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GENDER-BASED VIOLENCE AND HIV

A PROGRAM GUIDE FOR INTEGRATING GENDER- BASED VIOLENCE PREVENTION AND RESPONSE IN PEPFAR PROGRAMS

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

OCTOBER 2011

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ACRONYMS

ACORD	Agency for Cooperation and Research in Development
ART	antiretroviral therapy
CDC	Centers for Disease Control and Prevention
CHTC	couples HIV testing and counseling
FHI	Family Health International (now known as FHI 360)
GBV	gender-based violence
GNP+	Global Network for People Living with HIV
HTC	HIV testing and counseling
IASC	Inter-Agency Standing Committee
ICRW	International Center for Research on Women
IGWG	Inter-Agency Gender Working Group
IHAA	International HIV/AIDS Alliance
IPPF	International Planned Parenthood Federation
IRC	International Rescue Committee
M&E	monitoring and evaluation
MARP	most-at-risk population
MSM	men who have sex with men
OHA	Office of HIV/AIDS
OVC	orphans and vulnerable children
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
RHRC	Reproductive Health for Refugees Consortium
STI	sexually transmitted infection
UNAIDS	Joint U.N. Programme on HIV/AIDS
UNDAW	U.N. Division for the Advancement of Women
UNFPA	U.N. Population Fund
UNHCR	U.N. Refugee Agency

UNICEF	U.N. Children’s Fund
UN Women	U.N. Entity for Gender Equality and the Empowerment of Women
USAID	U.S. Agency for International Development
WHO	World Health Organization

INTRODUCTION

While there is mounting evidence that gender-based violence (GBV) is both a cause and consequence of HIV infection, programs and services designed to address these pandemics are largely fragmented. This guide offers a starting point for U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) program managers to integrate a basic response to GBV within existing HIV programs and to establish linkages with other efforts that are addressing GBV.

WHY LINK GENDER-BASED VIOLENCE AND HIV PROGRAMS?

Violence or the fear of violence can pose formidable barriers to HIV prevention, care, and treatment, limiting individuals’ ability to learn their status and adopt and maintain protective measures ranging from negotiating safer sex to getting and staying on treatment to remaining in school (Gardsbane 2010; World Health Organization [WHO] and the Joint U.N. Programme on HIV/AIDS [UNAIDS] 2010). Similarly, violence can impede access to basic health information and services, including HIV treatment, care, and support. Conversely, a positive test result can lead to stigma, discrimination, isolation, and violence in the home and community, magnifying the vulnerabilities that women, girls, orphans and vulnerable children (OVC), and other at-risk populations already face in pursuing healthy, satisfying, and productive lives (Hale and Vazquez 2011). Research studies from India, Kenya, Rwanda, South Africa, Tanzania, the United Kingdom, the United States, and Vietnam demonstrate that women who are HIV-positive are more at risk of violence than women who are HIV-negative, and that violence is a major contributing factor to HIV infection (Program on International Health and Human Rights and Harvard School of Public Health 2009).

Defining Gender-Based Violence

In the broadest terms, “gender-based violence” is violence that is directed at an individual based on his or her biological sex, gender identity, or his or her perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.

GBV takes on many forms and can occur throughout the lifecycle, from the prenatal phase through childhood and adolescence, the reproductive years, and old age (Moreno 2005). Types of GBV include female infanticide; harmful traditional practices such as early and forced marriage, “honor” killings, and female genital cutting; child sexual abuse and slavery; trafficking in persons; sexual coercion and abuse; neglect; domestic violence; and elder abuse.

Women and girls are the most at risk and most affected by GBV. Consequently, the terms “violence against women” and “gender-based violence” are often used interchangeably. However, boys and men can also experience GBV, as can sexual and gender minorities, such as men who have sex with men and transgender persons. Regardless of the target, GBV is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control.

Like HIV, GBV has implications for almost every aspect of health and development from access to and use of health services to educational attainment, economic empowerment, and full enjoyment of human rights. The similarities between these two mutually reinforcing pandemics do not end there. Women, girls, and other at-risk populations' distinct vulnerability to HIV and GBV are rooted in structural inequalities—i.e., unequal power relationships based on biological sex, gender identity, and sexual orientation—that are codified via cultural beliefs and societal norms and are reinforced in political and economic systems.

Linking GBV and HIV efforts is both a necessary and a potentially powerful strategy for eliminating the structural drivers of each and achieving lasting results in the fight against HIV. Both require a comprehensive response: one that simultaneously addresses the biomedical, behavioral, and social risk factors and implications for affected populations. Both require well-coordinated, multi-sectoral efforts that address the multiple dimensions in which violence and HIV infection can affect peoples' lives, including their health, education, social interactions, economic opportunities, safety, legal protections, and human rights. And both must be addressed on a continuous basis throughout the lifecycle to ensure lasting results.

THE CASE FOR INTEGRATING GENDER-BASED VIOLENCE SERVICES

Integrated health services provided within the context of well-coordinated referral networks and social services is a recognized strategy for meeting the unique health needs of women and children (Ferdinand 2009; Global Health Initiative n.d.; Women Won't Wait 2010). While health services and programs may be fragmented, individual health and social needs are comprehensive, including multiple types of care (e.g., primary care, family planning and sexual and reproductive health, antenatal and maternal health care, child health) and social services (e.g., education, livelihood programs, legal assistance). Strengthening linkages and integration between and among services can increase access, which is a fundamental priority for individuals who already face barriers due to poverty, low social status, lack of education, stigma, discrimination, and GBV (Keesbury and Askew 2010; Morel-Seytoux et al. 2010).

Emerging evidence regarding integrated programs has found that access to comprehensive services, whether through one-stop centers, co-location of services, or functional referral systems, among other strategies, can produce better outcomes for GBV survivors (Keesbury and Askew 2010). Training programs for different cadres of health care workers, police, and community leaders have been shown to increase individuals' comfort level with respect to addressing GBV, paving the way for victim-centered services, community-based violence prevention efforts, increased utilization of HIV testing and counseling (HTC) services, and better adherence to antiretroviral therapy (ART): all essential elements for achieving lasting success in the fight against HIV (Keesbury et al. 2011).

Research studies and program evaluations also point to challenges to integration, largely related to the pressure on already overburdened health systems (Keesbury et al. 2011). Health care worker shortages, burnout, poor infrastructure, lack of emergency equipment and supplies, long wait times, and inadequate geographic coverage must be addressed not only within the context of HIV prevention, care, and support, but in broader attempts to integrate services (Keesbury and Askew 2010; Keesbury et al. 2011). In addition, discriminatory norms, laws, and policies, for example, relating to HIV status, property rights, and high-risk behaviors, both statutory and customary, create an enabling environment for violence and pose barriers to receiving comprehensive, compassionate care that fully respects individuals' dignity and rights (Spratt 2010). However, though challenges

exist, this should not be construed as an argument against integration. Rather, they identify clear priorities for ensuring that health and development efforts are gender sensitive, promote universal access to needed services, and respect and promote human rights.

ABOUT THIS GUIDE

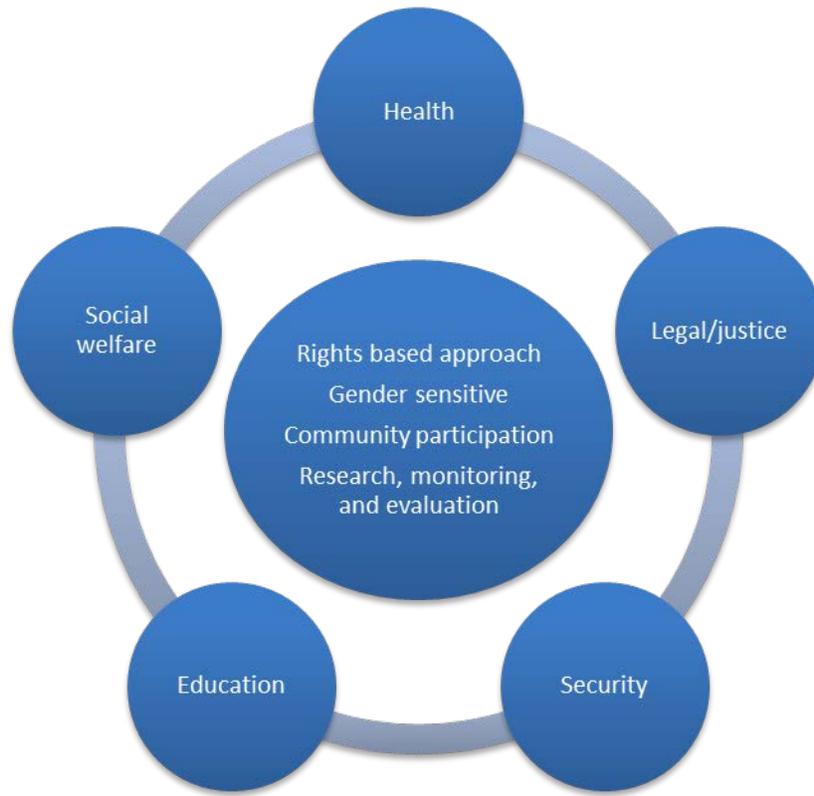
The authorizing legislation for PEPFAR specifies that PEPFAR will support five high priority areas, including reducing GBV and coercion, challenging negative male norms, and expanding women's legal rights and protections (Lantos and Hyde 2008). This legislation includes both programmatic and budgetary reporting requirements on gender-sensitive activities as well as inclusion of gender equality in partnership frameworks. Accordingly, PEPFAR's five-year strategy aims to link HIV services to broader delivery mechanisms that improve health outcomes for women and children, including by expanding PEPFAR's commitment to cross-cutting integration of gender equality in its programs and policies, with a renewed focus on addressing and reducing GBV (Office of the U.S. Global AIDS Coordinator 2009). Likewise, a focus on women, girls, and gender equality, including the prevention of and response to GBV, is a key priority of the U.S. Global Health Initiative (Global Health Initiative n.d.).

This guide is designed to help PEPFAR program managers address and respond to GBV within HIV prevention, care, and treatment programs. It serves as a starting point for HIV programs and services to contribute to a comprehensive response to GBV including through direct services for GBV survivors, community mobilization to address the root causes of violence, capacity building for service providers, and policy change and leadership to create an enabling environment for preventing, addressing, and ultimately ending GBV. In addition to mobilizing a comprehensive response to GBV, the issues, strategies, and actions presented are intended to reflect consensus-based recommendations from public health experts, women's groups, reference agencies such as WHO and the Centers for Disease Control and Prevention (CDC), academic researchers, development partners, and others. These include using an evidence- and rights-based, gender-sensitive approach; fostering strong, functional linkages and integration within and between services and programs; mobilizing communities to address harmful gender norms that contribute to violence; coordinating across sectors; and monitoring and evaluating outcomes and impact to provide holistic services that address the legal, health, education, economic, and other needs of survivors, their families, and communities (see Figure 1).

While there is increasing political momentum to end GBV, including through greater integration and linkages with HIV programs, this guide was written with the understanding that HIV programs may already be operating on limited budgets and within resource-constrained settings. This is not a rationale for omitting or minimizing a response to GBV, but rather is an acknowledgment of the fact that program planners and implementers will continue to have to do more within existing budgets and rely on greater integration, coordination, and efficiencies within and across development efforts. Therefore, this guide is not intended to be prescriptive, and it does not assume that all programs can adopt all strategies and tactics presented here.

Instead, it aims to assist HIV program managers and implementers to first see and understand the relationship between HIV and GBV. Next, it identifies opportunities for establishing linkages, for example, by conducting sensitivity trainings on the relationship between GBV and HIV or establishing relationships with women's groups that are already working on GBV. Finally, it includes information on integrating basic GBV response and prevention services into existing HIV programs,

Figure I. Comprehensive, multi-sectoral response to GBV



for example, training HTC and adherence counselors to offer GBV screening, counseling, and referrals.

In short, this guide serves as a tool for program managers to not only begin to address GBV within their programs, but also to plan for greater integration and coordination within country teams when designing workplans and budgets. Ideally, this guide will catalyze dialogue, action, and resource mobilization, building on PEPFAR programs and platforms for addressing GBV with national governments, implementing partners, and other key stakeholders.

