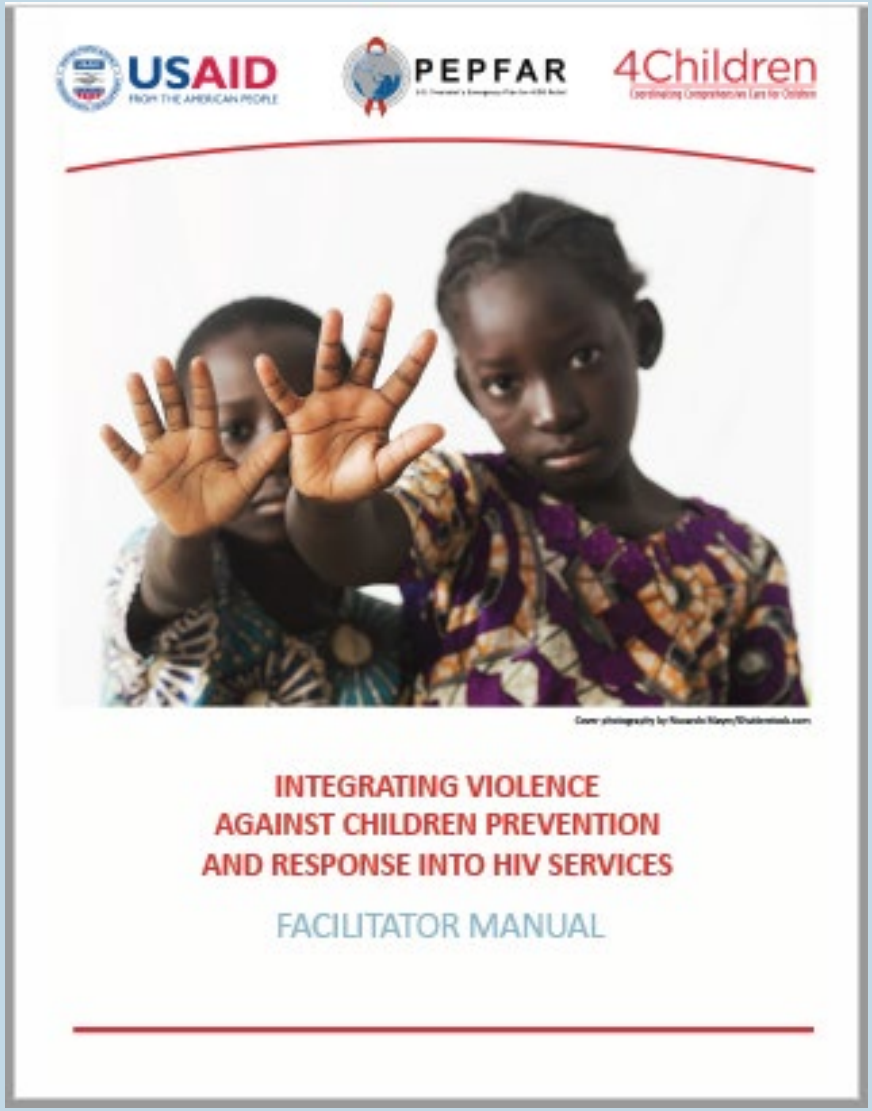

Integrating Violence Against Children Prevention and Response into HIV Services

12 November 2019

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Webinar agenda

- Overview of curriculum
  - The need
  - The development process
  - Highlights of the package components and tools
- LVCT's use of the *Integrating VAC* curriculum
- Lessons and recommendations from using the curriculum
- Q&A

Violence against children in context of HIV

- Study in 2017 looked at how violence against children (VAC) issues informed PEPFAR-funded HIV testing, pediatric care and treatment programs
  - Desk review & 24 KIIs globally and Sub-Saharan Africa
- Findings focus on need for greater intentional integration of VAC issues within HIV global and national guidance
- Recommendations included:
  - Integration of VAC awareness training into pre- and in-service training for HIV health staff;
  - Support through tools and job aids for VAC identification and support for range of clinic-based health staff

Developing a curriculum

Distributed two calls for proposals for

1. Development of a training package for health providers on violence against children; and
2. a tool to facilitate the identification and support for children at risk of or experiencing violence in clinical care settings in sub-Saharan Africa.

