been forced to have sex against your will or physically assaulted including assault by your sexual partner(s)?

No Yes

8. Have you used post exposure prophylaxis (PEP) two times or more?

No Yes

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

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

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

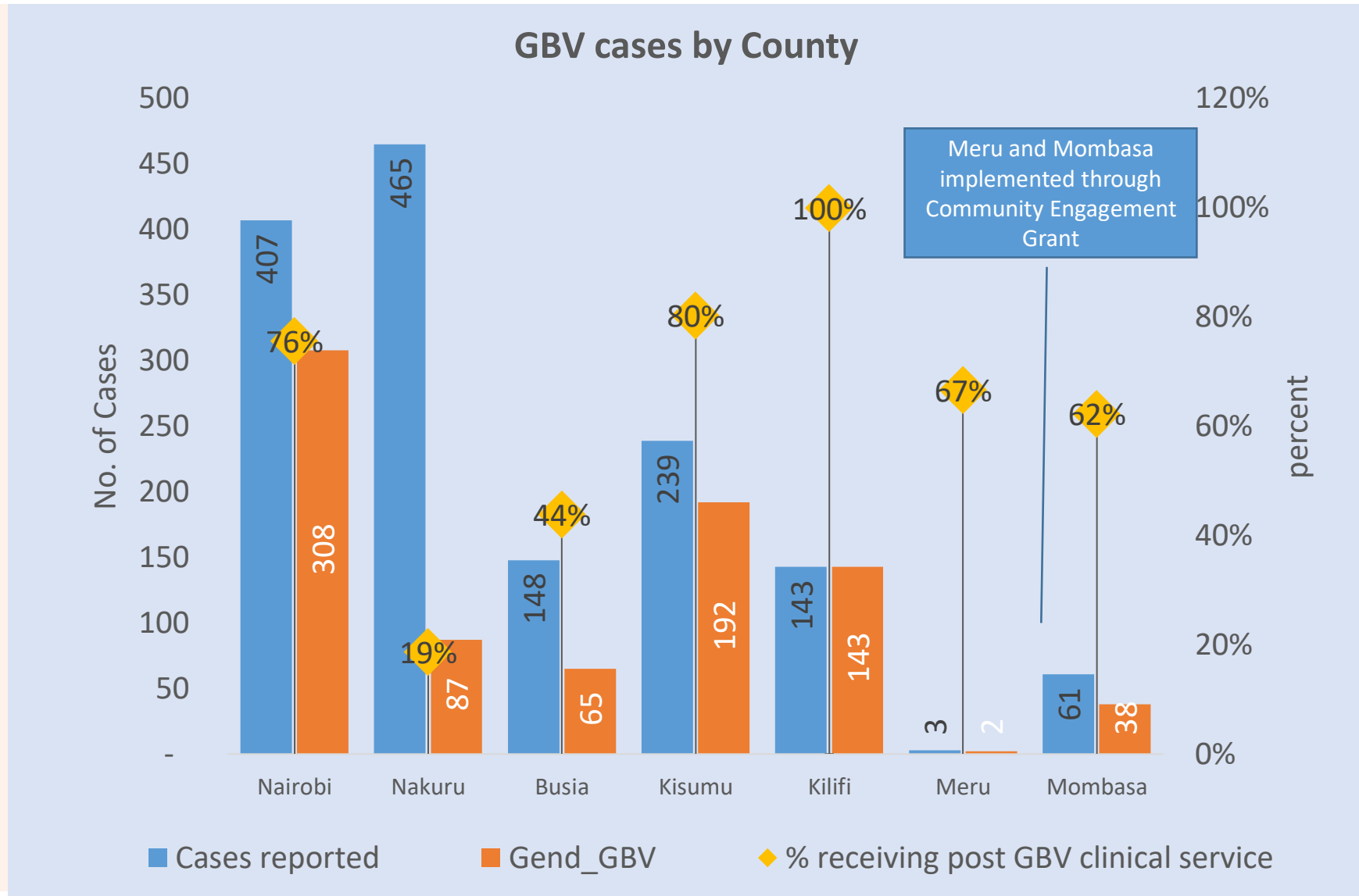
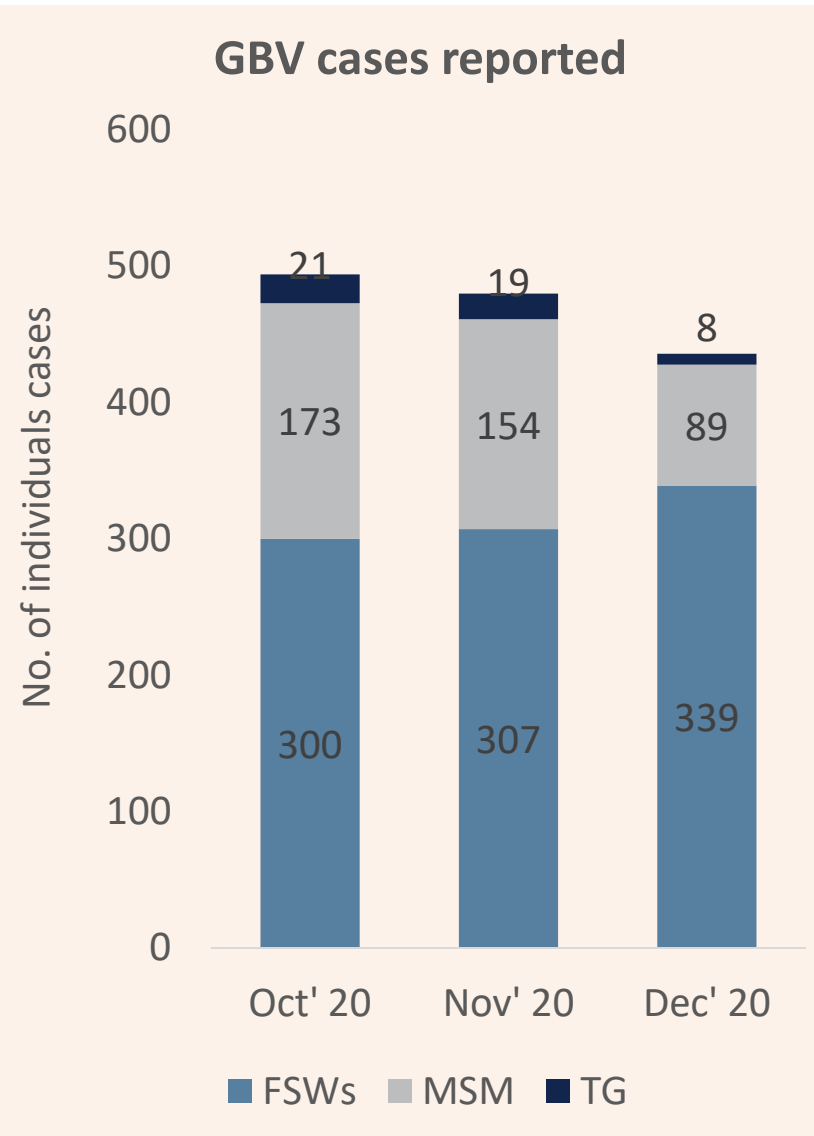
Addressing IPV