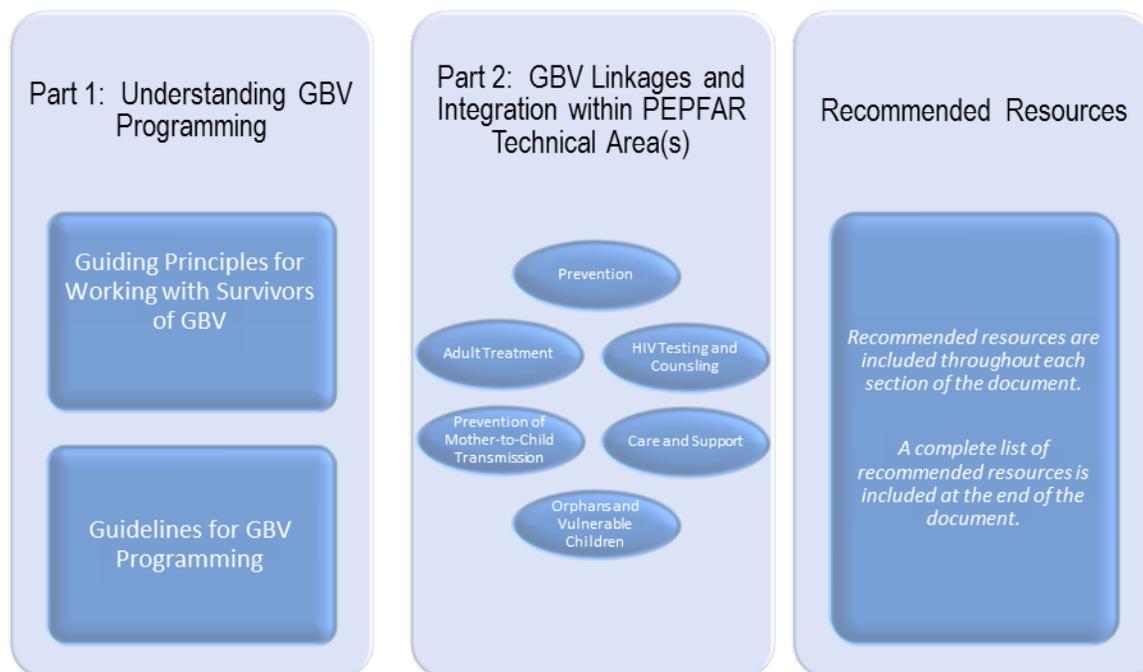
LIMITATIONS OF THE GUIDE

This guide represents a starting point for HIV programmers and planners who may have limited exposure to or experience with GBV and integrated programs. As such, it does not address the two-way integration of HIV services into existing GBV programs, although it should, at minimum, serve as a basis for dialogue with GBV service providers. Nor does the guide provide comprehensive, detailed technical information for implementing GBV services and programs; rather, it refers to existing resources that have been developed by GBV experts. Finally, this guide does not address GBV within the context of conflict, post-conflict, emergencies, disasters, and humanitarian situations.

HOW TO USE THE GUIDE

The guide is divided into two parts that highlight key considerations, opportunities, and strategies for addressing GBV within existing HIV programs (see Figure 2).

Figure 2. Steps for using the guide



- 1. The first part** offers recommended practices for planning and implementing GBV programs. These are cross-cutting principles and actions that should be applied to any and all programs and services, regardless of technical area, sector, or approach (e.g., direct services, community mobilization, policy advocacy).
 - a. Guiding principles for working with GBV survivors.* This section outlines the guiding principles that should be adopted before a GBV response is integrated into HIV programs and that should be monitored while programs are being implemented. These principles are meant to protect the rights, privacy, and dignity of those at risk for GBV as well as GBV survivors to prevent further harm within service-based program settings.
 - b. Guidelines for GBV programming.* This section provides an overview of the basic steps for planning, launching, and evaluating efforts to address GBV, including consulting with stakeholders, conducting a situational analysis, developing workplans, establishing a monitoring and evaluation (M&E) plan, and budgeting.
- 2. The second part** presents issues, opportunities, and actions for addressing GBV within each PEPFAR technical area through the lens of PEPFAR priorities (e.g., integrating GBV within HTC clinical services and addressing GBV in treatment adherence programs). Each technical section can be used as a stand-alone guide; however, they are best used together in order to take advantage of the full range of opportunities to address GBV and to achieve the goal of greater

linkages between HIV prevention, treatment, care, and support. The technical areas included in this guide are as follows:

- **Prevention**
- **HTC**
- **Prevention of mother-to-child transmission (PMTCT)**
- **Adult treatment**
- **Care and support**
- **OVC**

Recommended Resources: Throughout the guide, recommended resources are identified to direct users to detailed technical information for implementing the integration strategies. They include practical tools for program planners and implementers (e.g., checklists for program managers; sample client intake and consent forms; training curricula and resources; and questionnaires for conducting situational analyses). To the extent possible, the resources selected were specifically developed for use in low and middle income settings and have applicability across countries. The resources included in this guide are illustrative; their selection does not constitute an exhaustive list of available expertise. Full reference information for all of the recommended resources is listed at the end of the guide.

METHODOLOGY

This guide is based on an extensive review of existing English language literature for mobilizing a comprehensive response to GBV within the context of HIV. Keywords used in the search include “gender based violence,” “gender and HIV/AIDS,” “women and AIDS,” “violence against women,” and “sexual violence against women.” To the extent possible, articles and recommended resources selected for inclusion in this guide were developed or can be adapted for low- and middle-income settings. The literature reviewed includes original research, program evaluations, clinical and professional guidelines, resource manuals, and training materials produced by technical experts and normative agencies such as WHO and CDC. Also included are materials produced by civil society advocates and implementers working to address GBV, gender equality, human rights, development, HIV, and the health needs and rights of marginalized populations. The guide underwent multiple reviews by GBV experts, U.S. Government headquarters and field staff and PEPFAR Technical Working Groups.

GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS OF GENDER-BASED VIOLENCE

All programs seeking to address GBV must first and foremost protect the dignity, rights, and well-being of those at risk for, and survivors of, GBV. The following section outlines four fundamental principles for integrating a GBV response into existing programs and specific actions for putting these principles into practice. These principles are as follows:

- Do no harm
- Privacy, confidentiality, and informed consent
- Meaningful engagement of people living with HIV (PLHIV), in particular women living with HIV and GBV survivors
- Accountability and M&E.

Do No Harm

Service Provision

Adherence to ethical codes of conduct is particularly relevant when working with GBV survivors, namely:

- Autonomy. The right of GBV survivors to make decisions on their own behalf. All steps taken in providing services are based on the informed consent of the survivor.
- Beneficence. The duty or obligation to act in the best interests of the survivor.
- Non-maleficence. The duty or obligation to avoid harm to the survivor.
- Justice or fairness. Providing universal access to services without judgment or negative repercussions for the client (WHO 2003).

Actions

The principle of “do no harm” translates into awareness of the needs and wishes of the client, displaying sensitivity and compassion, and maintaining objectivity (WHO 2003). This should be reinforced through:

- Organizational policies to address violence and sexual harassment
- Codes of conduct
- Sensitization of staff on issues of power and control within the context of gender inequality and in health service settings
- Ongoing training and support for communicating with GBV survivors, for example, guidance on how to ask about violence and validate survivors’ experiences
- Hiring staff or trained volunteers from the same backgrounds as GBV survivors
- Safety planning for GBV survivors and their families.

Recommended Resources

[***A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa***](#): Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)

[***Communication Skills in Working with Survivors of Gender-based Violence***](#): Training manual (Family Health International [FHI], Reproductive Health for Refugees Consortium [RHRC], and International Rescue Committee [IRC] 2004)

[***Improving the Health Sector Response to Gender Based Violence***](#): Includes a management checklist and tools for developing key policies and protocols, improving danger assessments, and providing safety plans (Bott, Guezmes, and Claramunt 2004)

Do No Harm

Program Design

Program planners and implementers must be fully aware of the local context in which programs and services are delivered to avoid further harm to GBV survivors or putting individuals at increased risk of violence and to protect the safety of everyone involved. Programs, services, and messages must be developed in partnership with those they are meant to serve and reviewed by primary stakeholders to avoid reinforcing harmful social norms and ensure cultural sensitivity.

Actions

- Coordinate activities and messages to minimize duplication and gaps in response
- Commit to evaluation, openness to scrutiny, and external review
- Develop cultural and gender sensitivity and competence
- Stay updated on the evidence base regarding effective practices and the value of participatory approaches
- Involve GBV survivors in decisions on accessibility, type and quality of services, and communications materials (Inter-Agency Standing Committee [IASC] 2007).

Recommended Resources

[**A Manual for Integrating the Programmes and Services of HIV and Violence against Women:**](#) Stakeholder mapping tool (Ferdinand 2009)

[**A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa:**](#) Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)

[**HIV & AIDS - Stigma and Violence Reduction Intervention Manual:**](#) Tools for implementing community-owned processes in development programs (Duvvury, Prasad, and Kishore 2006)

[**Improving the Health Sector Response to Gender Based Violence:**](#) Rapid situational analysis tool; management checklist (Bott, Guezmes, and Claramunt 2004)

[**Virtual Knowledge Centre to End Violence against Women and Girls:**](#) Module on programming essentials (U.N. Entity for Gender Equality and the Empowerment of Women [UN Women] n.d.-a)

Do No Harm

Special Populations

Children and adolescents. Children and adolescents need age-specific services for post-rape care, reproductive health, and HIV care and support that must include protocols and counseling that are developmentally appropriate. Child and adolescent GBV survivors should be linked to child protective services where they exist.

Most-at-risk populations (MARPs). Sex workers, people who inject drugs, men who have sex with men (MSM), and transgender people are among the most vulnerable to GBV and may face stigma, discrimination, and violence perpetrated by the very personnel, such as health care workers and law enforcement officials, that are charged with protecting their health and rights (Betron and Gonzalez-Figueroa 2009; Burns 2009; Sex Workers' Rights Advocacy Network 2009). Stigma and discrimination against MARPs must be proactively addressed in HIV programs so that these populations can access appropriate services.

Actions

- Conduct ongoing training with all staff on the rights of MARPs and special needs of each group
- “Do more than train”; challenge stakeholders on issues of stigma and discrimination
- Establish safe virtual and physical spaces for specific MARP groups to seek information and referrals for care and support
- Address gender barriers in accessing post-exposure prophylaxis.

Recommended Resources

[Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance](#) (PEPFAR 2010)

[Developing Services for Female Drug Users](#): Training module (Eurasian Harm Reduction Network [EHRN] n.d.)

[Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis Policies for Sexual Assault](#): Recommendations and key components for a gender-sensitive post-exposure prophylaxis policy for sexual assault (Herstad 2009)

[Identifying Violence Against Most-at-Risk Populations: A Focus on MSM and Transgenders. Training Manual for Health Providers](#) (Egremy, Betron, and Eckman 2009)

[OVCsupport.net](#): Web portal (AIDSTAR-Two n.d.)

[Protecting Children Affected by HIV Against Abuse, Exploitation, Violence and Neglect](#) (Long 2011)

[Sex Work, Violence and HIV: A Guide for Programmes with Sex Workers](#) (International HIV/AIDS Alliance [IHAA] 2008)

[Technical Guidance on Combination HIV Prevention: Men Who Have Sex with Men](#) (PEPFAR 2011)

[Understanding Drug Related Stigma: Tools for Better Practice and Social Change](#) (Harm Reduction Coalition n.d.)

Privacy, Confidentiality, and Informed Consent

Privacy and confidentiality are essential for GBV survivors' safety in any health care setting given that providers can put the survivor's safety at risk if they share sensitive information with partners, family members, or friends without consent. A breach of confidentiality about pregnancy, rape, contraception, HIV status, or a history of sexual abuse can put GBV survivors at risk of additional emotional, physical, or sexual violence. Moreover, those who have already experienced violence need privacy in order to disclose those experiences to providers without fear of retaliation from a perpetrator. To protect confidentiality and privacy, health programs need adequate infrastructure and patient flow, as well as clear policies outlining when and where providers are allowed to discuss sensitive information (Bott, Guezmes, and Claramunt 2004).

Actions	<ul style="list-style-type: none"> • Establish clear policies and protocols for privacy and confidentiality • Designate a private consultation space • Provide ongoing training for staff on protecting survivors' privacy and confidentiality • Create opportunities to talk with survivors without partners, children, family, or friends present • Ensure privacy of medical information, including storage of information and policies regarding sharing information • Train providers on obtaining informed consent, including ensuring that GBV survivors are informed of their options and their rights • Ensure printed materials are accessible for both literate and illiterate clients, are provided in local language(s), and that interpreters are available as needed.
Recommended Resource	<p><i>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa</i>: Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p> <p><i>Improving the Health Sector Response to Gender Based Violence</i>: Management checklist and tools for ensuring privacy and strengthening confidentiality (Bott, Guezmes, and Claramunt 2004)</p>

Meaningful Engagement of PLHIV, Particularly Women Living with HIV and GBV Survivors

The critical role of PLHIV in all aspects of the response is well established, as is community ownership and women's participation (UNAIDS 1999). Involving PLHIV, specifically women living with HIV, in program planning, implementation, and evaluation is paramount regardless of the type of GBV response being provided, be it direct services, community mobilization, or policy advocacy. Participatory processes can facilitate access to and acceptance and uptake of services and can help confront stigma and discrimination. It allows programs to build on direct experience and tailor services to individuals and the contexts in which they are offered.

Actions	<ul style="list-style-type: none"> • Provide training and ongoing support to empower individuals to participate in organizational and community processes • Create opportunities for participation, such as volunteering as counselors, advocates, and health promoters • Train and sensitize staff on greater involvement of PLHIV principle • Plan for ongoing follow-up and communication with PLHIV.
Recommended Resource	<p><i>Greater Involvement of People with AIDS (GIPA) Good Practice Guide</i> (IHAA and the Global Network for People Living with HIV [GNP+] 2010)</p>

Ensure Ongoing Quality Improvement and Assurance

As new programs and services are tested and launched, quality improvement and assurance mechanisms are essential for ensuring that interventions are technically sound, implemented correctly, and meet the needs of the people they are meant to serve, especially PLHIV, GBV survivors, communities, and other relevant stakeholders. Quality assurance mechanisms for GBV services can include guidelines and protocols as well as data collection tools also used for M&E. As with all GBV services, care should be taken to ensure the rights and safety of GBV survivors and confidentiality when gathering client information and feedback used for quality assurance.

