



PEPFAR

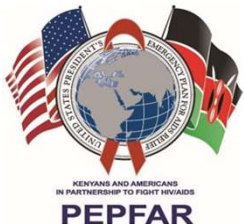


USAID
FROM THE AMERICAN PEOPLE

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

Amelia Peltz, USAID, Moderator
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LEVERAGING TECHNOLOGY TO TRACK GBV PERFORMANCE IN COASTAL REGION, KENYA

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Date: 15th November 2022



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USAID Stawisha Pwani

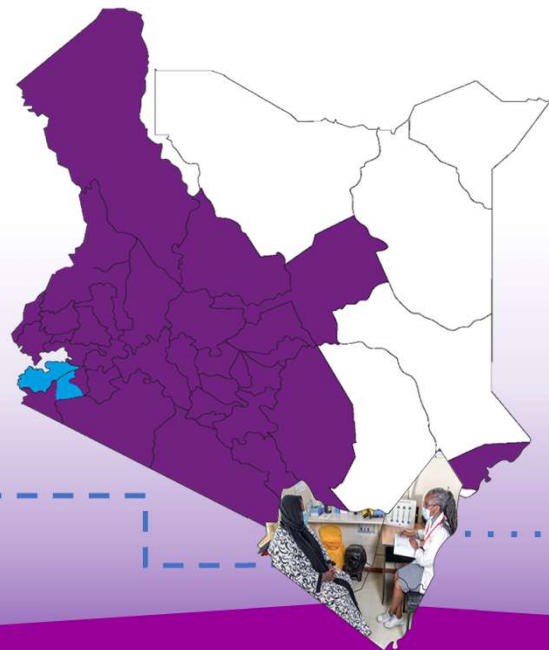


EMPOWERING COMMUNITIES FOR A HEALTHY FUTURE

LVCT HEALTH @ A Glance

COVID-19 RESPONSE

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



USAID STAWISHA PWANI

1. Mombasa
2. Kilifi
3. Kwale
4. Taita Taveta





About USAID Stawisha Pwani



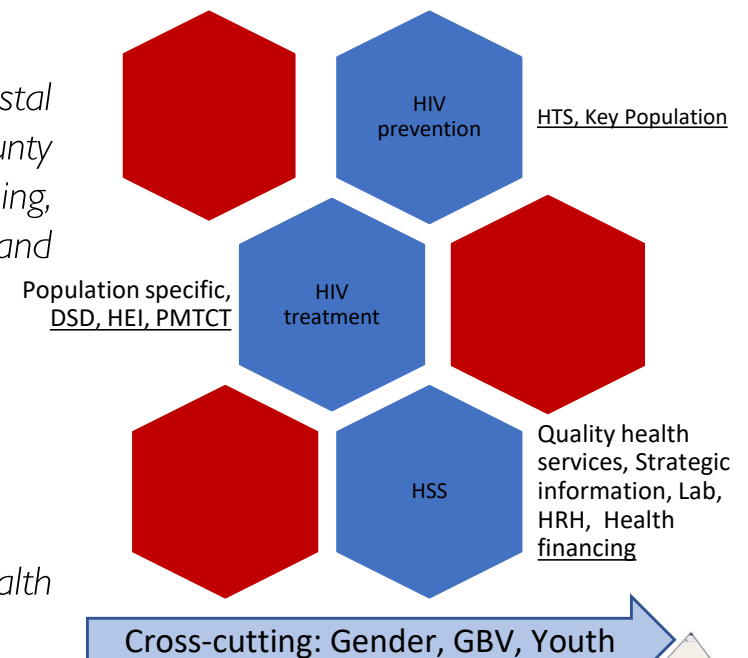
Project Description: A five-year program funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID)

