





## STRENGTHENING HIGH IMPACT INTERVENTIONS FOR AN AIDS-FREE GENERATION (AIDSFREE)

## **GENDER STRATEGY**

**JUNE 2015** 



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#### **AIDSFree**

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the U.S. Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of the U.S. President's Emergency Plan for AIDS Relief by providing capacity development and technical support to USAID Missions, host-country governments, and HIV implementers at the local, regional, and national level.

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## **Acronyms**

AIDS acquired immune deficiency syndrome

AIDSFree Strengthening High Impact Interventions for an AIDS-free Generation Project

GBV gender-based violence

HIV human immunodeficiency virus

PEPFAR U.S. President's Emergency Plan for AIDS Relief

PMTCT prevention of mother-to-child transmission

USAID United States Agency for International Development

VMMC voluntary medical male circumcision

## **Strategy Overview**

This strategy articulates how the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) project will advance the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) gender strategic areas (see **Box 1**) at global and country levels by meaningfully addressing gender inequalities to achieve better HIV prevention, care and treatment outcomes.

The implementation of activities related to this strategy depends on funding from the PEPFAR Technical Working Groups (at the global level) and the U.S. Agency for International Development (USAID) Missions (at the country level).

This strategy was developed through a highly participatory daylong retreat with 20 key technical and cross-cutting area leads, including senior staff, who:

- Reviewed PEPFAR's <u>gender</u> definition and framework to ensure a common understanding, and discussed the framework's implications for the AIDSFree project
- Identified gender-related programming priorities for AIDSFree
- Generated ideas, approaches, and procedures for advancing the PEPFAR gender strategic areas through AIDSFree activities that align with the project's <u>results framework</u>

## Box 1: PEPFAR Gender Strategic Areas

- Provide <u>gender-equitable</u> HIV prevention, care, treatment, and support
- Implement <u>gender-based violence</u> (GBV) prevention services and provide services for post GBV care
- 3. Implement activities to change harmful gender norms and promote positive gender norms
- 4. Promote gender related policies and laws that increase legal protection
- 5. Increase gender equitable access to income and productive resources, including education.

• Discussed how gender integration into the project can be monitored effectively.

Before the retreat, participants read the <u>PEPFAR FY2014 Updated Gender Strategy (December 2013</u>) and completed an online survey to identify potential gender-related issues that may affect the achievement of AIDSFree objectives across technical and cross-cutting areas. The survey results informed both the retreat design and the gender strategy content.

This strategy articulates AIDSFree's vision for addressing the PEPFAR gender strategic areas to achieve the project's overall goal, which is:

To improve the quality and effectiveness of high-impact, evidence-based HIV and AIDS interventions to meet country-specific goals and objectives across the developing world, including a reduction in HIV morbidity and mortality and enhanced quality of life of those at risk for and living with HIV.

To increase quality outcomes of HIV prevention, care, and treatment interventions, AIDSFree will focus primarily on the first **three** of PEPFAR's five gender strategic areas, but will include the other two, as appropriate, over the life of the project.

### **Project Overview**

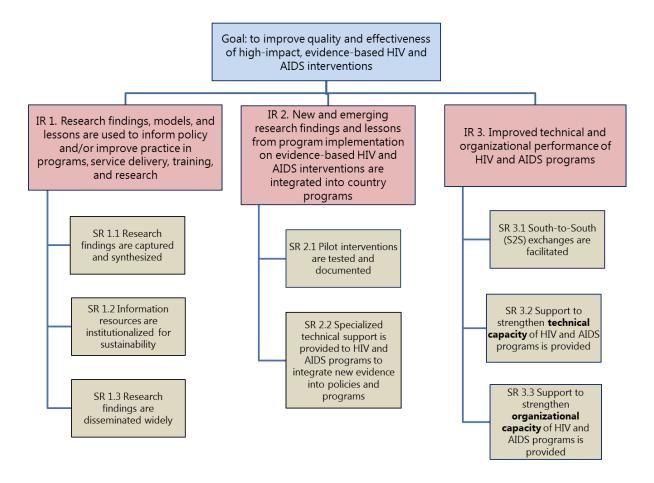
AIDSFree is a five-year (July 2014–July 2019), project funded by USAID and led by JSI Research & Training Institute, Inc., in partnership with Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH.

