

*An Essential Services
Package for an integrated
response to HIV and Violence
Against Women*

Women **WON'T wait**
End HIV & Violence Against Women. **NOW.**

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An Essential Service Package for an integrated response to HIV and Violence Against Women

The Essential Services Package outlines a set of services that must be provided in key settings to respond to violence against women and girls and HIV, as well as additional resources and more detailed guidance on how each of these service settings can address the intersection between these two global epidemics.

Why do we need an essential services package?

Violence against women and girls is a leading factor in the "feminization" of the global AIDS pandemic. Simultaneously, HIV&AIDS is both a cause and a consequence of the gender-based violence, stigma and discrimination women and girls face in their families and communities, during peace and in times of conflict, within and outside of intimate partnerships, and by state and non-state actors.

The impacts of both HIV&AIDS and violence against women are exacerbated by non rights-based approaches; inadequate services and the failure to protect sexual and reproductive health and rights; laws that are weak or discriminatory toward women generally and specifically those living with HIV&AIDS; social and community standards that validate the subordination of women and others whose sexuality and gender identity do not conform to social standards of femininity and masculinity; and the intersecting forms of discrimination faced by women and girls because of their race, language, sexual orientation, ethnicity and class, among other reasons. Elements of AIDS testing, treatment and prevention interventions may also bring risk to women and girls, especially when policies and services are designed and implemented without attention to the realities of gender-based discrimination, including forced disclosure, criminalisation for HIV transmission and violence resulting from real or perceived HIV status.

To effectively address the risks women face as a result of poorly designed or implemented strategies and services, this package of essential services is part of a minimum effort that governments and the international community need to put in place to grapple with this lethal linkage.

Principles in providing essential services

The Women Won't Wait (womenwontwait.org) campaign stresses that all services must be gender-sensitive and rights-based, and no service should be mandatory.¹ We also stress that all services should be provided in line with human rights principles:

1. All services should be offered in a manner that is participatory, non-discriminatory, and alongside a system for accountability.
2. All services should be available to even the most marginalized groups, accessible (financially, geographically, linguistically, etc.), acceptable and of high quality.
3. All services, including screening, must be voluntary and non-coercive. They must be premised on informed choice and informed decision-making by women and girls.
4. All services must be offered with guarantees of privacy and confidentiality, which are both key to enabling trust to survivors of violence and/or women living with HIV&AIDS.
5. All services should be evidenced-based and developed in light of acquired experience about how to best address the intersections between violence against women and girls and HIV.

¹ Mandatory testing, screening and services undermine human rights; evidence has shown that rights of women and girls are especially at risk in situations of mandatory service delivery. This is especially the case for women and girls who are poor and/or belong to marginalised groups such as indigenous communities, religious, racial and ethnic minorities, sex workers, LBT groups.

Overarching Objectives/Intended Outcomes:

- I. Prevention of HIV transmission resulting from violence in survivors of violence
- II. Prevention of violence against HIV-positive women and girls resulting from their real or perceived HIV status
- III. Ending the spread of HIV&AIDS
- IV. Ending violence against women and girls

Overview of Settings

Below we outline some key settings which we consider the most likely institutional points of interface with women and girls for interventions on the intersection of violence against women & girls and HIV&AIDS. These settings offer us entry points to more comprehensively address the two pandemics. In addition to the settings, we also provide a detailed outline of the range of services and activities that should be provided in each of the settings outlined. We list key areas for capacity building and training of staff working in each of these settings and explain how individual services and facilities should be equipped to provide comprehensive, integrated service delivery. All of the services discussed below should be fully funded to ensure the long-term sustainability of programmes, supplies and trained staff to guarantee that treatments are not interrupted. It is particularly important to ensure that staff and service providers do not leave during counselling or disclosure procedures that involve trust and confidence-building.

- a. **Health Care:** Health care settings encompass all institutions involved in the delivery of health care, including voluntary counselling and testing centres, primary health care and family planning clinics, antenatal clinics and rape crisis/gender violence recovery centres. These facilities are often the first point of contact for women experiencing violence and/or women and girls who are diagnosed and/or treated for HIV. Therefore, key stakeholders, including government in relation to public facilities and health care providers, should adopt appropriate protocols and provide integrated services so that if a woman presents as HIV-positive or wants to be tested for HIV, she is also screened for violence. Likewise, if a woman presents with signs of injury from violence, she should also be screened for HIV, on the basis of her voluntary consent to pre- and post-test counselling and testing. Also, antenatal clinics must adopt appropriate protocols and health providers must be trained and equipped to screen pregnant women for violence, as it has been established that pregnant women's risk of violence is heightened.

