

# Integrating Gender-Based Violence Support into Family Planning Clinics in Guinea

Mamadou Saidou Barry, *M&E Officer*  
Nancy Yinger, *Senior Technical Advisor, ME&R*  
Ashley Jackson, *Program Associate, ME&R*

Integration for Impact Conference  
September 12-14, 2012  
Nairobi, Kenya

Photo by Staff/EngenderHealth



THE  
**respond**  
PROJECT

**Managing Partner: EngenderHealth;** Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



**USAID**  
FROM THE AMERICAN PEOPLE

- Background on gender-based violence (GBV) and reproductive health
- The RESPOND Project's GBV work in Guinea
- Project objective
- Formative research
- Next steps



- GBV results in physical, sexual, and psychological harm to women and men and includes any form of violence or abuse that targets women or men on the basis of their sex.
- GBV is a global problem.
  - In a survey of 10 countries, 29% to 69% of women reported experiencing physical and/or sexual violence by an intimate partner.
- GBV negatively impacts women's reproductive health: Women who experience domestic violence are more likely to have a sexually transmitted infection and to be at risk for HIV and are less likely to achieve their desired family size.

- In 2010, RESPOND received \$823,000 from the U.S. Agency for International Development (USAID) to address sexual violence (SV) by:
  - Supporting female SV survivors of the Sept. 28 violence, including via medical, psychosocial, and economic integration activities
  - Training health care providers in SV response in three provinces
  - Conducting GBV prevention activities at the community level
  - Working in partnership with Ministry of Health, Ministry of Social Affairs, and two local nongovernmental organizations (NGOs)

[An evaluation report is available on request.]
- In 2012, RESPOND received \$250,000 to build on earlier GBV work to test an approach to integrate GBV support into family planning (FP) services.
  - The starting point will be clients who come to a facility for FP services and who may or may not have experienced GBV.



## Objective of Second Round of Funding

- Objective: to support improved reproductive health by
  - Developing a curriculum designed to integrate GBV support into FP services
  - Collaborating with AGBEF, Guinea's International Planned Parenthood Federation (IPPF) affiliate, to field-test and evaluate the implementation of the curriculum at four sites
- Integration is an approach in which health care providers use opportunities to engage clients on a broader set of health and social needs than those that prompted the health encounter.
- If reproductive health care providers are unaware of a client's experience with GBV and do not have procedures to respond to such clients, they are not delivering highest quality services and may inadvertently contribute to a client's problems.



- In May 2012, data collectors interviewed the facility managers at four AGBEF sites and conducted 10 focus group discussions (FGDs) with 66 providers and clients to:
  - Assess providers' knowledge of and attitudes toward GBV
  - Determine staff and clinic readiness to include GBV support and services
  - Identify referral networks, if any
  - Assess client interest in or concerns about integrating GBV support into the services they receive from AGBEF



Photo by Staff/EngenderHealth



- Clients favored the idea of integrated services in general.
- FGD facility participants generally thought that integrating GBV was a good idea and that clients would be relieved to have someone to talk to.
- A variety of concerns came up, especially at one site:
  - Clients were worried that AGBEF would ask the perpetrator to come to the clinic.
  - Only clients who had immediate medical needs would tell the truth during the screenings.
  - Clients would wonder why GBV was added to services at an FP clinic.
- All of the client FGDs emphasized the need for provider training to counsel survivors and to offer appropriate referrals.

### ■ Providers' concerns:

- Some clients would not be able to afford the cost of services and transportation for referrals.
- Special counseling training would be needed.
- Providers do not know where to refer survivors.
- There is no framework for discussing GBV with authorities such as the police.

### ■ Clients' concerns:

- Most clients come to AGBEF in secret and cannot stay for GBV screening.
- Few clients would confide in the providers and listen to their advice.
- Women must have the permission of their husband to obtain health services.
- Survivors would not accept referrals, for fear of aggravating the conflict.



- Modify the project design based on the formative research findings:
  - Emphasize that FP providers need to take a client's personal situation into account as a way to improve FP services.
    - > *Do not promise more than can be delivered in this low-resource setting.*
    - > *Prepare informational materials about topics such as postexposure prophylaxis, emergency contraception, and safety planning that may be of use to clients in future, even if they are not prepared to discuss their personal situation right away.*
- Modify the training curriculum from the earlier SV project in Guinea to:
  - Include more on gender dynamics
  - Expand the focus to GBV, not just sexual violence
  - Encourage providers to identify referral possibilities and create referral networks
  - Teach enhanced counseling skills, including safety planning
  - Address specific concerns related to confidentiality



- Train AGBEF providers, in November 2012
- Conduct the intervention for six months
  - Mid-term assessment and technical assistance after three months
    - > *Assess service statistics to see what impact adding GBV into clinic activities has had on services provided*
  - Final assessment after six months, using instruments similar to those used for the formative research

Photo by E. Uphoff/EngenderHealth







Managing Partner: **EngenderHealth**; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



[www.respond-project.org](http://www.respond-project.org)



EngenderHealth  
for a better life

