

GLOBAL PREP LEARNING NETWORK

Building a Comprehensive Approach to HIV Prevention:

Strengthening Gender-Based Violence Response in PrEP Services

13 NOVEMBER 2024





Global PrEP Learning Network

Strengthening Gender-Based Violence Response in PrEP Services

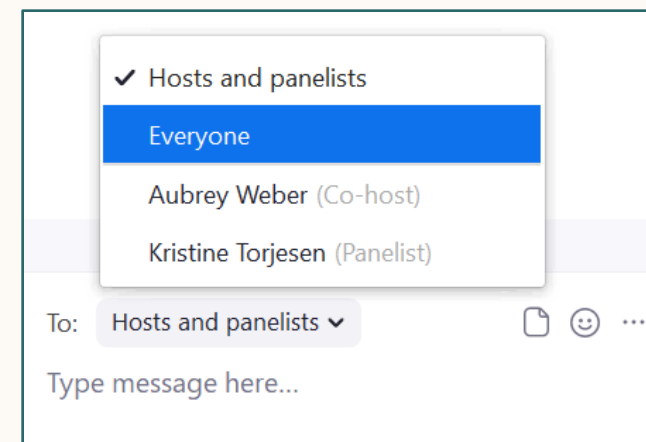
Please introduce yourself in the chat!



- Name
- Organization
- Country

Feel free to ask questions and add comments to the chat box at any point during today's session. We will dedicate time to Q&A at the end of the webinar.

Don't forget to select "Everyone"





Global PrEP Learning Network

Strengthening Gender-Based Violence Response in PrEP Services

- Welcome & Introductions
- Gender-Based Violence and PrEP Services Overview
- The Realities of PrEP Services in the Context of GBV
- Paths to a Competent GBV Response in PrEP Services
- Audience Question & Answer
- Conclusion

Facilitator & Speakers



Carolyn Akello, she/her

MOSAIC Project Director, FHI 360, Uganda

Dr. Carolyn A. Akello, MD, is the MOSAIC project director at FHI 360 Uganda. She is a medical doctor and epidemiologist with over 10 years of experience in HIV/AIDS research with a focus on adolescent girls and young women (AGYW).



Morgan Garcia, she/her

MOSAIC Technical Advisor, FHI 360, USA

Morgan leads gender integration and meaningful youth engagement efforts for the MOSAIC project, focusing on increased leadership of AGYW and other marginalized groups, and improved GBV responsiveness in PrEP services.



Mary Mugure, she/her

Paralegal

Bar Hostess Empowerment & Support Program (BHESP), Kenya

Mary is a paralegal at the Bar Hostess Empowerment and Support Programme (BHESP). She advocates for the rights and safety of sex workers and children, ensuring that sex workers understand their legal rights in the workplace.

Speakers



Janeffer Gacheru, she/her

Project Coordinator

Bar Hostess Empowerment & Support Program (BHESP), Kenya

Janeffer is a project manager and project coordinator at BHESP, and healthcare professional with more than 10 years of experience in clinical practice and public health, focusing on HIV/AIDS prevention and support for key and vulnerable populations.



Mercy Luwi Katoka, she/her

Program Officer & NextGen Squad, FHI 360, Zambia

Luwi is a Program Officer in Prevention and NextGen Squad (NGS) member for FHI 360 Zambia. She is a South-to-South Learning Network (SSLN) champion and has co-authored multiple publications about AGYW's preferences for PrEP methods and integrating GBV & HIV services.



Alwedo Immaculate, she/her

Site Study Coordinator/QI Coach

The AIDS Support Organization (TASO), Uganda

Immaculate is a Public Health Researcher based at Gulu Regional Referral Hospital in Uganda where she provides technical leadership and implementation of Quality Improvement Initiatives to foreground the Enhanced Service Delivery Package.



Gender-Based Violence and PrEP Overview

Morgan Garcia, FHI 360



HIV prevention often occurs within a broader context of **high GBV prevalence**.

A 2020 meta-analysis of gender-based violence estimated the **lifetime prevalence of intimate partner violence (IPV) among women in sub-Saharan Africa to be 44%.**¹

Despite many challenges to collecting data on GBV among underrepresented populations, research reveals similar disturbing findings among **sex workers of all genders, people who inject drugs, trans and gender-diverse people, and gay, bisexual and other men who have sex with men...**²⁻⁵

...in addition to other violence they may face from authority figures and in their community.

While multiple forms of GBV, such as early and child marriage or female genital mutilation, contribute to HIV prevalence, this session will focus on sexual violence and intimate partner violence, including emotional and economic IPV, specifically.

The background image shows a light-colored building with large windows. A person is sitting on a red chair in the foreground. The text is overlaid on a semi-transparent white box.

Although it is often an excuse for violence,
PrEP use is never a cause of gender-based violence.

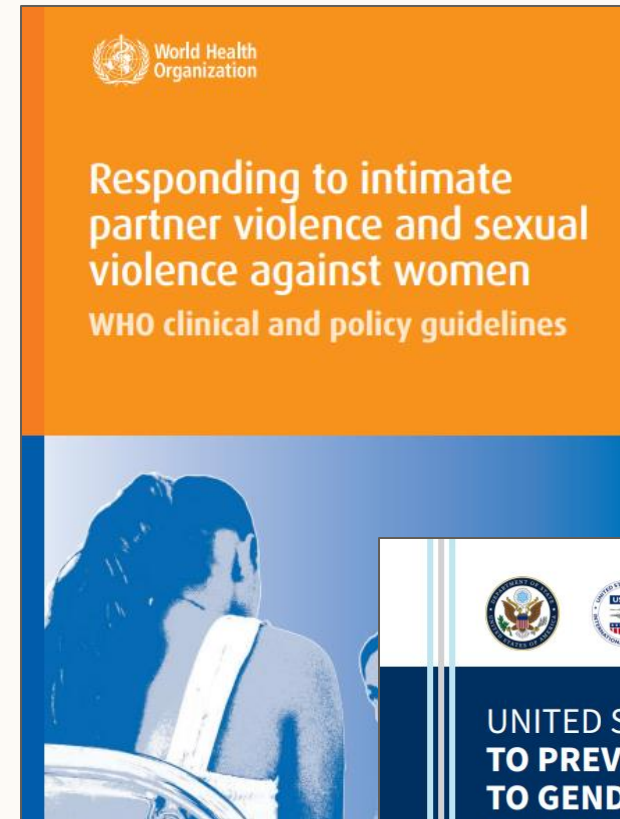
Rather, people who use violence to gain power may prevent others from using PrEP as a means of exerting power and control.

