

# **Responding to the Impact of Gender-Based Violence:**

## **An Annotated Bibliography for Integrated Family Planning and Gender-Based Violence Services**

---

**EngenderHealth/The RESPOND Project**

*May 2014*



©2014 EngenderHealth (The RESPOND Project)

The RESPOND Project  
c/o EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@respondproject.org](mailto:info@respondproject.org)  
[www.respondproject.org](http://www.respondproject.org)

This publication is made possible by the generous support of the American People through the U.S. Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-000-08-00007-00. The contents are the responsibility of The RESPOND Project/EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

This work is licensed under the Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/>.

Printed in the United States of America. Printed on recycled paper.

Suggested citation: The RESPOND Project. 2014. *Responding to the impact of gender-based violence: An annotated bibliography for integrated family planning and gender-based violence services*. New York: EngenderHealth/The RESPOND Project.

## Contents

---

Background .....	5
Selection and Review Criteria .....	5
Target Audience .....	6
Acknowledgments .....	6
Integrating Gender-Based Violence Services into General Health Care Service Delivery Settings .....	7
Integrating Gender-Based Violence Services within Family Planning and Reproductive Health Service Delivery Settings .....	13
Integrating Gender-Based Violence Services and HIV Services .....	17
Conducting Family Planning Counseling .....	19
Conflict and Humanitarian Settings .....	20
Challenging the Root Causes of Gender-Based Violence .....	22
Human Rights Context .....	23
Region-Specific Information: Guinea Background .....	25



## Background

---

The goal for this annotated bibliography was to assist in the development of a clinic protocol and training curriculum to integrate intimate partner violence screening and basic crisis intervention services within a family planning and reproductive health clinic in Conakry Guinea. Given the political context, a lack of criminal justice response to intimate partner violence, and limited community based resources available to survivors within the region, we looked to include a multitude of resources that addressed the following aspects:

- A comprehensive understanding of the impact of gender-based violence on individuals, families, and communities
- A health and human rights framework
- Evidentiary findings and lessons learned from previously implemented programs
- Suggested guidelines and standards for integrating a new program of care within an existing program of care
- Training modules to equip providers with the tools needed to respond to an issue
- Tools and forms that could be adapted and implemented within a clinical setting
- A multilayer perspective—individual, community, and societal—emphasizing the development or improvement of clinic operating policy and procedures

## Selection and Review Criteria

---

We limited our search to English-language sources that were freely accessible and published after 2000. The following aspects were considered for each source:

- **Content and summary** areas covered (e.g., gender-based violence, intimate partner violence, integration services, policy and procedure, training)
- **Type of tool** (e.g., resource guide, research study, training manual, integration tool)
- **Application** in the context of intimate partner violence and family planning integration

Given the successful outcomes of integration services in areas other than intimate partner violence and family planning (e.g., in HIV and general health care service settings), we included resources that were beyond the scope of gender-based violence. The information in these particular resources could be adapted by individuals working in context of programs addressing gender-based violence. Additionally, we included sources from both the global North and the global South, with an emphasis on underresourced regions. The resources are organized in alphabetical order under following eight categories:

1. Integrating Gender-Based Violence Services into General Health Care Service Delivery Settings
2. Integrating Gender-Based Violence Services within Family Planning and Reproductive Health Service Delivery Settings
3. Integrating Gender-Based Violence Services and HIV Services
4. Conducting Family Planning Counseling
5. Challenging the Root Causes of Gender-Based Violence
6. Conflict and Humanitarian Settings
7. Human Rights Context
8. Region-Specific Information: Guinea Background

## Target Audience

---

This annotated bibliography centers on the integration of gender-based violence services into reproductive health and family planning service delivery settings. The resources were selected with the following disciplines in mind, as these disciplines have the ability to address gender-based violence on the individual, community, and society levels: reproductive and family planning health care providers; family planning counselors; clinic administrators and managers; and policymakers. Therefore, the information contained in the annotated bibliography is particularly relevant and useful for those who:

- Provide medical care and treatment to reproductive health and family planning clients on a regular basis
- Serve as the initial point person for clients seeking services from a reproductive health and family planning clinic
- Counsel clients on their family planning options and assist clients in making informed decisions about family planning
- Are seeking to develop and/or improve integrated gender-based violence and family planning health services
- Have the ability to affect policy change, and/or develop a standardized response to gender-based violence in reproductive health and family planning clinics at the national or regional level

## Acknowledgments

---

Many people contributed to the development of this annotated bibliography. Kira Laffe, consultant, led the writing, with inputs from Ashley Jackson, former EngenderHealth staff, and from Lori Rolleri, consultant, who gathered and categorized many of the sources. This bibliography was reviewed by Joan Kraft, Michal Avni, Carolyn Curtis, and Erin Mielke, all from the U.S. Agency for International Development, as well as by Defa Wane and Fabio Verani from EngenderHealth. Further thanks go to former EngenderHealth staff Nancy Yinger and consultant Joan Haffey for their initial contributions to the development of the bibliography. This document was edited by Michael Klitsch and was formatted by Elkin Konuk.