One example of how these settings address the intersection is at voluntary counselling and testing sites, where facilities ensure that prior to and in the event that a woman tests positive, counsellors are trained and equipped to ensure they are empowered to deal with the possibility of violence. Counsellors should also work with families to ensure that women do not experience violence as a result of disclosure, which in some contexts is mandatory. For women who are experiencing violence and/or who are HIV+, mental health services should be offered, where available, in order to mitigate the impact, by improving women's psychological/emotional state and consequently reducing the subsequent risk of being in violent situations and/or relationships, and empowering women to respond in the event that violence arises.

- b. **Schools:** Whereas school is supposed to be a place of safety and a forum for education and advancement, for many girls it is the opposite. Whether it is from teachers or other students, many girls encounter unsafe conditions and abuse in the school setting or even on the way to or

from school.² School is also the place where girls spend the majority of their day time hours in close contact with school personnel, some of whom are trusted adults in their lives. Therefore, it is imperative that teachers, guidance counsellors, principals and other school personnel are equipped to ensure a safe environment, including by providing education on VAWG and HIV&AIDS, as well as age-appropriate sexuality education. Teachers and other school personnel should know how to identify signs of violence, how to support girls who are HIV positive, and they should know what to do when situations require intervention.

- c. Humanitarian and emergencies relief:** Violence against women has been an aspect of conflict and insecurity the world over. This was acknowledged via the Rome Statute of the International Criminal Court from 1998, which recognises rape as a war crime.³ Additionally, violence against women in situations of conflict is even greater because of the 'ready availability of weapons, high levels of frustration among men, and a general breakdown in law and order'.⁴ In disaster situations, women have reported high rates of forced sex, primarily unprotected, driven largely by the dearth of security and protection that often arises following disasters. In addition, in actual and post-disaster situations, the likelihood of engaging in unsafe sex practices that may result in HIV increases due to lack of access to barrier methods of protection. In situations of impoverishment and displacement, some women and girls have been compelled to engage in transactional sex following disasters in order to gain basic necessities.⁵ Peacekeeping forces, relief workers, humanitarian agencies, etc., have a responsibility to provide protection, including responding to the needs of survivors of violence, thereby mitigating the impact of violence including through the provision of necessary resources to prevent HIV transmission. Additionally, it is essential that humanitarian agencies responding to conflict, post-conflict and emergency situations provide integrated services for sexual and reproductive health, VAW and HIV when implementing the MISP (Minimum Initial Service Package). It is further essential that during the reconstruction phase following disasters that the reform of health care facilities and hospitals is prioritized.
- d. Law Enforcement:** Particularly for women and girls who experience violence, law enforcement officials can be the first points of contact. Given that the first 72 hours are critical in terms of collection of evidence as well as access to emergency contraception, post-exposure prophylaxis, and post trauma counselling, it is critical that the practices of law enforcement are guided by appropriate protocols. Law enforcement personnel must be trained and equipped to understand issues surrounding the intersection of VAWG and HIV and know what their roles are in risk-reduction and mitigation. It is also essential to provide the necessary training and equipment to those working in the justice system— lawyers, magistrates, judges, etc. to ensure that the response is gender-sensitive and that women can access the legal system safely and without bias or fear of retribution.
- e. Legal Rights:** Given the myriad implications of human rights abuses associated with both violence against women and girls and HIV&AIDS, legal approaches are a critical component of a comprehensive response. Legal matters that need to be addressed include those concerning

2 ActionAid International, *Stop Violence against Girls in Schools* (Johannesburg: ActionAid International, 2004).

3 *Rome Statute of the International Criminal Court*. United Nations Diplomatic Conference of Plenipotentiaries on the Establishment of an International Criminal Court (Rome, 17 July 1998).

4 WHO (World Health Organization), *Violence Against Women and HIV/AIDS: Critical Intersections* (Geneva, 2004).

5 United Nations Development Programme, *Scaling Up HIV/AIDS Services for Populations of Humanitarian Concern* (UN System Wide Work Program, 23 March 2006). <http://www.sd.undp.org/doc/prodocs/HIV%20AIDS%20Programme%20for%20Persons%20of%20Humanitarian%20Concern.pdf>

inheritance and property rights, as well as the rights to justice and protection when threatened or victimized by violence. Many legal programmes work to ensure that laws are both known by citizens and enforced by duty bearers. Some laws may actually inhibit health centres from providing help to certain groups – e.g. laws that require registration of sex workers may prevent sex workers from accessing VCT even when it is made available to others. Sex workers are often subject to high rates of violence and thus may be at greater risk of HIV. Laws and policies that inhibit access to health care must be reformed immediately to ensure access for all people.

