

What the I-VAWA Will Do:

Increase Health Sector Capacity to Address Violence Against Women and Girls

The I-VAWA focuses on improving the capacity of the health care sector to prevent, identify and respond to violence against women and girls by integrating activities that combat violence against women and girls into existing health care delivery systems. This integration will specifically focus on programs that address HIV/AIDS, as well as women's health and maternal and child survival programs. Emphasis is placed on training health care providers to safely assess for and respond to violence against women and girls as a means of helping women become safer and improving their health outcomes. Integrating health care services with legal and social support services ensures that women and girls receive help and that evidence is collected in ways that help hold perpetrators accountable. Health care centers and providers can also help change the perceived acceptability of violence and improve the quality of other health services by recognizing and responding to the impact that violence has on women's health and susceptibility to HIV/AIDS.

Key Statistics

- Violence against women is pervasive and has enormous health and human rights consequences. According to the World Health Organization, up to 71 percent of women in some countries experience gender-based violence; the average falls between 29 and 62 percent.ⁱ
- Violence against women has extensive health consequences including immediate injuries from the abuse but also significantly increased rates of suicide, depression, substance abuse and increased rates of sexually transmitted infections, including HIV/AIDS. Violence also often leads to lower birth-weight babies and other significant risks for maternal and child health.ⁱⁱ
- Violence is a risk factor for HIV and is also often a consequence of disclosure of HIV status.ⁱⁱⁱ
- Women constitute 60 percent of those living with HIV/AIDS in sub-Saharan Africa; 75 percent of those living with the virus between the ages of 18 and 24 are female.^{iv}
- Many women do not know their HIV status and risk passing the virus to their children. Integration of services – family planning, management of sexually transmitted infections, HIV prevention and maternal health – can help protect women and their families.^v
- In sub-Saharan Africa, women ages 15-24 are infected at rates as much as six times higher than men and boys their age, underscoring the vulnerability of young women, which is often linked to unequal power relationships.^{vi}

Model Programs

Nairobi Women's Hospital – Gender Violence Recovery Center --- Kenya

In 2001, the Nairobi Women's Hospital opened the Gender Violence Recovery Center to address the increasing levels of violence against women and specifically sexual violence. The center has seen close to 5,000 women and sees up to 15 a day who are victims of physical and sexual assault. It provides medical services to victims and also provides psychosocial supports and post-exposure prophylaxis (PEP) to help prevent HIV infection in women who have been sexually assaulted. About 12 percent of women and 8 percent of men in Nairobi are HIV positive increasing the likelihood that rape victims will or have become infected with HIV, and fueling the rate of sexual violence against particularly young women (Some men believe that sex with a young girl who is a virgin will cleanse them of HIV). The program has recently begun providing outreach services to rural areas and smaller towns and also works with political leaders and law enforcement to change awareness about and acceptability of violence against women and girls. It currently is the only one of its kind in Eastern Africa.^{vii viii ix}

The Rakai Health Sciences Program—SHARE Domestic Violence Intervention – Uganda

The Rakai Health Sciences program is a health research and service provision program aimed at testing multiple interventions to improve health for women and their families and decrease rates of HIV/AIDS. It is a collaboration of the Ugandan Ministry of Health, Makerere University, Johns Hopkins University and Columbia University. As part of the research, domestic violence against women and girls was identified as a critical barrier to improving women and children's health and improving prevention, care and treatment of HIV/AIDS. Using this information, researchers developed an intervention with women seeking health services to help them recognize that domestic and sexual violence are not inevitable and that they don't have to be a given part of marriage. This community-based intervention worked to change men's and women's attitudes about the acceptability of violence and sexual coercion.

Center ANNA – Family Violence Prevention Fund -- Russia

The Family Violence Prevention Fund has worked over the last 10 years to modify and implement its widely recognized model for training health care providers and reforming health systems to better serve the needs of victims of violence globally. In Russia, the FVPF partnered with Center ANNA in Moscow and the Irkutsk Crisis Center for Women in Siberia to develop models for comprehensive responses to domestic violence in reproductive health care settings. These trainings have now been expanded to more than ten regions of Russia. As part of these efforts, trainings for health providers were held, clinical and patient education material developed for each setting and public education campaigns about the health impact of violence were conducted. Critical to the intervention is the development of leaders who can carry on the work and multi-sectoral partnerships that include media, women's advocates and ministries of health.

USAID/Armenia Mission

The USAID/Armenia mission worked with a primary health care facility in Yerevan to improve health providers' response to women who experience GBV. The intervention included provider training; the development of tools and protocols for screening; treatment and referrals of GBV cases; and efforts to link the health facility to other agencies working on GBV, including nongovernmental organizations (NGOs), social service centers, legal institutions, and the educational system.

Pan American Health Organization/International Development Bank/IPPF -- "Critical Path" Studies and Program Implementation

The Pan American Health Organization has developed and implemented numerous programs to improve the health sector response to violence against women in the last decade. Now in 16 countries in Central America and the Andes, these programs focus on integrated and multi-sectoral responses to GBV, targeting the health care system as a central player. Following on the "Critical Path" studies, PAHO used the information about the rates of violence and types of interventions and supports available to women and began implementing a regional strategy for addressing gender-based violence through the health care sector with the help of community and national partners. The critical lessons learned from these interventions include: the need to train health care providers to ask about violence, to help them understand the health impacts of violence on women and children's health, the need for systems-wide responses, and the need to simultaneously challenge the social norms that tolerate violence and work with legal systems to create accountability for perpetrators of violence. Working with men became critical at all levels.

ⁱ Garcia-Moreno, et al. WHO Multi-country Study on Women's Health and Domestic Violence Against Women, World Health Organization, 2006.

ⁱⁱ Krug, Etienne, et al. World Report on Violence and Health World Health Organization, 2003; Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*.; McFarlane, J. Parker B., & Soeken, K. 1996. "Abuse during Pregnancy: Association with Maternal Health and Infant Birth weight." *Nursing Research*. 45: 32-37.

ⁱⁱⁱ Interagency Gender Working Group (IGWG) of USAID. *Gender-based Violence and Reproductive Health & HIV/AIDS: Summary of a Technical Update*. October 2002, p. 9.

^{iv} Center for Strategic and International Studies. *Integrating Reproductive Health and HIV/AIDS Programs*. Stephen Morrison and Janet Fleischman. July 2006, p. 1.

^v Center for Strategic and International Studies. *Integrating Reproductive Health and HIV/AIDS Programs*. Stephen Morrison and Janet Fleischman. July 2006, p. 6-7.

^{vi} Center for Strategic and International Studies. *Integrating Reproductive Health and HIV/AIDS Programs*. Stephen Morrison and Janet Fleischman. July 2006, p. 9.

^{vii} Fleischman, Janet. "Strengthening HIV/AIDS Programs for Women: Lessons for U.S. Policy from Zambia and Kenya." CSIS Task Force on HIV/AIDS. (PDF) May 2005, 13.

^{viii} "The Power of Partnerships: The President's Emergency Plan for AIDS Relief" Third Annual Report to Congress. Chapter 5, 2007.

^{ix} "Kenya: Sexual and Domestic Violence Prevalent." Integrated Regional Information Networks (IRIN) <http://www.irinnews.org/Report.aspx?ReportId=56856>. October 27, 2005.