

Integrating GBV and HIV services to better serve the most vulnerable



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Background

- In Liberia, marginalization of and discrimination against key populations (KPs)—female sex workers (FSWs), men who have sex with men (MSM), and transgender women—increases their risk for gender-based violence (GBV) and HIV infection while impeding their access to GBV and HIV services.
- The result is a high burden of GBV and HIV among KPs.
 - 70.4% of FSWs, 38.5% of MSM, and 22.2% of transgender women reported emotional and/or physical violence (IBBSS, Liberia, 2018)
 - 16.7% of FSWs, 37.9% of MSM, and 27.6% of transgender women are living with HIV (IBBSS, Liberia, 2018)

Background (continued)

- People who experience GBV require a wide range of services such as psychological, clinical, justice, and gender and social protection services.
- Due to social and cultural constructs, some forms of violence such as emotional violence, not paying someone what is due to them, and forced sex were traditionally not being reported.

Goal

- To reach KP survivors with GBV care and improve their access to HIV services, the USAID- and PEPFAR-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project integrated GBV response in its HIV program.
- This strategy focused on reaching KPs and other vulnerable groups who experience violence at the community level.
- The project ensured that GBV survivors received the minimum package (psychosocial first aid) in their communities and referred for clinical services if needed by survivors.

Intervention

- Crisis response teams were formed at “hotspots.” They are led by FSWs, MSM, transgender women, and local informal leaders called ‘five-star generals’ to show their importance in communities.
- Crisis response teams educate their peers on violence and rights.
- Trained teams offer psychological first aid and link survivors to other needed services:
 - STI and HIV testing
 - Emergency contraception
 - Psychosocial support and mental health services
 - Treatment of injuries
- Services available in the public sector were mapped before the intervention began to support effective referral.



Crisis response team provides feedback to civil society partner



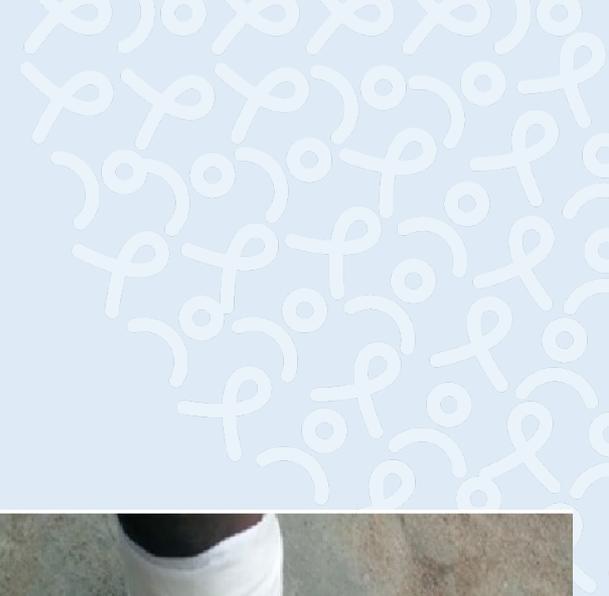
Female sex worker experienced violence from sex work client at the hotspot and was referred for medical services



Awareness raising among civil society organization on GBV integration into HIV program



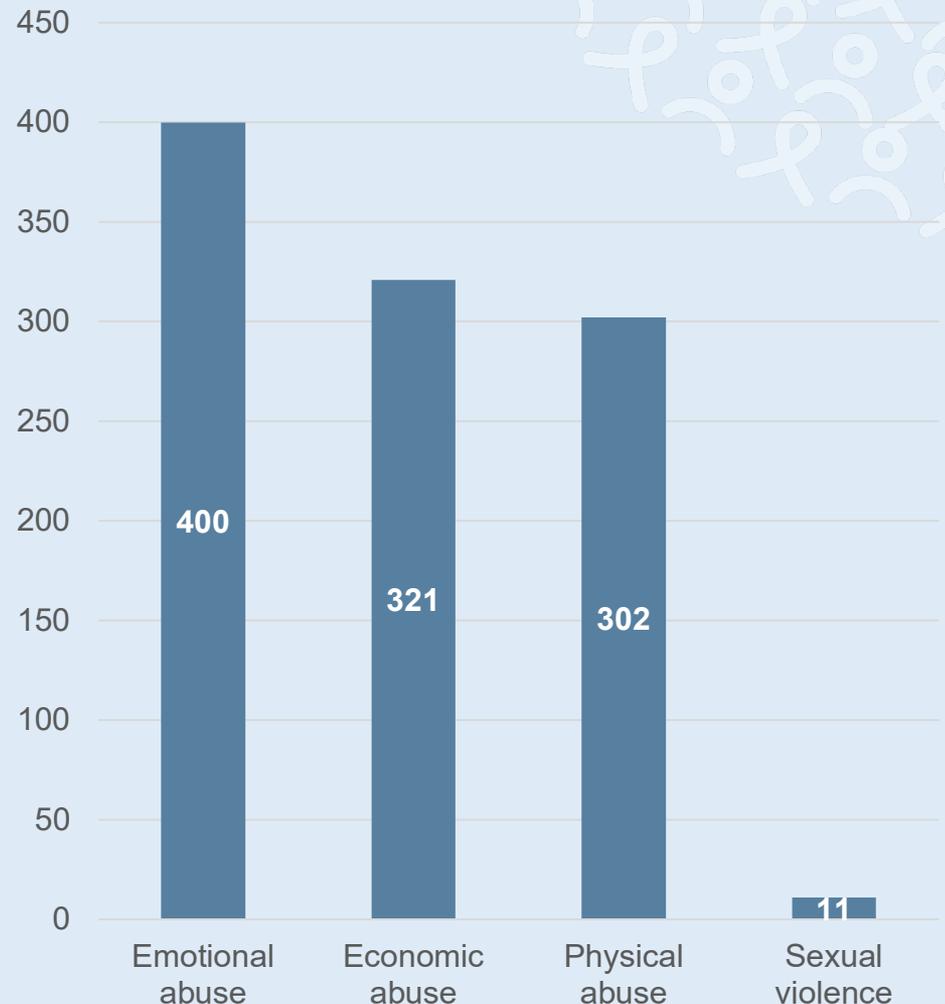
A man who has sex with men experienced physical violence at the hotspot and was referred for medical services