- f. **Faith Institutions:** Faith-based institutions play a key role in messaging, attitudes, and perceptions regarding gender equality, and violence against women and girls and HIV. In churches, temples, and mosques, religious leaders must speak out on women’s rights and include concepts around anti-violence, anti-stigma, and gender-sensitive HIV prevention, care, and support in their community-based programming. Faith-based health facilities have begun to employ some of the methods of integrated services for HIV&AIDS and violence against women and girls and these institutions must do more.

The following sections set out a range of services and activities that should be provided in each of the health settings outlined above. We list key areas for capacity building and training of staff working in each of these settings and how individual services and facilities should be equipped to provide comprehensive service delivery. All of the services discussed below should be fully funded to ensure the long-term sustainability of programmes, supplies and trained staff to guarantee that treatments are not interrupted. It is particularly important to ensure that staff and service providers do not leave during counselling or disclosure procedures that involve trust and confidence-building.

SETTING

All health service delivery points in rural and urban areas including but not limited to, hospitals, clinics, antenatal clinics, voluntary counselling and testing centres and rape crisis/ gender violence recovery centres.

Services / Activities

Screening

- 1) Informed, voluntary and non-coercive screening of survivors of violence for risk of HIV.
- 2) Informed, voluntary and non-coercive screening of all women, including women living with HIV, for risk of violence. Such screening for violence should target all women and not just women living with HIV&AIDS, as a preventative strategy and to avoid stigmatizing those women who are living with HIV&AIDS.
- 3) Informed, voluntary and non-coercive screening of women who come for HIV testing for violence. This includes violence that may have been experienced within the health care settings as a result of HIV status.
- 4) Informed, voluntary and non-coercive screening of pregnant women for risk of violence, including in facilities offering antenatal care and post natal care or PMTCT programmes.

Pre- and Post-Exposure Prophylaxis and voluntary HIV counselling and testing

- 5) Informed, voluntary and non-coercive provision of Pre exposure prophylaxis (PrEP) for women who have been exposed to HIV.
- 6) Within 72 hours of sexual assault, post-exposure prophylaxis (PEP), on a free, voluntary, unconditional and non-discriminatory basis, to reduce risk of HIV infection.
- 7) Free, informed, voluntary, non-coercive, safe, and confidential HIV counselling and testing (Ensure that clients make decisions about partner notification of test results).
 - After 6 Weeks: Free, informed, voluntary, non-coercive, safe, and confidential re-testing and counselling
 - After 3 Months: Free, informed, voluntary, non-coercive, safe, and confidential HIV testing and counselling
 - After 6 Months: Free, informed, voluntary, non-coercive, safe, and confidential HIV/STD/STI testing
- 8) HIV and PEP adherence counselling.
- 9) Antiretroviral Therapy (ART) medicine to survivors who are HIV positive.
- 10) Healthcare workers responsible for monitoring adherence to ART must sensitively probe for gender-based violence or other abuses which may present as barriers to successful treatment.

Referrals

- 11) System-wide referral protocols which incorporate the range of circumstances and needs of women

living with HIV&AIDS and survivors of violence. Survivors in need of other services not offered at the centre are referred appropriately to various other organizations offering their services such as legal aid and other forms of legal assistance, shelters, etc. for free or at a minimal cost. To the extent possible and necessary, staff can be tasked to contact and follow-up with the survivor/person living with HIV in public institutions and civil society organizations, from where they have been referred in order to establish whether the woman/girl has received the support required.

- 12) Access to Gender Violence Recovery Centres/Rape Crisis Centres/other Post Violence Intervention Units.

Access to comprehensive sexual and reproductive health information and methods

- 13) Informed, voluntary and non-coercive provision of emergency contraception to prevent unintended pregnancies.
- 14) Discuss, promote and provide HIV and STD/STI prevention methods including male and female condom use.
- 15) Access to vaccination for Hepatitis B.

Services for survivors of violence

- 16) Access to operations to repair damaged reproductive tracts, especially for children.
- 17) In cases of violence all patients should receive a doctor's report—ensure that High Vaginal Swab (HVS) and vulva swabs and urinalysis are done.