Requirements and standards for GBV screening and support in PrEP programs

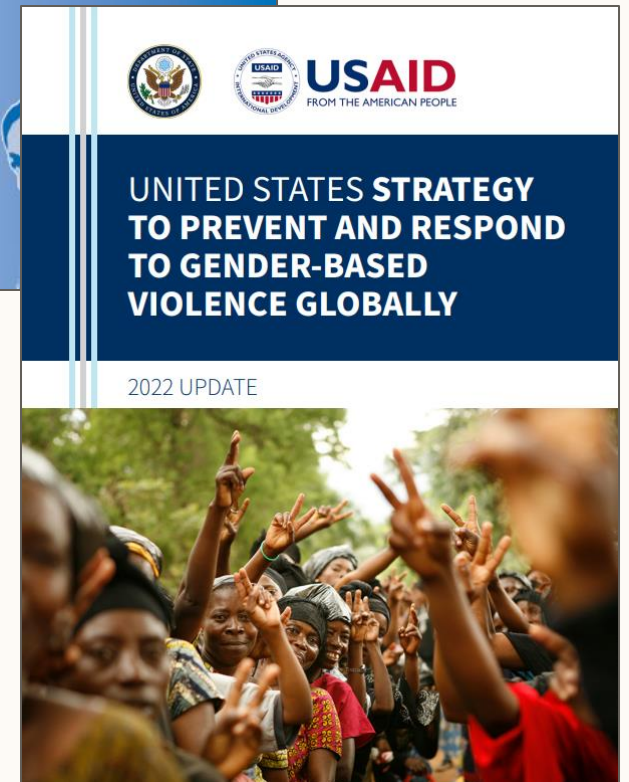
- **PEPFAR** requires service providers to conduct routine inquiry about GBV with all PrEP clients.
- The **World Health Organization** has outlined minimum requirements that must be met before providers can ask about gender-based violence.

Requirements include trained staff, standard operating procedures, and more. PEPFAR also upholds these requirements.

Although progress has been made, gaps remain, especially in the context of PrEP choice.

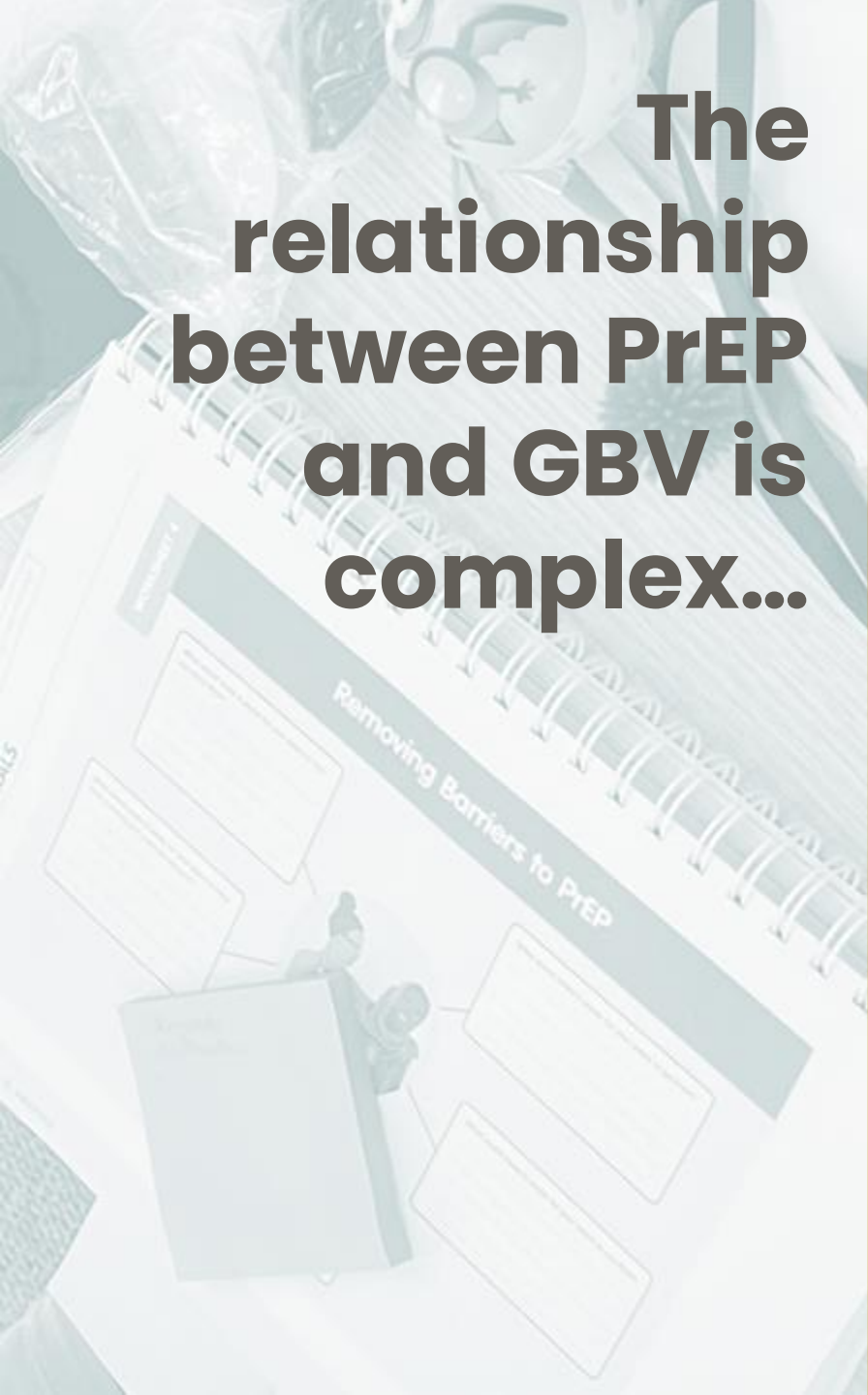


Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines



UNITED STATES STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE GLOBALLY

2022 UPDATE



The relationship between PrEP and GBV is complex...