LVCT Health, Nairobi, Kenya was awarded both assignments and the work began

Reflection on the process of developing the curriculum and child protection enquiry tool

Dr Lina Digolo – Nyaga

Background

Photo credit The World Bank photo gallery

- VAC and HIV are both highly prevalent in SSA
- There is strong evidence on the interlinkages between VAC and HIV
- Formative study by 4C revealed that found it difficult to respond due: to lack of VAC identification tools and registers; limited knowledge and skill.

The Assignment

In December 2017, the 4Children consortium contracted LVCT Health as consultants to develop two resources:

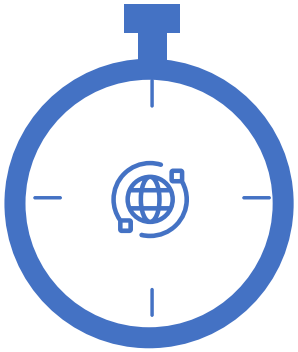
1. A simple child protection enquiry tool that will enable the HIV health care providers in HIV clinical settings to identify warning signs of violence.

2. A training package including an in-service curriculum and job aids to support health care providers in HIV clinical settings to integrate VAC and HIV services.

Project Goal

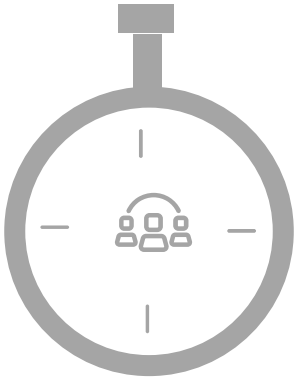
To equip frontline HIV service providers with basic knowledge, skills and confidence to identify children at risk or undergoing violence, provide first line care and emergency VAC services

Methodology



Desk review

To identify gaps in the HIV training curricula and policy docs



Key Informant Interviews

Insights on perceptions and experiences in integration of VAC &HIV, views on the content to be included into the resources

Review of VAC identification tools

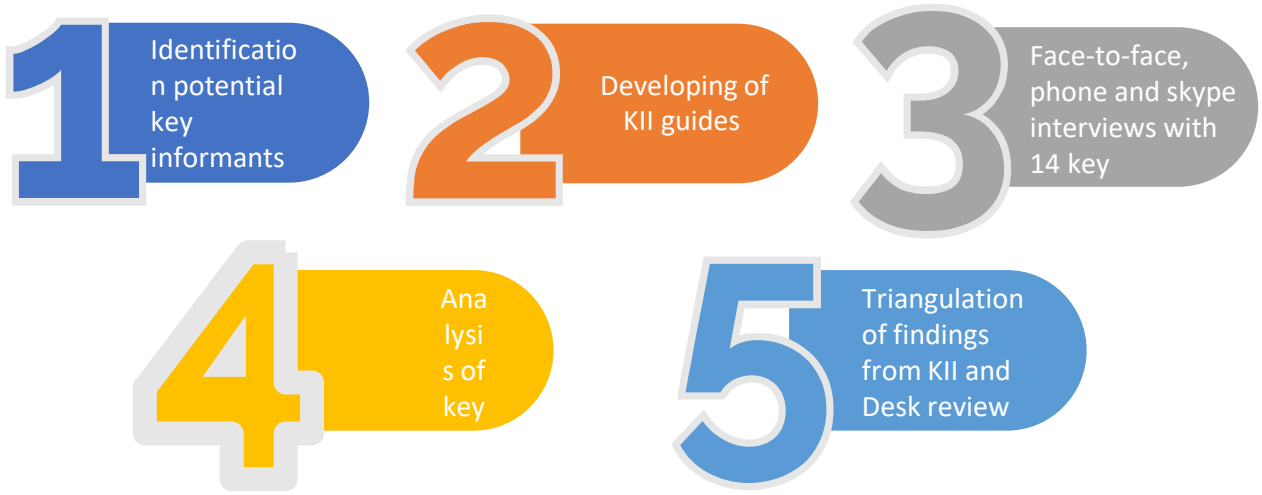
To identify relevant questions to be adapted for the child protection enquiry tool