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

Objectives

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

Priority Program Areas





Background



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

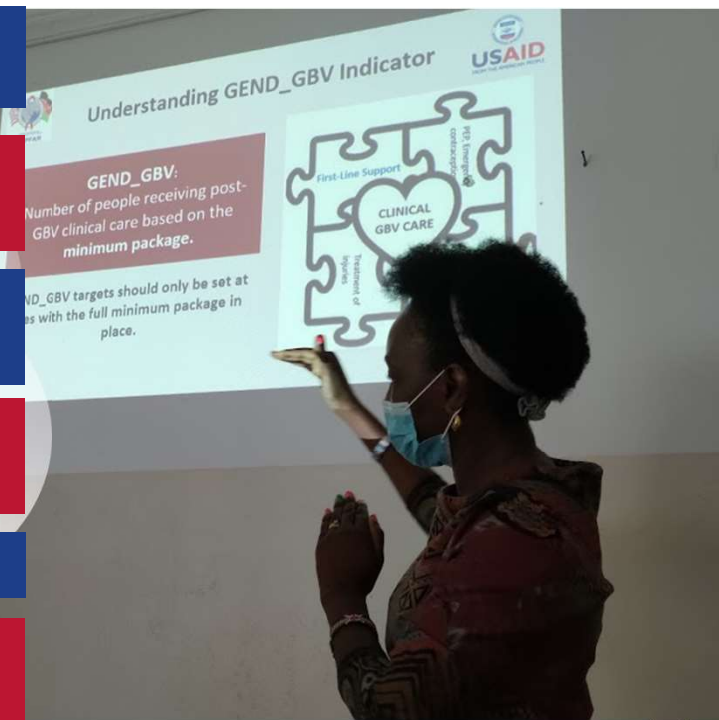
Gaps exist in real-time innovative mechanisms for monitoring daily performance against targets

