



Integrating Services to Address Violence against Women and Girls in an HIV Care and Treatment Program in Kenya

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Despite the growing global awareness of the linkages between violence against women and girls (VAW/G) and HIV transmission, few programs simultaneously address the determinants and consequences of HIV and VAW/G in an integrated and comprehensive manner. Research has found that the risk of HIV sero-conversion following sexual assault is likely to be higher than following consensual sex, given the increased physical trauma and lack of condom use during forced sex². This is especially true in the high HIV-prevalence settings of Sub-Saharan Africa, such as in Kenya. Women who are living with HIV/AIDS face greater risk of intimate partner violence (IPV), but interventions to address IPV are not traditionally included in HIV/AIDS care and treatment programs.

According to 2003 Demographic and Health Survey (DHS) data from Kenya, 43% of 15-49 year-old women reported having experienced some form of gender-based violence (GBV) in her lifetime, with 29% reporting an experience in the previous year. Sixteen percent of women reported having ever been sexually abused in her lifetime, with 13% reporting an experience in the past year. It is likely these numbers are higher as underreporting is a widespread problem in Kenya. An estimated one million people in Kenya are currently living with HIV, about 4 percent of the population.

The International Center for HIV/AIDS Treatment and Care (ICAP), based out of Columbia University's Mailman School of Public Health, supports high-quality HIV-related services around the world with 95 sites in Kenya alone. ICAP's three main focus areas are: service delivery, training, and operational research. ICAP programs are built on the belief that HIV/AIDS services should be universally available and accessible. As an HIV care and treatment organization with high capacity and accessibility, ICAP has a unique entry point into the health care setting and could provide integrated services for women and girls who have experienced violence or are at risk of violence.

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² Sexual Violence Research Initiative. (2008). Sexual violence and HIV. Retrieved on October 1 2008 from <http://www.svri.org/hiv.htm>.

Through this research, the inter-linkages between HIV/AIDS and VAW/G in Kenya were explored and a strategy was developed to integrate services that address VAW/G into this HIV/AIDS care and treatment program. Throughout three months, services provided at 10 various ICAP supported health centers throughout Kenya were evaluated in regards to current practices in addressing VAW/G. The research focused on two main areas for integration- prevention of violence towards women who are HIV positive and comprehensive response to sexual assault. Integrating a tool to assess the level of risk of domestic violence during status disclosure and taking measures to protect women from violence is a necessary and feasible step in addressing the intersections between HIV and IPV. Access to comprehensive services for survivors of sexual assault can reduce the survivor's risk of HIV transmission if the perpetrator is HIV positive and is a critical part of integrated services. Focusing on these two areas alone could greatly improve the quality of health care provision for women and girls throughout Kenya, and in some cases the availability of these services could save the lives of some women and girls.

Comprehensive post-rape care aims to reduce the physical and psychological consequences of sexual violence and includes³:

- Treatment of injuries and clinical evaluation
- Pregnancy testing and emergency contraception (EC)
- Prophylaxis of sexually transmitted infections (STIs)
- HIV diagnostic testing and counseling (DTC) and post-exposure prophylaxis (PEP)
- Forensic examination
- Trauma, HIV pre and post-test, and PEP adherence counseling

Research indicates that comprehensive care is particularly important in order to promote adherence to post-exposure prophylaxis. For example, if a survivor receives adherence and trauma counseling he or she is more likely to complete the full PEP regimen. To incorporate post-rape care into an HIV setting it is important to look at a comprehensive package and not PEP as the only component to decreasing risk of HIV transmission.

As an AIDS care and treatment organization working directly in 95 facilities across Kenya, ICAP could have an incredible impact on the services provided to survivors of sexual violence. As health clinics have varying capacities, it is important to assess each clinic to identify the most immediate needs as well as opportunities for integrating these services. However, general recommendations for improvements can be made for all ICAP supported facilities. Recommendations are based on the common trends found at the visited sites and the Kenya National Guidelines for the Medical Management of Rape and Sexual Assault.

Education:

- Train program officers, who provide ongoing mentoring to health care providers, on comprehensive care for survivors of sexual violence
- Train health care providers on the medical management of rape/sexual violence
- Train health care providers working in the comprehensive care clinics for people living with HIV and the VCT counselors about IPV and how to use an IPV screening tool

³ Kenya Ministry of Health/Division of Reproductive Health. (2004). National Guidelines on the Medical Management of Rape/Sexual Violence (1st edition). Nairobi, Kenya, Tonaz Agencies.

- Provide or facilitate follow-up continuous medical education (CME) on response to sexual violence and IPV
- Train counselors on three necessary counseling areas: HIV pre and post-test counseling, PEP adherence counseling, and trauma counseling

Systems Strengthening

- Hire a program staff member to focus on improving response to sexual violence, addressing IPV and women's health in general
- Work with each health center to establish a system to respond to survivors of sexual violence and IPV including:
 - The identification of a strategic point of entry for survivors of sexual assault at each health clinic so they are given emergency time-sensitive medications immediately
 - The development of a systematized referral pathway for survivors of sexual violence to include safety and security, psychosocial care, health and legal justice sectors
 - Ensure all sites have PEP and EC available 24-hours a day (at least start dose)
 - Develop/strengthen documentation system for sexual violence and PEP
- Work with the health staff in the comprehensive care clinics located within the health centers to establish a system to identify and respond to IPV for women living with HIV, especially during status disclosure, including the following steps:
 - Identify IPV related services in the community including the legal, psychosocial, and security sectors and develop referral pathway with these service providers, if available
 - Develop a screening tool to assess IPV to be utilized in clinics where there are nearby services available for referral

Community Engagement

- Raise community awareness on PEP and the importance of seeking medical treatment within 72 hours

Initiating these activities will be a starting point to address the inter-linkages between HIV/AIDS and VAW. HIV/AIDS care and treatment programs globally can provide a critical entry point for integrated services. As there is increasing awareness about the needs of services that address both HIV/AIDS and VAW, innovative programs provided by organizations such as ICAP should be at the forefront of developing these specialized services.