GBV & PrEP are reciprocal entry points

Factors that increase the likelihood of HIV exposure also increase the likelihood of experiencing gender-based violence.

- People who seek GBV- or HIV-related care, including post exposure-prophylaxis (PEP), **are likely to benefit from both services** ^{6,7}
- This is **especially true for marginalized communities**, such as sex workers and sexual and gender minorities

We have the opportunity to **reach a broader population with person-centered, trauma-informed services.**

Importance of GBV screening & support

Integrating GBV screening and support into PrEP services⁸ provides an **opportunity to promptly identify and address GBV.**

- Screening **identifies people who may not otherwise disclose**
- Robust screening and support for GBV **may improve PrEP uptake and effective use**
- Competent screening may also **increase client trust in providers**



**...and we are
still learning**

GBV impacts effective PrEP use

- Some PrEP users who **experience GBV** may struggle to use **PrEP** effectively.⁹
- Age, recency, type of violence and **other factors** may lead to **improved use of PrEP after an experience of GBV**.²

Effective counseling and referral services may mitigate the **negative impacts of GBV**, such as the psychological burden and fear of accidental disclosure.

Challenges to service integration

Limited resources constrain effective integration of GBV and PrEP services.¹⁰⁻¹³

- Time and resources for **training**
- Insufficient **referral resources**
- Lack of **support for providers**
- **Barriers to disclosure** and **other structural limitations persist**

Resources and tools to overcome these challenges are crucial to meet the needs of people impacted by HIV and violence.

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PrEP Services in the Context of GBV

Mary Mugure, BHESP

Janeffer Gacheru, BHESP

The Realities of PrEP Services in the Context of GBV

Mary Mugure, Bar Hostess Empowerment & Support Program
Janeffer Gacheru, Bar Hostess Empowerment & Support Program






Gender-based violence in the HIV prevention journey of sex workers

Because sex work is criminalized, harassment is a regular occurrence in daily life.

Gender-based violence is common, especially from partners.

Sex workers who take PrEP may experience more violence from partners, who think PrEP is HIV treatment.

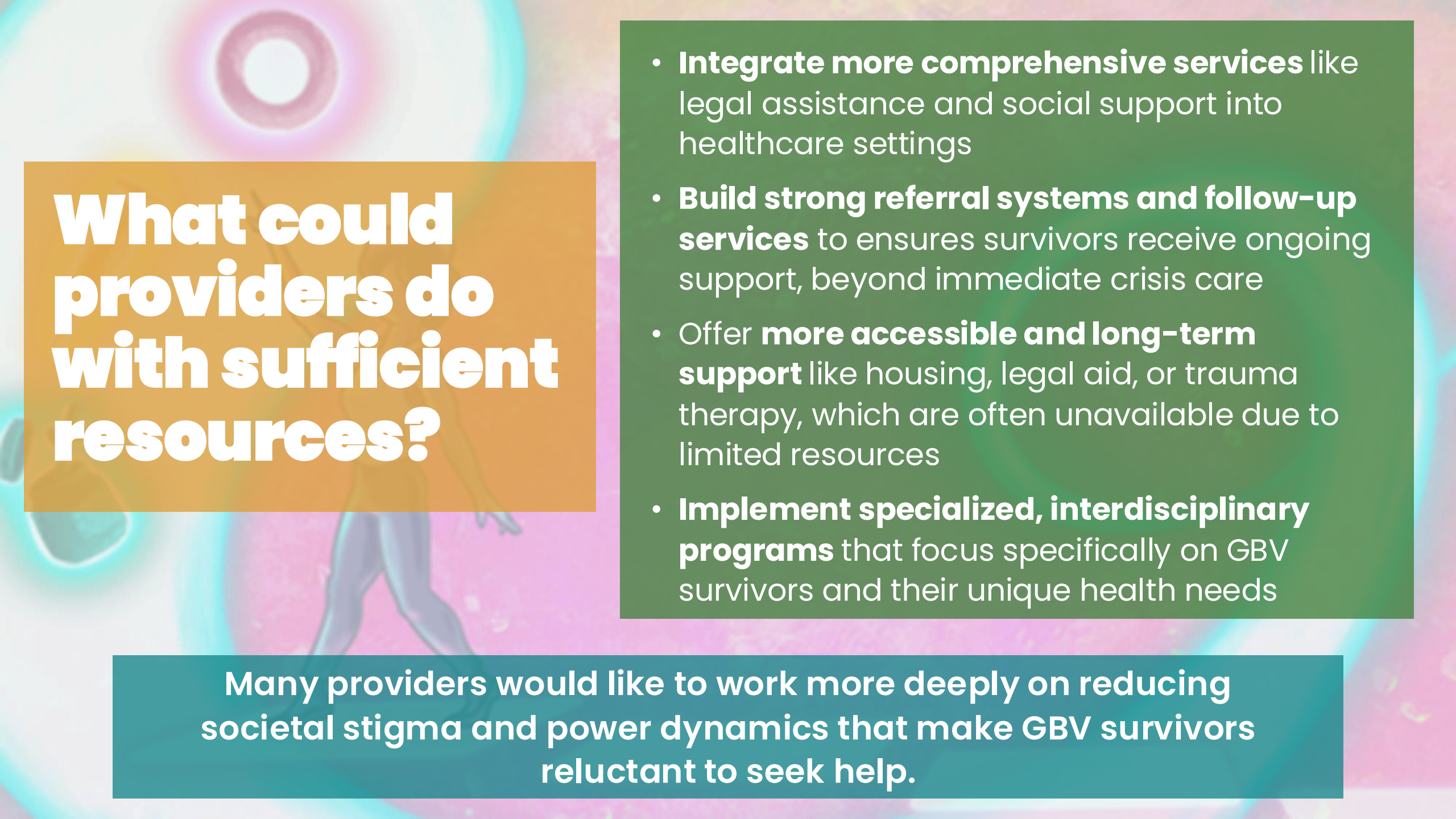


What do sex workers want policymakers & programmers to know?