Desk review

Search terms (AND, OR, NOT) and truncation (wildcard characters like *)	(Violence against children OR child sexual abuse OR Child maltreatmer OR child abuse OR GBV) AND (HIV) AND (Training manual OR training curriculum OR training evaluation OR health care workers training OR clinical response OR tool kits OR job aids).
Databases searched	CINAHL, AMED, ProQuest Sociology, EMBASE, PsycINfo, MEDLINE, Cochrane Library, Google scholar, Google search
Years of search	2007 to 2018
Language	English
Types of studies to be included	Qualitative and quantitative studies assessing/evaluating a training, reports, guidelines, curricula/manuals, toolkits
Inclusion criteria (why did you include it?)	Training manuals/curricula, guidelines or job aids on HIV, Sexual and gender based violence, gender based violence, Violence against children or child sexual abuse
Exclusion criteria (why did you rule it out?	Any document that did not include training or guidelines on HIV/SGBV/GBV/VAC/child sexual abuse

unpublished resources related to HIV and VAC integration requested from various organisations

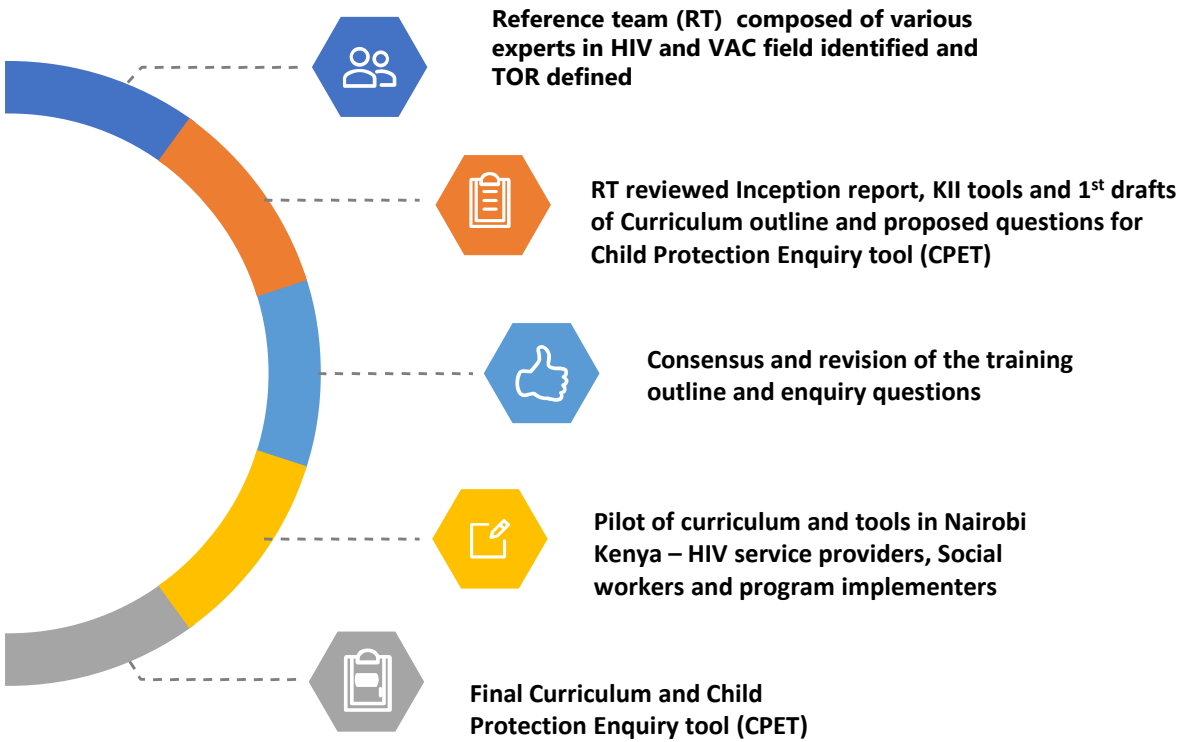
Interviews with Key Informants



Review of VAC identification tools

- 42 VAC identification tools were retrieved
- A total of 28 identification tools were selected for final assessment to identify questions that were frequently included and were relevant for the SSA context
- Common group of questions were identified and modified to simpler “child protection enquiry questions” that focused on assessing for circumstances that may lead to VAC, rather than directly asking if the child had experienced violence.

