



# Integrating Gender-based Violence Screening and Referral into Health Services to Address the Needs of Women and Other Vulnerable Populations



## PRESENTED BY

J. Hewett<sup>1</sup>  
 V. Salter<sup>1</sup>  
 G. Mason<sup>1</sup>  
 S. McLeish<sup>2</sup>  
 A. K. Eckman<sup>3</sup>  
 M. Fitzgerald<sup>2</sup>  
 K. Morrison<sup>2</sup>

<sup>1</sup>Woman Inc., Jamaica

<sup>2</sup>Health Policy Project, Futures Group, Jamaica

<sup>3</sup>Consultant, Health Policy Project, Futures Group, Jamaica

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## CONTACT US

Health Policy Project  
 One Thomas Circle, NW Suite 200  
 Washington, DC 20005  
[www.healthpolicyproject.com](http://www.healthpolicyproject.com)  
 email: [policyinfo@futuresgroup.com](mailto:policyinfo@futuresgroup.com)  
 Tel: +1.202.775.9680  
 Fax: +1.202.775.9684

## WHERE

Comprehensive Health Centre  
 Kingston, Jamaica, West Indies

## WHEN

April–November, 2013

## BACKGROUND

Marginalized and key populations, including men who have sex with men (MSM) and sex workers, experience high levels of HIV and gender-based violence (GBV). Stigma and criminalization contribute to violence experienced by key populations, and undermine access to HIV prevention and health services. In Jamaica, integrated HIV and GBV services that are client-friendly would alleviate barriers to services, yet services and referral networks are inconsistently available and rarely able to accommodate key populations.

## WHO

Through a grant from the USAID- and PEPFAR-funded Health Policy Project (HPP), Woman Inc., a Jamaican nongovernmental organization focused on GBV, completed a pilot study to examine the feasibility of a GBV screening and referral protocol for clients of all sexual orientations and gender identities. The pilot included three main elements: gender training for care providers, adaptation and implementation of a GBV screening tool, and mapping and strengthening of GBV referral systems.

Woman Inc. implemented the screening process in partnership with health clinic staff and clients (including women and members of key populations such as lesbian, gay, bisexual and transgender individuals) who sought care from the special Unit (Section 3) of the Comprehensive Health Centre (CHC) in Kingston, a major facility dedicated to treatment of sexually transmitted infections (STIs), HIV, and AIDS.