<p>Actions</p>	<ul style="list-style-type: none"> • Develop mechanisms to monitor violence as a result of HIV-related interventions • Roll-out of guidelines and policies (e.g., HIV testing and counseling, PMTCT) should include plans for monitoring adverse outcomes • Allocate sufficient resources for M&E activities • Include mechanisms for client and provider feedback • Train staff involved in collecting data on how to obtain informed consent from clients • Ensure confidentiality and anonymity of data during collection, storage, and dissemination • Ensure participation of all stakeholders in M&E planning and activities • Communicate results, including to clients and providers.
<p>Recommended Resources</p>	<p><u><i>A Manual for Integrating the Programmes and Services of HIV and Violence against Women</i></u>: Guide for designing an exit survey for HIV and violence against women related needs at testing and counseling sites (Ferdinand 2009)</p> <p><u><i>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa</i></u>: Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p> <p><u><i>Improving the Health Sector Response to Gender Based Violence</i></u>: Data collection tools (provider knowledge, attitudes, and practice); clinic observation tools; client exit questionnaire; protocol for collecting qualitative information; random record review protocol; management checklist (Bott, Guezmes, and Claramunt 2004)</p> <p><u><i>Researching Violence Against Women, A Practical Guide for Researchers and Activists</i></u>: Tools for collecting and analyzing data (Ellsberg and Heise 2005)</p>

GUIDELINES FOR GENDER-BASED VIOLENCE PROGRAMMING

Programming guides on GBV almost universally recommend a comprehensive, rights-based, multi-sectoral approach that simultaneously addresses survivors' immediate and long-term needs and rights, the role of communities in preventing and responding to violence, and the legal and policy environment in which violence occurs. Further, ensuring a relevant, effective, and sustainable response requires systematic planning to ensure local relevance and appropriateness, achieve community commitment and support, and make the best use of existing resources and expertise. The following steps are intended to assist program planners in achieving these objectives:

- Conduct a situational analysis
- Employ a rights-based, gender-sensitive approach
- Plan for and support community participation
- Pay special attention to the needs of young people
- Identify MARPs
- Develop a workplan
- Establish an M&E framework and plan
- Budget.

Conduct a Situational Analysis

A situational analysis is a fundamental step for understanding the extent to and context in which GBV takes place, including its drivers, and the relationship between GBV and HIV infection and their impact on individuals, their families, and communities. New programs and services must be developed with an understanding of existing services and gaps across multiple sectors, including the health, legal, education, and social sectors.

<p>Actions</p>	<p>Macro level:</p> <ul style="list-style-type: none"> • Identify data collection mechanisms such as demographic health surveys and administrative statistics maintained by police, hospitals, and judicial and social service agencies • Collect and analyze epidemiological data on the prevalence of GBV, HIV, and other sexually transmitted infections (STIs) • Review and assess national, provincial, and local plans, laws, policies, and budgetary allocations related to the prevention of and response to GBV, including property and inheritance rights and access to sexual and reproductive health services. <p>Sectoral level:</p> <ul style="list-style-type: none"> • Assess sectoral responses (e.g., health, education, justice, social) to GBV such as inclusion in sectoral plans and the presence of coordinating mechanisms. <p>Community level:</p> <ul style="list-style-type: none"> • Identify customary laws, traditional practices, and norms and responses that may increase vulnerability to HIV and GBV • Map existing services and programs and the level of coordination between them. <p>Institutional level:</p> <ul style="list-style-type: none"> • Conduct readiness and capacity assessments for integrating a response to GBV within existing programs. <p>Individual level:</p> <ul style="list-style-type: none"> • Assess risk perception for HIV infection and STIs, awareness of and sensitization to GBV; attitudes regarding gender roles and norms; and the use of and need for relevant services.
<p>Recommended Resources</p>	<p><u>A Manual for Integrating the Programmes and Services of HIV and Violence against Women:</u> Tools for conducting a situational analysis and evaluation of the legal framework (Ferdinand 2009)</p> <p><u>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa:</u> Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p> <p><u>Improving the Health Sector Response to Gender Based Violence:</u> Rapid situational analysis tool (Bott, Guezmes, and Claramunt 2004)</p> <p><u>Preventing Intimate Partner and Sexual Violence Against Women:</u> List of potential sources of data and information by data category (WHO and London School of Hygiene and Tropical Medicine 2010, 64)</p> <p><u>Twubakane GBV/PMTCT Readiness Assessment:</u> Questionnaires and focus group discussion guides designed for introducing GBV services within health care settings (IntraHealth International 2008)</p>

Use a Rights-based and Gender-sensitive Approach

Both GBV and HIV have strong links to human rights because violations of human rights contribute to vulnerabilities, and both can lead to further violations such as stigma, discrimination, and violence. Vulnerability to HIV and GBV can be traced to social, political, educational, and economic inequalities.

A rights-based, gender-sensitive approach to programming supports the empowerment and agency of affected populations, particularly women, girls, and MARPs, and aims to upend the structural drivers of HIV and GBV, including all forms of discrimination.

<p>Actions</p>	<p>Principles of a rights-based approach to services:</p> <ul style="list-style-type: none"> • Participatory, nondiscriminatory, and a system for accountability • Available to even the most marginalized groups, accessible (financially, geographically, linguistically), acceptable, and of high quality • Voluntary and noncoercive; premised on informed choice and informed decision-making • Available with guarantees of privacy and confidentiality • Evidence-based and developed in light of acquired experience about how to best address the intersections between GBV and HIV (Women Won't Wait 2010). <p>Principles of a gender-sensitive approach to programming:</p> <ul style="list-style-type: none"> • Work through community partnerships • Support diversity and respect • Foster accountability • Promote respect for the rights of individuals and groups • Empower women, girls, and communities • Work with men and boys to transform harmful gender norms, attitudes, and behaviors • Conduct gender analysis or gender assessments to identify the gender needs of women, girls, men, boys, and MARPs (Inter-Agency Gender Working Group [IGWG] 2006).
<p>Recommended Resources</p>	<p><u>A Manual for Integrating Gender into Reproductive Health and HIV Programs:</u> Six-step process for enhancing gender-sensitive programming (Caro 2009)</p> <p><u>An Essential Services Package for an Integrated Response to HIV and Violence Against Women:</u> Includes specific steps for providing a rights-based and gender-sensitive approach within health, legal, humanitarian, and faith settings (Women Won't Wait 2010)</p> <p><u>Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Program Interventions</u> (WHO 2007a)</p> <p><u>Gender and Sexual and Reproductive Health 101:</u> Web course (Doggett, Krishna, and Robles 2010)</p> <p><u>IGWG Gender, Sexuality, and HIV Training Module</u> (IGWG 2010)</p> <p><u>International Guidelines on HIV/AIDS and Human Rights:</u> Guidelines for states; instructions for both policymakers and advocates, including how to ensure accountability (UNAIDS 2006)</p> <p><u>Virtual Knowledge Centre to End Violence against Women and Girls:</u> Modules on adopting human right-based approaches and ensuring gender responsiveness (UN Women n.d.-a)</p>

Ensure Community Participation in Program Planning, Implementation, and Evaluation

Plan for and support community participation throughout all phases of the program cycle including planning, implementation, monitoring, evaluation, and program improvements.

<p>Actions</p>	<ul style="list-style-type: none"> • Include key stakeholders in program planning, implementation, and evaluation, with particular consideration of the following groups: <ul style="list-style-type: none"> – Women and girls – PLHIV, especially women living with HIV – GBV survivors – Youth, especially girls and young women and including married adolescents and young adults – Most at-risk and marginalized populations (e.g., people who inject drugs, sex workers, sexual minorities) – Men and boys – GBV experts, women’s groups, and youth-led and -serving organizations – Community leaders – Service providers (public, private, and nongovernmental organizations) – Law enforcement – Educators – Health care providers – Policymakers • Conduct stakeholder analyses and needs assessments regarding, for example, the prevalence of GBV, availability of services, and knowledge of protective laws and policies • Initiate and support community dialogues • Establish and support program advisory committees or consultations, whether on an ad hoc or formal basis.
<p>Recommended Resources</p>	<p><i>A Manual for Integrating the Programmes and Services of HIV and Violence against Women:</i> Stakeholder mapping tool (Ferdinand 2009)</p> <p><i>Greater Involvement of People with AIDS (GIPA) Good Practice Guide</i> (IHAA and GNP+ 2010)</p> <p><i>HIV & AIDS - Stigma and Violence Reduction Intervention Manual:</i> Tools for implementing community-owned processes in development programs (Duvvury, Prasad, and Kishore 2006)</p> <p><i>Implementing Stepping Stones: A Practical and Strategic Guide for Implementers, Planners, and Policy Makers:</i> Tools for engaging communities on gender and HIV (Agency for Cooperation and Research in Development [ACORD] 2007)</p> <p><i>Project H: Working with Young Men to Promote Health and Gender Equity</i> (Instituto Promundo 2002)</p> <p><i>The SASA! Activist Kit for Preventing Violence Against Women and HIV:</i> Comprehensive set of tools for community-based action (Raising Voices 2009b)</p>

Pay Attention to the Special Needs of Children and Adolescents

GBV can occur throughout the lifecycle, even starting before birth in some cases. Understanding the scope of GBV as it pertains to children and adolescents, including the settings in which GBV can occur and ensuring age-appropriate prevention and response strategies, is necessary to help break the cycle of violence in communities.

Prenatal: Sex-selective abortion; battering during pregnancy (emotional and physical effects on the woman; effects on birth outcome); coerced pregnancy (e.g., pregnancy as a result of rape).

Infancy: Female infanticide; child abandonment; emotional and physical abuse; rape; differential access to food and medical care for female infants.

Childhood: Early and forced marriage; genital cutting and mutilation; abuse by family members and strangers; incest; rape; differential access to food and medical care; child prostitution; parental abandonment; and forced labor and child trafficking.

Adolescence: Dating and courtship violence; physical violence; intergenerational and transactional sex; sexual abuse in schools and workplaces; rape (incest, “date rape,” coercion); forced prostitution; sexual harassment; and trafficking in persons.

Reproductive: Sexual abuse of women, girls, and sexual minorities; marital rape; dowry abuse and murders; partner homicide; psychological abuse; physical abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities.

Old-age: Abuse of widows; elder abuse.

Source: Heise, Pitanquy, and Germain 1994

<p>Actions</p>	<ul style="list-style-type: none"> • Situational analyses should include data on the prevalence and forms of GBV disaggregated by sex, gender, age, marital status, and education level • Review and assess legal and policy environments as they relate specifically to children and young people (e.g., child protection policies; laws related to adolescent sexual and reproductive health; and age of consent) • Build capacity and strengthen referral systems to address child sexual abuse as it is one of the most common forms of GBV experienced by children • Raise awareness about the specific vulnerabilities of adolescent girls and young women to GBV • Promote child- and youth-friendly services • Ensure access to sexual and reproductive health information and services for young people • Integrate GBV interventions within youth-specific services • Involve youth in the program cycle • Include married adolescents and young people, especially girls, as key stakeholders • Engage girls and boys, in community mobilization strategies.
<p>Recommended Resources</p>	<p><u>Gender Matters: A Manual on Addressing Gender-based Violence Affecting Young People</u> (Council of Europe 2007)</p> <p><u>Gender-based Violence: Care and Protection of Children in Emergencies, A Field Guide</u> (Save the Children 2004)</p> <p><u>OVCSupport.net</u>: Web portal (AIDSTAR-Two n.d.)</p> <p><u>Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect</u> (Long 2011)</p> <p><u>Report of the Independent Expert for the United Nations Study on Violence Against Children</u>: Addresses all forms of violence against children including GBV (U.N. Secretary General 2006)</p> <p><u>Women, Girls, Boys, and Men: Different Needs – Equal Opportunities: Gender Handbook in Humanitarian Situations</u>: Includes a series of questions on what to look for or ask so that programs are designed and implemented with sensitivity to the different needs of women, girls, boys, and men (IASC 2006)</p>

Ensure Inclusion of MARPs

A review of available data found that GBV is an issue among MARPs (Spratt 2010). One study found that 68 percent of young MSM received threats from family members or partners and that MSM are 19 times more likely to be HIV-positive. Likewise, a study of sex workers found that 49 percent experienced physical violence or forced sex (Betron and Gonzalez-Figueroa 2009).

Government responses to addressing the HIV epidemic among MARPs have been disturbingly limited, and programs for MARPs are significantly underfunded (Spratt 2010). Very few programs are integrating a GBV response into programs with MARPs (MSM; transgender persons; male, female, and transgender sex workers; and people who inject drugs) and their intimate partners. In many places, the behaviors are illegal, stigmatized, or both, adding another layer of complexity to understanding the prevalence of GBV and providing appropriate responses.

Actions

- Situational analyses should include data on MARPs and involve MARPs in program design, particularly to understand how sexual dynamics, normative expectations, and gender scripts influence individual behavior and risk reduction strategies
- Train health care workers on gender norms and sexual identity and address provider attitudes toward MARPs
- Identify and address gaps in services (e.g., policies barring female drug users from using shelters; services for male and transgender sex workers and pregnant women who inject drugs)
- Target partners and families of MARPs
- End impunity for violence perpetrated by police and national security agencies and provide training and sensitization on the needs and rights of MARPs
- Ensure gender-sensitive eligibility for post-exposure prophylaxis for male victims of sexual violence, incarcerated men, and transgender people
- Reduce stigma and discrimination of GBV survivors by police, judiciary, medical, and social services personnel.