AIDSFree supports and advances PEPFAR implementation by providing capacity development and technical support to USAID Missions, host-country governments, and HIV implementers at local, regional, and national levels. In line with the <u>PEPFAR Blueprint: Creating an AIDS-free Generation</u>, AIDSFree translates research findings into programmatic practices; enhances further development of technical and organizational capacity to deliver high-impact evidence-based programs; and disseminates technical information through traditional, social, and emerging media to facilitate rapid scale-up of core evidence-based combination prevention interventions. These interventions include prevention of mother-to-child transmission of HIV (PMTCT), voluntary medical male circumcision (VMMC), HIV testing and counseling (as a gateway to treatment), condom promotion, and other high-impact approaches that may emerge over the life of the project.

The AIDSFree results framework (see **Figure 1**) illustrates the project's long-term *goal of improved quality and effectiveness of high-impact, evidence-based HIV and AIDS interventions* by achieving three intermediate results (IRs):

- 1. Research findings, models, and lessons are used to inform policy and/or improve practice in programs, service delivery, training, and research.
- 2. New and emerging research findings and lessons from program implementation on evidence-based HIV and AIDS interventions are integrated into country programs.
- 3. Improved technical and organizational performance of HIV and AIDS programs.

Figure 1. AIDSFree Results Framework



## The Role of Gender in Strengthening High Impact HIV Interventions

Worldwide, women constitute more than half of all people living with HIV; women in sub-Saharan Africa constitute 58 percent of global HIV cases. The leading cause of death among women of reproductive age (aged 15–49 years) is HIV, in part because women are at least twice as likely to acquire HIV from men during sexual intercourse as vice versa, and also because sexual violence increases the risk of HIV infection. In 2013, almost 60 percent of all new HIV infections among young people (aged 15–24 years) occurred among adolescent girls and young women.

Harmful male gender norms may encourage men and boys to engage in risky behaviors. These norms often discourage men's use of health services (for example, HIV testing and treatment rates are lower among men compared to women), and narrowly define their roles as partners and family members that may limit their engagement as caregivers and equal partners. Harmful gender norms also lead to increased HIV risk for men who have sex with men and transgender and gender non-conforming persons.

These disparities are the result of biological, structural, and cultural conditions, including stigma and discrimination. These factors affect men, women, boys, girls, and transgender and gender non-conforming persons differently, and that impede access to services and resources that can prevent and mitigate against HIV.

AIDSFree recognizes that addressing harmful gender norms and gender inequality affects the cascade of HIV prevention, treatment and care services that are essential to reducing HIV risk for everyone. Therefore, gender norms need to be considered across the project's strategies and approaches both at and between each point of service. **Figure 2** illustrates gender considerations for the HIV interventions in the AIDSFree focus areas.

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<sup>&</sup>lt;sup>1</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). 2014. TheGap Report. Geneva: Switzerland. http://www.unaids.org/sites/default/files/media\_asset/UNAIDS\_Gap\_report\_en.pdf

Figure 2. Gender Considerations for HIV Interventions



HIV Prevention: Identity formation based on norms of masculinity and femininity that increase risk of HIV; negative perceptions of sexually active adolescents (male and female) seeking condoms for safe sex; vulnerability of adolescent girls to coercion, GBV, early/forced marriage with accompanying increased risk of HIV transmission; women's lack of decision-making power in sexual relations; men's engagement in risky sexual behavior; expectations in sexual relationships that may prompt engagement in risky sexual practices such as cross-generational and transactional sex.