The Review Process

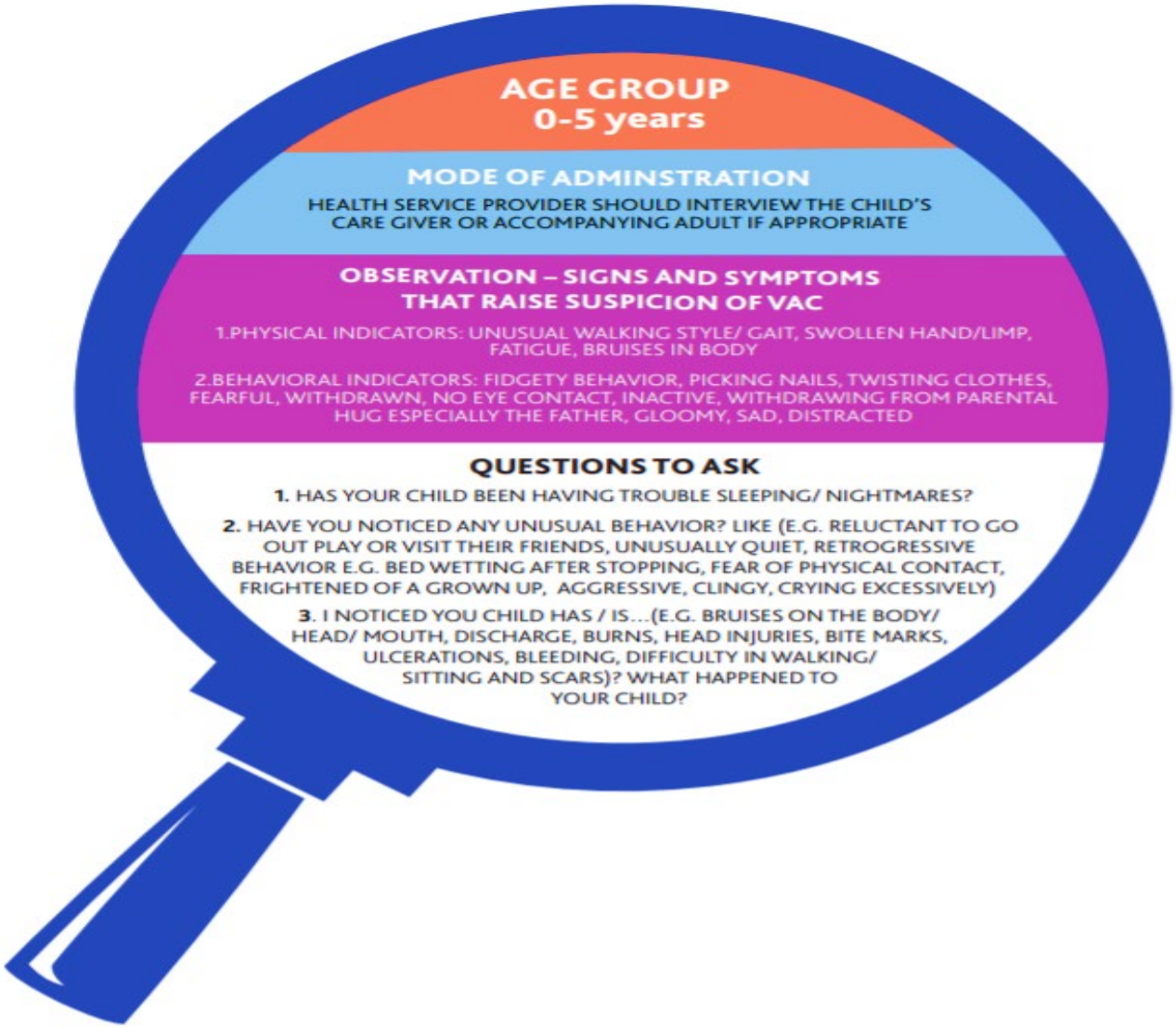


The Child Protection Enquiry Tool (CPET)