- 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

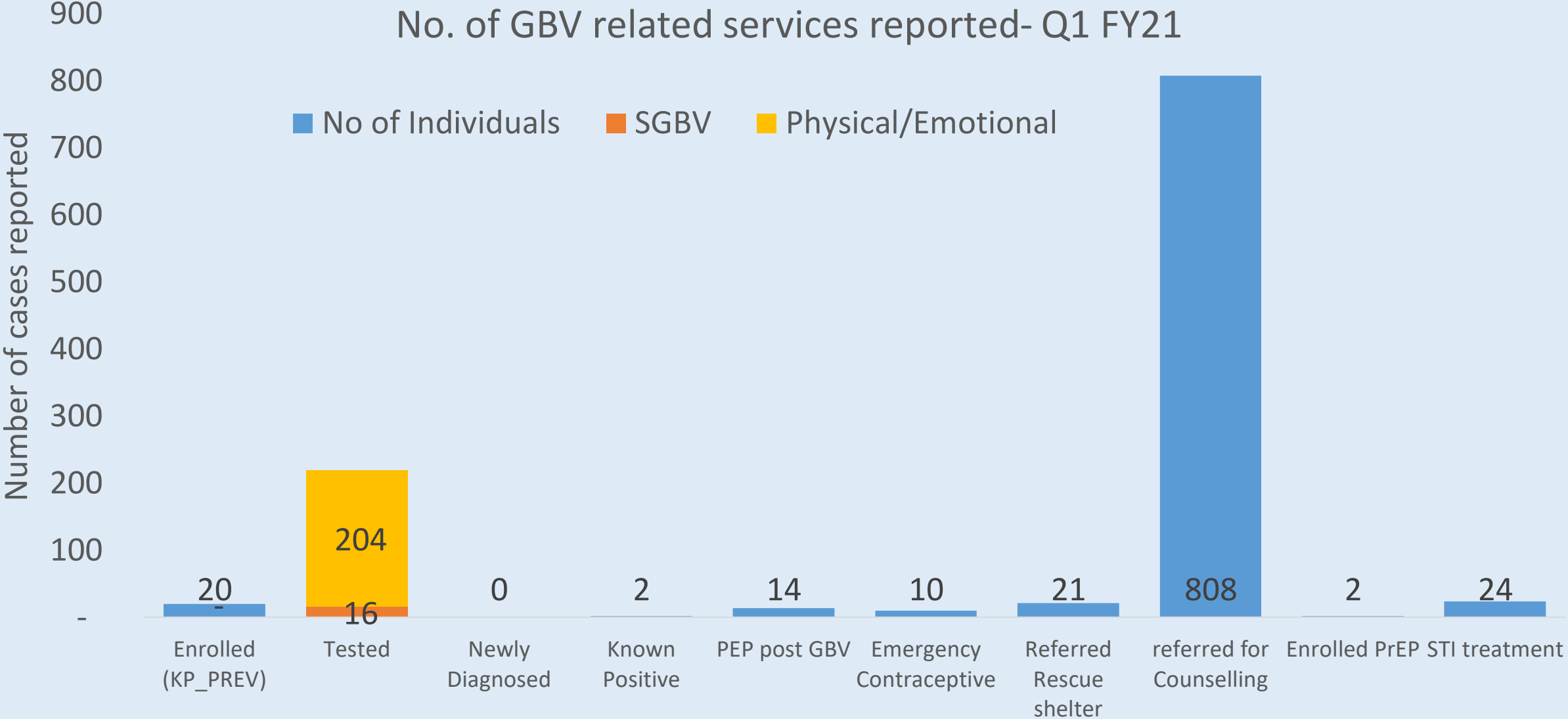
- Persistent violence calls for stoppage of PrEP
- Increase in violence reduces retention in PrEP
- Address storage of PrEP drugs
- Important to track IPV and differentiate from GBV where possible
- Factor violence response costs at planning stage

Monthly GBV Cases Reported by KP type Oct-Dec 2020



HIV service access through GBV activities Oct-Dec 2020

No. of GBV related services reported- Q1 FY21





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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.

English: <https://bit.ly/2Ndd9b7>

French: <https://bit.ly/3cWrZxS>

We will share the links in follow-up communication.

Upcoming Sessions



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

Sign-up here:

<https://mailchi.mp/prepnetwork/westafrica>

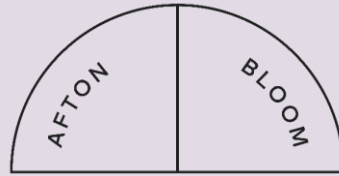
Visit PrEPWatch for Additional Resources

- 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/>)
- 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://www.prepwatch.org/in-practice/west-africa-prep-learning-network/>

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