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

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

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

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



Methods



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



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



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



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

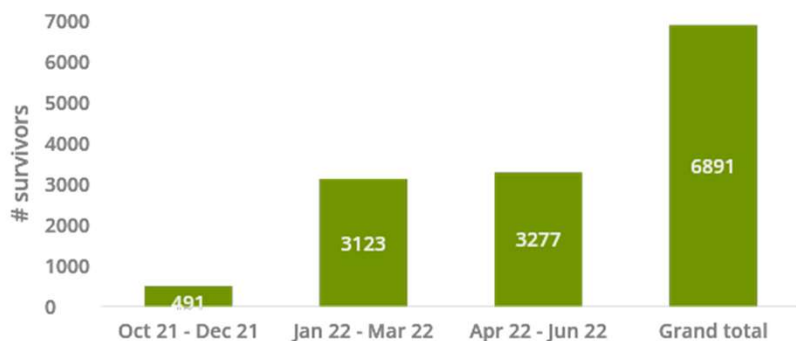




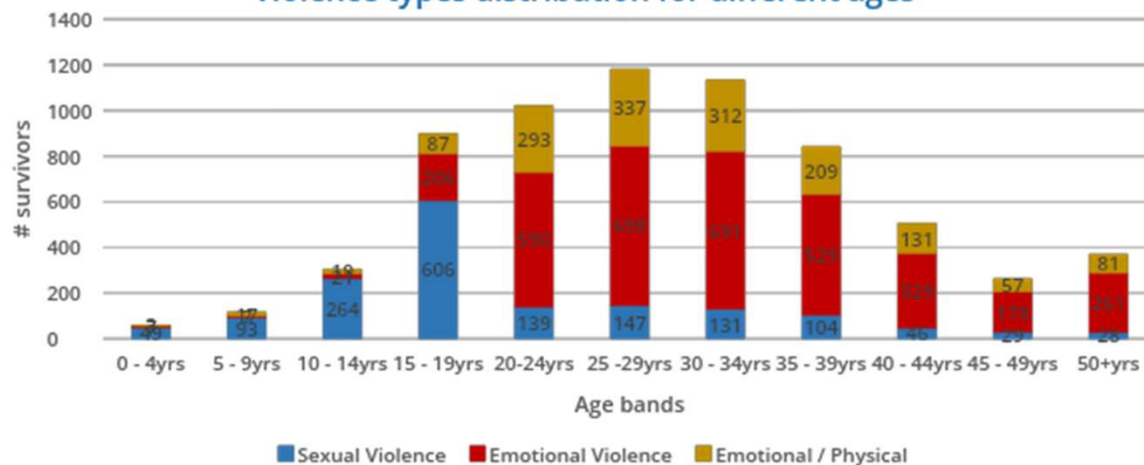
Results



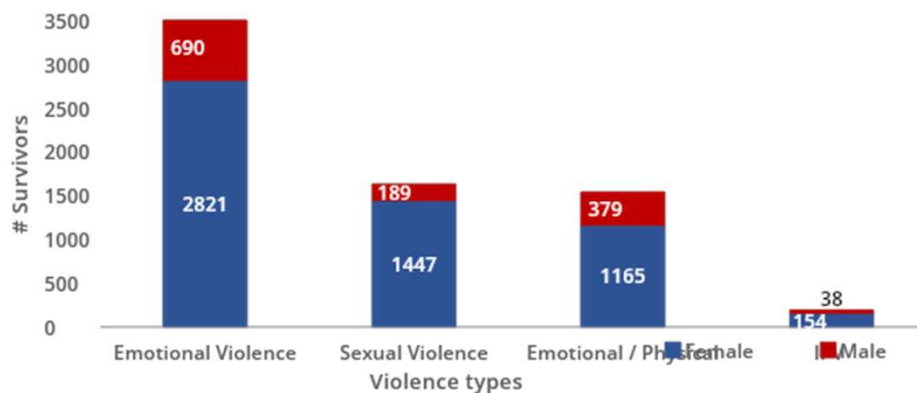
Survivors by reporting period



Violence types distribution for different ages



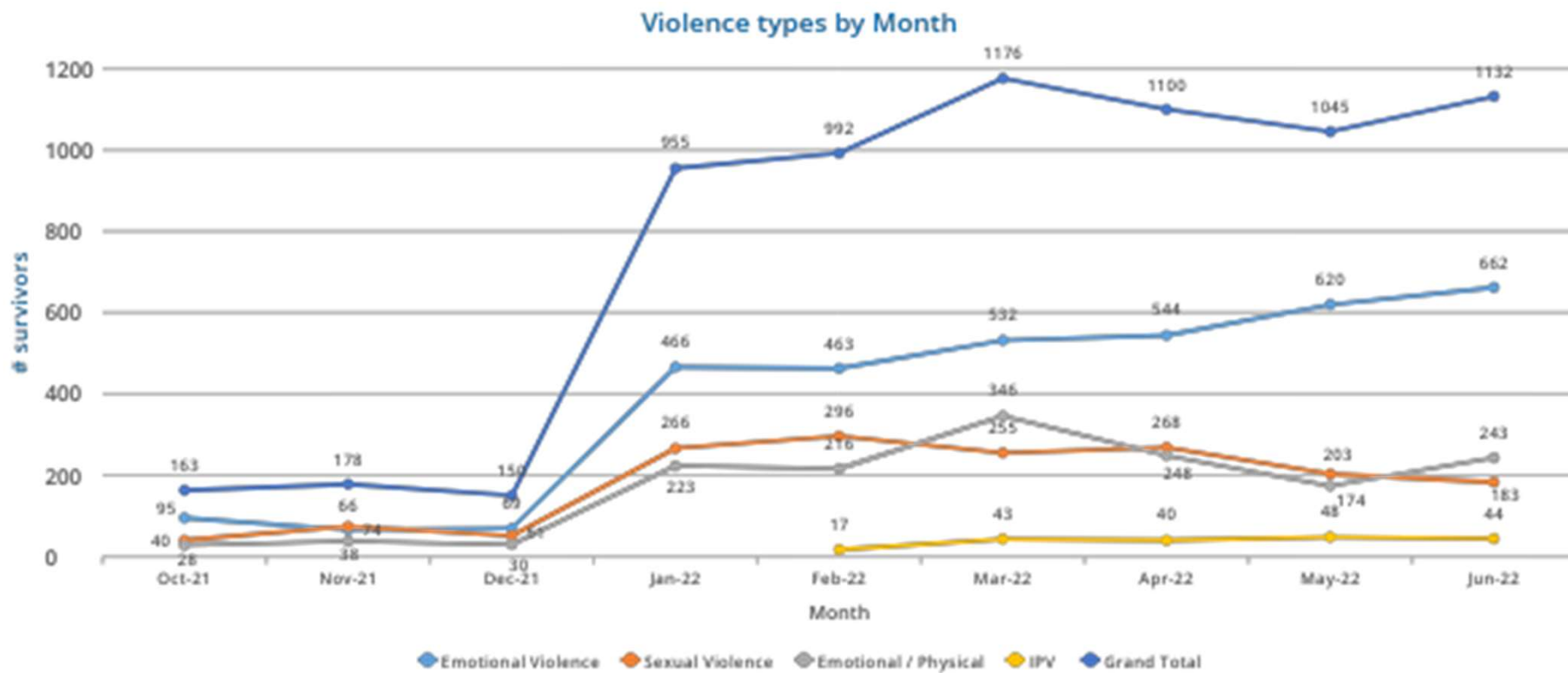
Violence types by Sex



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



Increase GBV Identification through KOBO





Conclusion



Achievement of targets was attributed to the quadripartite approach:

- *GBV identification*
- *Service provision*
- *Documentation*
- *Consistency in updating the Kobo tool*

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





THANK YOU



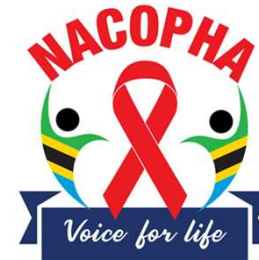
Appreciation

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

Contact us

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www.lvcthealth.org www.lvctgroup.org
www.one2onekenya.org





NATIONAL COUNCIL OF PEOPLE LIVING WITH HIV IN TANZANIA(NACOPHA)

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

Jovin Riziki, Joanitha Florence, Jackson Makoyola, Scholastica Williams, Annamagreth Mukwenda and Deogratius Rutatwa



Background

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



Methods

- NACOPHA integrated GBV component in the TAs Training Manual and in the EG Educational Sessions for PLHIV.
- TAs are oriented on different forms of GBV and their effects on the individual victim, community, and for epidemic control.
- TAs are taken through GBV referral pathways, GBV screening and on reporting tools.
- TAs sensitize community on GBV reporting
- TA listens, provides information, seeks informed consent, provides timely referral and follow-up.
- List of GBV support services is provided to facilitate linkage
- Close working relationship is maintained with welfare officers, police gender desk, paralegals and others who handle GBV issues.