Survivors and the criminal justice system

- 18) Prepare survivors for the criminal justice system. Refer survivor to legal services to seek redress and justice. Provision of police forms to document rape so that survivors are not required to make two trips to the police and the health facility to receive care and report the incident.
- 19) Staff can testify in clients' cases in court when needed. All documented evidence e.g. medical reports, laboratory findings etc., should be kept securely. Establish a filing system for reference and monitoring purposes which enables the organisation to follow all court cases attended.

Counselling

- 20) Professional counsellors with appropriate expertise should provide psychosocial support.
- 21) All survivors and persons living with HIV are offered regular individual counselling, family, and group counselling on a monthly basis.

Rights-based approaches

- 22) Services provided are rights-based, gender-sensitive, culturally and linguistically appropriate, and sensitive to sexual orientation and gender identity.
- 23) Ensure availability of safe and confidential spaces for counselling.
- 24) Establish plans to address women's challenges with transportation costs to reach appointments.
- 25) Establish appointment system so that women seeking care and treatment do not encounter abuse resulting from long hours spent at the hospital.

Staffing

- a) Implement a code of conduct regarding non-discriminatory treatment of people living with HIV&AIDS.
- b) Build provider capacity and develop protocols that provide assessment for HIV and STI risk as well as appropriate information and services to all clients/patients.
- c) Build provider capacity and develop protocols that provide assessment for risk of violence, including appropriate information and services to all clients/patients. (While providers from all levels can be trained to screen, providers who are not considered sensitive to violence, whether because of inadequate training or experience, should NOT be involved in the screening of women because they may place women at risk.)
- d) HIV counsellors should be trained to sensitively ask questions about partner and family violence.
- e) Screening should be repeated periodically in light of the possible initial reluctance of a woman to disclose information concerning violence or HIV status and also because a woman's situation may change over time.
- f) In vertical transmission programming, staff should be trained and sensitized to eliminate messages and practices that reinforce the stereotype of women as vectors of HIV infection.
- g) Provide intensive training of health officials to enable them to administer PEPs more effectively.
- h) Staff must be trained to offer basic interventions: detection, documentation, support, risk assessment/safety planning, referral, and follow-up.
- i) Staff should be specially trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQI people, injecting drug users, racial/ethnic/indigenous groups, migrant women, women and girls with disabilities, etc.)
- j) ART adherence counsellors must be trained to probe for gender-based violence or other abuses as potential hindrances to successful treatment and should be trained in basic counselling on how to respond to disclosure of violence, as well as referral to appropriate resources.

Equipment / Supplies

- Post Exposure Prophylaxis (PEP)
- Pre Exposure Prophylaxis (PrEP)
- Emergency Contraception
- Male and Female Condoms
- Information, Education, Communication (IEC) Materials
- Comprehensive community resources inventory (as part of referral system)
- Provision of skills training to women, e.g. condom negotiation skills; skills on how to potentially get out of a violent situation, etc.

SETTING

Humanitarian Relief/Recovery Situations including IDP/refugee settings, disaster situations, etc.

Services / Activities

Prevention and protection

- 1) Sexual exploitation of disaster-affected populations, especially children and youth, by relief agency staff, military personnel, and others in positions of influence must be actively prevented and managed. Codes of conduct should be developed and disseminated and disciplinary measures established for all violations.
- 2) Specifically develop and implement child protection policies to ensure a commitment to the safety of girls.
- 3) UN agencies should work collaboratively at the highest levels to address impunity of perpetrators of sexual exploitation and abuse and bring multiagency influence over humanitarian actors and peacekeeping forces.
- 4) Maintain a roster of all organizations working in the setting that shows which have implemented human resource policies addressing sexual abuse and exploitation.

Rights-based and gender-sensitive services

- 5) In consultation with the affected population, develop/adapt a brief set of materials in relevant languages and literacy levels to communicate information about risk, prevention, and the availability of services.
- 6) Ensure the presence of same-sex, same-language health workers or chaperones and, if the survivor wishes, facilitate the presence of a friend or family member, for any medical examination.
- 7) Ensure the presence of female protection and health staff and interpreters.
- 8) Identify individuals or groups who may be particularly at risk of sexual violence (pregnant women, single female heads-of-households, unaccompanied minors, etc.) and address their protection and assistance needs.
- 9) Ensure that services provided are rights-based, gender-sensitive, culturally and linguistically appropriate and sensitive concerning issues of sexual orientation and gender identity.