Direct services:

- Conduct ongoing training with all staff on the rights of MARPs and the special needs of each group and how to best meet their needs without judgment or discrimination
- “Do more than train”; engage stakeholders on issues of stigma and discrimination
- Establish safe virtual and physical spaces for specific MARP groups to seek information and referrals for care and support
- Set up convenient hours with few criteria for eligibility and use of services (low threshold services).

Community mobilization:

- Increase awareness in the community, including among young people, that the use of alcohol and other drugs does not cause GBV, and will therefore not be accepted as an excuse for such behavior
- Refer to population-specific support (where they exist) such as drug treatment services, mental health services, peer-based counseling services, and advocacy organizations
- Link up with other partners, such as local authorities, service providers, human rights organizations, and welfare and social support organizations to help them respond to the needs of MARPs; help them let MARPs know that certain services exist
- Roll-out intensive training of police officers in gender sensitivity, laws about rape and intimate partner violence, the rights of women and children, investigation, and prosecution of officers’ abuse of MARPs, including fact-based discussion around economics and social inequality as driving factors for entry to sex work, drug use, and high-risk behaviors.

Ensure Inclusion of MARPs (continued)

<p>Actions</p>	<p>Advocacy:</p> <ul style="list-style-type: none"> • Educate MARPs about the laws so they are aware of their rights and protections • Conduct advocacy activities to ensure that MARPs have full access to human rights and social services, as they are often excluded from them • Increase the implementation of laws and policies by law enforcement and judiciary to hold perpetrators of violence accountable • Remove legal barriers that undermine access to HIV-related services such as laws that criminalize consensual sex between men, carrying injection equipment, or voluntary sex work • Advocate for increased support and services from government and donors to be able to strengthen and expand on existing services and programs.
<p>Recommended Resources</p>	<p><u>Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men Who Have Sex with Men in Latin America and the Caribbean</u> (PAHO 2010)</p> <p><u>Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance</u> (PEPFAR 2010)</p> <p><u>Developing Services for Female Drug Users</u>: Training module (EHRN n.d.)</p> <p><u>Gender Identity, Violence, and HIV among MSM and TG: A Literature Review and a Call for Screening</u>: Screening tool (Betron and Gonzalez-Figueroa 2009)</p> <p><u>Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis Policies for Sexual Assault</u>: Recommendations and key components for a gender-sensitive post-exposure prophylaxis policy for sexual assault (Herstad 2009)</p> <p><u>Identifying Violence Against Most-at-Risk Populations: A Focus on MSM and Transgenders. Training Manual for Health Providers</u> (Egremy, Betron, and Eckman 2009)</p> <p><u>IGWG Gender, Sexuality, and HIV Training Module</u> (IGWG 2010)</p> <p><u>Sex Work, Violence and HIV: A Guide for Programmes with Sex Workers</u> (IHAA 2008)</p> <p><u>Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users</u> (WHO 2009)</p> <p><u>Technical Guidance on Combination HIV Prevention: Men Who Have Sex with Men</u> (PEPFAR 2011)</p> <p><u>UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People</u> (UNAIDS 2009)</p> <p><u>Understanding Drug Related Stigma: Tools for Better Practice and Social Change</u> (Harm Reduction Coalition n.d.)</p>

Develop a Workplan

Efforts to respond to and prevent GBV must be developed within the context of a comprehensive, multi-sectoral, multilevel response, with interventions targeted at the individual, community, and policy levels. Because no single program can address all of these needs, effective coordination is essential not only to avoid duplication of efforts but also to ensure that individuals experiencing or at risk of GBV have access to services that are age-, sex- and gender-appropriate and address their physical, psychological, emotional, and economic needs and well-being.

<p>Actions</p>	<p>Policy environment: Develop, strengthen, and enforce protective laws and policies Public sector: Improve health, education, social welfare, and judicial and legal systems Direct services: Provide high-quality, compassionate services for GBV survivors Community mobilization: Work with communities to support PLHIV and GBV survivors and identify and address harmful norms and HIV- and gender-related stigma and discrimination that perpetuate GBV Coordination: Coordinate within and across sectors.</p>
<p>Recommended Resources</p>	<p><u>A Manual for Integrating Gender into Reproductive Health and HIV Programs:</u> Six-step process for enhancing gender-sensitive programming (Caro 2009) <u>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa:</u> Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010) <u>Addressing Gender-based Violence through USAID's Health Programs: A Guide for Health Sector Program Officers:</u> Planning tool for addressing GBV within different types of health programs including community mobilization, communications for behavior change, and health policy (IGWG of USAID 2008) <u>An Essential Services Package for an Integrated Response to HIV and Violence Against Women:</u> Outlines key actions for mobilizing an integrated response to GBV and HIV within health care, school, humanitarian, faith, and legal settings (Women Won't Wait 2010) <u>Improving the Health Sector Response to Gender Based Violence:</u> Step-by-step guidance on addressing GBV within the health sector (Bott, Guezmes, and Claramunt 2004) <u>Preventing Intimate Partner and Sexual Violence Against Women:</u> Planning guide geared toward policymakers, program planners, and funding bodies (WHO and London School of Hygiene and Tropical Medicine 2010) <u>Strategic Framework for the Prevention of and Response to Gender-based Violence in Eastern, Southern and Central Africa:</u> Program building blocks and sample activities (USAID/Eastern and Central Africa and U.N. Children's Fund [UNICEF]/East and Southern Africa Regional Offices n.d.) <u>Virtual Knowledge Centre to End Violence against Women and Girls:</u> Module on programming essentials (UN Women n.d.-a)</p>

Develop an M&E Plan

Although there has been an increase in services and programs designed to address GBV, there is a continuous and ongoing need for evidence-based knowledge regarding effective GBV prevention, integrated GBV and HIV programs, and scale up of services. Rigorous M&E plans are critical for tracking the prevalence of GBV; assessing the effectiveness of related services and programs, including outcomes for GBV survivors; and determining the impact of any given intervention. M&E processes and mechanisms create opportunities for community engagement, for example, through focus groups to determine baseline attitudes and changes over time, or client feedback surveys.

<p>Actions</p>	<ul style="list-style-type: none"> • Ensure data collection adheres to ethical and safety guidelines, including to ensure confidentiality of client data • Provide cross-sector training on complete and accurate data collection, including incident reports which are essential for facilitating GBV survivors' access to justice • Coordinate data collection, record keeping and tracking between service providers and across sectors • Employ participatory methods, especially to analyze and reflect on data and findings in order to translate them into program improvements • Share evidence and findings with: <ul style="list-style-type: none"> – Internal audiences (e.g., staff, GBV survivors) – Partners in the response to GBV (e.g., advocacy organizations, and local governmental, nongovernmental, and private sector partners) – Communities – Policymakers – Media.
<p>Recommended Resources</p>	<p><u>Evaluating Services for Survivors of Domestic Violence and Sexual Assault</u> (Riger et al. 2002)</p> <p><u>Outcome Evaluation Strategies for Domestic Violence Service Programs Receiving FVPSA Funding: A Practical Guide</u> (Lyon and Sullivan 2007)</p> <p><u>Researching Violence Against Women, A Practical Guide for Researchers and Activists</u> (Ellsberg and Heise 2005)</p> <p><u>The Gender-based Violence Information Management System</u>: Online tools for incident reporting, tracking, and analysis and data sharing protocols designed to facilitate coordination among agencies (U.N. Population Fund [UNFPA], IRC, and U.N. Refugee Agency [UNHCR] n.d.)</p> <p><u>Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators</u> (Bloom 2008)</p>

Develop a Budget

Dedicated resources are essential for operationalizing PEPFAR's commitment to addressing and reducing GBV. Analyses of budget allocations versus expenditures are also important for measuring and evaluating program impact, costs, and benefits.

<p>Actions</p>	<ul style="list-style-type: none"> • Identify and prioritize the problem (e.g., the impact of GBV on accessing services; gaps in stakeholder knowledge, attitudes, and practices) • Identify associated costs and develop a budget for planned activities (e.g., additional training; information, education and communication materials; communications campaigns; and advocacy) • Monitor the extent to which resources are used for intended purposes and reach intended beneficiaries • Evaluate the impact of the resources spent.
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PREVENTION

There is growing consensus that HIV prevention programs must not only address the biomedical and behavioral factors involved in transmission, but also the underlying social and structural drivers that increase vulnerability. Social, political, and economic inequities fuel women's and girls' vulnerability to HIV and GBV. Likewise, stigma and discrimination, including against MARPs such as MSM, sex workers, transgender people, and people who inject drugs, make it impossible to prevent or treat HIV through biomedical and behavioral approaches alone. While the evidence base for both HIV structural prevention and GBV prevention are limited, strategies to empower women and girls, engage men and boys, and challenge harmful social norms show promise for addressing the underlying drivers of HIV and GBV, simultaneously reducing the risk and vulnerabilities to both.

Addressing GBV within prevention programs can have a direct impact on reaching PEPFAR prevention targets, specifically:

- Working with countries to track and reassess their HIV epidemic in order to fashion an evidence-based prevention response based on best available and most recent data
- Emphasizing HIV prevention strategies that have been proven effective at achieving intended outcomes and targeting interventions to MARPs with high incidence rates
- Increasing emphasis on supporting and evaluating innovative and promising HIV prevention methods
- Expanding integration of HIV prevention programs with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection
- Expanding PEPFAR's commitment to cross-cutting integration of gender equality in its programs and policies, with a focus on addressing and reducing GBV.

Addressing GBV within Prevention Programs for the General Population

Combination HIV prevention strategies can simultaneously contribute to GBV prevention, dismantling the structural drivers of both.

Actions to Address Gender-based Violence	Recommended Resources
<p>Community-based actions:</p> <ul style="list-style-type: none"> • Include GBV in HIV prevention curricula and peer education programs and provide information about and access to GBV support services • Mobilize communities on GBV and HIV, specifically, the links between the two and how harmful gender norms, beliefs, and practices contribute to both • Support life skills education for boys and girls through both in- and out-of-school programs. 	<p><u>Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis Policies for Sexual Assault</u>: Recommendations for increasing access (Herstad 2009)</p> <p><u>Handbook for Legislation on Violence against Women</u> (U.N. Division for the Advancement of Women [UNDAW] 2009)</p>
<p>Health facility-based actions:</p> <ul style="list-style-type: none"> • Raise awareness among all cadres of health care workers about GBV as a risk factor for HIV infection • Train and support health care providers to screen for violence where counseling and referral services exist • Link GBV and HIV prevention and awareness programs with voluntary medical adult male circumcision services • Support GBV survivors in negotiating risk reduction behaviors such as condom use • Ensure timely access to post-exposure prophylaxis • Ensure access to female condoms. 	<p><u>Implementing Stepping Stones: A Practical and Strategic Guide for Implementers, Planners, and Policy Makers</u>: Tools for promoting community awareness and life-skills education (ACORD 2007)</p> <p><u>Preventing Intimate Partner and Sexual Violence Against Women</u>: Evidence-based promising practices in violence prevention (WHO and London School of Hygiene and Tropical Medicine 2010)</p> <p><u>Project H: Working with Young Men to Promote Health and Gender Equity</u> (Instituto Promundo 2002)</p>
<p>Structural actions:</p> <ul style="list-style-type: none"> • Ensure protective laws and policies are in place and enforced to prevent GBV • Challenge harmful gender norms, roles, and behaviors, and reduce acceptance of GBV • Support girls' and women's access to education because increased educational attainment has been linked to increased protection from HIV infection and violence • Promote women's and girls' economic security through livelihood programs and ensure their property and inheritance rights • Support research on female-initiated methods of HIV prevention • Ensure policies are in place that promote linkages between GBV and HIV, and support programs that address harmful gender norms, beliefs, and practices that contribute to GBV and HIV. 	<p><u>The SASA! Activist Kit for Preventing Violence Against Women and HIV</u>: Comprehensive set of tools for community-based action (Raising Voices 2009b)</p> <p><u>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide</u> (Fisher, Lang, and Wheaton 2010)</p>

Addressing GBV within Prevention Programs with MARPs

Actions to Address Gender-based Violence	Recommended Resources
<p>Community-based actions:</p> <ul style="list-style-type: none"> • Ensure that information on GBV is addressed within HIV programs consistent with the context of the country's HIV epidemic, including the most vulnerable populations. 	<p><u>Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men Who Have Sex with Men in Latin America and the Caribbean</u> (PAHO 2010)</p>
<p>Health facility-based actions:</p> <ul style="list-style-type: none"> • Establish strong referral and coordination mechanisms between HIV and GBV services as well as services designed specifically for MARPs (e.g., methadone replacement therapy, outreach to sex workers) • Address bias and discrimination among provider attitudes toward MARPs • Train health care workers and counselors on high-risk populations' increased vulnerabilities to violence • Address the impact of GBV on negotiating risk reduction strategies • Ensure access to male and female condoms to all populations • Create linkages with substance abuse prevention services and programs that are friendly towards MARPs and have staff trained in GBV screening. 	<p><u>Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance</u> (PEPFAR 2010)</p> <p><u>Developing Services for Female Drug Users</u>: Training module (EHRN n.d.)</p> <p><u>Gender Identity, Violence, and HIV among MSM and TG: A Literature Review and a Call for Screening</u>: Screening tool (Betron and Gonzalez-Figueroa 2009)</p> <p><u>Identifying Violence Against Most-at-Risk Populations: A Focus on MSM and Transgenders. Training Manual for Health Providers</u> (Egremy, Betron, and Eckman 2009)</p> <p><u>IGWG Gender, Sexuality, and HIV Training Module</u> (IGWVG 2010)</p> <p><u>Sex Work, Violence and HIV: A Guide for Programmes with Sex Workers</u> (IHAA 2008)</p> <p><u>Technical Guidance on Combination HIV Prevention: Men Who Have Sex with Men</u> (PEPFAR 2011)</p> <p><u>Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users</u> (WHO 2009)</p>
<p>Structural actions:</p> <ul style="list-style-type: none"> • Ensure that information on GBV is addressed within HIV programs consistent with the context of the country's HIV epidemic, including the most vulnerable populations. 	<p><u>UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People</u> (UNAIDS 2009)</p> <p><u>Understanding Drug Related Stigma: Tools for Better Practice and Social Change</u> (Harm Reduction Coalition n.d.)</p>

Addressing GBV within Prevention Programs for Youth

HIV prevention programs for youth are an ideal vehicle for integrating primary prevention programs for GBV as there is consensus that such efforts should focus on younger age groups.