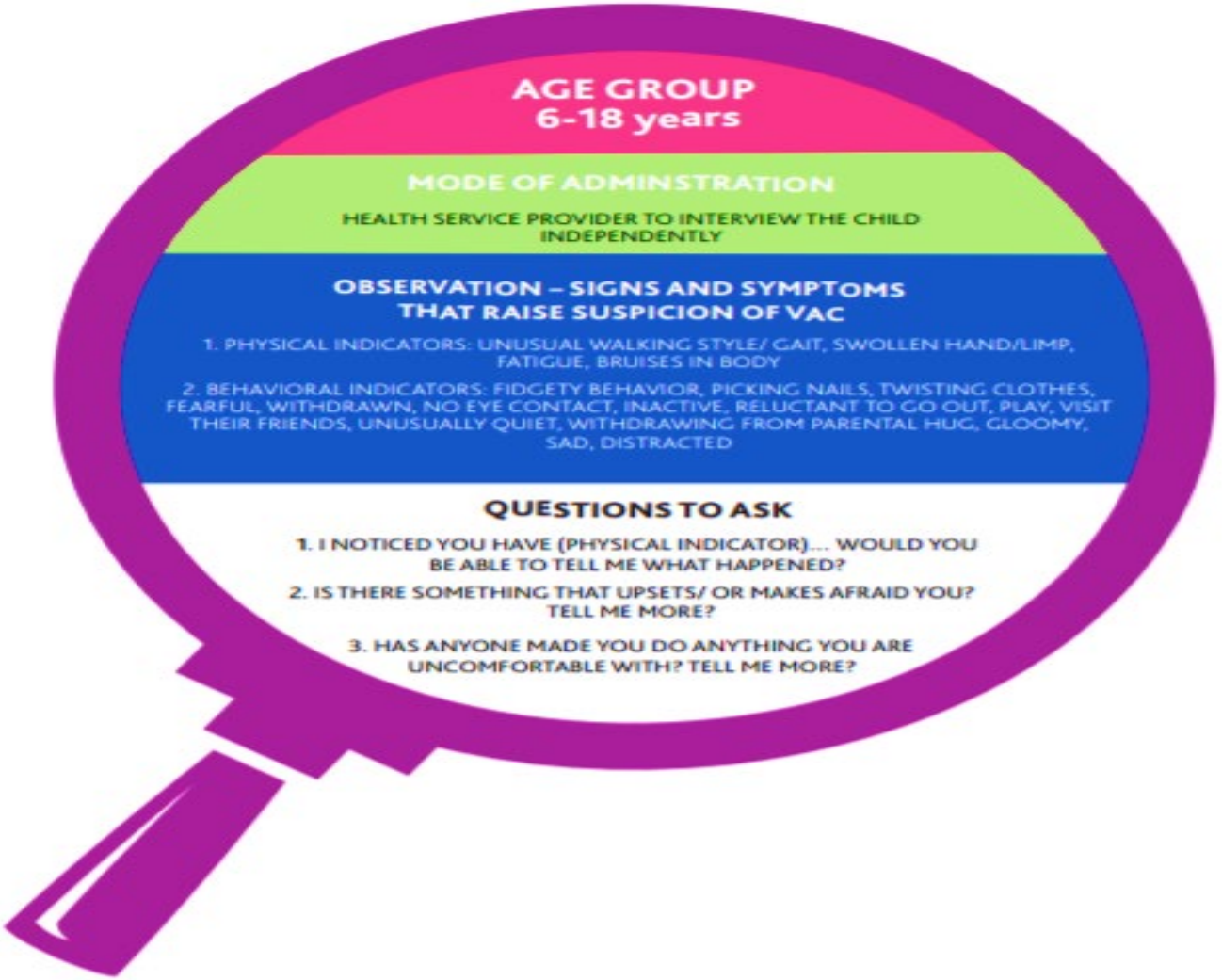
- The CPET comprises four sections, which include:

Age	**Two versions-for the age groups 0 to 5 years or 6 to 18 years that differ slightly to accommodate relevant symptoms and questions.**
Modes of administration	Indicates who the tool should be administered to by HCP. The 0 to 5 years tool should be administered to the caregivers while 6 to 18 years should be administered directly to the child
Observation	Outlines the typical symptoms that the HCP observes from the child during consultation. These signs can either be physical and/ or behavioral.
Questions to ask	Structured open-ended questions that enquire about a child's general well-being.