Staffing

- a) Orient all actors to the multi-sector approach and the importance of coordination by distributing key resources and training materials on prevention and response to GBV.
- b) Peacekeeping forces and disaster relief/recovery teams must be specially trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQ, injecting drug users, racial/ethnic/indigenous groups, women and girls with disabilities, etc.)
- c) Increase the number of female staff, particularly in leadership positions, for humanitarian missions.

Equipment / Supplies

- PEP
- PrEP
- Emergency Contraception
- Male and Female Condoms
- IEC Materials
- Comprehensive community resources inventory (as part of referral system)

SETTING

Law Enforcement, including police, customs, etc.

Services / Activities

Policing and legal services

- 1) Ensure availability of female officers, or at a minimum female accompaniment to take statements in situations of violence against women and girls.
- 2) Establish women's police stations (WPS) or specific units on GBV in order to encourage more victims to file complaints and improve police responses to GBV.
- 3) Establish community-based policing as an effective strategy for providing security and working collaboratively with the community, including civil society organizations such as women's groups (e.g. through joint training and patrolling).
- 4) Create or strengthen civilian oversight mechanisms, such as community police boards, in order to increase public trust in police authorities and establish formal channels of communication between the police and the community. Include building the capacity of civil society organizations to effectively monitor police behaviour to ensure that it adheres to human rights standards.

Referral

- 1) Legal institutions should have referral protocols which incorporate the range of circumstances and needs of women living with HIV&AIDS and survivors of violence. These include:
 - Providing access to post-trauma counselling;
 - Facilitating access to health care settings to receive emergency contraception to prevent unwanted pregnancy on an informed, voluntary and non-coercive basis; and
 - Facilitating access to health care settings to receive post-exposure prophylaxis (PEPs) within 72 hours to reduce the risk of infection by HIV on an informed, voluntary and non-coercive basis.
- 2) Referral to legal assistance to seek redress and justice.

Response

- 3) Establish safe and confidential "entry points" where survivors and the community can seek assistance after an incident of sexual violence and/or make an incident report.
- 4) Ensure a standard medical response to sexual violence survivors, including the option of emergency contraception, preventive treatment for STIs, post- and pre- exposure prophylaxis for prevention of transmission of HIV, and tetanus and hepatitis B vaccinations and wound care as appropriate.
- 5) Health services should include medical management for sexual assault survivors, voluntary, safe and confidential counselling, and referral for other appropriate care, including psychosocial counselling and surgery where required. The layout of settlements, distribution of essential items, and access to health services and other programmes should be designed to reduce the potential for GBV.

- 6) Establish confidential referral mechanisms among and between actors/sectors to facilitate multi-sector action, as requested by survivors.
- 7) Include a system for receiving and documenting incidents of violence using an agreed-upon incident report form.
- 8) Maintain a roster of organizations providing health services that indicates which services have protocols and trained staff in place for responding to sexual violence.
- 9) Maintain a roster of organizations providing psychosocial services for survivors of sexual violence.

Rights-based and gender-sensitive services

- 5) Ensure that services provided are rights-based, gender-sensitive, culturally and linguistically appropriate and are sensitive to sexual orientation and gender identity.

Staffing

- a) Increase the number of female law enforcement personnel, particularly in leadership roles.
- b) Integrate gender issues into the basic training given to all police personnel, including civilian staff, to improve understanding and identification of violations of women's rights.
- c) Provide mandatory and comprehensive training on gender sensitivity and sexual harassment for all police personnel.
- d) Law enforcement officials must be specially trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQI, injecting drug users, racial/ethnic/indigenous groups, women and girls with disabilities, etc.) and to identify violations of the rights of these individuals.
- e) Officers must receive in-depth, skill-building training on specific gender topics, such as interviewing victims of human trafficking and protocols for responding to domestic violence, violence against LGBTQI people, child abuse and sexual assault.
- f) Police, border patrol and immigration officers, etc. should be trained and sensitized on the threat and prevention of human trafficking.
- g) Codes of conduct should be disseminated and implemented with all law enforcement agents.
- h) All personnel must be trained in protocols for referring survivors of violence (within the first 72hrs maximum) to obtain emergency contraception, post exposure prophylaxis, other medical treatment, and post trauma counselling.