To stop HIV, we need legal frameworks that address gender-based violence from partners and the broader community. These frameworks must support all survivors, including sex workers.

Provider reflections on responding to gender-based violence

- Providers **incorporate GBV screening** into routine care, referring survivors to appropriate services like counselling, legal aids, and shelters
- Providers **use trauma-informed approaches** by ensuring that care provided is sensitive to the emotional and psychological needs of survivors
- Providers are **actively promoting PrEP** and other HIV prevention methods to clients in need, including GBV survivors and clients dealing with mental health challenges
- Providers conduct **outreach to raise awareness**, incorporating messages about GBV and HIV prevention, mental health, and stigma, and empower clients to seek help



What could providers do with sufficient resources?

- **Integrate more comprehensive services** like legal assistance and social support into healthcare settings
- **Build strong referral systems and follow-up services** to ensure survivors receive ongoing support, beyond immediate crisis care
- Offer **more accessible and long-term support** like housing, legal aid, or trauma therapy, which are often unavailable due to limited resources
- **Implement specialized, interdisciplinary programs** that focus specifically on GBV survivors and their unique health needs

Many providers would like to work more deeply on reducing societal stigma and power dynamics that make GBV survivors reluctant to seek help.

Challenges and successes: The provider perspective

Challenges

- Insufficient funding
- Lack of training in GBV care
- Burnout from handling high emotional trauma
- Lack of robust referral networks

Successes

- Empowering survivors with comprehensive care
- Creating safe spaces
- Integrating HIV prevention, like PrEP, and GBV services
- Moments of hope, empowerment and fulfilment for providers



How responding to GBV impacts providers

Emotional and Psychological Strain

- Treating GBV survivors can be emotionally taxing, leading to burnout and secondary trauma for providers who witness the repeated trauma of their clients.

Need for Self-Care and Support

- Counselling and peer support are crucial to help providers cope with the emotional burden of their work.



