

# An integrated approach of addressing GBV and HIV for AGYW. The case of DREAMS Project in Malawi

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## BACKGROUND

Malawi has high rates of GBV with women (28%) registering more cases of sexual, physical and emotional abuse than men. Harmful cultural norms are the major cause of GBV among AGYW. Inadequate service delivery structures to provide GBV treatment services support for survivors is a major issue. In addition, women are not aware of the treatment services available for them to prevent pregnancy and HIV infection after experiencing sexual violence.

Through the DREAMS initiative, PSI Malawi has integrated GBV treatment services in its adolescent-friendly mobile HIV testing teams. The outreach service delivery model is designed to meet the health needs of AGYW and include services like PEP, emergency contraceptive, psychosocial counseling, HIV testing, family planning methods, STI screening and treatment.

Providers interact with AGYW to create a safe space for disclosure of violence and access to essential health services. During one to one sessions, clients have the opportunity to disclose their experiences upon consent and access further services using the established care pathways.

## METHODOLOGY

- Program data collected through PSI Malawi monitoring system was used to review performance of the AGYW focused outreach team from July to September 2017
- Insights were collected from consenting clients to understand the value of the mobile clinic to the community in responding to GBV and HIV issues for AGYW

## RESULTS

- In the period under review (3 months) 81 clients disclosed to have experienced multiple forms of violence and 63 clients were AGYW.
- About 31 percent of the cases reported were sexual violence and the majority was physical and emotional violence cases. Of the sexual violence cases seen, only 2 were reported within 72 hours and victims were given PEP and Emergency Contraception to prevent HIV infection and pregnancy respectively.
- Most clients who reported to have experienced emotional, physical and financial violence were also treated for STIs after screening.
- Clients who reported to have experienced physical and emotional violence required economic strengthening support in addition to the treatment package at the clinic and were referred to partners working in economic strengthening programs.
- AGYW were more comfortable to access post GBV and HIV services at the integrated outreach clinic because providers did not force them to press charges on their perpetrators

*...The man who abused me is very close to me. I do not want him to be arrested for what he did. My family will not forgive me because he is the bread winner. I would rather just access the treatment and move on with my life. Please don't ask me to report him...*

**--sexual violence survivor (19 year old female)  
Machinga.**

*...when I was coming here, no one suspected that am coming to disclose about the violence I encountered. The community thinks you are just testing for HIV and providing family planning. Am glad that I was able to talk to you about my experience without suspicions from my village...*

**--physical violence survivor (21 year old female)  
Machinga**

## CONCLUSIONS

- This review highlights the significance of integrated services designed for AGYW in identification and management of GBV cases. The integrated approach acts as a mask and destigmatizes the service delivery, making the services easily accessible to AGYW.
- For a comprehensive approach to case management, HIV programs should not only focus on treatment services for sexual violence survivors; physical, emotional and financial violence also expose the survivors to risky behaviors that lead to contraction of STIs.
- There is need for strong partnerships and collaboration among partners working in HIV and GBV prevention, social welfare and women empowerment interventions for further case management. Providing GBV treatment and HIV services will not address the social issues surrounding; a collaborative effort will deal with GBV in totality.