Equipment / Supplies

- PEP
- IEC Materials
- Forms for documenting assault
- Rape kits
- Comprehensive community resources inventory (as part of referral system)
- Provide women with the skills they need to understand and access the legal system.

SETTING

Schools

Services / Activities

Prevention

- 1) Ensure that a child protection policy with very clear guidelines is issued to all staff. Such a policy must incorporate monitoring tools as built-in mechanisms to ensure adherence and implementation.

Complaint mechanisms

- 2) Establish safe, voluntary and confidential systems of complaint for girls. This might be through free phone lines or through identifying adult counsellors in every school – women who are ‘ombudswomen’ for girls, who are not tied to the teacher/head teacher power structure and who have clear links outwards to the police and courts. This person should be the sole person accompanying the student throughout the process. This would assist in avoiding secondary trauma and ensure that trust/confidentiality is maintained.
- 3) Ensure the punishment of teachers who do abuse girls – having clear disciplinary systems that lead to sacking, the removal of professional status and prosecution in public courts.
- 4) Develop a system that allows for home learning or learning in an alternate appropriate venue outside of the school environment where deemed necessary.

Referral

- 5) Establish protocols for informed, voluntary and non-coercive screening for violence and HIV&AIDS.
- 6) Schools should have referral protocols which incorporate the range of circumstances and needs of women living with HIV&AIDS and survivors of violence.

Awareness-raising and education

- 7) Establish school policies and processes on students who are openly HIV positive including education and anti-stigma work and procedures around universal precautions.
- 8) Ensure that clear HIV/AIDS awareness and comprehensive sex education are built into the school curriculum, with a strong focus on gender and power relations. Ensure this is backed up by production of quality teaching materials and active training processes for teachers and other resource people.

Consultation

- 9) Promote consultation processes with local community leaders, school management committees and Parent Teacher Associations (and training these groups on the issues and tools that can help them plan a response e.g. mapping of routes taken by students travelling to and from school) to ensure the safety of girls on route to and from school.

Rights-based and gender-sensitive services

- 10) Services provided are rights-based, gender-sensitive, culturally and linguistically appropriate and sensitive to sexual orientation and gender identity.

Staffing

- a) Systematically address gender equality issues in pre-service and in-service training of teachers, ensuring that they see it as part of their core role to challenge stereotypes, actively oppose discrimination and guarantee equal treatment of girls and boys. Integrate gender awareness in teacher assessment/ appraisal processes.
- b) School staff should be trained to recognize students who are at risk for and who are HIV positive and/or experiencing violence, and respond and refer appropriately.
- c) School staff should be specially trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (LGBTQI, injecting drug users, racial/ethnic/indigenous groups, women and girls with disabilities, etc.)
- d) School personnel must be trained in protocols for post exposure prophylaxis, including the need for access to PEP within 72 hours of sexual assault, as well as being versed in where students can obtain PEP and emergency contraception.

Equipment / Supplies

- IEC Materials
- Comprehensive community resources inventory (as part of referral system)
- Provide school girls with skills they need to deal with difficult situations at school, including situations where they are sexually harassed. Empower school girls to claim their rights, e.g., by encouraging their participation in the design of school policies that aim to keep them safe. For example, the creation of complaint mechanisms should be done with the (age-appropriate participation of school children and specifically children living with HIV).

SETTING

Legal services

Services / Activities

Provision of legal services and sensitizing legal processes

- 1) Promote reforms aimed at sensitizing court processes to the needs of victims of violence who need to give evidence, including use of a screen or video links and closed courts to protect the HIV status of victims.
- 2) Legal services should have referral protocols which incorporate the range of circumstances and needs of women living with HIV&AIDS and survivors of violence.

Legal rights

- 3) Civic education workshops with the target communities to ensure they are aware of their rights, obligations and the legal remedies available to them.
- 4) Review laws relating to gender-based violence to widen the scope of gender-based crimes and increase penalties to deter potential assailants.
- 5) Promote legal reform initiatives related to property grabbing, property rights, and wife inheritance, sex workers' rights, sexual orientation, adolescents' access to health care, including SRH services.
- 6) Permit consent to HIV testing and medical treatment for children too young to consent on their own to be given by the parent, caregiver or designated child protection organization, the head of a hospital, or a child and family court.
- 7) Services provided are rights-based, gender-sensitive, culturally and linguistically appropriate.

Staffing

Providers of legal services should be specially trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQI, injecting drug users, racial/ethnic/indigenous groups, women and girls with disabilities, etc.)