Actions to Address Gender-based Violence	Recommended Resources
<p>Community-based actions:</p> <ul style="list-style-type: none"> • Train and sensitize child- and youth-serving program staff and volunteers on GBV and the particular risk factors that children and young people face, for example, sexual violence including forced sex and coercion • Ensure that services and programs are tailored to the distinct needs of girls, boys, young women, and young men, acknowledging that programming is not necessarily the same for each group • Establish linkages between prevention programs and age-appropriate services for young GBV survivors • Include information on GBV in school-based programs to prevent HIV • Include HIV and GBV prevention information in comprehensive sexuality education for young people. 	<p><u>Adolescents: Missing from Programs for the World's Orphans and Vulnerable Children</u>: Overview of needs of vulnerable adolescents with examples of programs that work (Osborn 2007)</p> <p><u>Elimination of All Forms of Discrimination and Violence against the Girl Child, Report of the Expert Group Meeting</u>: Includes overview of the issues and recommendations for policy change, programming, and nongovernmental organizations and civil society (UNDAW 2006)</p> <p><u>Gender Matters: A Manual on Addressing Gender-based Violence Affecting Young People</u> (Council of Europe 2007)</p> <p><u>Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis Policies for Sexual Assault</u>: Recommendations and key components for a gender-sensitive post-exposure prophylaxis policy for sexual assault (Herstad 2009)</p> <p><u>Preventing Intimate Partner and Sexual Violence Against Women</u>: Includes age-specific promising practices for the primary prevention of violence (WHO and London School of Hygiene and Tropical Medicine 2010)</p> <p><u>Project H: Working with Young Men to Promote Health and Gender Equity</u> (Instituto Promundo 2002)</p> <p><u>Women, Girls, Boys, and Men: Different Needs – Equal Opportunities: Gender Handbook in Humanitarian Situations</u>: Includes a series of questions on what to look for or ask so that programs are designed and implemented with sensitivity to the different needs of women, girls, boys, and men (IASC 2006)</p>
<p>Health facility-based actions:</p> <ul style="list-style-type: none"> • Ensure access to youth-friendly sexual and reproductive health services that include GBV screening • Ensure gender-sensitive access to post-exposure prophylaxis for young people. 	
<p>Structural actions:</p> <ul style="list-style-type: none"> • Support efforts to prevent all forms of violence and abuse, especially child maltreatment and child sexual abuse. 	

HIV TESTING AND COUNSELING

GBV is a significant barrier to women's use of HTC services, in turn hampering treatment scale-up and prevention efforts (WHO 2006). Violence and fear of violence are often cited as barriers to HIV testing and disclosing a positive test result (Hale and Vazquez 2011). In addition to physical violence, women cite fear of abandonment, loss of economic support, rejection, and accusations of infidelity as reasons for not seeking out HTC services or returning for test results. Experience with violence and women's low status within the family can negatively influence knowledge of where and how to get tested; the level of autonomy and decision making individual family members have about accessing health care; and access to resources, such as money for transportation, that impede utilization of services (Ali 2007).

A 2006 WHO expert meeting identified four thematic areas for addressing GBV within HTC:

- A barrier to accessing services
- Safe disclosure of test results
- Ability to negotiate risk reduction behaviors
- Access to post-test support and care (WHO 2006).

Addressing GBV within HTC programs can have a direct impact on advancing PEPFAR's HTC strategies and reaching HTC targets, specifically:

- Addressing GBV within testing and counseling programs can improve uptake of services, increasing the number of individuals who know their HIV status and 1) seek treatment, and 2) have the information, tools, and support to prevent further infection.
- Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection.
- Expanding PEPFAR's commitment to cross-cutting integration of gender equality in its programs and policies, with a focus on addressing and reducing GBV.

Addressing GBV within Strategic Scale-up of Provider-initiated HTC and HTC in Community and Clinical Settings

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness:</p> <ul style="list-style-type: none"> Assess and identify if and how GBV influences women’s and men’s access to HTC services Assess community and policy environment to determine readiness to respond to GBV in HTC programs Establish linkages with police and law enforcement agencies. 	<p><u>A Manual for Integrating the Programmes and Services of HIV and Violence against Women:</u> Recommendations for integrating GBV services within voluntary counseling and testing programs (Ferdinand 2009)</p>
<p>Training:</p> <ul style="list-style-type: none"> Ensure adequate training in GBV screening and referral for all HTC providers Provide additional training as needed for issues on links between GBV and HTC. 	<p><u>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa:</u> Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p>
<p>HTC services:</p> <ul style="list-style-type: none"> Ensure services are financially, geographically, and linguistically accessible to women and MARPs Raise awareness about GBV within “male-friendly” services (i.e., mobile/outreach, evening/weekend hours) Utilize a family-centered approach that supports HTC for couples/partners and children Provide adequate and appropriate space for HTC services that allows for safety and privacy Ensure the “4 Cs” are adhered to: consent, confidentiality, counseling, and correct test results Ensure that HTC services are not implementing mandatory testing or unlawful disclosure Consider integrating screening and counseling for GBV as part of HTC services where training and support are available; ensure counselors are equipped to deal with GBV if suspected Ensure provision of quality services (see section: Addressing GBV in HTC Quality Assurance Approaches). 	<p>Guidance on Couples HIV Testing and Counseling (WHO Forthcoming)</p> <p><u>Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities:</u> Information on strategic scale-up of provider-initiated testing and counseling, including minimum information for obtaining informed consent (WHO 2007b)</p>
<p>Ensuring safe disclosure:</p> <ul style="list-style-type: none"> Train and support HTC providers to identify women who fear violence as a result of testing or disclosure and counsel them on how to address these fears Offer alternative models for disclosure including counselor-assisted disclosure Provide couples/partner HTC to relieve burden on women for disclosing to male partners. 	<p><u>Guidelines for Medico-legal Care for Victims of Sexual Violence</u> (WHO 2003)</p>
<p>Linkages and referrals:</p> <ul style="list-style-type: none"> Establish referral networks and coordination mechanisms within the community and for GBV services Link clients proactively with GBV services as needed Refer women and marginalized populations to peer groups to provide ongoing psychosocial support Build support systems for GBV survivors where services do not exist Increase access to HTC by integrating HTC within GBV services. 	<p><u>Improving the Health Sector Response to Gender Based Violence:</u> Checklist for conducting a situational analysis and step-by-step guidance for planning and implementing GBV services (Bott, Guezmes, and Claramunt 2004)</p>

Addressing GBV within Strategic Scale-up of Provider-initiated HTC and HTC in Community and Clinical Settings (continued)

Actions to Address Gender-based Violence	Recommended Resources
<p>Risk-reduction:</p> <ul style="list-style-type: none"> Address violence as a barrier to negotiating risk reduction strategies and support survivors in developing strategies to protect themselves when negotiating safer sexual relationships. 	<p>Opening Up the HIV/AIDS Epidemic: Guidance on Encouraging Beneficial Disclosure, Ethical Partner Counselling & Appropriate Use of HIV Case-reporting (UNAIDS 2000)</p> <p>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide (Fisher, Lang, and Wheaton 2010)</p>

Integrating GBV within Couples HIV Testing and Counseling (CHTC)

Actions to Address Gender-based Violence	Recommended Resources
<p>Increase availability of CHTC services:</p> <ul style="list-style-type: none"> Train providers to deliver CHTC in all HTC settings Educate clients and patients about the benefits of CHTC services, including GBV prevention. <p>Ensure quality CHTC service provision:</p> <ul style="list-style-type: none"> Ensure that neither member of the couple (or polygamous family) has been coerced to attend CHTC; train HTC providers to identify signs that either partner has been coerced to attend CHTC or potential violence within the couple; these partners should be met with individually before proceeding with CHTC; for couples where coercion or violence may be present, HTC providers may wish to recommend individual HTC or delay CHTC to a later time Offer the entire HTC service together, including learning their test results together if couples presenting for CHTC have discussed this decision jointly; separating couples could suggest secrecy or distrust, and may put HTC providers in a compromising position if they learn something about one partner that the client is not willing to share with the other Confirm that both partners are ready to receive and to disclose their results together before the HTC provider reveals test results to the couple Offer both partners the opportunity to return to the HTC site (or refer to appropriate site) for additional counseling and support, either as individuals or as a couple Provide appropriate linkages and support for serodiscordant couples Provide additional follow-up to women in serodiscordant couples with special attention to HIV-positive women who are at increased risk for violence due to their HIV status. 	<p>AIDS Information Centre Uganda: Model program for addressing GBV within the context of couples counseling (AIDS Information Centre Uganda n.d.)</p> <p>Couples HIV Counseling and Testing Intervention and Training Curriculum (CDC 2007)</p> <p>* <i>Important note: this resource is currently under revision</i></p> <p>Guidance on Couples HIV Testing and Counseling (WHO Forthcoming)</p> <p>* See additional resources listed previously for HTC</p>

Addressing GBV through Strengthened Linkages between HTC and Other Appropriate Treatment, Care and Support, and Prevention Services

Actions to Address Gender-based Violence	Recommended Resources
<p>Training and sensitization:</p> <p>HTC and other HIV treatment, care and support, and prevention services should provide and facilitate training on:</p> <ul style="list-style-type: none"> • The links between HIV and GBV • Incidence of and risk factors associated with GBV • Special considerations for working with GBV survivors • Risk factors for GBV specifically related to HTC. 	<p><u><i>A Manual for Integrating the Programmes and Services of HIV and Violence against Women:</i></u> Recommendations for addressing GBV within HIV testing and counseling and (Ferdinand 2009)</p> <p><u><i>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide:</i></u> Practical tools to help plan, deliver, and evaluate trainings appropriate for a broad range of community-based organizations and entities addressing GBV (Fisher, Lang, and Wheaton 2010)</p> <p>Also see the resources in sections of this guide pertaining to:</p> <p>Prevention</p> <p>Adult Treatment Guidelines for GBV Programming: MARPs and M&E</p>
<p>Implementation of linkage programs:</p> <p>HTC sites should implement, monitor, and evaluate approaches to ensure linkages and successful enrollment of clients, which might include (but is not limited to):</p> <ul style="list-style-type: none"> • Integrating GBV screening, care, and support into HTC services • Integrating or co-locating HTC services with other follow-up services, including GBV services • Integrating additional services at the HTC site, such as point-of-care CD4 testing • Escorting clients to appropriate follow-up services • Establishing partnerships between HTC sites and follow-up services (both clinic- and community-based) • Improving HTC provider understanding of and engagement with GBV referral sites through visitation, contact points, and comprehensive referral lists • Providing additional GBV counseling or social support services at the HTC site or within the community • Providing transportation, child care assistance, nutritional support, or other incentives for providers, clients, or patients • Sending SMS (short messaging service) text reminders, making phone calls, or conducting home visits (with informed consent) to follow-up on referrals that were given at HTC • Training providers to create an enabling environment for all clients and patients within HTC services, particularly for women, MARPs, and other vulnerable populations who may be deterred from following through on referrals due to stigma and discrimination • Establishing M&E systems that track linkages. 	

Addressing GBV in HTC Quality Assurance Approaches	
Actions to Address Gender-based Violence	Recommended Resources
<p>Establish systems for HIV testing quality assurance to ensure correct test results are given by HTC providers and to monitor outcomes for clients, including GBV, related to their decision to get tested or disclosure of test results. These might include:</p> <ul style="list-style-type: none"> • Proficiency panel testing • Utilization of pre-printed laboratory logbooks • Engaging laboratory staff in supportive supervision of HTC providers • Ensuring test kits and supplies are of sufficient stock, and are in-date • Follow up visits or surveys for clients. 	<p><u>Couples HIV Counseling and Testing Intervention and Training Curriculum</u>: Provides key steps and tools for ensuring the quality of HTC services (CDC 2007) <i>*Important note: this resource is currently under revision</i></p> <p><u>Facilitative Supervision Handbook</u>: Tools for supervisors to provide ongoing support when introducing new services (EngenderHealth 1999)</p> <p>Also see the resources in sections of this guide pertaining to Guidelines for GBV Programming: M&E</p>
<p>Establish systems for HIV counseling quality assurance to ensure HTC providers provide adequate and client-centered counseling that addresses their risk factors and needs, including risk of GBV, fear of disclosure, etc. These might include:</p> <ul style="list-style-type: none"> • Provision of monthly or quarterly supportive supervision meetings with HTC providers from multiple sites to discuss challenging issues • Provider self-reflection tools • Client exit interviews • Refresher trainings on key issues. 	