## Integrating Gender-Based Violence Services into General Health Care Service Delivery Settings

<b>1</b>	<p>Bott S., Guedes A., &amp; Guezmes A. (2005). <b>The health service response to sexual coercion / violence: Lessons from IPPF/WHR member associations in Latin America.</b> In: Jejeebhoy S., Iqbal S. &amp; Shyam T. (Eds). <i>Sex Without Consent: Young People in Developing Countries.</i> London: Zed Books. <a href="http://www.who.int/reproductivehealth/publications/adolescence/9781842776810/en/">http://www.who.int/reproductivehealth/publications/adolescence/9781842776810/en/</a></p>
	<p><b>Summary:</b> Chapter 17 in <i>Sex Without Consent: Young People in Developing Countries</i> details the lessons learned from an initiative directed by International Planned Parenthood Federation, Western Hemisphere Region, to improve the health care response to violence against women.</p> <p><b>Type of Tool:</b> Research Article</p> <p><b>Application:</b> Short but concise, this chapter serves as a mechanism for a beginning discussion on the successes and challenges of developing an initiative to address violence against women in developing countries.</p>
<b>2</b>	<p>Bott S., Guedes A., Guezmes A., &amp; Claramunt C. (2004, updated 2010). <b>Improving the health sector response to gender-based violence: A resource manual for health care managers in developing countries.</b> New York: International Planned Parenthood Federation, Western Hemisphere Region. <a href="http://www.ippfwhr.org/sites/default/files/GBV_cdbookletANDmanual_FA_FINAL.pdf">www.ippfwhr.org/sites/default/files/GBV_cdbookletANDmanual_FA_FINAL.pdf</a></p>
	<p><b>Summary:</b> Specific to building the capacity of three organizations in Latin America to respond to gender-based violence, International Planned Parenthood Federation, Western Hemisphere Region, developed a manual that: documents and disseminates the lessons learned from a regional initiative; shares concrete tools for improving health care response; and identifies long-term challenges about “how the health sector should address the problem of gender-based violence in developing countries.”</p> <p><b>Type of Tool:</b> Resource Guide</p> <p><b>Application:</b> The manual is designed for multiple audiences—clinic administrators, health care providers, and private and nongovernmental organizations. It includes tools for incorporating gender-based violence screening into family planning and reproductive health services and specifically addresses the unique needs and challenges of communities that are low-resourced.</p>
<b>3</b>	<p>Christofides, N., et al. (2006). <b>How to conduct a situational analysis of health services for survivors of sexual assault.</b> Johannesburg: Sexual Violence Research Initiative, Medical Research Council. <a href="http://www.svri.org//analysis.htm">http://www.svri.org//analysis.htm</a></p>
	<p><b>Summary:</b> Developed by the South African Gender-Based Violence Health Initiative, this guide provides insights and tools on how to conduct a step-by-step analysis of an organization’s internal and external environment regarding the services available to survivors of sexual assault. The guide aims to help organizations better understand service quality and identify where services are being provided and the factors that influence the quality of services to survivors of sexual assault.</p> <p><b>Type of Tool:</b> Resource Guide</p> <p><b>Application:</b> The guide is helpful for those seeking to better understand and strengthen sexual assault services in their respective country, by using various methods to assess the cultural and environmental readiness of the country.</p>

<b>4</b>	<p>Department of Health United Kingdom. (2005). <b>Responding to Domestic Abuse: A Handbook for Health Professionals</b>. London: Department of Health United Kingdom.  <a href="http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DH_4126619.pdf">http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DH_4126619.pdf</a></p>
	<p><b>Summary:</b> This comprehensive handbook describes domestic violence as a health concern that must be addressed by health care providers. In addition to describing the specific roles and responsibilities of providers and managers, this handbook also includes a sample organizational response plan and a sample safety plan for individual clients.</p> <p><b>Type of Tool:</b> Resource Guide</p> <p><b>Application:</b> The content of this manual is geared primarily to the United Kingdom context. However, it contains much useful information, as well as sample safety planning and risk assessment forms that can be adapted for other contexts.</p>
<b>5</b>	<p>Heise, L., Ellsberg, M., &amp; Gottemoeller, M. (2002). <b>Victims of gender-based violence</b>. In <i>Reaching the Hardly Reached</i> (pp. 93–107). Washington, DC: PATH.  <a href="http://www.path.org/publications/detail.php?i=503">http://www.path.org/publications/detail.php?i=503</a></p>
	<p><b>Summary:</b> <i>Reaching the Hardly Reached</i> merges the public health and human rights perspectives on the reproductive rights of underserved populations. Contained within the book, this article details the general reproductive health consequences of gender-based violence and provides key background information for providers and managers seeking to design and implement clinic policy for responding to clients experiencing gender-based violence.</p> <p><b>Type of Tool:</b> Summary Article</p> <p><b>Application:</b> In addition to rich information, this article also contains a flowchart of fatal and nonfatal health outcomes of gender-based violence, as well as a list of successful intervention methods being implemented in reproductive health clinics internationally.</p>
<b>6</b>	<p>Interagency Working Group on Gender (IGWG) of USAID. (2006). <b>Addressing Gender-Based Violence through USAID’s Health Programs: A Guide for Health Sector Program Officers</b>. Washington, DC: IGWG.  <a href="http://www.prb.org/pdf05/GBVReportfinal.pdf">http://www.prb.org/pdf05/GBVReportfinal.pdf</a></p>
	<p><b>Summary:</b> This guide focuses on what the health sector can do, keeping in mind that preventing and responding to gender-based violence requires a multisectoral approach. For each type of health program—from community mobilization to health policy—the guide explores reasons why these programs should address gender-based violence and how to support gender-based violence initiatives based on what is known about promising approaches from literature reviews, the opinions of leading experts, and feedback from USAID and cooperating agency staff.</p> <p><b>Type of Tool:</b> Resource Guide</p> <p><b>Application:</b> This guide is particularly helpful for better understanding the importance of a multilayered approach to addressing gender-based violence in health care settings and should be referenced at the very beginning of an integration project.</p>

<b>7</b>	<p>International Planned Parenthood Federation, Western Hemisphere Region. (2000). <b>Tools for service providers working with victims of GBV</b>. New York: International Planned Parenthood Federation, Western Hemisphere Region.  <a href="http://www.ippfwhr.org/sites/default/files/files/Tools_GBV_EN.pdf">www.ippfwhr.org/sites/default/files/files/Tools_GBV_EN.pdf</a></p>
<b>Summary:</b>	This article shares the first international definition of violence against women, which was adopted by the United Nations in 1993. In addition to the definition, the article briefly outlines three forms of violence experienced by women—child sexual abuse, sexual abuse/rape, and domestic violence—and concludes with a sample screening tool.
<b>Type of Tool:</b>	Resource Guide and Sample Tools
<b>Application:</b>	This article is only four pages long, but it includes brief, succinct definitions of violence against women. The screening tool is also brief; the content and questions are quite direct. It is suggested that this screening tool be compared to more comprehensive and up-to-date screening tools and adapted to meet the cultural and environmental factors of the particular region in which it is being implemented.
<b>8</b>	<p>International Rescue Committee and University of California Los Angeles. (2008). <b>Clinical care for sexual assault survivors: a multi-media training tool</b>.  <a href="http://clinicalcare.rhrc.org">http://clinicalcare.rhrc.org</a></p>
<b>Summary:</b>	<p>This multimedia educational program to improve clinical care for and general treatment of sexual assault survivors provides medical instruction and encourages competent, compassionate, confidential care. It is divided into five sections:</p> <ol style="list-style-type: none"> <li>1. What every clinic worker needs to know</li> <li>2. Responsibilities of non-medical staff</li> <li>3. Direct patient care</li> <li>4. Preparing your clinic</li> <li>5. Collecting forensic evidence</li> </ol>
<b>Type of Tool:</b>	Training and Educational Tool
<b>Application:</b>	The program is intended for both clinical care providers and nonclinician health facility staff. It is designed to be delivered in a group setting with facilitators guiding participants through the material and directing discussions and group participation, as appropriate.
<b>9</b>	<p>Keesbury, J., &amp; Thompson, J. (2010). <b>A step-by-step guide to strengthening sexual violence services in public health facilities: Lessons and tools from sexual violence services in Africa</b>. Lusaka: Population Council.  <a href="http://www.popcouncil.org/pdfs/2010HIV_PEPFAR_SGBV_Toolkit.pdf">http://www.popcouncil.org/pdfs/2010HIV_PEPFAR_SGBV_Toolkit.pdf</a></p>
<b>Summary:</b>	Sharing the lessons learned from sexual violence services in Africa, this guide gives practical guidance on establishing and strengthening sexual violence services within existing public health facilities, improving linkages to other sectors, and engaging local communities in issues of sexual violence.
<b>Type of Tool:</b>	Resource Guide and Sample Tools
<b>Application:</b>	This guide is rich with region-specific information and includes a clinical/community assessment tool, as well as form/guidelines for clinical services. The tools are easily adaptable to address the cultural and environmental factors of multiple regions.