Equipment / Supplies

Comprehensive community resources inventory (as part of referral system)

SETTING

Churches/Temples/ Mosques

Services / Activities

- 1) Leadership and caretakers of faith-based institutions should have referral protocols which incorporate the range of circumstances and needs of women living with HIV&AIDS and survivors of violence.
- 2) Be positive role models. Faith based leaders occupy special positions of influence. Congregants and the broader community look to them for models of men and women who treat others with respect, solve problems non-violently and participate in struggles to make our communities more inclusive and more just.
- 3) Encourage male religious leaders to speak out and use their influence to stop violence against women and girls in all forms. Support men to form a men's discussion group or to join existing ones.
- 4) Make the place of worship a safe place for survivors of violence.
- 5) Display materials and referral numbers for survivors. Ensure the environment allows survivors of violence to discuss their experiences and seek healing.
- 6) Support survivors. Form support groups for women who desire faith- or spirituality-based healing. Support the victim's continued inclusion in the community of her choice if the perpetrator is from the same community.
- 7) Educate the congregation. Co-ordinate a common sermon for your religious community on sexual and domestic violence on a dedicated day during the 16 Days of Activism Campaign. Regularly include instructional information in monthly newsletters, on bulletin boards, and in pre-marriage and marriage classes, and sponsor educational seminars on violence against women. Inform the congregation of the policies that outline responses to victims and perpetrators of violence.
- 8) Use the pulpit. Commit to making the problem of violence against women and girls a critical concern. Emphasise the teachings, practices, and organisational structures that promote a woman's right to be free from violence, such as teachings that support equality and respect for women and girls.
- 9) Offer space for meetings. Offer your venue for educational seminars and weekly support groups.
- 10) Partner with existing resources. Adopt a local assault or domestic violence programme or shelter for which the institution provides material support or provide similar support to families as they rebuild their lives following abuse.
- 11) Support professional training. Encourage training and education for religious leaders, lay leaders, religious teachers and seminary students to increase their awareness about sexual assault and domestic violence. Encourage and empower professional counselors within the church and community to offer their skills in enhancing awareness on gender violence
- 12) Address internal issues. Encourage continued efforts by religious institutions to address allegations of abuse by religious leaders to ensure that religious leaders are a safe resource for victims and their children.

- 13) Consult with colleagues in the wider community who may have expertise and be able to assist you in your response.
- 14) Provide care and supportive professional counselling to families affected by violence and abuse.
- 15) Encourage and empower professional counsellors within the church and community to offer their skills in enhancing awareness on gender violence.
- 16) Increasing awareness of the factors that contribute to all forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc.
- 17) Develop ways to prevent abuse and violence and recurring cycles often observed within families and across generations.
- 18) Observe and rectify commonly accepted religious or cultural beliefs which may be used to justify or cover up gender violence.
- 19) Services provided are culturally and linguistically appropriate.

Staffing

- a) Religious leaders, lay counsellors, etc., should be trained to screen for HIV&AIDS and violence and respond and refer appropriately.
- b) Religious leaders, lay counsellors, etc. should be specially trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQI, injecting drug users, racial/ethnic/indigenous groups, women and girls with disabilities, etc.)

Equipment / Supplies

- IEC Materials
- Comprehensive community resources inventory (as part of referral system)

SETTING

General, including community groups

Services / Activities

- 1) Ensure a multi-sector, multi-agency, comprehensive community referral system for the protection of women and girls around VAWG and HIV.
- 2) Community sensitization to instigate a change in social attitudes, including education and outreach campaigns to reduce stigma and discrimination against HIV positive women and survivors of violence.
- 3) Educate communities about women's rights and the criminal nature of domestic violence.
- 4) Create shelters and rehabilitation centres for survivors of violence and women in exile due to HIV status.
- 5) Economic empowerment of women to address, in part, some of the factors preventing women from leaving abusive relationships.
- 6) All agencies addressing GBV should make significant efforts to inform communities of their rights, where and how to report incidents of sexual exploitation and abuse, the importance of medical care for survivors of sexual assault and where to access care.
- 7) Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc.

Staffing

Community members should be sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQ, injecting drug users, racial/ethnic/indigenous groups, women and girls with disabilities, etc).