Linking GBV with Expansion of HIV Rapid Test Kit Technology	
Actions to Address Gender-based Violence	
<ul style="list-style-type: none"> • Utilize HIV rapid testing technology in all HTC settings, whenever possible, to reduce the need for HTC clients or patients to return to the site at a later time to access their test results. HIV rapid testing technology facilitates same-hour results, reducing loss to follow-up, and it can be provided by lay counselors with appropriate training and supervision. This is of importance to GBV survivors where violence or the fear of violence can prevent them from accessing services. • Ensure sufficient stock of in-date test kits at all HTC sites through accountability and quality supply chain management. 	

Linking GBV with Promotion of All Forms of HTC	
Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Mark available HTC services with appropriate signboards or lettering to increase access to these services • Involve women, men, PLHIV, and other affected communities in the formulation, implementation, and monitoring of HTC communications campaigns • Vet all messages and images used in HTC communications campaigns in order to reinforce gender equality and positive norms and to avoid reinforcing negative stereotypes or harmful gender norms • Include information about patient rights, including the right to privacy and confidentiality, the availability of no- or low-cost services, and linkages to both HIV and GBV support services in public information campaigns. 	<p><u>Addressing Gender-based Violence through USAID's Health Programs: A Guide for Health Sector Program Officers</u>: Recommendations for communications on social and behavioral change (IGWG of USAID 2008)</p> <p>Also see the resources in sections of this guide pertaining to Guiding Principles: Meaningful Engagement of PLHIV</p>

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

While PMTCT services can be highly effective in preventing vertical transmission of HIV, coverage levels have remained low. GBV, including during pregnancy, can pose a barrier to women getting tested, disclosing their status to partners, adhering to treatment regimens, and seeking antenatal care. Addressing GBV within PMTCT programs can facilitate uptake of strategies to prevent vertical transmission and provides opportunities to support HIV-positive women in exercising all of their pregnancy options, promote and support men's participation in maternal health, reduce maternal and child mortality related to violence, and help women achieve their reproductive aspirations. Primary prevention strategies also offer numerous opportunities to address and integrate GBV services, for example, through pregnancy prevention services.

Addressing GBV within PMTCT programs can have a direct impact on advancing PEPFAR's PMTCT strategies and reaching PMTCT targets, specifically:

- Increasing investment in PMTCT to meet 80 percent coverage levels in HTC of pregnant women and 85 percent coverage levels of antiretroviral prophylaxis for women who test positive
- Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection
- Expanding PEPFAR's commitment to cross-cutting integration of gender equality in its programs and policies, with a focus on addressing and reducing GBV.

Integrating GBV Services within Rapid HTC in Antenatal and Maternity Settings

Pregnancy-related care offers an entry point for both HIV and GBV interventions and creates opportunities to engage male partners and promote violence prevention strategies. However, GBV and unequal status within the family and community can pose barriers to accessing health services, including emergency obstetric care.

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness: Follow steps for establishing readiness to respond to GBV within clinical settings, including adopting appropriate policies and protocols; ensuring safety, privacy, informed consent, and confidentiality; training staff; equipping facilities; and establishing referral networks and coordination mechanisms.</p> <p>Pregnancy-related violence, stigma, and discrimination: Train and support staff in screening for violence and identifying harmful consequences including psychological and physical trauma that can lead to obstetric complications.</p> <p>Vulnerability to human rights abuses: Enact policies and enforcement mechanisms to prevent coercion, forced termination of pregnancies, or forced sterilization of women living with HIV, and address punitive laws and policies related to vertical transmission.</p> <p>HTC: Train providers on the linkages between GBV and HIV, specifically how violence or the fear of violence can prevent women from assenting to HTC or returning for results, the importance of confidentiality; potential negative outcomes of disclosure, and incidence of anxiety, depression, and stress when learning about HIV status during pregnancy.</p> <p>Risk reduction: Address violence as a barrier to negotiating risk reduction strategies and support survivors in developing strategies to protect themselves when negotiating safer sexual relationships; consider ongoing risk of infection as part of HTC even if tested negative.</p> <p>Pregnancy options: Sensitize providers to respect and support pregnancy intentions of women living with HIV, provide support and linkages to safe pregnancy and motherhood services, and provide information on access to safe abortion services where legal.</p> <p>Ensure access to safe delivery services: Violence or fear of violence may cause women to avoid hospitals due to fear of involuntary disclosure.</p> <p>Safe abortion and postabortion care: Complications of abortion are of particular concern for women living with HIV given their potentially higher rates of morbidity due to unsafe abortion, and there is evidence to suggest that there are status, vulnerability, and stigma-related barriers that may compel women living with HIV to undergo unsafe abortions. Access should include accurate information on the legal status of abortion and health exceptions for seeking abortion.</p>	<p><u>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa</u>: Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p> <p><u>Family Planning–Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services</u> (Farrell 2007)</p> <p><u>HIV & AIDS - Stigma and Violence Reduction Intervention Manual</u>: Tools for implementing community-owned processes in development programs (Duvvury, Prasad, and Kishore 2006)</p> <p><u>Improving the Health Sector Response to Gender Based Violence</u> (Bott, Guezmes, and Claramunt 2004)</p> <p><u>Linkages and Integration of Sexual and Reproductive Health, Rights, and HIV: The Alliance Approach</u> (IHAA 2009)</p> <p><u>Men As Partners: A Program for Supplementing the Training of Life Skills Educators</u> (EngenderHealth and Planned Parenthood Association of South Africa 2001)</p> <p><u>mothers2mothers: Preventing Mother-to-Child HIV Transmission in Africa Using New Paradigms in Health Care Delivery</u>: Model program using mentor mothers to promote treatment adherence (Besser 2010)</p> <p><u>Technical Brief: Integrating Prevention of Mother-to-Child Transmission of HIV Interventions with Maternal, Newborn, and Child Health Services</u> (Stone-Jimenez et al. 2011)</p> <p><u>The One Man Can Action Kit</u>: Tools for engaging men to address GBV (Sonke Gender Justice Network 2006)</p> <p><u>The Pregnancy Intentions of HIV-positive Women: Forwarding the Research Agenda</u>: Important background reading for understanding barriers to access and stigma and discrimination (Harvard School of Public Health, WHO, and Harvard Center for Population and Development Studies 2010)</p> <p><u>Twbakane GBVIPMTCT Readiness Assessment</u>: Questionnaires and focus group discussion guides designed for introducing GBV services within health care settings (IntraHealth International 2008)</p>

Integrating GBV Services within Rapid HTC in Antenatal and Maternity Settings (continued)

Actions to Address Gender-based Violence	Recommended Resources
<p>Male involvement: Provide information and counseling to couples and men on violence prevention strategies and implement programs with men and boys that change harmful gender norms.</p> <p>Support for follow-on care: Increase access to follow-on care for GBV survivors, including antenatal care and PMTCT services.</p>	<p><i>Also see the resources in sections of this guide pertaining to:</i></p> <p>Guidelines for GBV Programming HTC including Couples Counseling Adult Treatment Prevention</p>

Integrating GBV Services within Antiretroviral Prophylaxis for Mother and Infant and ART for Eligible Mothers

Women living with HIV are particularly vulnerable to violence, stigma, and discrimination associated with both HIV and pregnancy.

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness: Follow steps for establishing readiness to respond to GBV within clinical settings, including adopting appropriate policies and protocols; ensuring safety, privacy, informed consent, and confidentiality; training staff; equipping facilities; and establishing referral networks and coordination mechanisms.</p> <p>Confidentiality: Pay special attention to confidentiality as access to drugs for prenatal transmission may lead to unintended disclosure.</p> <p>Stigma and discrimination: Women living with HIV choosing to continue pregnancy may face hostility and accusation from providers. Establish and enforce mechanisms to prevent coercion and educate women about their rights, as fear of forced or coerced sterilization or termination may pose a barrier for accessing ART; establish PMTCT and postnatal support groups for women living with HIV; reduce economic barriers to accessing ART; and promote and support family and community engagement to support women living with HIV including pregnant women.</p>	<p><u>HIV & AIDS - Stigma and Violence Reduction Intervention Manual</u>: Tools for implementing community-owned processes in development programs (Duvvury, Prasad, and Kishore 2006)</p> <p><u>mothers2mothers: Preventing Mother-to-Child HIV Transmission in Africa Using New Paradigms in Health Care Delivery</u>: Model program using mentor mothers to promote treatment adherence (Besser 2010)</p> <p><u>Twubakane GBV/PMTCT Readiness Assessment</u>: Questionnaires and focus group discussion guides designed for introducing GBV services within health care settings (IntraHealth International 2008)</p> <p><i>Also see the resources in sections of this guide pertaining to:</i></p> <p>Guiding Principles for Working with Survivors of GBV Adult Treatment</p>

Addressing GBV within Counseling and Support for Infant Feeding

Women's choices related to infant feeding may inadvertently reveal their HIV status or subject them to stigma, for example opting to use formula versus breastfeeding. Pressure to breastfeed or fear of stigma, discrimination, and violence can also interfere with women's feeding choices.

Actions to Address Gender-based Violence

Confidentiality: Ensure mechanisms are in place to protect confidentiality as choices regarding infant feeding may have implications for disclosure within the family and community.

Support women's feeding choices: Promote family and community support to challenge negative perceptions based on infant feeding choices. Combine infant feeding support with referrals and support related to postpartum health, family planning, and ART adherence.

ART: Provide support for access to antiretroviral prophylaxis during breastfeeding and ongoing access to ART for women living with HIV.

Linking GBV to Wraparound Services such as Nutrition, Family Planning, Services for Women Living with HIV, and Microeconomic Activities

Wrap around services, such as income-generating activities, can help address risk factors for GBV and provide needed support, such as legal services and support groups for survivors.

Actions to Address Gender-based Violence

Readiness assessments: Support social care organizations in conducting readiness and needs assessments for addressing GBV including knowledge, attitudes, and practices; institutional policies; training; staffing; and linkages with GBV organizations and networks.

Training and sensitization: Provide training for social care organizations on the linkages between HIV and GBV, the role of communities in addressing and preventing GBV, incidence and risk factors associated with GBV, and special considerations for working with survivors.

Establish linkages with existing GBV services and networks: Develop mutually reinforcing partnerships and referral networks among HIV-service and GBV organizations and promote bidirectional integration of HIV and GBV prevention and response efforts.

Recommended Resources

[*A Manual for Integrating the Programmes and Services of HIV and Violence against Women*](#): Tools for identifying opportunities for linkages between GBV and HIV services (Ferdinand 2009)

[*A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa*](#): Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)

[*Family Planning–Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services*](#) (Farrell 2007)

[*IMAGE Study Publication List 2005-2009*](#): Model program for integrating microfinance and GBV interventions (Small Enterprise Foundation n.d.)

[*Improving the Health Sector Response to Gender Based Violence*](#): Tools for mapping available services (Bott, Guezmes, and Claramunt 2004)

[*Linkages and Integration of Sexual and Reproductive Health, Rights, and HIV: The Alliance Approach*](#) (IHAA 2009)

Addressing GBV by Strengthening Linkages between PMTCT Programs and Care, Treatment, and Support Services

Linking HIV services can contribute to increased access to services, for example, by making multiple services available in a single setting. Linkages may create opportunities for efficiencies such as through joint training, support groups for staff and clients, and information sharing.

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness assessments: Support HIV programs and organizations in conducting readiness and needs assessments for addressing GBV including knowledge, attitudes, and practices; institutional policies; training; staffing; and linkages with GBV organizations and networks.</p> <p>Training and sensitization: Provide training on the linkages between HIV and GBV, incidence and risk factors associated with GBV, and special considerations for working with GBV survivors.</p> <p>Establish linkages with existing GBV services and networks: Develop mutually reinforcing partnerships and referral networks among HIV-service and GBV organizations and promote bidirectional integration of HIV and GBV prevention and response efforts.</p>	<p><u><i>A Manual for Integrating the Programmes and Services of HIV and Violence against Women</i></u> (Ferdinand 2009)</p> <p><u><i>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide</i></u> (Fisher, Lang, and Wheaton 2010)</p>

Addressing GBV Within Family-centered ART and Care Programs

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Train counselors to identify risk factors for violence within the family • Use opportunities for partner involvement to provide information about violence prevention strategies • Encourage support for PLHIV within the family. 	<p>* See <i>previous resources for PMTCT</i></p>

ADULT TREATMENT

Addressing GBV within the context of adult treatment programs can help break down barriers to accessing ART that hamper treatment scale-up efforts toward universal access. GBV can pose multiple barriers along the spectrum of services related to adult treatment including access to HTC, PMTCT, and ART, as well as ART adherence, leading to worse patient outcomes and potential development of HIV drug resistance (Herstad 2010; Ali 2007).