Paths to a Competent GBV Response in PrEP Services

Immaculate Alwedo, TASO

Mercy Luwi Katoka, FHI 360

Improving Gender-Based Violence Screening among PrEP Clients

A Quality Improvement Project at Gulu Regional Referral Hospital, Uganda

PRESENTED BY:
IMMACULATE ALWEDO
QI COACH, TASO-UGANDA
NOVEMBER 13, 2024

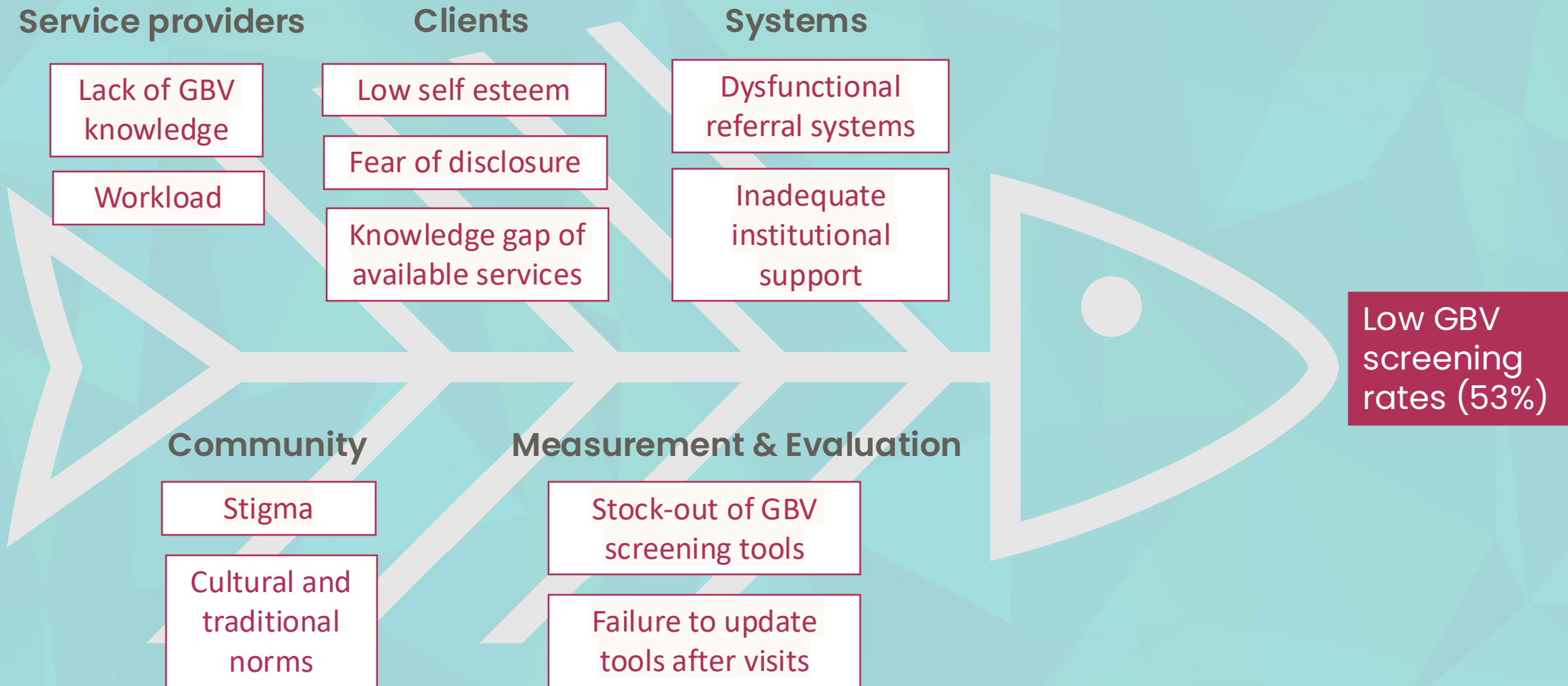


Using quality improvement (QI) methods to improve GBV services for PrEP clients



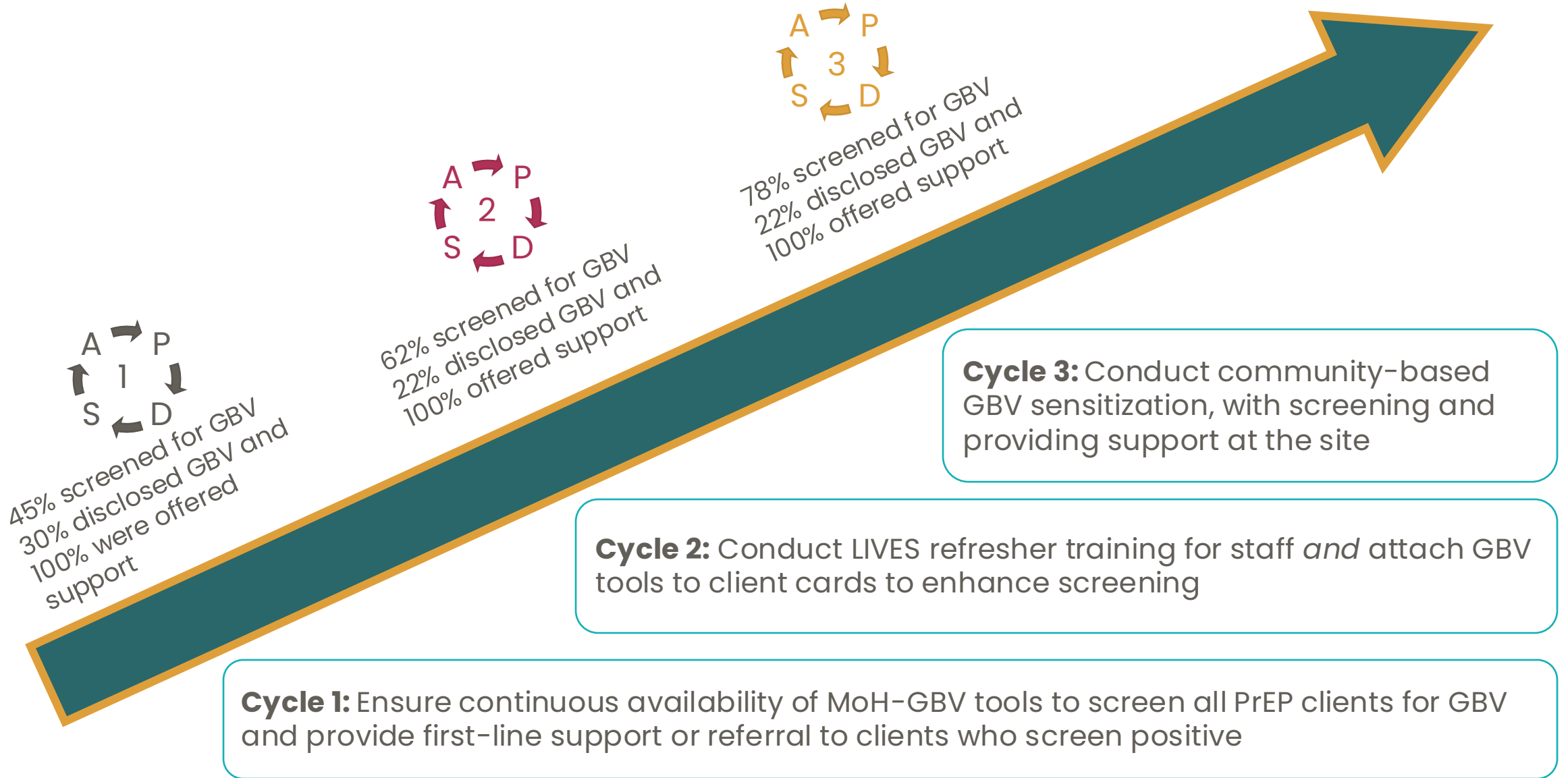
- Site-based QI teams identify **PrEP service delivery gaps**, decide which **improvement areas** to prioritize, and **brainstorm change ideas** to address the gaps with QI tools.
- Change ideas are tested with **Plan-Do-Study-Act (PDSA)** cycles and adopted or abandoned after data analysis using a standard set of QI indicators.

