

USAID AMPATH Uzima



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Standard Operating Procedure (SOP) for Intimate Partner Violence (IPV) in the Implementation of Safe and Ethical Index Testing Service

SOP NO. I	TITLE:	Intimate Partner Violence (IPV) SOP	
	PROJECT:	Uasin Gishu County and USAID AMPATH Uzima	
EFFECTIVE DATE: June 2022		SUPERSEDE S: Version 2021	
APPROVED BY CASCO:			DATE:
USAID AMPATH Uzima COP:			DATE:

Review Date	Revision Date	Reason for Revision	Signature
May 2022	May, 2022	<ul style="list-style-type: none">Change of mechanism from AMPATHPlus to USAID AMPATH UzimaEnhancing consent requirement for SEIT	

1.0 Introduction.

People (especially women) who have been subjected to violence often seek health care, including for their injuries, even when they do not disclose the associated abuse or violence. A healthcare provider is likely to be the first professional contact for survivors of Intimate Partner Violence (IPV) or sexual assault. Statistics show that abused persons (especially women) use healthcare services more than non-abused persons. They also identify healthcare providers as the professionals they would most likely trust with disclosure of abuse. Clients

receiving Index Testing Services suffer from IPV for different reasons. It is therefore important to screen all these clients for IPV and offer the necessary support.

2.0 Target Audience/Scope

This Standard Operating Procedure (SOP) is aimed at guiding healthcare providers on the provision of IPV services at all supported facilities with a keen focus on ensuring the provision of safe, ethical, and quality services. The SOP guides on the remedial actions to be taken in case of occurrence and the available support systems. Healthcare providers are in a unique position to address the health and psychosocial needs of women, men, and children who have experienced violence.

3.0 Definition of terms

- i. **First-line support:** Refers to the minimum level of support (primarily psychological) and validation of the client's experience that should be received by all eligible clients at any service delivery point. First-line support is an essential part of the care that is provided to clients experiencing sexual violence and IPV. It involves responding to a client who discloses violence in a supportive way, helps to meet their needs, and prioritizes continued safety without intruding on their privacy.
- ii. **Healthcare provider:** An individual or an organization that systematically provides healthcare services. An individual healthcare provider may be a healthcare professional, a community health worker, or any other person who is trained and mandated to provide health services.
- iii. **Intimate partner:** Refers to a husband, wife, cohabiting partner, boy/girlfriend or lover, ex-husband, ex-partner, ex-boy/girlfriend, or ex-lover. An intimate partner (for Index Testing Services) could be any intimate partner over the last 12 months.
- iv. **Intimate partner violence:** Behavior by an intimate partner that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors.
- v. **IPV Screening:** This refers to the identification of clients experiencing violence as identified through routine/ clinical screening.
- vi. **Psychological interventions:** Include counseling, psychotherapy, or a range of different psychological techniques provided by a person trained in these interventions.
- vii. **Sexual violence:** Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality, using coercion, by any person, regardless of their relationship to the victim, in any setting, including, but not limited to, home and work.
- viii. **Shelter:** Also known as a safe house or refuge, this is usually a place, often at a guarded location, where clients can flee from abusive partners.
- ix. **Support:** For this SOP, "support" includes any or a combination of the following; the provision of counseling services, referral services to the right stakeholders in service provision; OVC, legal, housing, and financial advice; facilitation of access to and use of community resources such as refuges or shelters; emergency housing; and psychological interventions and provision of safety planning advice.

4.0 Detailed Processes

4.1 Screening for IPV

- The service providers in designated service delivery points will be expected to screen for IPV in clients suspected to have gone through violence
- IPV screening will be emphasized and done for all Index clients receiving Index Testing services. ***Client's safety is the most important factor in determining if they should participate in index testing services.***
- IPV screening will be done using standard screening questions (see Annex). These standard questions will be provided as a job aid at all service delivery points to provide reference to the health care workers.
- The service provider will ensure privacy and confidentiality when screening for IPV; this could be in a private room or by identifying a safe place when the service delivery point is not private enough; *never discuss violence if anyone else- even a friend- is present or may be able to overhear.*
- All index clients will be informed of possibilities of IPV in case of unanticipated accidental disclosure during index testing services to enable them to decide whether to consent to index testing services or not.
- All index clients reporting to have more than one intimate partner will have IPV screening done for all the intimate partners to help determine which partner to reach/not reach for index testing services due to the possibility of violence.

4.2 Training on IPV

- All healthcare workers (HCW) providing IPV services will be trained on the IPV minimum package; First line support – **L.I.V.E.S**
- HCWs with no formal training on IPV will be offered On-the-Job Training and proper documentation done to this effect.
- HCWs providing Index Testing services will require continuous mentorship in addition to training to ensure the delivery of quality, safe, and ethical index testing services. This is because they will have a continuous engagement with clients who are likely to experience violence.
- Index Testing Services providers will require refresher training on IPV and especially first-line support annually.
- ***HCWs not trained on IPV will not be allowed to provide index testing services***

4.3 Documentation of IPV

- Screening outcomes will be recorded in the Index/aPNS registers – for all index clients.
- All service delivery points conducting Index testing will be provided with aPNS registers that will be securely kept (in lockable cabinets with limited access)
- All clients screened (including Index clients) for IPV will also be documented in MoH 363 and MOH 365 at every service delivery point

- Health facilities implementing Point of Care (POC), will capture index testing services in the family/contact tracing module
- The facilities will report IPV using the routine MoH reporting platforms such as MOH 364 and DHIS in addition to internal program reporting systems.