**10**

Kenya Ministry of Health, Division of Reproductive Health. (2009, 2nd Edition). **National guidelines on medical management of sexual violence in Kenya.** <http://www.svri.org/nationalguidelines.pdf>

**Summary:** Now in its second edition, this resource guide details Kenya's national guidelines, which are designed to address the complex needs of survivors of sexual assault—medical, psychosocial, and/or legal. Additionally, the guide provides insights into the unique needs of child survivors of sexual assault, as this population comprises a large percentage of survivors in need of services.

**Type of Tool:** Resource Guide

**Application:** While specific to Kenya, these guidelines are easily adaptable for other regions. This guide, and the subsequent suggestions included, is useful to programs interested in addressing both child and adult survivors of sexual assault simultaneously.

**11**

Kilonzo, N., et al. (2008). **Delivery of post-rape care services: Kenya's experience in developing integrated services.** <http://www.who.int/bulletin/volumes/87/7/08-052340.pdf>

**Summary:** This paper outlines the process for how multisector teams at the local level in Kenya agreed to provide acute care response to survivors of sexual assault at three different government health facilities, including: postexposure prophylaxis, physical examination, and pregnancy and sexually transmitted infection services. Additionally, the paper describes the factors the teams took into consideration, specifically who accessed the provided services and how the teams used their lessons learned to create national policy change.

**Type of Tool:** Resource Guide

**Application:** While brief, this guide provides organizations with a concrete example of local organizing efforts to provide services to clients immediately following an incident of sexual assault. This resource is helpful for programs that have just begun the process of developing service delivery plan, as well as programs looking to use their client data to leverage procedural and/or policy change.

**12**

Murphy, C., Mahoney, C., Ellsberg, M., & Newman, C. (2006). **Gender-Based Violence Training Modules: A Collection and Review of Existing Materials for Training Health Workers.** Chapel Hill, NC: The Capacity Project/IntraHealth International. <http://www.hrresourcecenter.org/node/581>

**Summary:** This review describes a variety of training resources for health workers on gender-based violence. The reviewers screened the training modules for accuracy, content areas covered (e.g., gender-based violence awareness, intimate partner violence, and childhood sexual abuse), skills covered, and quality of instructional design. The review recommends whether modules are most appropriate for preservice or in-service training and provides links to the actual modules.

**Type of Tool:** Training and Education Tools

**Application:** The materials are categorized into modules that are applicable for developing-country contexts and those modules that are useful but less current or less applicable to developing contexts.

**13**

Reproductive Health in Conflict Response Consortium. (2004). **Communication skills in working with survivors of gender-based violence: A five-day training manual.**

[http://www.rhrc.org/resources/gbv/comm\\_manual/comm\\_manual\\_toc.html](http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html)

**Summary:** This practical guide begins with an overview of gender-based violence in conflict regions, followed by suggestions for engaging with survivors and methods to support survivors. It includes the following resources: a training outline; activity sheets and handouts; transparencies; and the complete training curriculum for reproductive health and family planning providers.

**Type of Tool:** Training and Education Tools

**Application:** The training modules can be used independently of one another and can be adapted to meet the needs of a particular region and/or implemented with fidelity. This resource is additionally helpful for those researching existing curricula on gender-based violence response and services to develop their own training course.

**14**

Troncoso, E., Billings, D. L., Ortiz, O., & Suárez, C. (2006). **Getting It Right: A Practical Guide to Evaluating and Improving Health Services for Women Victims and Survivors of Sexual Violence.** Chapel Hill, NC: Ipas.

<http://www.ipas.org/~media/Files/Ipas%20Publications/SVGUIDEE08>

**Summary:** This resource is designed to guide organizations through the process of evaluating and improving health services for survivors of sexual assault by addressing the following three questions:

1. What do the current laws and policies relevant to the treatment of survivors state?
2. What types of services exist, and who is providing those services?
3. What strategies are currently being used to improve health services for survivors of sexual violence?

**Type of Tool:** Resource Guide and Integration Tools

**Application:** This guide is intended for facilities that provide health care services to women and are looking to integrate sexual assault services and/or improve existing sexual assault services. Though developed based on the experiences of South America, this resource can be adapted to meet the needs of targeted regions.

**15**

UNFPA. (2001). **A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers & Managers.** New York: UNFPA.

[https://www.unfpa.org/webdav/site/global/shared/documents/publications/2001/genderbased\\_eng.pdf](https://www.unfpa.org/webdav/site/global/shared/documents/publications/2001/genderbased_eng.pdf)

**Summary:** This resource guide addresses the barriers programs face in talking about the issue of gender-based violence, while providing guidance on project design and suggestions for the role of the facility and its staff.

**Type of Tool:** Resource Guide and Integration Tools

**Application:** Targeting start-up projects and newly formed projects, this resource includes sample planning checklists, facility assessments, short screening tools, in-depth gender-based violence assessment tools, safety planning guides, and other tools for providers to adapt to their cultural context.