Addressing GBV within adult treatment programs can have a direct impact on advancing PEPFAR's adult treatment strategies and reaching treatment targets, specifically:

- Directly supporting more than 4 million people on treatment, more than doubling the number of patients directly supported by PEPFAR in its first five years
- Scaling up treatment with a particular focus on serving the sickest individuals, pregnant women, and those with HIV/tuberculosis coinfection; increasing support for country-level treatment capacity by strengthening health systems and expanding the number of trained health workers
- Working with countries and international organizations to develop a shared global response to the burden of treatment costs in the developing world, and assisting countries in achieving their defined treatment targets
- Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection
- Expanding PEPFAR's commitment to cross-cutting integration of gender equality in its programs and policies, with a focus on addressing and reducing GBV
- Increasing the proportion of HIV-infected infants and children who receive treatment commensurate to their representation in a country's overall epidemic, helping countries to meet national coverage levels of 65 percent for early infant diagnosis, and doubling the number of at-risk babies born HIV-free.

Strengthening Political Commitment to Addressing both HIV and GBV

Addressing HIV with governments, policymakers, and leaders offers an entry point for raising awareness about and commitment to ending GBV.

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Promote adoption of and adherence to international laws and policies against gender-based discrimination and violence • Strengthen national laws and policies related to gender equality and GBV • Address both statutory and customary laws that discriminate based on sex or sexual orientation • Ensure enforcement and accountability • Promote community participation, specifically of PLHIV and women, in decision making and coordinating bodies • Include GBV in national action plans, targets, and indicators related to HIV, treatment, and GBV. 	<p><u>Combating Gender-based Violence: A Key to Achieving the MDGs:</u> Advocacy guide (UNFPA, U.N. Development Fund for Women, and Office of the Special Adviser on Gender Issues and Advancement of Women 2005)</p> <p><u>Good Practices in Legislation on Violence Against Women, Report of the Expert Group Meeting and Handbook for Legislation on Violence against Women:</u> Companion guides (UNDAW 2008, 2009)</p> <p><u>International Guidelines on HIV/AIDS and Human Rights:</u> Details the responsibilities of states for protecting human rights within the context of HIV (UNAIDS 2006)</p> <p><u>Preventing Intimate Partner and Sexual Violence Against Women:</u> Guide for policymakers and program planners (WHO and London School of Hygiene and Tropical Medicine 2010)</p> <p><u>UN Trust Fund to End Violence Against Women:</u> Provides programmatic examples of local and national initiatives for raising awareness, legal literacy, training, prevention, and research (UN Women n.d.-b)</p> <p><u>Virtual Knowledge Centre to End Violence against Women and Girls:</u> Module on legislation (UN Women n.d.-a)</p>

Addressing GBV within National HIV Policy and Clinical Guidelines

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Ensure national AIDS policies address GBV • Policies should include strong multisector coordination, community involvement, and participation of PLHIV and women • Guidelines should include protocols for screening for and monitoring GBV • Ensure availability and dissemination of guidelines on post-exposure prophylaxis including who is eligible and who can provide services. 	<p><u>Child Protection Policies and Procedures Toolkit</u> (Jackson, Wernham, and ChildHope 2005)</p> <p><u>Friends of the Chair of the United Nations Statistical Commission on the Indicators on Violence Against Women:</u> Proposed indicators for states (U.N. Secretary General 2009)</p> <p><u>Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis Policies for Sexual Assault:</u> Recommendations and key components for a gender-sensitive post-exposure prophylaxis policy for sexual assault (Herstad 2009)</p> <p><u>Guidelines for Medico-legal Care for Victims of Sexual Violence</u> (WHO 2003)</p> <p><u>Post-exposure Prophylaxis to Prevent HIV Infection: Joint WHO/ILO Guidelines</u> (WHO and International Labor Organization 2007)</p> <p><u>Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators</u> (Bloom 2008)</p>

Addressing GBV within National ART Training Programs for Clinical and Laboratory Staff

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Include training on gender-sensitive communications and service provision and GBV within core and supplementary curricula • Ensure gender awareness and GBV training are provided on an ongoing basis with opportunities for reflection • Create mechanisms to support health care workers to handle incidents of GBV appropriately, including adequate and ongoing training, established guidelines and protocols, and supervision • Include gender sensitivity and GBV within curricula guidelines for all health care workers. 	<p><u>Communication Skills in Working with Survivors of Gender-based Violence</u> (FHI, RHRC, and IRC 2004)</p> <p><u>Community Treatment Literacy: Recognizing Gender Issues in Adhering to HIV Treatment, Workshop Manual</u>: Designed for PLHIV networks to raise awareness about how stigma, discrimination, gender inequality, and GBV create barriers to treatment adherence and how to develop strategies to promote adherence (USAID Health Policy Initiative 2010)</p> <p><u>IGWG Gender, Sexuality, and HIV Training Module</u> (IGWG 2010)</p> <p><u>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide</u> (Fisher, Lang, and Wheaton 2010)</p>

Providing Adequate Space and Personnel for Clinical Care in Medical Facilities

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness: Follow steps for establishing readiness to respond to GBV within clinical settings, including adopting appropriate policies and protocols; ensuring safety, privacy, informed consent, and confidentiality; training staff; equipping facilities; and establishing referral networks and coordination mechanisms.</p> <p>Implications of rapid scale-up: Program planners should plan for additional needs resulting from rapid scale-up of treatment access including support services, ongoing training for counselors, and emergency services and supplies for GBV survivors.</p>	<p><u>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa</u>: Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p> <p><u>Improving the Health Sector Response to Gender Based Violence</u>: Management checklist (Bott, Guezmes, and Claramunt 2004)</p> <p><u>Violence Against Women: The Health Sector Responds</u> (Velzeboer et al. 2003)</p>

Addressing GBV within Efforts to Strengthen Laboratory Networks

Actions to Address Gender-based Violence	Recommended Resource
<ul style="list-style-type: none"> • Ensure diagnostic tests are geographically, financially, and linguistically accessible • Ensure laboratory services maintain privacy and confidentiality protocols. 	<p><u>The Gender-based Violence Information Management System</u>: Sample information sharing protocol (UNFPA, IRC, and UNHCR n.d.)</p>

Integrating GBV within Community Outreach for HIV Prevention and ART Adherence

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Sensitize and train adherence counselors and support group leaders on GBV including barriers to accessing treatment on a consistent basis • Include messages challenging harmful gender norms and stereotypes within HIV communications • Address stigma, discrimination, and violence related to HIV and access to services • PLHIV, women, and affected communities should be involved in the formulation, implementation, and monitoring of public information campaigns • All messages and images should be carefully vetted to avoid reinforcing negative stereotypes or harmful gender norms • Public information campaigns should include information about patient rights including the right to privacy and confidentiality, the availability of no- or low-cost services, and linkages to both HIV and GBV support services. 	<p><u>Community Treatment Literacy: Recognizing Gender Issues in Adhering to HIV Treatment, Workshop Manual</u> (USAID Health Policy Initiative 2010)</p> <p><u>Implementing Stepping Stones: A Practical and Strategic Guide for Implementers, Planners, and Policy Makers</u> (ACORD 2007)</p> <p><u>Men As Partners: A Program for Supplementing the Training of Life Skills Educators</u> (EngenderHealth and Planned Parenthood Association of South Africa 2001)</p> <p><u>Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa</u> (Michau and Naker 2003)</p> <p><u>Project H: Working with Young Men to Promote Health and Gender Equity</u> (Instituto Promundo 2002)</p> <p><u>Soul City Series</u>: Television and radio program and related tools for addressing HIV, sexuality, and violence (Soul City Institute for Health & Development Communication n.d.)</p>

Linkages between GBV and National, Unified HIV M&E Systems

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Include GBV surveillance indicators in M&E systems. 	<p><u>The Gender-based Violence Information Management System</u>: Online tools for incident reporting, tracking, and analysis and data sharing protocols designed to facilitate coordination among agencies (UNFPA, IRC, and UNHCR n.d.)</p> <p><u>Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators</u> (Bloom 2008)</p>

Effective Links among HIV Services, Including PMTCT and HTC

Linking HIV services can contribute to increased access to services, for example, by making multiple services available in a single setting. Linkages may create opportunities for efficiencies such as through joint training, support groups for staff and clients, and information sharing.

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness assessments: Support HIV programs and organizations in conducting readiness and needs assessments for addressing GBV including knowledge, attitudes, and practices; institutional policies; training; staffing; and linkages with GBV organizations and networks.</p> <p>Training and sensitization: Provide training on the linkages between HIV and GBV, incidence and risk factors associated with GBV, and special considerations for working with GBV survivors.</p> <p>Establish linkages with existing GBV services and networks: Develop mutually reinforcing partnerships and referral networks among HIV-service and GBV organizations and promote bidirectional integration of HIV and GBV prevention and response efforts.</p>	<p><u><i>A Manual for Integrating the Programmes and Services of HIV and Violence against Women</i></u> (Ferdinand 2009)</p> <p><u><i>An Essential Services Package for an Integrated Response to HIV and Violence Against Women:</i></u> Details the full range of programs and services needed to end violence against women and HIV (Women Won't Wait 2010)</p> <p><u><i>Technical Brief: Integrating Prevention of Mother-to-Child Transmission of HIV Interventions with Maternal, Newborn, and Child Health Services</i></u> (Stone-Jimenez et al. 2011)</p> <p><u><i>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide</i></u> (Fisher, Lang, and Wheaton 2010)</p>

Addressing GBV within HIV Treatment and Care Programs that Promote HIV Prevention

Actions to Address Gender-based Violence	Recommended Resources
<p>Risk reduction:</p> <ul style="list-style-type: none"> • Address violence as a barrier to negotiating risk reduction strategies and support survivors in developing strategies to protect themselves when negotiating safer sexual relationships • HTC must consider ongoing risk of infection even if tested negative • Address the special needs of serodiscordant couples • Provide access to female initiated methods of prevention. 	<p><u><i>A Manual for Integrating the Programmes and Services of HIV and Violence against Women</i></u> (Ferdinand 2009)</p> <p>Also see the resources in sections of this guide pertaining to:</p> <p>Prevention</p> <p>HTC</p> <p>Care and Support</p>

Optimal Human Resource Management, Including the “Network System” and Appropriate Task Shifting, to Maximize Treatment Access

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Ensure all cadres of health care workers are sensitized to GBV, understand the role of the health sector in addressing GBV, and have the skills to work with survivors • Provide training and support on GBV on an ongoing basis • Address provider knowledge, attitudes, and practices, particularly regarding harmful social norms that may reinforce and perpetuate GBV • Ensure post-exposure prophylaxis policies for sexual assault address who can provide services. 	<p><u><i>Communication Skills in Working with Survivors of Gender-based Violence</i></u> (FHI, RHRC, and IRC 2004)</p> <p><u><i>Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis Policies for Sexual Assault: Recommendations and key components for a gender-sensitive post-exposure prophylaxis policy for sexual assault</i></u> (Herstad 2009)</p> <p><u><i>IGWG Gender, Sexuality, and HIV Training Module</i></u> (IGWG 2010)</p> <p><u><i>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide</i></u> (Fisher, Lang, and Wheaton 2010)</p>

CARE AND SUPPORT

PLHIV are more likely than those not infected to experience GBV (WHO and UNAIDS 2010). Violence or fear of violence can prevent PLHIV from seeking or accessing care and support services consistently. Several studies among women living with HIV reveal large gaps between the number of women living with HIV and the portion of those women receiving treatment, care, and support (Lindsey 2003). HIV care and support services and networks provide a ready-made infrastructure for screening PLHIV for violence, providing a minimum response to GBV survivors, linking them to other basic health care services, and providing referrals. Linkages to organizations and programs that address GBV can be mutually beneficial: strengthening health surveillance and referral networks, creating efficiencies around shared strategies such as economic self-sufficiency, mobilizing a comprehensive community-based response, and increasing successful programmatic outcomes and sustained results.

Addressing GBV within care and support programs can have a direct impact on advancing PEPFAR’s care and support strategies and reaching care and support targets, specifically:

- Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection and have access to women-initiated prevention technologies such as female condoms and microbicides (once the latter are approved)
- Expanding PEPFAR’s commitment to cross-cutting integration of gender equality in its programs and policies, with a focus on addressing and reducing gender-based violence.

Addressing GBV within Clinical Services

Service delivery networks can be entry points for screening clients for GBV and providing basic GBV services and referrals. Addressing GBV within HIV care and support services can help mitigate barriers that GBV survivors face in gaining access to priority services, such as ART, diagnosis and treatment of STIs, PMTCT, healthy pregnancy services, and prevention and treatment of opportunistic infections. Services and supplies should be made available at no or low cost, and financial assistance for related support (e.g., transportation, nutrition) should be made available.