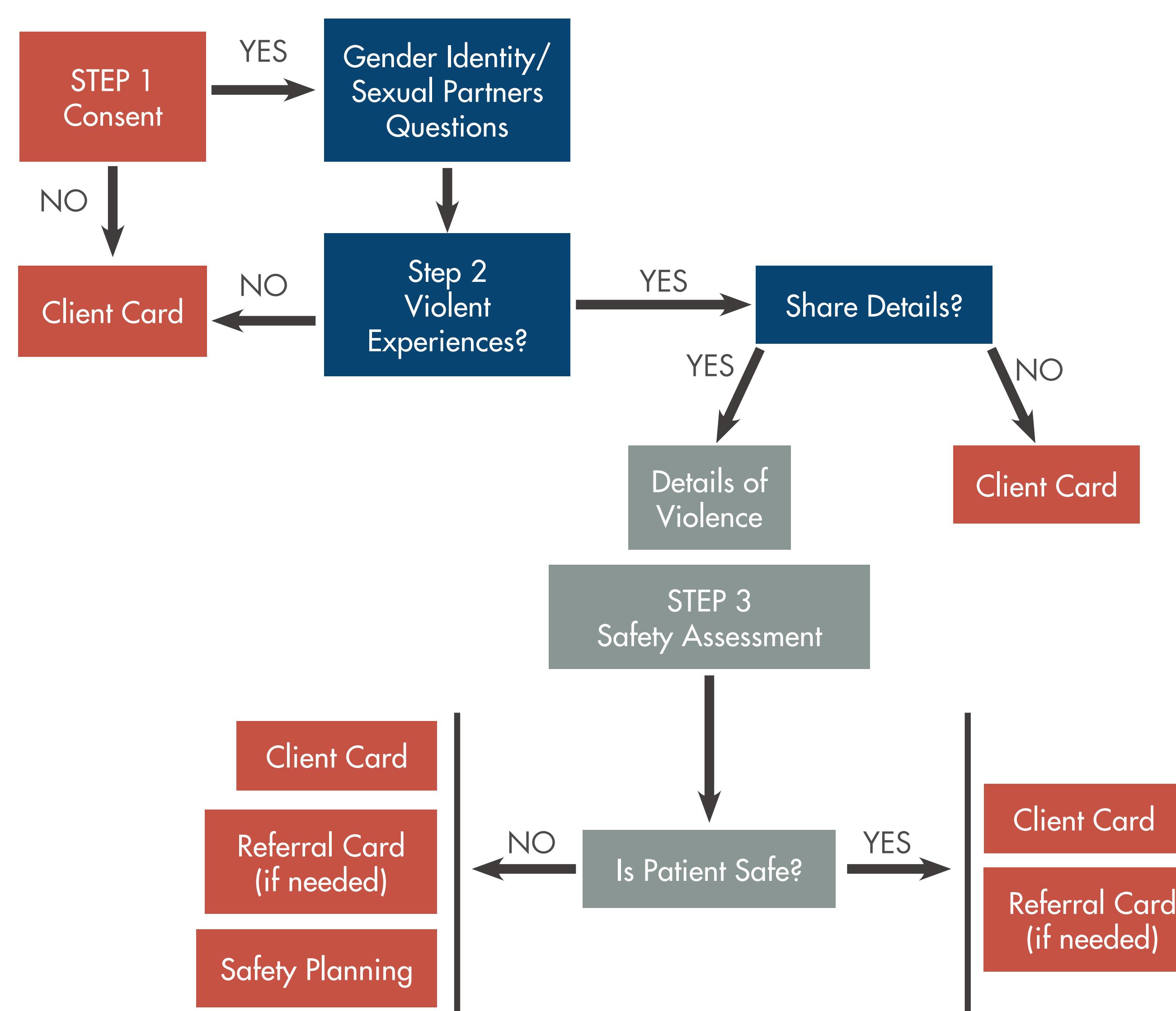
CHC staff screened 105 clients with the new GBV screening tool. The Woman Inc. team and CHC staff evaluated the tool and the process through post-assessment interviews with CHC personnel who had used the tool. The project team also held separate participatory review meetings with Kingston and St. Andrew Health Department personnel, referral agencies, and community groups.

## WHAT

The pilot included

- Adaptation and implementation of a GBV screening tool offered by providers to clients of the STI/HIV clinic, which serves many members of key populations
- Gender-sensitivity training for providers
- Organizations working with key populations in the referral network

Figure 1. Flow Chart for the GBV Screening Interview and Referral Process



## PROCESS

1. Input and orientation of community groups
2. Pre-assessment and customized training for healthcare professionals
3. Mapping and training of referral organizations
4. Development of a safety plan and administration of a questionnaire to clients

## RESULTS

The pilot strengthened the capacity of healthcare providers to navigate different levels of the health system for the benefit of their patients and communities. Integrating sexuality and diversity into HIV and GBV programming led to gender-sensitive, client-responsive, cohesive services that have started to reach marginalized communities most in need of care.

Providers expressed

- Improved ability to offer additional help to patients who have experienced GBV by informing them of services they can access
- Stronger relationships with patients and improved understanding of sexual diversity

The referral kit

- Made materials more easily accessible to providers
- Facilitated referrals for patients of all sexual orientations and gender identities

## FUTURE PLANS

The Jamaican Ministry of Health with Woman Inc. and HPP, plans to expand the project into additional treatment sites in the Parishes of Kingston and St. Andrew.

## CONCLUSIONS

- The pilot provides a tool for policymakers and planners to strengthen referral networks and improve access to services for key populations and women.
- Screening for GBV (including by intimate partners) in the healthcare setting opens the door to awareness of personal rights, access to HIV and GBV counseling, and increased adherence to HIV prevention and/or risk-reduction behaviors.
- A strengthened, integrated approach to client intake and a more cohesive service delivery and referral system offers opportunities to expand coverage and to strengthen the fragmented delivery of referral services.
- This integrated approach increases the potential to reach key populations in Jamaica.