Equipment / Supplies

- Comprehensive community resources inventory (as part of referral system)

List of Resources with Detailed Guidance on Protocols and Service Packages

- A) Guidelines for Gender-based Violence Interventions in Humanitarian Settings**
- B) How to Integrate Gender into HIV/AIDS Programs: Lessons Learned from USAID www.usaid.gov**
- C) Sonke Gender Justice FBO Fact Sheet www.genderjustice.co.za**
- D) CHAK Newsletter #26 www.chak.or.ke **
- E) HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania**
- F) WHO/ILO PEP Guidelines www.who.int**
- G) Stop Violence Against Girls in Schools, ActionAid International www.actionaid.org**
- H) Toolkit for Targeted HIV/AIDS Prevention and Care in Sex Work Settings, World Health Organization, www.who.int
- I) Hustling for Health, EuroPAP and TAMPEP
- J) Guidelines for Gender Based Violence Interventions in Humanitarian Settings, Inter Agency Standing Committee, www.humanitarianinfo.org/iasc.
- K) Twubakane GBV/PMTCT Readiness Assessment,
- L) Sexual and Reproductive Health for HIV Positive Women and Girls: A Manual for Trainers and Programme Managers, Engender Health and International Community of Women Living with HIV/AIDS
- M) Gender Sensitive Disaster Management: A Toolkit for Practitioners, Oxfam American and NANBAN Trust
- N) Gender and SSR Toolkit: Police Reform and Gender, INSTRAW and Geneva Centre for the Democratic Control of Armed Forces. www.un-instraw.org
- O) UNIFEM/UNDP – Gender Sensitive Police Reform in Post-Conflict Situations – a policy briefing paper, 2007.
- P) GBV Legal Services Toolkits —American Refugee Committee International www.archq.org
- Q) Addressing GBV in the Context of HIV/AIDS in Uganda (Training Curriculum) Workshop Report, August 2005, UPHOLD and Raising Voices
- R) UNHCR Handbook for the Protection of Women and Girls, www.unhcr.org
- S) Prevention and Response to Gender Based Violence in Refugee Situations, UNHCR www.unhcr.org
- T) Gender Training Kit on Refugee Protection and Resource Handbook, UNHCR, www.unhcr.org
- U) Clinical Management of Rape Survivors, World Health Organization, <http://www.who.int/reproductive-health/index.htm>
- V) Reproductive Health Assessment Toolkit for Conflict Affected Women, CDC and USAID, www.cdc.gov/reproductivehealth/Refugee/
- W) HIV Counseling Series #4, Domestic Violence Counseling Guidelines, Southern African AIDS Trust, www.cdc.gov/reproductivehealth/Refugee/
- X) Gender Based Violence and Reproductive Health & HIV/AIDS, USAID and Center for Health and Gender Equity, CHANGE
- Y) Stigma and Violence Reduction Intervention Manual, International Center for Research on Women, www.icrw.org
- Z) Hidden in the Mealie Meal, Women in Zambia: Gender Based Abuses and Women's HIV Treatment in Zambia, Human Rights Watch
- AA) Gender Based Violence in Populations Affected by Armed Conflict, RHRC Consortium/JSI Research and Training Institute <http://www.rhrc.org>
- BB) Sexual and Gender Based Violence Against Refugees, Returnees, and internally Displaced Persons: Guidelines for Prevention and Response. UNHCR
- CC) Minimum Essential Service Package for Reproductive Health in Crisis Situations
- DD) Reproductive Health Coordination Gap: Services Ad hoc—Minimum Essential Service Package Assessment-Kenya, Women's Commission for Refugee Women and Children

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Women Won't Wait is an international coalition of organizations and networks from the global South and North working to promote women's health and human rights in the struggle to comprehensively address HIV and AIDS and end all forms of violence against women and girls. The coalition members are: ActionAid; African Women's Development and Communications Network (FEMNET); Akina Mama wa Afrika, Association for Women's Rights in Development (AWID); Center for Women's Global Leadership (CWGL); Center for Health and Gender Equity (CHANGE); Fundación para Estudio e Investigación de la Mujer (FEIM); GESTOS-Soropositividade, Comunicação & Gênero; International Community of Women Living with HIV&AIDS Southern Africa (ICW-Southern Africa); International Women's AIDS Caucus; International Women's Health Coalition (IWHC); Latin American and Caribbean Women's Health Network; Open Society Initiative for Southern Africa (OSISA); Program on International Health and Human Rights, Harvard School of Public Health; SANGRAM; VAMP; and Women and Law in Southern Africa (WLSA).

Women **WON'T wait**
End HIV & Violence Against Women. **NOW.**