<b>16</b>	Velzeboer, M., Ellsberg, M., Clavel Arcas, C., & Garcia-Moreno, C. (2003). <b>Violence against women: The health sector responds.</b> Washington, DC: Pan American Health Organization (PAHO). <a href="http://www1.paho.org/english/dpm/gpp/gh/VAWHealthSector.htm">http://www1.paho.org/english/dpm/gpp/gh/VAWHealthSector.htm</a>
<b>Summary:</b>	This guide provides a strategy for addressing gender-based violence and concrete approaches for carrying out the strategy. For those communities in which support services are limited, this guide is meant to serve as a mechanism to motivate health providers and leaders to more directly confront the issue of gender-related violence and ensure support to affected women in resolving their situation.
<b>Type of Tool:</b>	Resource Guide
<b>Application:</b>	This guide is not only useful for front-line workers who are attending to the needs of survivors of gender-based violence, but also for decision makers who may incorporate the lessons into the development of policies and resources.
<b>17</b>	World Health Organization. (2003). <b>Guidelines for medico-legal care for victims of sexual violence.</b> Geneva: World Health Organization. <a href="http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/">http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/</a>
<b>Summary:</b>	Developed to build health care workers' capacity to better respond to cases of sexual assault, the guidelines for medico-legal care for victims of sexual assault aim to provide health care workers with: <ol style="list-style-type: none"> <li>1. The knowledge and skills necessary to manage survivors</li> <li>2. Recommended standards for health care and forensic service provisions for survivors</li> <li>3. Assistance in establishing a health and forensic service track for survivors.</li> </ol>
<b>Type of Tool:</b>	Resource Guide and Integration Tools
<b>Application:</b>	The guidelines are useful for a wide range of professionals who are seeking to develop service provisions, as well as for professionals seeking to improve current service provisions. Additionally, these guidelines are relevant to policymakers in charge of health service planning and professional training within health ministries. These guidelines can be easily adapted, taking into consideration the cultural environment, national policies, and local resources available to the community and survivors.
<b>18</b>	Majdalani, M., Alemán, M., Fayanas, R., Guedes A., & Mejía, R. (2005). <b>Validation of a short questionnaire to use in clinical consultations to detect gender violence.</b> [in Spanish] <i>Pan American Journal of Public Health</i> ; 17(2):79–83. <a href="http://www.ncbi.nlm.nih.gov/pubmed/15826384">http://www.ncbi.nlm.nih.gov/pubmed/15826384</a>
<b>Summary:</b>	This validation study examines the impact of using a short gender-based violence questionnaire within a clinic setting. The questionnaire addressed the following topics: frequent forms of gender-based violence; how and when the incidence of violence occurred and who perpetrated it; and inquiries about the patient's perception of her current risk for danger. Clients did not perceive the questionnaire to be intrusive or intimidating. In fact, the general populace indicated that the questionnaire provided them with an opportunity to address pain and seek assistance.
<b>Type of Tool:</b>	Academic Study and Tools for Integration
<b>Application:</b>	The research showed the effectiveness of the questionnaire in terms of format, content, and reliability. While developed specifically for Buenos Aires, Argentina, the questionnaire tool can be adapted by those looking to incorporate a screening mechanism within their respective clinic setting.

## Integrating Gender-Based Violence Services within Family Planning and Reproductive Health Service Delivery Settings

**19**

Chamberlain, L., & Levenson, R. (2012, 2nd Edition). **Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: Second Edition**. San Francisco: Futures Without Violence.

[http://www.futureswithoutviolence.org/userfiles/file/HealthCare/reproguidelines\\_low\\_res\\_FINA\\_L.pdf](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/reproguidelines_low_res_FINA_L.pdf)

**Summary:** With a focus on health care providers' crucial role in identifying and addressing intimate partner violence and reproductive coercion, this guide presents providers with key background information, including definitions of important terminology and data on the prevalence and research on the impact of intimate partner violence and reproductive and sexual coercion on women's and girls' reproductive health. Specifically, this edition seeks to "expand the scope of routine intimate partner violence screening to include assessment for reproductive and sexual coercion."

**Type of Tool:** Resource Guide and Tools for Integration

**Application:** Created for use in obstetrics, gynecology, and reproductive health care settings, this guide outlines concrete steps and actions for providers' responding to intimate partner violence and reproductive and sexual coercion. It features a comprehensive set of tools for incorporating assessment of coercion into existing intimate partner violence screening practices using harm-reduction strategies and includes sample scripts for answering difficult questions, training opportunities, and more.

**20**

Consortium for Emergency Contraception. (2004). **Emergency contraceptive pills: Medical and service delivery guidelines, 2nd ed.** Washington, DC: Consortium for Emergency Contraception.

[http://www.sexualityandu.ca/uploads/files/Medical\\_and\\_Service\\_Delivery\\_Guidelines\\_Eng\\_2012.pdf](http://www.sexualityandu.ca/uploads/files/Medical_and_Service_Delivery_Guidelines_Eng_2012.pdf)

**Summary:** Based on the latest research, the International Consortium for Emergency Contraception developed this set of medical and service delivery guidelines to give family planning and reproductive health programs and practitioners the information they need to provide emergency contraceptive pills safely and effectively. The document begins with a summary service protocol and addresses medical and service delivery issues, such as screening, dosage, and counseling, in an easy-to-use format.

**Type of Tool:** Training and Education Tool

**Application:** Providing survivors of sexual assault and rape with emergency contraceptive pills immediately following an incident of violence is considered a best practice in responding to gender-based violence. The guidelines outlined here serve as both a reference and a training tool for service providers and clinic managers.