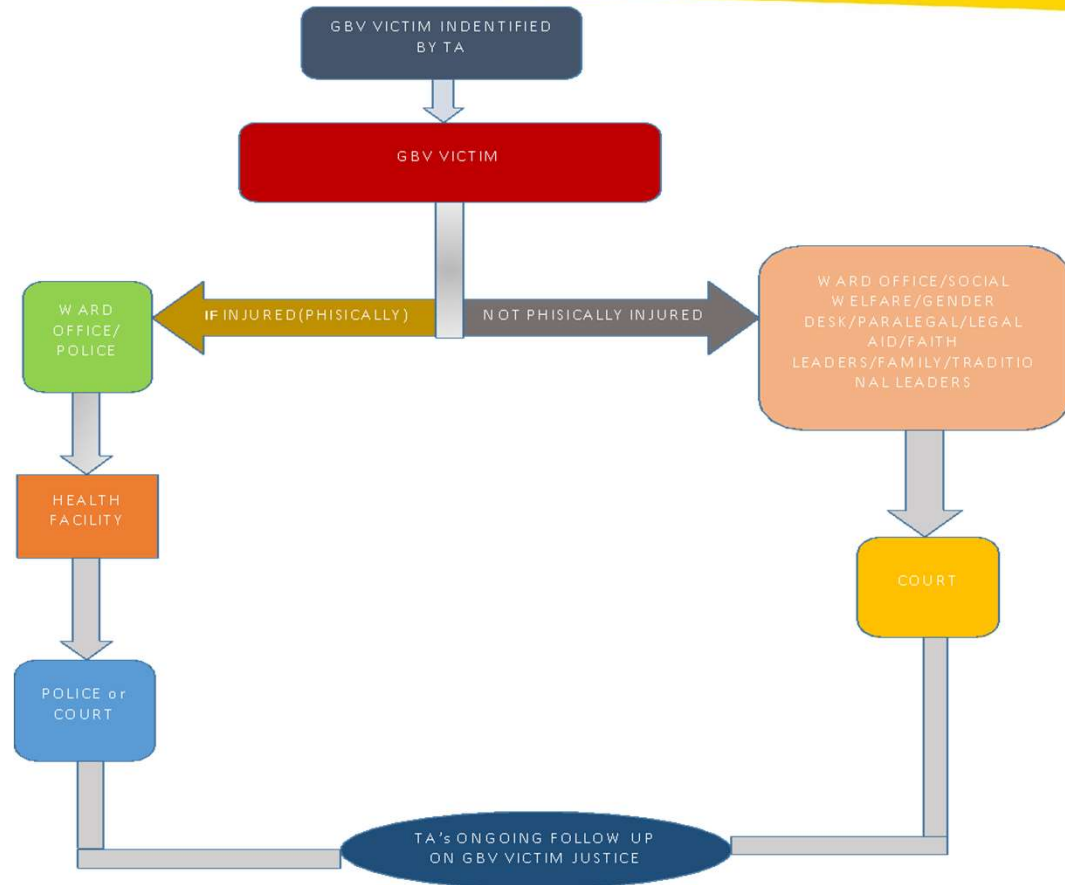


Treatment advocates orientation on GBV



NACOPH A's GBV Referral Pathways

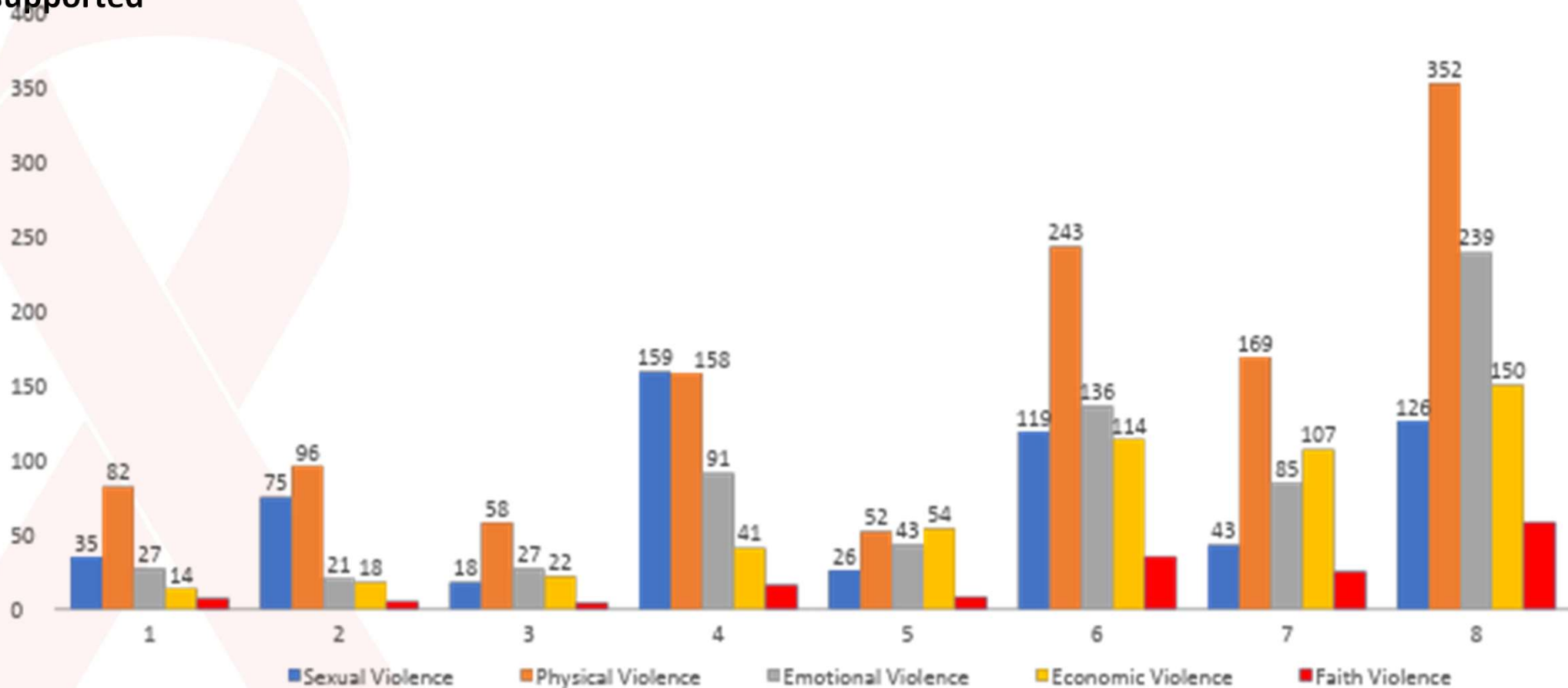
GBV PATHWAYS AND DECISION TREE



Traditional leaders discussing on ways to address GBV



Results by Quarter 3 of year 3 of HEBU TUYAJENGE project:GBV cases identified and supported



Impact and conclusion

- A total of 304(M 123 F181) treatment defaulters were returned into treatment and care
- With empowered community champions, GBV supportive systems and more informed and supportive communities it is then that we can contribute to the 95-95-95 targets.