HIV Counseling and Testing and Linkages to Care: Gender norms that influence testing uptake for men, girls, and women, dictate couples' communication, desire, and ability to seek testing and obtain support, access, or links to critical services following diagnosis; stigma and discrimination in a health care setting (provider behavior, client perceptions or expectations); male norms that hinder use of health services, limited adherence and retention to protocols and disclosure to partners; GBV (existing or risk of) related to disclosing HIV status.



**VMMC:** Male norms that increase risk behaviors for men; GBV as an unintended consequence; male norms that prevent access to services; reluctance of older men to access services in the presence of younger men; misconception that women are the chief vectors of HIV.



**PMTCT:** Women's lack of decision-making power for use of services; stigma and discrimination in a health care setting (provider behavior, client perceptions or expectations); male gender norms and views of masculinity that limit partner support; gender-specific barriers may impede women's ability to adhere to treatment; GBV (existing or risk of) related to disclosing HIV status or adhering to treatment.



**Pediatric Treatment:** Sexual violence against children; treatment needs of boys and girls who are between pediatric and adult treatment options; evolving sexuality and identity formation of HIV-positive children who are maturing into HIV-positive adolescents.



**Adult Treatment:** Male norms and views of masculinity that discourage accessing services; health literacy that is lower among women than men in some settings; services that cater to women and are not male-friendly; stigma and discrimination in a health care setting (provider behavior, client perceptions or expectations); female norms that hinder disclosure of status for fear of violence; women's limited access (compared to men) to nutritional resources needed for optimal treatment outcomes; and gender-specific barriers that may impede women's and men's ability to adhere to treatment.

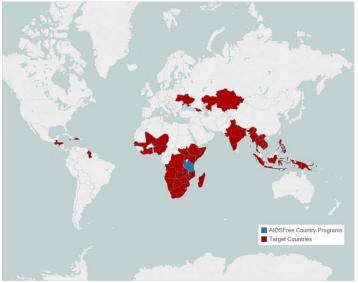
# AIDSFree's Opportunity to Advance the PEPFAR Gender Strategic Areas

Eight organizations comprise the AIDSFree team. Each organization brings rich experience in the high-impact, evidence-based interventions described in **Figure 2**, and in the gender-related dimensions of these interventions. The team as a whole has expertise in fostering country ownership and program sustainability by working closely with government, civil society, and the private health sector to address the critical pillars of public health, including human resources for health; technical service delivery; development of evidence-based tools, protocols, and standard operating procedures; quality improvement; demand creation; data collection, analysis and utilization; service delivery; and leadership and management.

AIDSFree is poised to accept funding from Missions to expand and strengthen HIV interventions and build the capacity of private-sector, public-sector, and civil-society actors in the 49 target countries shown in **Figure 3**.

Thus, the AIDSFree team is well-placed to advance the PEPFAR gender strategic areas across a range of project activities and, if funded by the PEPFAR Technical Working Groups and Missions to do so, *AIDSFree has the potential to*:

Figure 3: Map of AIDSFree Target Countries



- Improve and expand the evidence base on the importance of the PEPFAR gender strategic areas to achieving HIV prevention, care, and treatment outcomes across the cascade of services
- Develop a web platform and products that are widely respected and seen as the "go-to" resource on gender equity and HIV by USAID Missions, PEPFAR teams, and implementers
- Build a shared understanding on standards/elements for <u>gender-transformative</u> HIV interventions and to mitigate against unintended consequences
- Advance understanding of the use of quality improvement approaches to strengthen GBV prevention and response and address gender-related barriers to HIV care and treatment services

- Develop successful models of technical interventions that integrate one or more of the PEPFAR gender strategic areas
- Support gender analysis and gender integration in country program activities
- Address GBV and gender inequality as essential elements for achieving HIV prevention, treatment, and care
- Address structural barriers and identify opportunities to support piloting or scale-up of new approaches that include PEPFAR gender strategic areas in AIDSFree priority countries
- Monitor and evaluate interventions that incorporate one or more of the PEPFAR gender strategic areas, and support data collection, analysis, and utilization
- Facilitate organizational capacity assessments for application of the PEPFAR gender strategic areas
- Facilitate south-to-south technical exchanges to build the capacity of local organizations to address the PEPFAR gender strategic areas in their projects and activities
- Engage the private sector to foster and develop public-private partnerships around gender equality, GBV prevention and response, and engaging men and boys to address harmful norms and behaviors.