Actions to Address Gender-based Violence	Recommended Resources
<p>Situational analysis: Assess provider knowledge, attitudes, and practices; review policies and protocols with respect to client safety, privacy, and confidentiality; review existing local or national data on GBV prevalence; review relevant laws and policies including obligations of health providers; and identify existing services (including basic health; sexual and reproductive health; mental health; and social, legal, financial, and family services).</p> <p>Staff training and sensitization: Ensure all facility staff, including program managers, health providers, counselors, and administrative staff, are sensitized routinely to GBV, trained on GBV organizational policies and protocols, integrate GBV into core and supplemental training programs, and provide GBV training to others on a consistent, regular basis.</p> <p>Organizational policies and protocols: Ensure client safety, privacy, and confidentiality including with respect to managing client information, and establish accountability and enforcement mechanisms.</p> <p>Infrastructure and supplies: Ensure facilities allow for client safety and privacy (e.g., private screening rooms) and procure emergency supplies; information, education, and communication materials; rapid test kits; and male and female condoms.</p> <p>Public sector coordination: Establish and maintain linkages with public sector responders (e.g., police, and public health providers); support training on and sensitization to GBV, human rights, gender power relations, and legal obligations.</p> <p>Related services: Map existing services (including health, social, legal, and financial) and establish referral pathways and protocols.</p> <p>GBV screening: Where referral services are available, adopt protocols to screen clients for GBV including how to identify risk factors, ask clients about violence, and validate their experience.</p> <p>Care for GBV survivors: Where referral services are available, adopt protocols for care of GBV survivors, including emergency services and safety planning.</p>	<p><u>A Manual for Integrating the Programmes and Services of HIV and Violence against Women:</u> (Ferdinand 2009)</p> <p><u>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa:</u> Tools and resources to establish and strengthen GBV services within existing public health facilities, improve linkages with other sectors, and engage local communities (Keesbury and Thompson 2010)</p> <p><u>Addressing Gender-based Violence through USAID's Health Programs: A Guide for Health Sector Program Officers:</u> Intended to help integrate GBV activities into health sector portfolios during project design, implementation, and evaluation (IGWG of USAID 2008)</p> <p><u>Guidelines for Medico-legal Care for Victims of Sexual Violence:</u> Developed to improve professional health services for all victims (men, women, and children) of sexual violence (WHO 2003)</p> <p><u>Improving the Health Sector Response to Gender Based Violence</u> (Bott, Guezmes, and Claramunt 2004)</p> <p><u>Twubakane GBV/PMTCT Readiness Assessment:</u> Questionnaires and focus group discussion guides designed for introducing GBV services within health care settings (IntraHealth International 2008)</p>

Addressing GBV within Social Care and Community Mobilization

Like HIV, GBV requires a comprehensive, multidimensional, multisector response. Social care, such as income-generating activities, can help address risk factors for GBV and provide needed support, such as legal services and support groups for GBV survivors.

Actions to Address Gender-based Violence	Recommended Resources
<p>Readiness assessments: Support social care organizations to conduct readiness and needs assessments for addressing GBV; to review institutional policies, training, and staffing; and to create linkages with GBV organizations and networks.</p> <p>Training and sensitization: Provide and facilitate training for social care organizations on the linkages between HIV and GBV, the role of communities in responding to and preventing GBV, prevalence and risk factors associated with GBV, and special considerations for working with GBV survivors.</p> <p>Establish linkages with existing GBV services and networks: Develop mutually reinforcing partnerships and referral networks among HIV-service and GBV organizations and promote bidirectional integration of HIV and GBV prevention and response efforts.</p>	<p><u>HIV & AIDS - Stigma and Violence Reduction Intervention Manual:</u> Guide for community-based organizations to facilitate community-led and -owned processes that address stigma and GBV in HIV prevention efforts (Duvvury, Prasad, and Kishore 2006)</p> <p><u>Implementing Stepping Stones: A Practical and Strategic Guide for Implementers, Planners, and Policy Makers:</u> Tools for engaging communities on gender and HIV (ACORD 2007)</p> <p><u>Project H: Working with Young Men to Promote Health and Gender Equity</u> (Instituto Promundo 2002)</p> <p><u>The SASA! Activist Kit for Preventing Violence Against Women and HIV:</u> Comprehensive set of tools for community-based action (Raising Voices 2009b)</p> <p><u>Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide:</u> Includes practical tools to help plan, deliver, and evaluate trainings appropriate for a broad range of community-based organizations and entities involved in addressing GBV (Fisher, Lang, and Wheaton 2010)</p> <p><u>Violence Against Women: The Health Sector Responds:</u> Provides an overview of PAHO's integrated strategy for addressing GBV, not only within the clinical setting, but also within policy, the health sector, and the community (Velzeboer et al. 2003)</p>

Addressing GBV within Psychological Services

Psychological reactions to GBV are similar to, but distinct from, those experienced by people infected and affected by HIV, such as anger, denial, and depression (UNFPA 2004). Just as community attitudes, such as HIV stigma and discrimination, can influence PLHIV's sense of self, harmful gender norms can fuel and reinforce GBV survivors' feelings of shame, isolation, and self-blame.

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none"> • Include mental health services in referral networks for PLHIV and GBV services • Train and sensitize community-based support workers to provide counseling and support • Employ community-based strategies to address the role of survivors' family and friends in overcoming the trauma of GBV (UNFPA 2004) • Ensure children and youth receive age-appropriate trauma counseling • Facilitate access to quality counseling by trained workers, such as counselors, nurses, social workers, psychologists, or psychiatrists • Develop support groups specifically designed for GBV survivors and their families. 	<p><u>Communication Skills in Working with Survivors of Gender-based Violence</u> (FHI, RHRC, and IRC 2004)</p> <p><u>IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings:</u> Information on providing psychosocial support to survivors of GBV (IASC 2007)</p>

Addressing GBV within Positive Prevention Efforts

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none">• Train and sensitize providers on increased risk of violence for PLHIV, particularly women living with HIV• Train and sensitize providers on GBV, especially on the sexual and reproductive health rights of PLHIV and increased risk to GBV survivors of pressure and coercion regarding pregnancy and childbearing within health care settings• Train and sensitize providers on barriers that GBV can pose for treatment access and adherence; ensure services are available and at no or low cost, and that financial support is available for related expenses such as food and transportation.	<p><u>Community Treatment Literacy: Recognizing Gender Issues in Adhering to HIV Treatment, Workshop Manual</u> (USAID Health Policy Initiative 2010)</p> <p><u>IGWG Gender, Sexuality, and HIV Training Module</u> (IGWG 2010)</p>

ORPHANS AND VULNERABLE CHILDREN

GBV against orphans and vulnerable children (OVC) can take the form of physical and emotional violence, sexual abuse, forced and early marriage, forced labor and child trafficking, and inequitable access to household resources, including nutrition, schooling, and health care. GBV against children can occur in multiple settings: in the home, in school, in institutional settings, in the community, and in situations where children are living outside of family care. Perpetrators include family members, neighbors, caretakers, teachers, employers, service providers, and others. Children without adequate adult protection and care are highly vulnerable to all forms of maltreatment including sexual violence.

GBV against children is increasingly pervasive. An evaluation of GBV programs in sub-Saharan Africa showed that children constitute a significant portion of GBV survivors seeking services but that they are underserved by adult-oriented services (Keesbury and Askew 2010). Although sexual violence tends to increase with age and to affect girls more than boys, it is known to occur against children of both sexes and at all ages, including infancy.

Numerous studies illustrate young women's particular vulnerability to sexual violence; for example, one study showed that the younger women are at the age of first sex, the more likely it is to have been forced (Moreno 2005). In another study, young women living with HIV were 10 times more likely to report partner violence than their counterparts. Economic vulnerabilities for OVC are especially acute. Girls may be pressured to leave school in order to take on household responsibilities or paid work, and they are more likely than boys to exchange sex for food or money or be forced into prostitution (Plan UK and Plan International 2007). Likewise, boys may be pressured to leave school to take on paid work and be turned out of their house in order to relieve the economic burden (real or perceived). The consequences are numerous and far reaching.

Addressing GBV within OVC programs can have a direct impact on advancing PEPFAR's OVC strategies and reaching OVC targets, specifically:

- Strengthening the ability of families and communities to provide supportive services, such as food, nutrition, education, and livelihood and vocational training to OVC
- Expanding PEPFAR's commitment to cross-cutting integration of gender equality in its programs and policies, with a focus on addressing and reducing GBV.

Integrating GBV Services within Support to OVC and Their Families and Caregivers

The best protection for a child against maltreatment is a safe, stable and caring family.

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none">• Home visitation and parent education programs to prevent child maltreatment, especially of OVC and children living with HIV• Identify and treat emotional disorders in children, especially OVC and children living with HIV• Interventions for children and adolescents subjected to child maltreatment• Early childhood development programs for young OVC that actively engage the community, caregiver, and family• Working with parents and other caregivers to raise awareness about different forms of child maltreatment and sexual abuse and the role of parents and caregivers in preventing abuse.	<p><u>Gender-based Violence: Care and Protection of Children in Emergencies, A Field Guide</u> (Save the Children 2004)</p> <p><u>Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence</u> (WHO 2006)</p> <p><u>Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect</u> (Long 2011)</p>

Integrating GBV Services within Community-based Assistance to Vulnerable Households

Safe communities help to ensure that children and their families thrive; community groups often step in to help struggling families.

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none">• Enhance the capacity of all who work with and for children to identify and take action against GBV• Provide recovery and social reintegration services• Ensure equal access to services, support, and resources for girls and young women, OVC, and children living with HIV• Ensure programs and services address factors that can disproportionately lead girls to drop out of school and/or pursue domestic or paid labor, forced prostitution, or child labor.	<p><u>Child Protection Policies and Procedures Toolkit</u> (Jackson, Wernham, and ChildHope 2005)</p> <p><u>Rethinking Domestic Violence: A Training Process for Community Activists</u> (Naker and Michau 2004)</p> <p><u>The SASA! Activist Kit for Preventing Violence Against Women and HIV</u>: Comprehensive set of tools for community-based action (Raising Voices 2009b)</p>

Integrating GBV Services within Essential Services for OVC

Safe communities help to ensure that children and their families thrive; community groups often step in to help struggling families.

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none">• Review or enact gender-sensitive child protection policies within all institutions and organizations that serve children and adolescents• Train all service providers about gender inequality and equip them to recognize and address gender disparities in access to and provision of services to OVC• Ensure health services are child-friendly, gender-sensitive, and confidential, and that providers are trained and equipped to identify and respond to GBV• Provide access to sexual and reproductive health care• Support girls' education and address barriers to access• Ensure equal access to birth registration• Provide legal services for girls and young women related to property and inheritance rights.	<p><u>Advocating for Sexual Abuse Free Classrooms</u> (Meintjes 2009)</p> <p><u>Child Protection Policies and Procedures Toolkit</u> (Jackson, Wernham, and ChildHope 2005)</p>

Addressing GBV within OVC Policy, Legislation, and Resource Mobilization

Strong government child protection systems are necessary along with champions for children who lack adequate adult protection at home.

Actions to Address Gender-based Violence	Recommended Resources
<ul style="list-style-type: none">• Integrate gender equality principles into national plans, laws, and policies related to children• Enact and enforce legal protections against all forms of violence against children including early and forced marriage, harmful practices such as female genital cutting, child labor, and trafficking in persons• Protect and promote inheritance rights for children, particularly girls and young women• Ensure customary laws protect children, particularly girls and young women. <p>Resources for communities:</p> <ul style="list-style-type: none">• Ensure resources are allocated for violence prevention programs• Invest in programs to get and keep girls and young women in school and ensure schools and the trip to school are safe for children, especially girls and young women.	<p><u>Child Protection System Mapping and Assessment Toolkit</u>: Users' guide, comprehensive toolkit, and core toolkit (UNICEF 2010)</p> <p><u>Council of Europe Policy Guidelines on Integrated National Strategies for the Protection of Children from Violence</u> (Council of Europe n.d.)</p> <p><u>Report of the Independent Expert for the United Nations Study on Violence Against Children</u>: Recommendations for states (U.N. Secretary General 2006)</p>

Addressing GBV within Efforts to Challenge Stigma and Discrimination against Children Living with and Affected by HIV

Actions to Address Gender-based Violence	Recommended Resources
<p>Strategies for addressing social and cultural norms that support GBV:</p> <ul style="list-style-type: none"> • Media awareness campaigns • Working with men and boys • Promote nonviolent values and awareness raising, especially at a young age with girls and boys. 	<p><u>HIV & AIDS - Stigma and Violence Reduction Intervention Manual:</u> Tools for implementing community-owned processes in development programs (Duvvury, Prasad, and Kishore 2006)</p> <p><u>Implementing Stepping Stones: A Practical and Strategic Guide for Implementers, Planners, and Policy Makers:</u> Tools for engaging communities on gender and HIV (ACORD 2007)</p> <p><u>Project H: Working with Young Men to Promote Health and Gender Equity</u> (Instituto Promundo 2002)</p>

Addressing GBV within HIV Prevention Programs for OVC

Actions to Address Gender-based Violence	Recommended Resources
<p>GBV prevention education:</p> <ul style="list-style-type: none"> • Teach children from a young age about good and bad touching and how to report suspected maltreatment • Help children recognize and avoid potentially abusive situations through school- and community-based training • Institute bullying prevention programs • Provide school- and community-based programs to prevent dating violence • Implement school- and community-based multicomponent violence prevention programs • Establish safe spaces within the community for girls • Include life skills education and self-esteem programs • Work with parents and caregivers to ensure their understanding of child sexual abuse and the important role they play in its prevention. 	<p><u>Advocating for Sexual Abuse Free Classrooms</u> (Meintjes 2009)</p> <p><u>Gender Matters: A Manual on Addressing Gender-based Violence Affecting Young People</u> (Council of Europe 2007)</p> <p><u>Good School Toolkit</u> (Raising Voices 2009a)</p> <p><u>Project H: Working with Young Men to Promote Health and Gender Equity</u> (Instituto Promundo 2002)</p>

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