Root cause analysis: Fishbone diagram



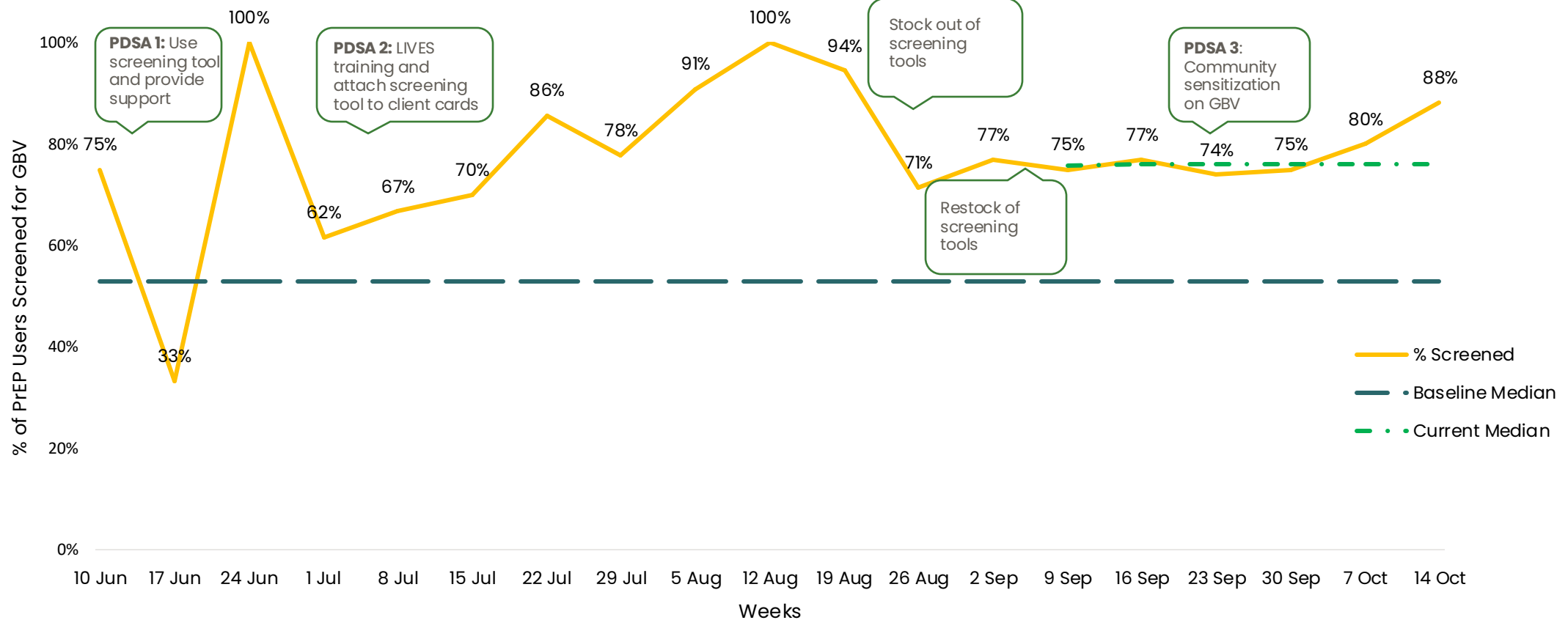
Plan-Do-Study-Act (PDSA) Ramp

Aim: Improve GBV screening at Gulu Regional Referral Hospital from an average of 53% to 80% between June 10 and November 30, 2024



Aim: Improve GBV screening at Gulu RRH from 53% to 80% from June 10–November 10, 2024

PrEP users screened for GBV



Wk	10 Jun	17 Jun	24 Jun	01 Jul	08 Jul	15 Jul	22 Jul	29 Jul	05 Aug	12 Aug	19 Aug	26 Aug	02 Sep	09 Sep	16 Sep	23 Sep	30 Sep	07 Oct	14 Oct
N	9	2	7	8	10	7	6	7	10	13	17	5	10	12	10	17	9	8	15
D	12	6	7	13	15	10	11	9	11	13	18	7	13	16	13	23	12	10	17

Lessons Learned

- **Privacy, confidentiality, safe spaces, and rapport building** is key in offering GBV Services
- **Client satisfaction survey tool** is crucial in GBV support
 - Question 8 – Privacy
 - Question 4 – Method switch
- Clients who see their partners infrequently **prefer not to disclose PrEP use**
- **Non-labelled envelopes** as a preferred pack for PrEP
- **Collaboration** with other IPs
- **Providers and peer workers are inspired to do this work** as a team and with leadership support

Implementation Challenges

- Climate changes affected some field activities during the **rainy season**
- **Inconsistent community outreach** organized by partners supporting in sexual reproductive activities



The Way Forward

- Continuous improvement on **GBV documentation**
- **Sensitizing the community** on GBV and supporting spontaneous disclosure
- **Attaching GBV screening and referral forms** to clients' card
- **Delegation of roles** to peers
- **Frequent refresher training** on GBV screening, linkages, and referrals
- **GBV register** put in one central point accessible by everyone
- Bulk **printing of screening tools**
- **Adapt change idea and develop guidance** for implementation



GBV refresher training at the PrEP clinic

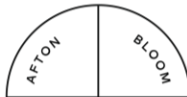
ACKNOWLEDGMENTS

Immaculate Alwedo, Andrew Kazibwe, Prima Niwampeire, Mijumbi Andrew, Gulu WIT team (TASO)

Kadama Herbert, Peter Mudiope, Gulu RRH WIT (Ministry of Health Uganda)

Sarah Salinger, Morgan Garcia, Lauren Rutherford, Rose Wilcher, Carolyn Akello, Ivan Segawa (FHI 360)

Implementing Partners-Uganda Health Activity



MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

Photo Credit: MOSAIC Consortium



Leveraging pre-exposure prophylaxis (PrEP) product rollout to improve gender-based violence response in Zambia

CHILESHE BWALYA, FLORENCE MULENGA, MERCY LUWI KATOKA, MWIYA MUTANDI, FEATHERSTONE MANGUNJE, EDWARD OLADELE, MORGAN GARCIA, GIULIANA MORALES

FHI 360 ZAMBIA & UNITED STATES



Background

Gender-based violence (GBV) continues to be **a barrier to access to and uptake and continued use of HIV prevention products and services**, including pre-exposure prophylaxis (PrEP).

This is **particularly true in Zambia**, where nearly 10,000 cases of GBV were recorded in the second quarter of 2023.

Although efforts are underway to integrate sexual and reproductive health considerations in HIV policy and practice in Zambia, **gaps remain in GBV support in PrEP programs**.

The introduction of new PrEP methods provides an **opportunity to improve GBV services**.