<b>21</b>	<p>Feldman-Jacobs, C. (2005). <b>A Summary of the 'so what' report: A look at whether integrating a gender focus into programmes makes a difference to outcomes.</b> Washington, DC: Population Reference Bureau/Interagency Gender Working Group; and Geneva: World Health Organization. <a href="http://www.who.int/gender/documents/gender/so_what_report_summary/en/index.html">http://www.who.int/gender/documents/gender/so_what_report_summary/en/index.html</a></p>
	<p><b>Summary:</b> After the 2004 “So What?” report found strong evidence supporting the idea that integrating gender into reproductive health programming has a positive impact on reproductive health outcomes, this article went on to provide further evidence by summarizing 25 interventions that demonstrate the “So What?” report’s conclusion. The purpose of this review is to present policymakers and program managers with a clear picture of what happens when gender is integrated into reproductive health programs.</p> <p><b>Type of Tool:</b> Research Study</p> <p><b>Application:</b> Four recommendations were developed as a result of lessons learned while reviewing the 25 interventions. These recommendations can be of particular use to policymakers and program managers seeking to improve reproductive health outcomes by addressing one of the root causes of gender-based violence—inequitable and rigid gender norms.</p>
<b>22</b>	<p>Guedes, A. (2004). <b>Addressing Gender-Based Violence from the Reproductive Health/HIV Sector: A Literature Review and Analysis.</b> Washington, DC: The Population Technical Assistance Program. <a href="http://www.prb.org/igwg_media/AddressGendrBasedViolence.pdf">http://www.prb.org/igwg_media/AddressGendrBasedViolence.pdf</a></p>
	<p><b>Summary:</b> This article is a literature review and analysis of USAID's Bureau for Global Health on programs in developing countries that addressed or challenged gender-based violence, with a link to the reproductive health/HIV sectors. Though too early to determine “best practices,” the review points to a set of characteristics common to promising interventions.</p> <p><b>Type of Tool:</b> Academic Article</p> <p><b>Application:</b> Specific to developing countries, this review informs readers of the range of approaches available to address gender-based violence, highlighting the unique contribution of four approaches and outlining their common characteristics, which can be used in program planning and evaluation.</p>
<b>23</b>	<p>Guedes, A., Bott, S., &amp; Cuca, Y. (2002). <b>Integrating systematic screening for gender-based violence into sexual and reproductive health services: Results of a baseline study by the International Planned Parenthood Federation/Western Hemisphere Region.</b> New York: International Planned Parenthood Federation. <a href="http://www.sciencedirect.com/science/article/pii/S0020729202000450">http://www.sciencedirect.com/science/article/pii/S0020729202000450</a></p>
	<p><b>Summary:</b> Three Latin American affiliates of the International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR), have begun to integrate gender-based violence screening and services into sexual and reproductive health programs. This paper presents the methodology, results of a baseline study conducted in the affiliates, and results of field testing the screening tool.</p> <p><b>Type of Tool:</b> Research Study</p> <p><b>Application:</b> The preliminary results indicate that the project will succeed in strengthening institutional capacity to address gender-based violence in sexual and reproductive health care clinics. Included in the study are recommendations for health care providers and managers who are seeking to replicate such a project in their respective clinic sites.</p>

<b>24</b>	<p>Guedes, A., Stevens, L., Helzner, J., &amp; Medina, S. (2002). <b>Addressing gender violence in a reproductive and sexual health program in Venezuela.</b> In Haberland, N., &amp; Measham, D. (eds.), <i>Responding to Cairo: Case Studies of Changing Practice in Reproductive Health and Family Planning</i>. New York: Population Council. Pages 257–273.  <a href="http://www.ippfwhr.org/sites/default/files/files/GBV_Venez_EN.pdf">http://www.ippfwhr.org/sites/default/files/files/GBV_Venez_EN.pdf</a></p>
	<p><b>Summary:</b> After providing a background on gender-based violence in Venezuela and a rationale for addressing gender-based violence in sexual and reproductive health settings, this article presents information collected by The Asociación Civil de Planificación Familia (PLAFAM) on the details of their first pilot program. PLAFAM continues to further refine their data collection process; continued monitoring and evaluating is essential.</p> <p><b>Type of Tool:</b> Research Article and Sample Integration Tool</p> <p><b>Application:</b> The description of this model program can serve as an example to those in other countries also seeking to address gender-based violence in sexual and reproductive health settings. Each section documents another step taken in PLAFAM's process and provides lessons learned that could guide the creation of a new pilot program or assist in refining the current program.</p>
<b>25</b>	<p>Pinto-Aguirre, G. 2010. <b>Gender-Based Violence and Family Planning Services in Bolivia: A Review of the Evidence Through the Lens of the Demographic Health Survey and the Health Policy Initiative <i>Avances de Paz</i> Project.</b> Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.  <a href="http://pdf.usaid.gov/pdf_docs/PNADX924.pdf">http://pdf.usaid.gov/pdf_docs/PNADX924.pdf</a></p>
	<p><b>Summary:</b> This review details a gender-based violence and family planning strategy implemented in Bolivia. The strategy used participatory activities to help change and shape stakeholders' understanding of the causes, prevalence, and consequences of gender-based violence, including consequences for reproductive health–related behaviors. Additionally, the activities also raised awareness about what interventions or additional policies are needed to prevent gender-based violence and how to make health services more responsive to survivors' needs, increasing demand and use of these services, as well as activities that revealed the importance of involving men and youth in family planning and reproductive health education and services and gender-based violence prevention.</p> <p><b>Type of Tool:</b> Resource Guide and Sample Tools for Integration</p> <p><b>Application:</b> This guide may be helpful for organizations looking to develop integration services, as the project developed a package of adaptable interventions and approaches to support the implementation of gender-based violence–related policies and programs in municipalities, in the context of enhancing family planning and reproductive health services and outcomes.</p>

<b>26</b>	<p>Shepard, B. L. (2010). <b>Addressing Violence Against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets</b>. New York: UNFPA.  <a href="http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/addressing_violence.pdf">http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/addressing_violence.pdf</a></p>
	<p><b>Summary:</b> This report reviews the literature on the integration of activities to address gender-based violence—specifically violence against women and girls—into sexual and reproductive health services. It provides basic definitions (with additional definitions in Annex I); introduces key principles of human rights–based programming, gender mainstreaming, and culture; discusses the evidence that provides a strong foundation for recommendations on integrating sexual and reproductive health services and gender-based violence; and provides information on the most basic resources for the program planner.</p> <p><b>Type of Tool:</b> Resource Guide</p> <p><b>Application:</b> This guide is designed to provide guidance to health-sector program designers and managers and includes a comprehensive list of existing resources, manuals, and model programs.</p>
<b>27</b>	<p>Watts, C., &amp; Mayhew, S. (2004). <b>Reproductive Health Services and Intimate Partner Violence: Shaping a Pragmatic Response in Sub-Saharan Africa</b>. <i>International Family Planning Perspectives</i> 30(4):207–213, December 2004.  <a href="http://www.guttmacher.org/pubs/journals/3020704.html">http://www.guttmacher.org/pubs/journals/3020704.html</a></p>
	<p><b>Summary:</b> With a focus on intimate partner violence in Sub-Saharan Africa, this article outlines the intersections between intimate partner violence and reproductive health. Additionally, the opportunities and challenges that providers and managers face when integrating intimate partner violence service provisions within reproductive and sexual health clinics are explored.</p> <p><b>Type of Tool:</b> Resource Article</p> <p><b>Application:</b> Because gender-based violence can encompass many forms of violence against women, developing an integration service project that addresses gender-based violence comprehensively can be quite challenging. This article may be helpful for providers and managers who are seeking to address one aspect of gender-based violence—intimate partner violence—within their respective clinics.</p>

## Integrating Gender-Based Violence Services and HIV Services

28

Guedes, A., Helzner, J., & Tabac, L. (2002). **Innovative approaches to gender and sexual and reproductive health: Linking gender-based violence, HIV prevention and quality of care.** *Journal of Health Management*; 4(2):283–300.  
<http://jhm.sagepub.com/content/4/2/283.abstract>

**Summary:** Using case studies from the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) in Latin America and the Caribbean, this article explores the challenges and lessons learned from three different approaches to integrating gender into sexual and reproductive health services programs in HIV prevention, gender-based violence, and quality of care.