Depending on funding received from the PEPFAR Technical Working Groups and Missions, AIDSFree global activities and country programs may fall anywhere along the Gender Equality Continuum (Figure 4). To the extent possible, AIDSFree will prioritize activities that are gender-aware. The project will focus on activities that are gender-accommodating and strive for those that are gender-transformative and thus contributing to the achievement of an AIDS-free generation. In the event that AIDSFree is asked to undertake a project that is deemed gender-exploitative, the team will state why we believe the activity is gender-exploitative and suggest modifications to make the activity at least gender-accommodating. If the project becomes aware of an existing activity that is gender-exploitative, it will take the appropriate steps to adapt the activity to make sure it is at least gender-accommodating and strive towards eventually making it gender-transformative.

## PEPFAR Gender Strategic Areas and AIDSFree Activities

As illustrated in the results framework depicted in **Figure 1**, AIDSFree identified three interdependent intermediate results (IRs) to help achieve the project's goal, which spans both global and country levels.

At the global level, AIDSFree will help to strengthen the evidence base in the PEPFAR gender strategic areas. Under IR 1, the project will collect, synthesize, and make widely available research findings (new and existing) and lessons learned from program implementation; and will facilitate use of this information to inform policies and improve practice.

At the country level, where AIDSFree has field buy-in under IR2 and IR 3, AIDSFree will assist national and local partners to integrate new or existing evidence related to the PEPFAR gender strategic areas into their HIV programs. The project will also build capacity to design, implement, and monitor interventions that increase gender equity in HIV and AIDS programs and services (including access to reproductive health services); prevent and respond to GBV; and engage men and boys to address norms and behaviors.

The following table presents illustrative activities that may be implemented at the global and country levels that address the PEPFAR gender strategic areas to achieve AIDSFree's IRs and overall project goal.

PEPFAR Gender Strategy Area / AIDSFree IRs	Provide gender equitable HIV prevention, care, treatment, and support	Implement GBV prevention services and provide services for post GBV care	Implement activities to change harmful gender norms and promote positive gender norms	Promote gender related policies and laws that increase legal protection
IR 1: Research findings and lessons from program implementation are used to inform policy and/or improve practice	<ul> <li>Identify and include research findings on gender within the Prevention Updates (FY2015 activity)</li> <li>Include examples in the Prevention Knowledge Base that address one or more of the PEPFAR gender strategic areas (FY2015 activity)</li> <li>Revise, update, disseminate and use the South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit to facilitate technical support for addressing the PEPFAR gender strategic areas (FY2015 activity)</li> <li>Add gender analysis and gender strategies to the AIDSFree National HIV Testing and Counseling and Treatment Guidelines and Policies databases. Prioritize countries that have already conducted a gender analysis. (FY2015 activity)</li> </ul>	Capture learnings from the GBV Initiative in the Democratic Republic of Congo, Mozambique, and Tanzania (FY2015 activity)  Assess retention of GBV prevention and gender equality messages in VMMC education and counseling  Create a community platform for addressing GBV	<ul> <li>Conduct a pilot study or case study, or develop other technical resources on PMTCT service sites that have successfully increased male engagement.</li> <li>Test and evaluate existing and new innovations specific to GBV prevention and response in HIV prevention, treatment, and care, or addressing harmful norms</li> </ul>	Research and synthesize findings on restrictive laws/policies on adolescent access to care
IR2: Research findings and lessons learned from program implementation are integrated into country programs	<ul> <li>Conduct a pilot and/or case study or other technical resource on topics, such as the use of cash transfers in HIV prevention for adolescent girls; or gender, quality, and quality improvement across technical areas</li> <li>Include gender equality and GBV modules, or weave gender concern throughout training in VMMC, PMTCT, and treatment</li> <li>Include gender considerations as part of VMMC service delivery quality criteria</li> </ul>	<ul> <li>Conduct a quality improvement pilot aimed at improving GBV prevention and response in HIV interventions</li> <li>Support adolescent-friendly GBV prevention and response services</li> <li>Include GBV prevention and response in HIV testing and counseling interventions</li> </ul>	Focus on male involvement in key evidence-based HIV testing and counseling and treatment interventions, including linkage to care/health seeking behavior, and adherence and retention	