Description

FHI 360, through the 7-year Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project, **supports the Zambia Ministry of Health (MOH) and implementing partners in the introduction of new PrEP products.**



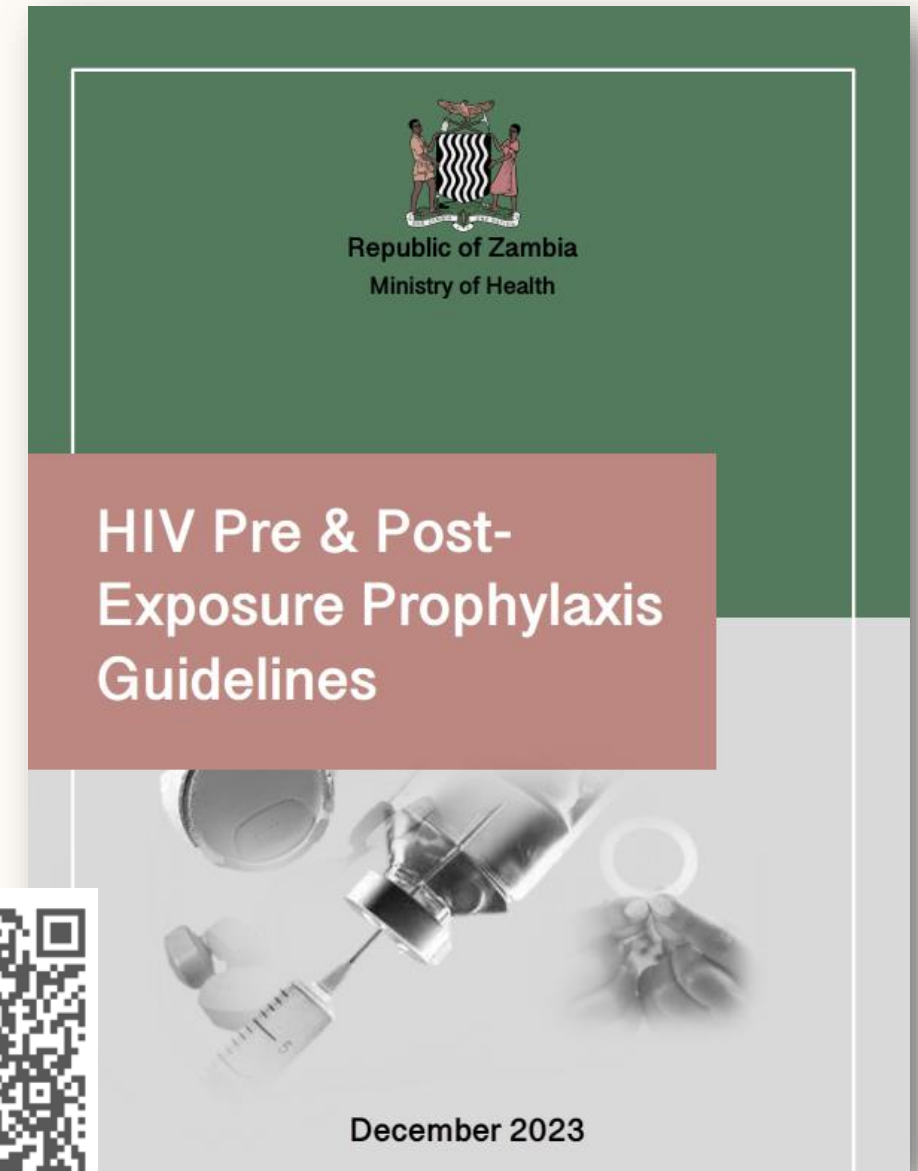
This includes:

- (1) providing technical support to **integrate GBV screening across PrEP monitoring and evaluation** (M&E) systems, including PrEP indicators, clinical data collection and reporting tools.
- (2) leveraging the development of PEP and PrEP national guidelines to **integrate GBV screening and job aids into PrEP clinical management tools** and training packages.

Description

As part of the work to develop PrEP and PEP guidelines, the MOSAIC team:

- Successfully advocated for **inclusion of “LIVES” first-line support** in the national health worker PrEP training
- Referenced the GBV in PrEP Services SOP Guidance and job aid to **integrate IPV screening into the national PEP and PrEP guidelines**
- Participated in a **training of MOH PrEP providers on the WHO LIVES approach** specifically tailored to the context of PrEP provision



Lessons Learned

Key ingredients to successfully leveraging PrEP rollout for GBV integration:



Impact

- Advancing efforts to reduce HIV incidence among women and children by **addressing critical gaps** in policy and practice and **mitigating negative gender norms** that perpetuate GBV
- **Aligning Zambia's programming with global standards set by PEPFAR and WHO** by incorporating GBV screening and response into PrEP services alongside comprehensive training and standardized protocols
- Paving the way for **gender-transformative HIV prevention initiatives** and sustainable impact; working toward a **survivor-centered and trauma-informed approach** in addressing GBV within PrEP programs



MOH and MOSAIC project staff at Lusaka LIVES training

Conclusion

Resource availability, policy development, and provider training are important to facilitate integration of GBV and PrEP services. As we roll out new HIV prevention products, we must seize those opportunities to integrate and improve our GBV response.

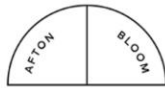
Strengthening the capacity of national systems is key to successful integration and sustainability.