**Type of Tool:** Resource Guide

**Application:** This article provides the reader with opportunities to compare and contrast the benefits and challenges of three model integration programs. Aspects from each program can be used to design an integration program that best meets the needs of specific communities.

29

Khan, A. 2011. **Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs.** Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.  
[http://www.aidstar-one.com/sites/default/files/AIDSTAR-One\\_GBV\\_Guidance.pdf](http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_GBV_Guidance.pdf)

**Summary:** This guide is designed to help PEPFAR program managers address and respond to gender-based violence within HIV prevention, care, and treatment programs. In addition to mobilizing a comprehensive response to gender-based violence, the issues, strategies, and actions presented are intended to reflect consensus-based recommendations from public health experts, women's groups, reference agencies such as the World Health Organization and the U.S. Centers for Disease Control and Prevention, 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.

**Type of Tool:** Resource Guide

**Application:** Though focused on gender-based violence and HIV integration programs, the information provided and lessons learned from the project can be applied to other service entities. The guide serves as a starting point for HIV programs and services to contribute to a comprehensive response to gender-based violence, including through direct services for survivors of gender-based violence, community mobilization to address the root causes of such violence, capacity building for service providers, and policy change and leadership to create an enabling environment for preventing, addressing, and ultimately ending gender-based violence.

<b>30</b>	Luciano, D. (2009). <b>A Manual for Integrating the Programmes and Services of HIV and Violence Against Women</b> . Washington, DC: Development Connections. <a href="http://www.dvcn.org/uploads/client_70/files/ManualHIVVAWEN.pdf">http://www.dvcn.org/uploads/client_70/files/ManualHIVVAWEN.pdf</a>
<b>Summary:</b>	This manual is a basic resource on integration of HIV and violence against women, sponsored by the United Nations Development Fund for Women (UNIFEM). It includes discussion of the integration of services for gender-based violence into HIV prevention, voluntary counseling and testing, prevention of mother-to-child transmission of HIV, and care, treatment, and support. It also includes a number of tools to help in design and a tool for prioritizing integrated services. Other topics are the World Health Organization strategic approach to integration, planning for capacity-building of personnel, and the rapid assessment of data collection methods.
<b>Type of Tool:</b>	Resource Guide and Sample Integration Tool
<b>Application:</b>	This resource is easily accessible for programs that are just beginning the process of developing integrated services. The tools provided in the manual, while specific to HIV programs, can be easily adapted for other service provision.
<b>31</b>	Interagency Gender Working (IGWG) (2002). <b>Gender-Based Violence and Reproductive Health &amp; HIV/AIDS: Summary of A Technical Update</b> . Washington, DC: Population Reference Bureau. <a href="http://www.prb.org/pdf/Genderbasedviolence.pdf">http://www.prb.org/pdf/Genderbasedviolence.pdf</a>
<b>Summary:</b>	Reproductive health workers are often the only health care providers many women see. These professionals are on the front line in treating women who survive physical, sexual, and mental abuse. Yet most reproductive health programs are not equipped to handle such cases. On May 1, 2002, more than 130 program managers, policymakers, service providers, and trainers participated in a day-long Technical Update, hosted by the USAID Interagency Gender Working Group (IGWG) with the Center for Health and Gender Equity (CHANGE). Participants at the meeting heard data linking gender-based violence to reproductive health and HIV, were informed about pilot efforts to integrate gender-based violence services into reproductive health and HIV programs, and provided their input about whether and how to proceed in integrating the issue of violence against women into these programs.
<b>Type of Tool:</b>	Resource Guide
<b>Application:</b>	This resource may be useful for individuals who are seeking input from other providers but do not have the time to conduct qualitative interviews. However, it should be noted that information provided regarding pilot projects may be outdated.
<b>32</b>	World Health Organization. (2013). <b>Responding to intimate partner violence and sexual assault against women: WHO clinical and policy guidelines</b> . Geneva: World Health Organization.
<b>Summary:</b>	WHO developed these guidelines to help health care providers be prepared to respond to such disclosures. Not only do these guidelines set a precedent for care and treatment, the guidelines also aim to generate awareness and dialogue of gender-based violence to policymakers and health care managers.
<b>Type of Tool:</b>	Resource Guide on Policy and Procedure
<b>Application:</b>	Intended for both health care providers and managers, this guide may assist organizations in developing new policies and procedures and/or improve existing policies and procedures on the response to disclosures of intimate partner violence and sexual assault.

## Conducting Family Planning Counseling

33

EngenderHealth. (2008). **Counseling for effective use of family planning. 1) Trainer's manual and 2) participant handbook.** New York: EngenderHealth/The ACQUIRE Project.

[http://www.engenderhealth.org/files/pubs/acquire-digital-archive/10.0\\_training\\_curricula\\_and\\_materials/10.2\\_resources/fp\\_curric\\_tm\\_part\\_1.pdf](http://www.engenderhealth.org/files/pubs/acquire-digital-archive/10.0_training_curricula_and_materials/10.2_resources/fp_curric_tm_part_1.pdf)

[http://www.engenderhealth.org/files/pubs/acquire-digital-archive/10.0\\_training\\_curricula\\_and\\_materials/10.2\\_resources/fp\\_curric\\_ph\\_main\\_text.pdf](http://www.engenderhealth.org/files/pubs/acquire-digital-archive/10.0_training_curricula_and_materials/10.2_resources/fp_curric_ph_main_text.pdf)

<b>Summary:</b>	<p>In response to a growing need to reorient and refocus reproductive health counseling following a plateau in contraceptive prevalence rates, as well as high levels of contraceptive discontinuation, this curriculum focuses on the following aspects of reproductive health counseling:</p> <ol style="list-style-type: none"><li>1. Offering a tailored approach to meeting clients' individual needs</li><li>2. Addressing the needs of returning clients</li><li>3. Strengthening the management of contraceptive side effects</li><li>4. Strengthening integration with other aspects of sexual and reproductive health care</li></ol> <p>This manual builds upon EngenderHealth's curriculum, <i>Comprehensive Counseling for Reproductive Health</i>.</p>
<b>Type of Tool:</b>	Education and Training Tools
<b>Application:</b>	This manual is rich with training modules, participatory activities, training tips, and resources that can be distributed to training participants. The modules included can be implemented with fidelity, adapted to meet the needs of other target audiences, and/or serve as guidance in developing a new curriculum for health care providers.