Traditional leaders discussing on ways to address GBV





THANK YOU

This project is made possible with support from the U.S. President's Emergency Plan for AIDS Relief through the United States Agency for International Development, generous support of the American people and the Government of United Republic of Tanzania.

EXPANDING COMMUNITY ACCESS TO POST-VIOLENCE CARE

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



BACKGROUND

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

SOUTH AFRICA

8.2 million

people living with HIV

4.4 million

people on antiretroviral treatment



13.7%

of the population estimated to be living with HIV

85 145

AIDS-related deaths

TB

leading cause of natural death



of TB cases are in people living with HIV

50%

of women are believed to have experienced some form of violence at least once in their lifetime

20–25%

of new HIV infections in adolescent girls and young women are attributable to GBV.

65.5%

youth unemployment rate

3.3million

youth not in employment, education or training

Sources: Stats SA (2021), National Strategic Plan on GBV and Femicide (2020)



- Training healthcare providers to render minimum package of care
- Community campaigns using a localised approach in community

media

SECUNDA - Despite the media attention on Friday, the Boyz II Men Dialogue went ahead as planned in the arena at Grosvenor Hotel, Casino and Country Club. Mr Ernest Thibabalala of The Dynamic Grace Counsellors and Motivational Speakers also known as "The Leopard" took to the stage to do what he is passionate about, which is counselling and motivating others. Young boys from Thistle Grove Combined School and men were in attendance. Mr Thibabalala who is also a pastor, spoke about

issues of substance abuse, the prevention of teen pregnancy in our society and said: "Boys need to be educated about consequences of substance abuse as it destroys school work, careers and people's future. Boys and men need to live a clean life to achieve their goal," said Mr Thibabalala.

Past Simona Zamisa also addressed the issues that lead to teen pregnancy. He said that it is important for boys to be raised by both parents so they can be effectively guided, unlike in the case where only the mother takes responsibility.

He also emphasised that the fathers must be present for the upbringing of the boys to prevent the girls from becoming statistics and victims of teen pregnancy.

Lecturers of Thistle Grove Combined School were accompanied by teacher Mr Shikwambane.

Mr Thibabalala thanked his wife Mem Njabulo for her support. Mr Harriet Khambule, JLR manager for Grosvenor, Grosvenor Hotel, Casino and Country Club management and Thistle Grove Combined School Principal Mr Japie Matlala for making this initiative a success.



Young boys from Thistle Grove Combined School and men attended the Boyz II Men Dialogue at Grosvenor Hotel, Casino and Country Club arena on October 8. (Photo: Supplied)



Foundation gives ba

MBALENLE - The NDP Foundation launched its sanitary towels and cosmetics drive on Friday, October 8 and plans on reaching out to girls.

Mr Masekela Hema, founder of this non-profit organisation, said this project was established on September 27 and on October 8 they drove to eight stops to create awareness of this project.

"We also recently held a door-to-door campaign to promote the project. Mr Hema urged the community to support this project and to donate a

packet of sanitary towels to a girl should not be a day of school because a manufacturer and cannot afford it to buy sanitary products," said M Hema.

This is an ongoing project and the NDP Foundation monthly donates sanitary products to teenage girls.

"The aim of this project is to leave footprints for our youth to follow."

"With every project we launch, we appoint a committee who is responsible for collecting, donating and promoting the campaign."

For more information, to support this cause, contact Mr Hema at 079 661 0467.



- At PHC facilities to provide psycho-social support and linkage to care



- GBV Ambassadors deployed to provide awareness and support pathways into PVCS



SEXUAL VIOLENCE. IT'S NOT YOUR FAULT. IT'S NEVER OK. HELP IS AVAILABLE...