Isoka LIVES training participants with their training certificates

ACKNOWLEDGMENTS

Chileshe Bwalya, Florence Mulenga, Mercy Luwi Katoka,
Mwiya Mutandi, Featherstone Mangunje, Edward Oladele,
Morgan Garcia, Giuliana Morales

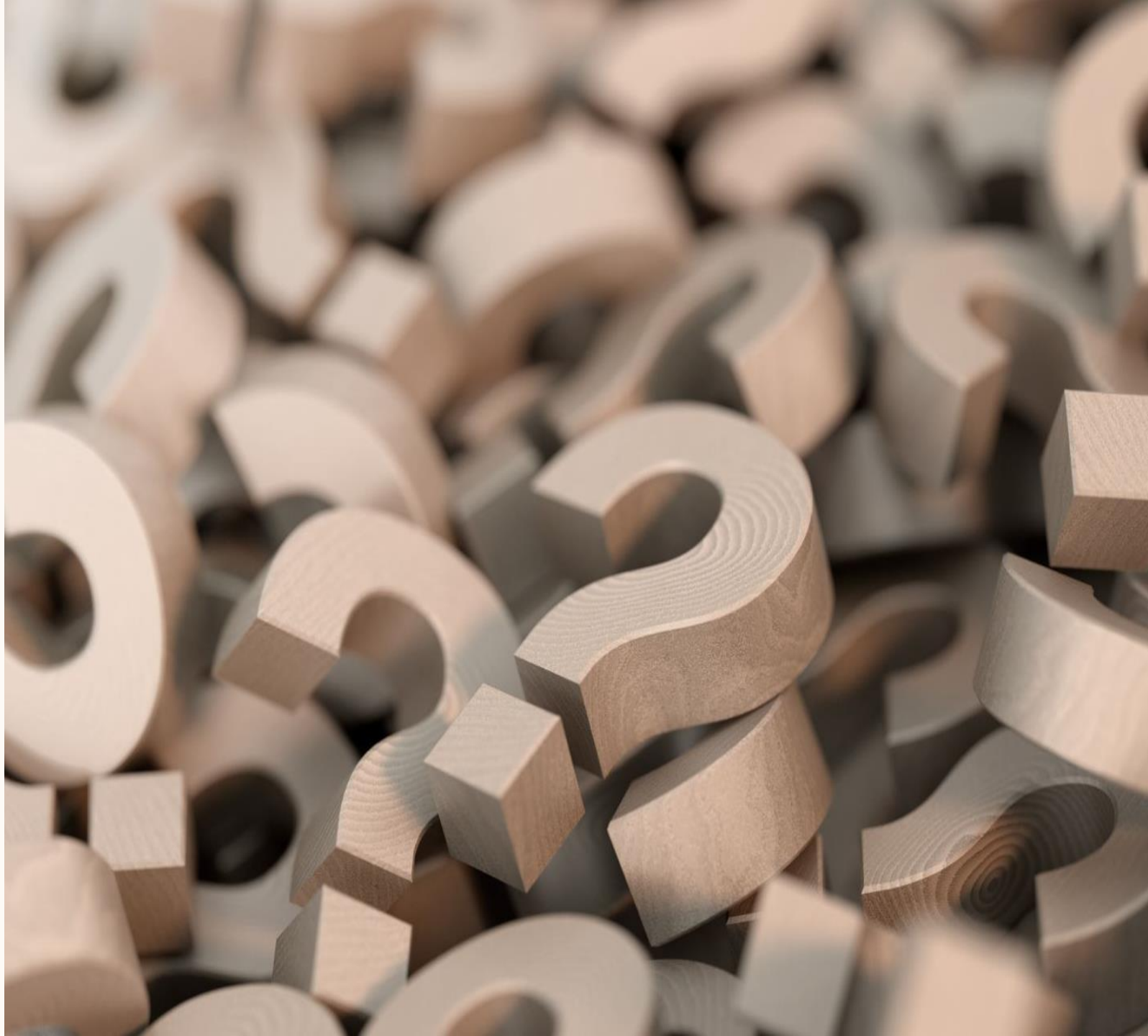


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Photo Credit: MOSAIC Consortium



Question & Answer



Closing & A Call To Action

Although **PrEP use is never a cause of gender-based violence**, GBV plays a role in the lives of many current and potential PrEP users.

As we work to successfully role out new PrEP methods, we have the **opportunity to invest in integrating GBV and PrEP services to make a greater impact on ending the epidemic.**

Select Useful Resources

Integration resources

[Guidance: Standard Operating Procedures for Addressing Partner Relationships and Gender-Based Violence in PrEP Services](#)

[CHARISMA Counselor Training Curriculum](#)

[Foundational Elements for Gender-Based Violence Programming in Development, USAID CARE-GBV](#)

GBV Trainings

Global and National Trainings:

[Caring for Women Subjected to Violence: A WHO training curriculum for health care providers, 2021](#)

[CDC LIVES training \(Video-based\)](#)

[UNHCR: Mental Health and Psychosocial Support Online Orientation](#)

[The National Child Traumatic Stress Network: Psychological First Aid](#)

LINKAGES:

[Identifying, preventing and responding to violence in HIV programs serving key populations: Building health care workers' capacity to offer safe and ethical index testing](#)

The CATALYST Study:

[Safety Planning, Confidentiality, and Engaging Partners, GBV in PrEP Services SOP Guidance and Job Aid, and Disclosure Counseling](#)

[Compassion Fatigue, Vicarious Trauma, and Self-Care](#)

Wellbeing resources

[How to Embed Self- and Collective Care in Organizations Addressing Gender-Based Violence, USAID CARE-GBV](#)

[The Concise ProQOL Manual: Compassion Satisfaction and Compassion Fatigue](#)

[Understanding & addressing vicarious trauma online training module, Headington Institute](#)

[Dare to Care: Wellness, Self and Collective Care for Those Working in the VAW and VAC Fields, SVRI](#)

Upcoming Sessions

The MOSAIC Global PrEP Learning Network takes place **quarterly**.

The next session will be in **early 2025**.



Visit PrEP Watch

This webinar will be accessible on PrEPWatch next month.

Complementary resources, relevant articles, tools, and **registration for upcoming webinars** can also be found on PrEPWatch.

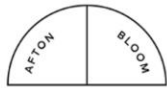
Visit <https://www.prepwatch.org/global-prep-learning-network/> for more.

ACKNOWLEDGMENTS

Carolyn Akello, Mercy Luwi Katoka, Morgan Garcia, and Lauren R. Rutherford, FHI 360

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Immaculate Alwedo, The AIDS Support Organisation, Uganda



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