## Conflict and Humanitarian Settings

**34**

Interagency Standing Committee. (2005). **Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies**. New York: Interagency Standing Committee.  
<http://www.unhcr.org/refworld/docid/439474c74.html>

**Summary:** The guidelines detailed in this resource provide humanitarian actors with a set of minimum interventions in all sectors to prevent and respond to gender-based violence in emergencies. Although the guidelines recognize that other forms of gender-based violence occur, especially after the acute phase of emergencies, the emphasis is on sexual violence as “the most immediate and dangerous type of gender-based violence occurring in acute emergencies.”

**Type of Tool:** Resource Guide

**Application:** This resource is designed to be used at the local, national, and regional levels by governmental and nongovernmental agencies and by community-based organizations operating in conflict and/or emergency settings.

**35**

Interagency Standing Committee (IASC) Sub-Working Group on Gender & Humanitarian Action. (2008). **GBV resource tool: Establishing GBV standard operating procedures (SOPs) for multisectoral and inter-organizational prevention and response to gender-based violence in humanitarian settings**. New York: Interagency Standing Committee (IASC) Sub-Working Group on Gender & Humanitarian Action.  
[http://www.globalprotectioncluster.org/assets/files/tools\\_and\\_guidance/gender\\_based\\_violence/GBV\\_Standard\\_Operational\\_Procedures\\_2008\\_EN.pdf](http://www.globalprotectioncluster.org/assets/files/tools_and_guidance/gender_based_violence/GBV_Standard_Operational_Procedures_2008_EN.pdf)

**Summary:** This standard operating procedures guide is one of several guides, training manuals, and other resource materials aimed to provide easy-to-use, concrete support to humanitarian country teams. The guide outlines the inclusive process and specific steps useful in developing comprehensible standard operating procedures.

**Type of Tool:** Sample Integration Tool

**Application:** The resource includes tools that can be adapted to specific clinics and/or regions. To develop a comprehensive procedural approach, this resource guide suggests a multisectoral approach to developing the standard operating procedures, which requires building and strengthening partnerships prior to doing so.

36	Reproductive Health in Conflict Response Consortium. (2007). <b>Minimum initial service package (MISP) for reproductive health in crisis situations.</b> <a href="http://reliefweb.int/report/world/minimum-initial-service-package-misp-reproductive-health-crisis-situations-distance">http://reliefweb.int/report/world/minimum-initial-service-package-misp-reproductive-health-crisis-situations-distance</a>
	<p><b>Summary:</b> This training program describes a coordinated set of priority activities designed to: prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and neonatal mortality and morbidity; and plan for comprehensive reproductive health services in the early days and weeks of an emergency. The minimum initial service package distance-learning module aims to increase programmers' knowledge of these priority reproductive health services so they can be initiated at the onset of a crisis situation.</p> <p><b>Type of Tool:</b> Training and Education Tools</p> <p><b>Application:</b> Humanitarian actors who are looking to increase their knowledge of the priority of reproductive health services will benefit from this program. Because this program allows for distance learning, participants do not need to be physically present in a session in order to learn. The module takes four hours to complete; successful completion of the posttest (80% or higher) allows the participant to become certified in the minimum initial service package module; the test is offered in English, French, Spanish, and Arabic.</p>
37	World Health Organization. (2005). <b>Clinical management of rape survivors: developing protocols for use with refugee and internally displaced persons.</b> Geneva: World Health Organization. <a href="http://whqlibdoc.who.int/publications/2004/924159263X.pdf">http://whqlibdoc.who.int/publications/2004/924159263X.pdf</a>
	<p><b>Summary:</b> This guide was developed following the <i>Inter-Agency Lessons Learned Conference: Prevention and Response to Sexual and Gender Based Violence in Refugee Situations</i>, March 27–29, 2001, in Geneva, Switzerland. It describes approaches to the management, care, and treatment of women, children, and men who have been sexual assaulted during emergency situations.</p> <p><b>Type of Tool:</b> Resource Guide</p> <p><b>Application:</b> This guide is designed for health care providers—medical doctors, midwives, nurses, and clinical officers—who are seeking to develop protocols and procedures specific to the management of survivors. This guide may also be useful for managers and trainers of health care providers.</p>

## Challenging the Root Causes of Gender-Based Violence

**38**

Barker, G., Ricardo, C., & Nascimento, M. (2007). **Engaging men and boys in changing gender-based inequity in health: Evidence from Program Interventions**. Geneva: World Health Organization.

[https://extranet.who.int/iris/restricted/bitstream/10665/43679/1/9789241595490\\_eng.pdf](https://extranet.who.int/iris/restricted/bitstream/10665/43679/1/9789241595490_eng.pdf)

**Summary:** This comprehensive review assesses the effectiveness of interventions that seek to engage men and boys in achieving gender equality and equity in health.

**Type of Tool:** Resource Guide

**Application:** This resource may be helpful for clinics wishing to incorporate aspects of the primary prevention of gender-based violence (addressing the root causes—gender inequity) and intervention services simultaneously. Information provided in this guide may be helpful in the construction of training modules specific to addressing the power inequities between clients and male providers.

**39**

EngenderHealth. (2003). **Transforming Men into Clients: Men's Reproductive Health Services in Guinea**. New York: EngenderHealth.

<http://www.engenderhealth.org/files/pubs/gender/compass-03-02.pdf>

**Summary:** This article describes a Men As Partners® (MAP) Program intervention in Guinea and its evaluation results. MAP “developed [and implemented a program based on] a curriculum designed specifically to train health care providers in low-resource settings on how to work with men. The curriculum addresses men’s RH needs in a holistic way while helping providers work with men more comfortably and competently.” Evaluation in two clinics in Conakry showed positive results in client and provider satisfaction and behavior change; effectiveness of low cost, simple outreach; and community engagement.

**Type of Tool:** Research Study, Model Program and Evaluation

**Application:** Short and concise, this article is beneficial for entities looking for successful model integration programs that focus on engaging men and boys.