YOUR NEAREST CARE CENTRES

Standerfont Hospital
9 Kruger Street, Standerton
017 719 9600

Elsie Ballot Centre, Amajuba
2490 Gert Sibande Drive, Amersfoort
017 753 1002

SERVICES YOU CAN ACCESS

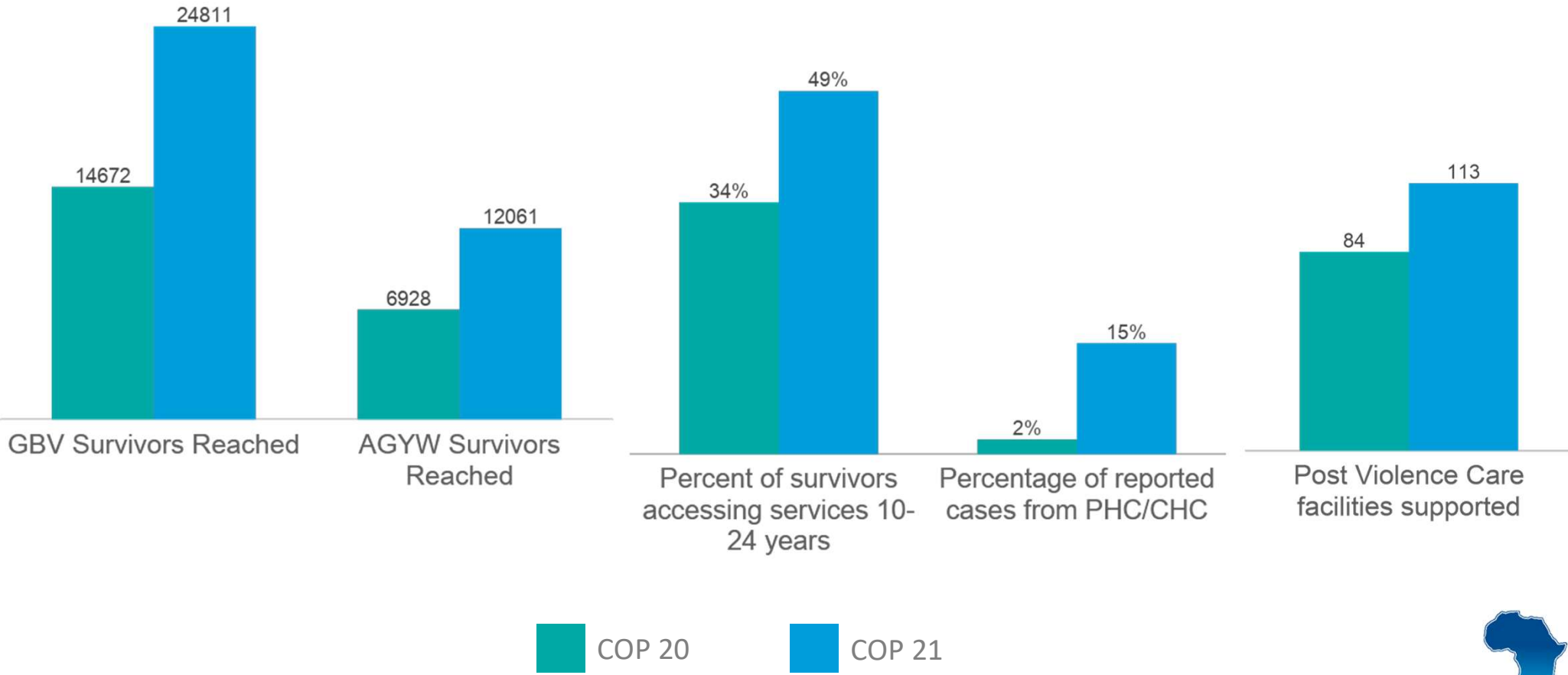
- Testing for HIV & other STIs
- Medicine to prevent HIV & unwanted pregnancy
- Counselling and support
- Referral to other legal, health & social services.



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



OUTCOMES



CONCLUSIONS & QUESTIONS

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



A black and white photograph of two hands, one darker-skinned and one lighter-skinned, gently holding a red AIDS awareness ribbon. The ribbon is made of small red beads and is shaped like a stylized 'A' with a loop. The background is blurred, showing what appears to be a crowd of people.

THANK YOU

We're stronger, together.



NACOSA

COLLECTIVELY TURNING THE TIDE
ON HIV, AIDS AND TB

Nacosa.org.za

Questions for Discussion

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