

Increasing Access to HIV Prevention and Treatment Through Gender-based Violence Screening in Lubombo Region, Eswatini, 2016-2017



Authors: Samson Haumba,¹ Batsabile Simelane,¹ and Elyse Callahan² — ¹University Research Co., LLC (Eswatini); ²University Research Co., LLC (USA)

Introduction

In Eswatini, 1 in 3 women encounter some form of gender-based violence (GBV). Despite the well-known connections between GBV encounters and risk of sexually transmitted infections (STIs) and HIV, post-violence care (PVC), family planning (FP) and other health services for survivors are limited. In 2016, the PEPFAR funded project in Lubombo Region began strengthening regional capacity for the provision of medical and counselling care to survivors of GBV and to improve linkages to key components of care. Ultimately, we established a “one stop center” for the clinical management of GBV survivors.

Aim

By improving the provision of post-violence care specific health services and strengthening linkages for the one stop centers, program implementers aimed to improve efficiency of linkages to care and delivery of key health components. As we established these centers, we evaluated the program data describing the demographic characteristics of patients presenting to GBV health facilities, type of violence, and medical care and counselling services provided to the clients.

Figure 1: Distribution of reported GBV cases by sex in Lubombo Region between September 2016 and December 2017

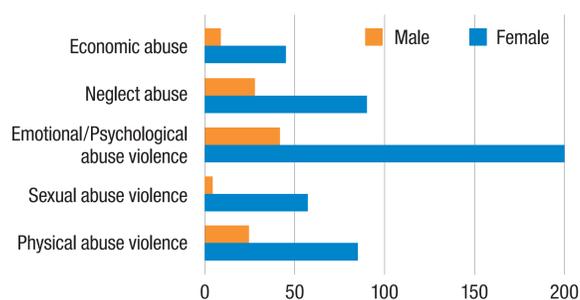


Table 1: Number of GBV types by sex

	Economic Violence	Neglect	Emotional/Psychological abuse and violence	Sexual abuse and violence	Physical abuse and violence
	n = 54	n = 117	n = 243	n = 61	n = 109
Female	45	90	201	57	85
Male	9	27	42	4	24

Method

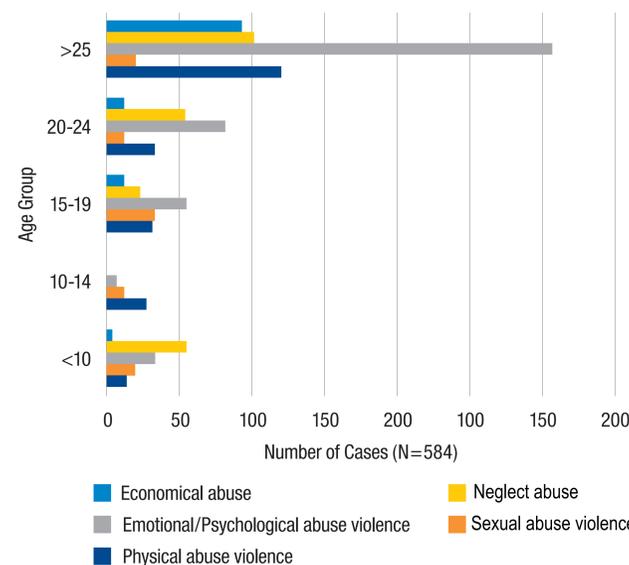
We established post-violence care services in 9 phase-one facilities within the first 12 months of implementation, and subsequently expanded to 11 total health facilities over an additional 3 month period. This involved:

- Establishing a reporting network for social, health, legal, and police services and developing tools for community linkages for survivors to encourage multi-service participation.
- Recruiting and capacitating GBV peer navigators to routinely screen and document all GBV cases, and to provide health education, medical services, therapeutic counselling and referral as appropriate.
- Conducting capacity building sessions for 279 health care workers on GBV case management, including: 4 doctors, 236 nurses, 9 GBV peer navigators, and 30 community health workers.
- Facilitating community sensitization activities through trained health workers throughout Lubombo, which reached over 3000 people with GBV messages.
- Setting up systems to de-identify data from programmatic and clinical sources and analyzing routine patient care, service quality improvement, and program delivery following GBV and PVC service implementation.

Results

Between September 2016 and December 2017, 584 clients accessed PVC services. The average number of reported cases increased from 1 GBV case per health facility per month to 12 cases per month. 70% of the clients reported first to the peer navigator, while 30% reported to the police and were then referred to the health facility. All survivors received support according to the comprehensive package for psychosocial care.

Figure 2: Distribution of types of GBV reported by age group in Lubombo Region between September 2016 and December 2017



The majority of clients reporting sexual abuse presented to the clinic within 72 hours and received PVC including HIV testing, FP and post-HIV exposure prophylaxis (PEP) services (67%) (Figure 3). Of all GBV clients, 518 did not know their HIV status and received counseling and testing. Among those tested, 139 (27%) were HIV-positive, consistent with the national adult HIV prevalence. All HIV-positive clients were linked to further care and services (Fig. 4).

Figure 3: Proportion of clients presenting at a health facility within 72hrs of HIV exposure between Sept. 2016 and Dec. 2017

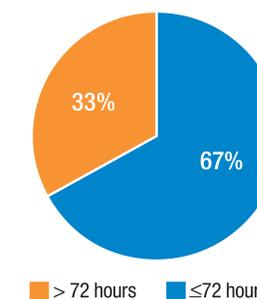
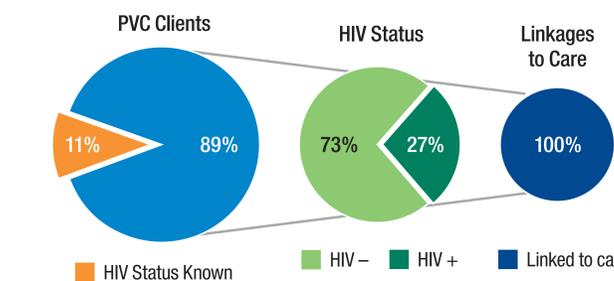


Figure 4: HIV case finding amongst clients seen for Post Violence Care in the Lubombo Region between Sept. 2016 and Dec. 2017 (N=584)



Conclusions

It is critical to provide high-quality services for GBV screening, counseling, and clinical services for survivor empowerment, timely reporting of GBV, HIV case finding and linkages to care, and for HIV prevention services. Establishing comprehensive support through a referral network, community services, and one-stop clinical services has improved GBV services in Lubombo Region, Swaziland.

Acknowledgments

This work is supported through technical support by the United States President Emergency Plan for AIDS Relief (PEPFAR), funded through the Centres for Disease and Prevention (CDC) under the Grants or Cooperative Agreement Number, 6 NU2GGH001399 03, managed by University Research Co., LLC (URC). Its contents are solely the responsibility of the authors and do not necessary represent the official views of CDC and Department of Health and Human Services.