## Human Rights Context

**40**

International Planned Parenthood Federation. (1996). **Charter on sexual and reproductive rights**. <http://ippf.org/resource/IPPF-Charter-Sexual-and-Reproductive-Rights>

**Summary:** By identifying 12 core rights relevant to sexual and reproductive health, the Charter articulates the International Planned Parenthood Federation's (IPPF's) underlying principles and guides IPPF in carrying out its mission. This landmark document frames family planning and reproductive health in a human rights context. Each right is defined using language from existing human rights instruments, raising awareness about the extent to which sexual and reproductive rights have already been recognized in human rights law, and connections are made between basic human rights and IPPF's key program issues.

**Type of Tool:** Training and Education Tools

**Application:** The existence of the Charter makes it easier for IPPF and its members to monitor and identify human rights violations pertaining to sexual and reproductive health. Because it is rooted in internationally accepted human rights law, this document provides IPPF members with the language and legal basis to present sound arguments when raising the issue of violations.

**41**

SPHERE Project. (2004). **Humanitarian Charter and Minimum Standards in Disaster Response**. Geneva : The Sphere Project.

<http://ocw.jhsph.edu/courses/refugeehealthcare/PDFs/SphereProjectHandbook.pdf>

**Summary:** The SPHERE Project developed a set of minimum standards for humanitarian assistance, with the goal of improving the quality of the assistance provided to people affected by disasters. The project developed a Charter that describes the core principles that govern humanitarian action and reasserts the rights of populations affected by disaster, whether natural or man-made (including armed conflict), to protection and assistance.

**Type of Tool:** Training and Education Tools

**Application:** The Charter and set of minimum standards are designed to guide those providing humanitarian action to populations affected by disaster. It includes principles and recommended actions based in international humanitarian, human rights and refugee law, and the Code of Conduct for the International Red Cross.

**42**

United Nations. (1994). **International conference on population and development: Program of action**. <http://www.unfpa.org/public/home/publications/pid/1973>

**Summary:** Created at the 1994 International Conference on Population and Development (ICPD) and adopted by 179 countries, the Programme of Action recognizes that reproductive health, as well as gender equality and women's empowerment, is a cornerstone of population and development programs. The 20-year Programme of Action builds on previous successes and identifies the population, maternal health, and family planning program needs of the early years of the 21st century.

**Type of Tool:** Training and Education Tools

**Application:** The Programme of Action provides the international community with underlying principles, objectives and actions for addressing the challenges and interrelationships of population and development, as well as specific applications for reproductive health and gender issues.

**43**

USAID/Gender-Based Violence Working Group. (2009). **A guide to programming gender-based violence prevention and response activities**. Washington, DC: USAID.  
[http://pdf.usaid.gov/pdf\\_docs/PNADO561.pdf](http://pdf.usaid.gov/pdf_docs/PNADO561.pdf)

<b>Summary:</b>	Recognizing the impact that gender-based violence has on global development, the Gender-Based Violence Working Group of United States Agency for International Development (USAID) created this comprehensive guide to raise awareness concerning gender-based violence. This guide is based on a conceptual framework and is intended to provide practical recommendations for USAID staff in order to make USAID assistance more effective and responsive to gender-based violence.
<b>Type of Tool:</b>	Resource Guide
<b>Application:</b>	Though not specific to health care service-delivery settings, the information is relevant and applicable to clinic program managers seeking to develop organizational policy and procedure, as well as to policymakers looking to affect change at the national and local levels. The guide is divided into the following sections: <ol style="list-style-type: none"><li>1. Gender-Based Violence Defined</li><li>2. The Problem</li><li>3. USAID Framework for Addressing Gender-Based Violence</li><li>4. Strategies for Reducing the Prevalence and Impact of GBV on Women and Girls</li></ol>

## Region-Specific Information: Guinea Background

**44**

OECD Development Centre. (2012). **Social institutions and gender index: Guinea.** [www.genderindex.org/country/guinea](http://www.genderindex.org/country/guinea), 30 April 2012

**Summary:** Instead of measuring gaps in outcomes for women and girls, data that do not necessarily explain the underlying causes of these gaps, the Social Institutions and Gender Index (SIGI) measures a country's discriminatory social institutions using variables such as early marriage, violence against women, restricted access to public space/resources, and more. SIGI has found that discriminatory social institutions are directly related to poor progress on Millennium Development Goals, lower agricultural production and food security, and the feminization of informal employment.

**Type of Tool:** Background Information

**Application:** SIGI rankings, data, and detailed country profiles will assist policymakers and researchers in understanding *how* poor outcomes related to gender inequality (in areas such as education and employment) are systematically driven by the discriminatory social institutions specific to their country, thereby allowing them to design policies and programs to address these institution's discriminatory practices.

**45**

Jackson, A. (2012). **Formative research for pilot activity to integrate GBV into FP/RH services in Guinea.** New York: The RESPOND Project/EngenderHealth. *Internal working document.*

**Summary:** Specific to Guinea, this report of formative research identified two major findings showing that virtually no referral services were available, even in Conakry, and that many family planning and reproductive health clients highly valued rapid services so they could obtain and use contraception without detection.

**Type of Tool:** Research Study

**Application:** The two major findings, in particular, informed the design of the planned training and service delivery program, a pilot activity by the RESPOND Project to integrate gender-based violence care into family planning and reproductive health services.

**46**

Ward, J. (2002). **If not now, when?: Addressing gender-based violence in refugee, internally displaced, and post-conflict settings.** New York: The Reproductive Health for Refugees Consortium. <http://www.rhrc.org/resources/ifnotnow.pdf>

**Summary:** Conducted by the Reproductive Health for Refugees Consortium, this global overview aims to improve both international and local capacity to address gender-based violence in refugee, internally displaced, and postconflict settings. The report is composed of 12 country profiles that include background information, gender-based violence issues, gender-based violence programming, and recommendations unique to each country. Finally, the report provides a set of 11 general recommendations based on its overall findings.

**Type of Tool:** Research Study

**Application:** This resource can be utilized in multiple ways: Those working to address these issues in any of the 12 countries included will gain a detailed understanding of the state of gender-based violence in each respective country and can utilize the recommendations for both planning and field work. The information and recommendations developed by the full global review can inform the work of all those working to prevent and respond to gender-based violence in refugee, internally displaced, and postconflict settings.

## Notes

## Notes

---

**The RESPOND Project  
EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.**

**Telephone: 212-561-8000  
[www.respond-project.org](http://www.respond-project.org)**