4.4 Reporting and Referral of IPV cases – minimum requirement

- Clients who will be identified as facing IPV at risk of IPV will be reported using the **Client Report Form**.
- The client will be referred for the appropriate services using the **MoH Referral Form**.
- The health facility, while working with the relevant stakeholders, will have a clear referral directory for IPV cases, which will be availed to all service delivery points.
- The health facility will ensure all necessary documentation is available at the different service stations required to support IPV processes.
- Adolescents and young people will also be targeted to avoid missed opportunities in this group. The facility will implement youth-friendly services to provide them with a conducive environment for sharing their possible IPV experiences.
- The health facility will work with the referral points such as OVC partners, legal partners, and spiritual partners to ensure youth-friendly services are equally offered at their points of service delivery.

4.5 How to address reported IPV cases

- All clients reporting IPV will immediately be offered **‘first line support’ (L.I.V.E.S)** by the service provider.
- All clients must be assured of confidentiality which must be observed.
- Clients reporting IPV will be allowed time and guided on possible support systems in place -including safe places (shelter).
- Clients reporting IPV at the screening point will be led to a more secure and confidential place for more engagement to enable them to open up more for better support.
- Index clients reporting a possibility of IPV occurrences with their intimate partners will not have Index testing services conducted. ***IPV screening will be done for each partner for clients reporting more than one intimate partner.***
- Index Testing service providers will not reach out to intimate partners reported by index clients as violent or with a possibility of violence or harm. Unless the clients request for the index testing services to continue, the clients will be allowed time to talk comfortably about their violent experiences – they should not be forced to talk about their experiences if not willing.
- All documentation should be stored in a lockable cabinet to ensure the safety and privacy of clients’ information.
- The health facility will institute a tracking system to ensure all reported IPV cases; either before, during, or after Index testing services are addressed – ***Refer to Adverse Events SOP.***

Referral Systems for IPV: A referral system for IPV/GBV services is fundamental. Asking about violence without offering support can foster mistrust in the health system and reduce survivors' uptake of health services.

- All health facilities, with support from sub-county leadership, will map the local community and facility-based GBV/IPV services, including KP providers, to inform referrals for clients experiencing violence.

The referral systems will include:

- *Medical services if not available on site*
- *Psychosocial support and counseling services – for further professional support*
- *Legal aid and child protection services – the clients will make decisions on the engagement of legal bodies*
- *Economic support and empowerment services*
- *Key Population competent services*

It is recommended that sites have discrete referral cards (*MoH tool*) to be provided to individuals who disclose or providers suspect may be experiencing violence.

Note. Written information on IPV should be available in healthcare settings in the form of posters, and pamphlets or leaflets (*with appropriate warnings about taking them home if an abusive partner is there*).

4.6 Roles and Responsibilities

i. HTS providers

- Screen for IPV/GBV at all HTS delivery points
- Strictly screen Index clients for IPV
- Document IPV screening outcomes in the Index Testing/aPNS registers and all other relevant registers.
- Offer first-line support to all clients experiencing or suspected of experiencing IPV.
- Refer and link clients to the relevant services related to IPV services.
- Guide and counsel clients on the provision of index testing services by assuring them of their rights to receive the other services even when they are not ready for index testing services.
- Follow reporting systems for IPV as outlined in the Adverse Events SOP – **Refer to Adverse Events SOP.**

ii. Clinicians/Nurses

- Screen for IPV/GBV at their service delivery points – to complement HTS providers and in situations where HTS providers are not available
- Receive clients referred to them for clinical review and support

- Work closely with other stakeholders such as the legal team, and spiritual team among others for appropriate referral of clients
- Ensure documentation of client information in the relevant registers stationed at their SDPs – such as MoH 365
- Implement reporting and monitoring of IPV as outlined in the Adverse Events SOP - ***Refer to Adverse Events SOP***

iii. Lab Personnel

- Support any lab tests as may be required in support of IPV service provision
- Work closely with all stakeholders in referrals and support
- Complete all necessary documentation related to IPV in the lab

iv. Facility In-charge

- Take leadership in ensuring all IPV screening, monitoring, and support systems are operational in the facility
- Create a collaboration system with all relevant stakeholders in ensuring successful referrals and support to clients experiencing IPV
- Work closely with facility QI lead person in implementing Adverse events related to IPV – ***Refer to Adverse Events SOP***

v. Quality Improvement Facility Lead

- Work closely with all other service providers to ensure quality service provision to clients
- Take leadership together with the facility in charge in ensuring reported IPV cases are addressed.

vi. Social Workers

- Assure access to justice for victims and survivors
- Link survivors to safe houses for protection
- Create awareness at community level
- Follow up with survivors in the community; with their consent
- Facilitate economic opportunities for addressing clients' economic vulnerability
- Urgently respond to survivors of GBV

4.7 Utilization of data & and information for Quality Improvement (QI)

- Screening for IPV will form part of the Quality Improvement (QI) indicators at every facility providing the service. Consequently, a Work Improvement Team (WIT) will be mandated to institute a QI project (s) on IPV services to optimize screening, reporting, and appropriate interventions.
- There will be a QI Project charter developed by the WIT to be ratified and adopted by the facility's leadership.
- The QI project progress will form part of the discussion during data review meetings.
- Facilities reporting very high IPV screening rates will be encouraged to continue with the good work; they will also be earmarked for benchmarking
- Facilities reporting very low IPV screening rates will be visited for support and engagement with the team to determine challenges leading to the low performance. A Root Cause Analysis (RCA) will be conducted and the necessary remedial measures implemented
- The facility will conduct periodic quality evaluations through SIMS or other standard measurements to ensure minimum standards of care are maintained

Annexes

1. IPV Screening Job aid
2. Assessing the client's safety Job aid
3. Key Steps for IPV Risk Assessment and Response Job aid
4. Client Referral Form
5. County-Specific Referral Directory