The Child Protection Enquiry Tool



The Child Protection Enquiry Tool



The Curriculum for integrating VAC into HIV services

SESSION	CONTENT	SUGGESTED TIME
Pre-session: Workshop introduction	Introduction to agenda, expectations, pre-test	1 hour
Module 1: Introduction to Violence Against Children	Overview of VAC definitions, scope and scale, consequences	2 hours
Module 2: Guiding principles for health workers working with children at risk of or having experienced violence	Overview of guiding principles for child rights and application to VAC	1 hour 30 minutes
Module 3: Violence against children and HIV	Interlinkages between VAC and HIV, and importance of integration of VAC and HIV	1 hour 30 minutes
Module 4: Communication skills	Practical review of communication skills for children who have experienced VAC	2 hours
Module 5: Identification of VAC in HIV clinical settings	Basic skills for identifying potential VAC risk and immediate referral actions	1 hour 45 minutes

The Curriculum for integrating VAC into HIV services

Module 5: Identification of VAC in HIV clinical settings	Basic skills for identifying potential VAC risk and immediate referral actions	1 hour 45 minutes
Module 6: First-line support for VAC	Principles of immediate, first-line VAC support in health settings	1 hour 30 minutes
Module 7: Responding to children who are at risk or have experienced VAC	Importance of a comprehensives approach and how to ensure that a child's comprehensive VAC needs are identified	2 hours 30 minutes
Module 8: Referral, linkage and follow-up support	Identification of referral options and practical action to identify and address challenges and develop referral list	2 hours
Module 9: Documentation and reporting	Review of use of documentation and referral tools in health facilities and for referrals	1 hour
Module 10: Support for VAC service providers	Development of options for self-support for health workers engaged with VAC	1 hour

Integrating Violence Against Children Prevention and Response into HIV Services

LVCT experiences

LVCT Health

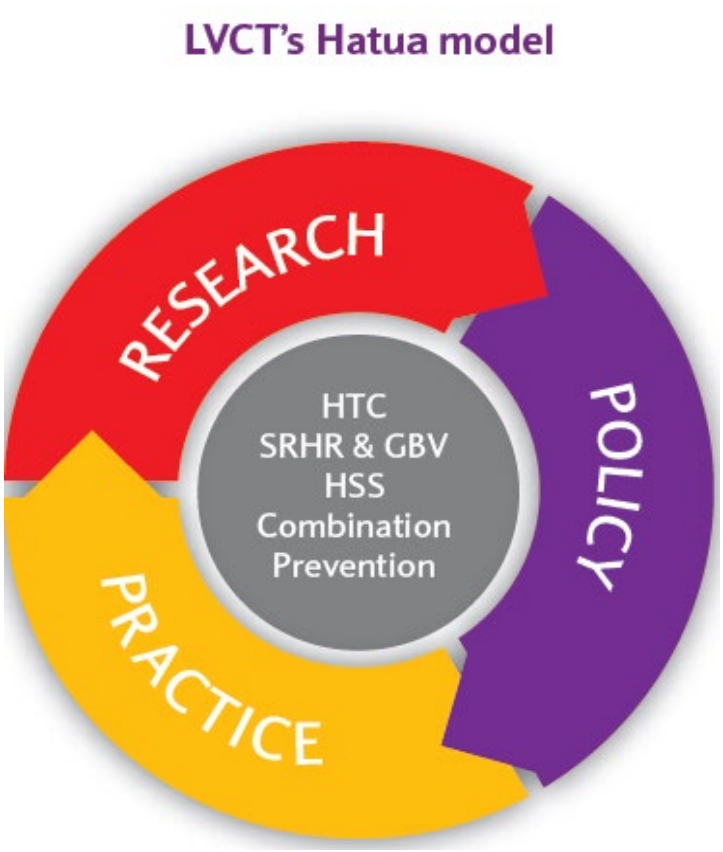
- Local NGO dedicated to improve healthcare in Kenya and beyond since 2001
- We offer Comprehensive HIV & GBV programming supported by Research, Health Systems Strengthening and Policy Influencing

- **Vision:** Empowered and Healthy Communities
- **Mission:** To Reduce New HIV infections and Increase Equitable Access to Equality Health Services
- **Core Program Areas**
  - HIV Prevention
  - HIV Testing Services
  - HIV Care and Treatment
  - GBV (IPV,VAW,VAC)

Who we target

- Survivors of violence
- PLHIV
- Key Populations
  - MSM
  - FSW
  - PWID
- Priority Population
  - Adolescents
  - Young women and girls

Our approach



EVIDENCE TO ACT
- research
- evaluation
- piloting

PLATFORMS TO ACT
- policy reforms
- systems strengthening
- civil society & partner advocacy

FIELD OF ACTION
- service delivery
- mobilization
- client satisfaction

VAC prevention and response program by LVCT Health

Research:

1. The Health and Life Experiences Study: The Kenya VAC Survey (2018/19)
2. Enhancing access to comprehensive post rape care services for children in Kenya, a feasibility study (2017)
3. 'Shule Salama' study (2015): An intervention study on a school based child abuse primary prevention of violence in Kajiado Primary Schools.
4. A study to assess public health facility responsiveness to needs of child survivors of sexual violence (2014)

Two peer reviewed publications and numerous international and local conference presentations

VAC prevention and response program by LVCT Health

Policy Advocacy and Technical support to Government & Partners

1. Improving Evidence-Based Programming for Sexual and Gender-Based Violence (SGBV) including VAC response in Refugee Operations in 5 countries within East and Horn of Africa (ongoing)
2. National Prevention and Response Plan for VAC 2019-2023 (ongoing)
3. Advocacy for implementation of INSPIRE Strategies of Ending VAC (*5 strategies included in the NPRP*)
4. National Health Sector Quality Assurance Standards for Universal Access to Quality GBV Services in Kenya (2019)
5. National Standard Operating Procedures for the management of Sexual violence against children (2018)
6. WHO guidelines for the Management of Child survivors of violence (2017)
7. Technical Considerations for the Management of Sexual Violence in Children (2012)

VAC prevention and response program by LVCT Health

Practice:

1. Development of child and care giver literacy materials on prevention and response to VAC
2. Establishment of a community of practise to generate discussions on VAC prevention and response – *GBVHIV online hub*
3. Capacity development of over 400 service providers on responding to VAC in HIV settings
4. Delivery of quality comprehensive VAC prevention services including over 50,000 adolescent offered evidence based various Evidence Based Interventions (EBIs) through DREAMS programs

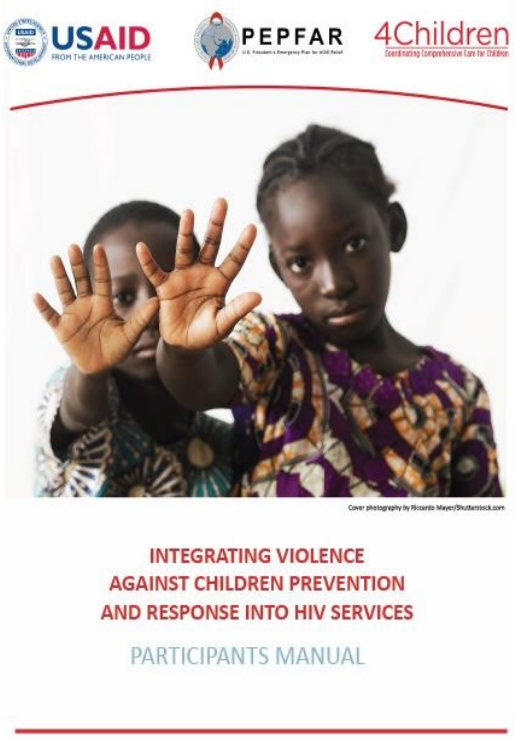
Utilization of the training materials

- The curriculum was used to develop capacity of over 400 service providers on responding to VAC in HIV clinical settings

Reflections on potential for use of tools

a) For health workers
   - Improve knowledge on VAC response
   - Develop or improve practical skills on identification of VAC
   - Providers value clarification
   - Self care of providers

b) At Service delivery
   - Integration of post GBV services into HIV services
   - Improve identification of child survivors of violence
   - Improve response by first responders – Emphasises provision of first line support
   - Strengthen referral and linkage



lvct health
healthy societies

Reflections on potential for use of tools

c) Management level

- Establishing or improving VAC services at the site
- Advocacy for mobilsation of resources – Commodities , HR, Capacity, Technology, infrastructure
- Monitoring and supervision of VAC services implementation
- Improve VAC data management and information use

d) Any thoughts on the CPET?

- Development of a job aid for health care providers to improve their skill in age-appropriate enquiring about VAC
- Increase reporting and referral of child survivors of violence for appropriate services

Future plans?

