Gender-based violence (GBV) is any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females. The USAID | Health Policy Initiative, Task Order 1, is committed to working to eliminate GBV and its root cause of gender inequity. The project carries out interventions that range from formulating and implementing national GBV policies and strategies, to conducting advocacy and community mobilization to combat GBV, to coordinating activities among stakeholders at multiple levels.

The project tools and resources listed below are available online at www.healthpolicyinitiative.com, unless noted.

**GENERAL RESOURCES**

**Addressing Gender-based Violence through USAID’s Health Programs: A Guide for Health Sector Program Officers (2008).** This guide is designed to help USAID program officers integrate GBV initiatives into their health sector portfolios during project design, implementation, and evaluation. The guide focuses on what the health sector can do to support GBV initiatives based on what is known about promising approaches from literature reviews, opinions of leading experts, and feedback from USAID and cooperating agency staff. The guide was produced under the Interagency Gender Working Group of USAID. It is available in English, French, and Spanish.

**Gender-based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions (2008).** This qualitative GBV assessment was conducted in Tanzania in 2005, with a follow-up visit in 2008. The findings indicate that GBV, including intimate partner violence and rape, is often met with acceptance by both men and women. Women are also frequently blamed for causing or provoking GBV. As a result, they rarely report GBV or seek support. This assessment highlights promising GBV interventions in Tanzania and identifies gaps and opportunities for intervention and coordination.

**Gender-based Violence: Fact Sheet on Youth Reproductive Health Policy (2009).** Violence against women is a major problem that negatively affects the reproductive health of women and girls. This fact sheet provides an overview of how GBV affects youth reproductive health, including key areas for policy action.

**Toolkit: Responding to Gender-based Violence: A Focus on Policy Change (2006).** This toolkit includes three resources: A PowerPoint presentation on GBV, its costs, magnitude, and policy and programmatic recommendations; a companion guide; and an annotated bibliography on understanding various aspects of GBV. Available at http://www.policyproject.com/gbv/

**MOBILIZING RELIGIOUS LEADERS**

**A Call to Act: Engaging Religious Leaders and Communities in Addressing Gender-based Violence and HIV (2009).** While undertaking a GBV and HIV activity with religious leaders, the Health Policy Initiative discovered a lack of GBV information designed specifically for this audience. Recognizing this gap, the team created an advocacy guide for working with religious leaders. The guide can be used by religious leaders, communities, and institutions to learn about GBV and HIV and how these issues can be addressed. Secular organizations working on GBV and HIV can also use this guide to find examples of how to collaborate with religious leaders, communities, and institutions.

**Mobilizing Religious Communities to Respond to Gender-based Violence and HIV: A Training Manual (2009).** This manual guides trainers in conducting workshops for religious leaders and women leaders of faith on GBV and HIV. It was created for heads of religious organizations, such as inter-religious councils and women’s religious organizations. While this material was piloted with leaders, it can be adapted to meet the priorities and needs of participants, such as other organization members. The objective of the training is to raise awareness of religious leaders and women leaders of faith about GBV as it relates to HIV and motivate action planning for their own organizations or communities.

**Restoring Dignity: A Toolkit for Religious Communities to End Violence against Women (2009).** This toolkit was designed in collaboration with religious leaders from around the world for women and men.
of faith working at the community, national, or international level. It was prepared by Religions for Peace with support from the Health Policy Initiative and other donors.

**The Role of Religious Communities in Addressing Gender-based Violence and HIV (2009).** Recognizing the importance of collaboration to prevent and reduce GBV, the project built the capacity of religious leaders to respond to GBV, especially its links to HIV. Religious leaders are often key catalysts for positive social change, including responding to health and social issues.

**GBV AGAINST MOST AT-RISK POPULATIONS**

The Health Policy Initiative piloted HIV clinic-based screening for violence and other forms of stigma and discrimination against MSM and transgenders in selected sites in Mexico and Thailand. The objectives were to (1) develop a screening tool for GBV against MSM and transgenders; (2) increase understanding of links among GBV, stigma and discrimination, and sexual risk-taking and access to health services; and (3) foster collaboration to respond to cases of GBV that affect HIV risk. Key resources from the activity are listed below:

**Gender Identity and Violence in MSM and Transgenders: Policy Implications for HIV Services (2009).** This review synthesizes the literature on violence and related forms of stigma and discrimination among MSM and transgenders, and considers how violence, stigma, and discrimination affect vulnerability to HIV.

**Identifying Violence against Most At-risk Populations: A Focus on MSM and Transgenders—Training Manual for Health Providers (2009).** This manual provides guidance on sensitizing and training healthcare providers on how to screen for and respond to violence against MSM and transgenders.

**Screening for Violence against MSM and Transgenders: Report on a Pilot Project in Mexico and Thailand (2009).** This report describes the pilot test, examines the level and nature of violence against MSM and transgenders, and includes the screening tools used in Mexico and Thailand.

**Screening Reveals the Role of Violence in Increasing HIV Vulnerability among MSM and Transgenders (2009).** This story highlights how the pilot test of the GBV screening tool led to policy and programmatic changes.

**STORIES FROM THE FIELD**

**Developing Operational Policies on Gender-based Violence in Peru: Impact of the Interagency Gender Working Group (IGWG) Workshop (2009).** This brief describes an activity undertaken by the USAID Interagency Gender Working Group and Office of Women in Development to train government officials, NGO and civil society groups, and women’s organizations in Peru on gender analysis and GBV issues. As a result, the country established an Intrasectoral Commission on GBV and formulated an Operational Plan Against Violence Toward Women 2006–2008.

**Bolivian Communities Take Action Against GBV (2008).** This story highlights how community leaders in Bolivia carried out a two-year project to integrate local RH and GBV initiatives.

**RELATED KEY ISSUES**

**Constructive Men’s Engagement in Reproductive Health: A Training-of-Trainers’ Manual (2009).** The Health Policy Initiative developed this curriculum as part of a project to strengthen the enabling environment for constructive men’s engagement (CME) in FP/RH programs in Mali. This guide is designed to enable community health educators to incorporate CME activities in their work, including promoting dialogue among men and women to increase couple communication and shared decisionmaking.

**Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis (PEP) Policies for Sexual Assault (2009).** This report reviews post-exposure prophylaxis (PEP) policies for sexual assault survivors. Institutions and programs should consider the gender barriers explored in this review when creating new PEP guidelines and, where current guidelines do exist, they should implement protocols and procedures to ensure that they address such barriers.

**Men Matter: Scaling Up Approaches to Promote Constructive Men’s Engagement in Reproductive Health and Gender Equity (2008).** The Health Policy Initiative, in cooperation with the Ministry of Health and other partners in Mali, strengthened the policy and institutional environment for CME in reproductive health. CME approaches recognize that health interventions must engage men to change power imbalances that deny or hinder women’s access to resources, decisionmaking, and services. Such imbalances increase women’s and men’s exposure to greater health risks, including violence, and also create barriers to men’s health-seeking behaviors.