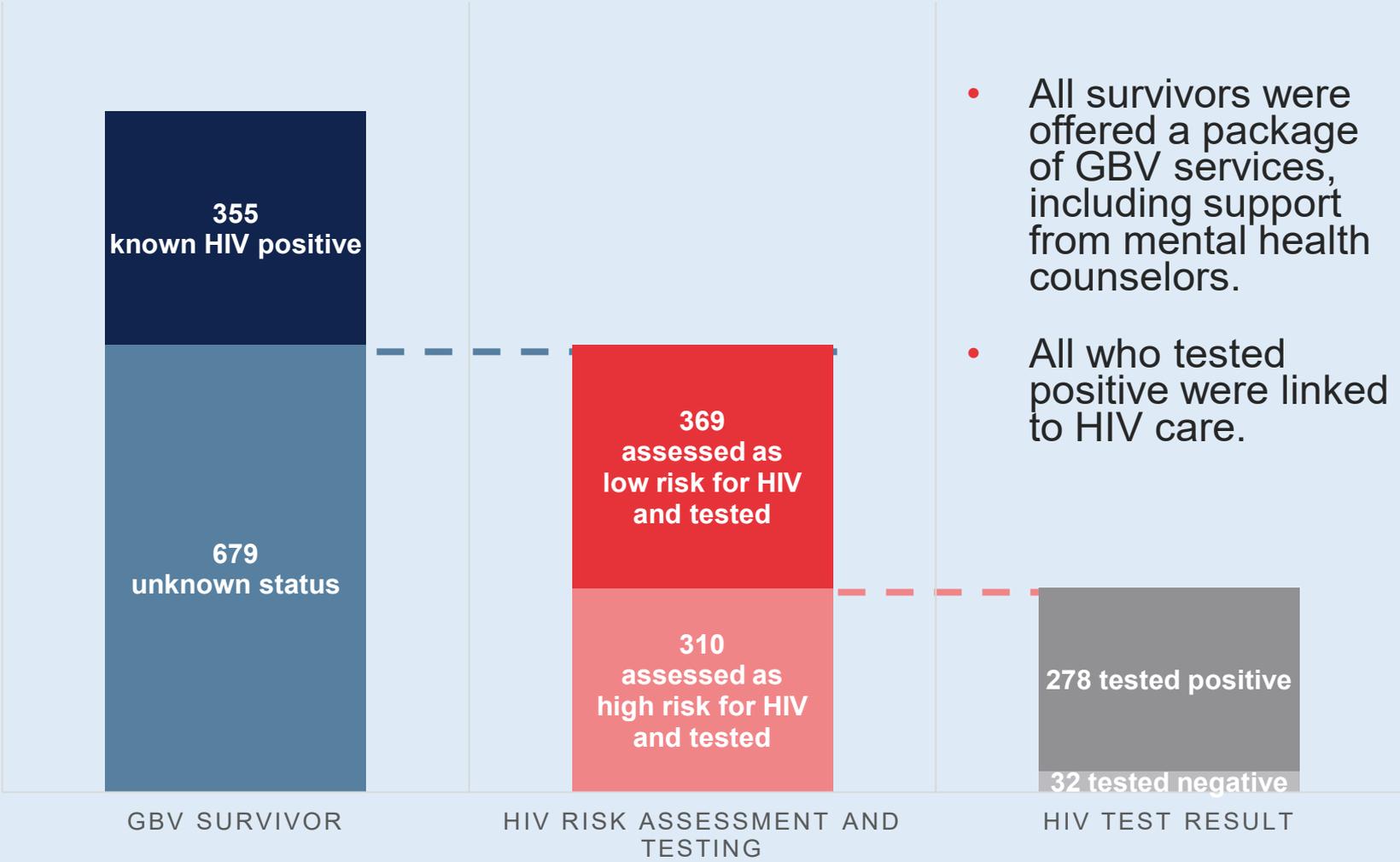
Outcome: Disclosures of violence by type of violence

Over a four-month period (October 1, 2021-January 31, 2022), 1,034 individuals reported violence to crisis response teams. This included:

- 539 FSWs
- 354 MSM
- 141 trans women



Outcome: GBV integration in HIV services



Outcome: GBV integration in HIV services by key population type

KP type	# who reported GBV	# unknown HIV status	# assessed as high risk for HIV	# tested for HIV	# tested positive	# linked to HIV care
FSWs	539	356	210	210	26	26
MSM	354	209	100	100	6	6
Trans women	141	114	0	0	0	0
Total	1034	679	310	310	32	32

Lessons learned

- Organizing crisis response teams at hot spots made GBV services more accessible to KP survivors who were unlikely to seek care elsewhere but felt comfortable sharing their experiences with peers.
- Offering these services within an HIV program leveraged existing resources, including HIV testing and mental health care, to meet survivors' needs.
- HIV programs are an important platform to reach the most marginalized survivors with appropriate GBV response, with the added benefit of linking more KP members to HIV care.

Keywords

Keywords: gender-based violence, key population, sex worker, counseling/mental health clinicians



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobe Group.