- Advocacy to adapt the curriculum as an addition to the current HIV Testing Services (HTS) national protocols for Kenya context

- Offer technical assistance is adaptation of the curriculum and tools in other countries as part of South-to-South TA

- Resource mobilisation

NAIROBI CITY COUNTY

Integrating VAC prevention and response into HIV Services

Roselyne Mkabana

SGBV Program Vision

Universal Access to Quality, Equitable, Acceptable and Affordable Sexual and Gender Based Services to All

Goal

Promote Gender Equity and Equality Services and contribute to Elimination of Sexual and Gender Based Violence and Harmful Practices

Program Objectives

1. Enhance Policy/Guidelines environment and partnerships for SGBV at County level
2. Provide leadership and strategic guidance through responsive guidelines, standards, research and capacity building
3. Strengthen provision of Quality and Gender sensitive Sexual and Gender Based Violence Services
4. Strengthen Data Management for Evidence Generation and utilization for improved SGBV services

Background

- Sexual and Reproductive health is a fundamental human right as well as a development issue
- The County Government has 21 H/C facilities providing integrated and nurse driven model SGBV services in private and public facilities
- In spite of the policies and measures in place violation of the Sexual Rights are still being experienced across all genders.
- Violence against Children living with HIV has not received the attention that it requires.

Nbi County engagement..

Member in the following committees

- Guidelines on Safe Spaces & Shelters
- National Quality Assurance tool on GBV in Health facilities
- Implementation of Violence Against Children Manual
- Establishment of Standards on GBVRC Models
- SGBV prevention &Response Bill 2019

Rationale for VAC response

- County emergency response and support is currently operational in 21 Health facilities across the 10 sub counties, DHIS reporting for 2019 indicates that 4518 sexual violence cases were reported in Health facilities and 3536 which is about 34% reported within 72 hours. Out of this 3886 eligible clients, 3169 which is 81% received PEP services, 1556, 51% completed doses & 2 Sero converted.

Rationale Cont..

- Same data from DHIS indicates 50% of 4518 cases seen in 2018/2019 were below 18 years, 1 in 3 girls experience sexual violence before the age of 18 years, a quarter of Kenyan women give birth by the age of 18. Similarly, OVC data indicates the need to prioritize children through child protection policy advocacy.

Cont..

2018 HIV estimates indicates that

- CLHIV 0-14 IN Nbi county 8137

- New HIV infections 660

•Violence is a known risk factor for HIV infection or worsened HIV outcomes.

•HIV is a known risk factor for increased risk of violence

•Evidence shows that addressing violence can improve HIV and other health related outcomes.

•Individuals who are at risk of or have experienced violence present to health facilities routinely but rarely disclose their exposure

• Health care providers need to have the skills to identify these individuals.

Why VAC prevention & Response In HIV curriculum to HCPs

- Understand what is Violence Against Children
- Understand guiding principles to support those at risk of and those undergoing violence
- HCP understanding how to communicate to children on sensitive issues and provision of friendly services
- Avoid retraumatizing by providing first line response as per the INSPIRE strategy
- Provision of effective referrals

Piloting Curriculum

14 health Care providers were identified

- 2 Clinicians
- 3 Nurses
- 3 HTS Counsellors
- 3 Medical Social Workers
- 3 Community Health volunteers

Cont..

- Facilities that provided HCPs were those that have CCC clinics and providing Post GBV services.
- Important to note is that LVCT health supports NBI county in strengthening GBV services, thru capacity building of HCP, Printing of Reporting tools, assembling of Post Rape Care Kits, data review and stakeholders forums

Methodology

- Case Studies using local scenarios were used
- Group work provided effective participation of the participants
- Role plays ensured ownership of the content by the participants and provided effective interaction between facilitators and participants
- Buzz group & Powerpoint presentations

Implementation..

- The team that was trained are champions and have disseminated to 120 other HCPs
- VAC response and prevention in HIV is a topic that is in most of our CCCs CME schedules
- Incorporation into SGBV training curriculum for Nbi County to ensure HCPs are able to identify ,refer and link thru the refarral pathway

Next Steps..

- Update Directory for Children's services ongoing for ease of referral
- Referral & Reporting tools review for documentation
- Sensitization of County Leadership to support in budgetary allocation
- Incorporation into the OVC program at both levels of Government
- Upgrade Our' Tumaini Clinics' to Child Friendly services

Engage early with age appropriate information!!!

Acknowledgment..

- CHMT
- SCHMT
- PARTNERS-LVCT Health
- Gender Defenders/CHVs
- Members of the SGBV TWG


THANK
YOU

Where can you find it?

- http://ovcsupport.org/resource/integrating-violence-against-children-prevention-and-response-into-hiv-services/
- Child Protection resources at www.4-children.org

Thank you!

Photo by Karen Kasmauski for CRS