IR3: Improved	<ul> <li>Identify gender-related barriers to HIV testing and counseling and HIV care and treatment services using quality improvement approaches to develop and test solutions</li> <li>Assist country programs to use gender analysis findings for learning and adapting to improve programs</li> <li>Develop a resource tool for structural</li> </ul>	Develop a companion	Develop scripts that
technical and organizational performance of HIV and AIDS programs	<ul> <li>Develop a resource tool for structural approaches to HIV (FY2015 activity)</li> <li>Facilitate gender analysis of country programs (FY2015 activity)</li> <li>Conduct cost analyses that examine specifics and impacts of testing and counseling for boys and men (FY2015 activity)</li> <li>Raise awareness of gender-sensitive approaches within the private health sector to have a gender-sensitive approach (FY2015 activity)</li> <li>Assist country programs to identify gaps in response to gender inequality, e.g., costing analysis with a gender lens (FY2015 activity)</li> <li>Develop a guide on gender analysis or gender considerations for VMMC programs</li> <li>Develop resources on how to improve engagement of adolescents in HIV prevention, care, and treatment, especially adolescent girls</li> <li>Integrate information/messages on GBV prevention and harmful male norms/risk behaviors in VMMC clinic outreach messages</li> <li>Provide information in waiting rooms and</li> </ul>	guide to the Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs on building linkages between community and clinical services (FY2015 activity)  Use communities of practice/platforms among faith-based organizations to support GBV prevention and response, promote gender equality, and address harmful male norms (FY2015 activity)  Assist country programs to integrate GBV prevention and response with PMTCT as a service package (select elements to include both as part of standard package and as facilitators of scale-up opportunities)	address harmful gender norms for VMMC (couple) counseling/outreach  Include male norms within VMMC and PMTCT trainings, and link to access to care within the context of male decision- making  Include activities or counseling protocols for VMMC that discuss gender norms (in select settings)  Adapt successful peer approaches from PMTCT
	<ul> <li>Provide information in waiting rooms and in pre- and post-VMMC counseling that</li> </ul>	Integrate GBV prevention and response within	

<ul> <li>address issues of violence or coercion.</li> <li>Implement activities (based on gender analysis) that address gender barriers leading to delay in adolescent uptake of PMTCT</li> <li>Assist country programs to use structural interventions to address gender-related barriers to HIV prevention, care and treatment</li> <li>Assist country programs to integrate skills building for couples' communication on HIV protection and other topics within VMMC and HIV testing and counseling interventions</li> <li>Promote testing for men, and build men's support for their partners</li> <li>Integrate, refer, or link VMMC services to other men's health services and programs that promote gender-equitable norms</li> <li>Include men and women in VMMC campaigns and education programs, and include messages on the partial protectiveness of VMMC and the indirect benefit to women</li> <li>Assist country programs to include/link cervical cancer screening with VMMC activities</li> </ul>	strategic areas, and pilot test/model and scale up as appropriate)  Train providers on how to counsel and refer men and women who report experiencing GBV  Link/refer women, identified through PMTCT services, who have experienced GBV to the appropriate service providers  Pay particular attention to GBV prevention and response in VMMC technical activities

### Monitoring and Evaluating the Strategy

Measuring the success of the AIDSFree Gender Strategy will entail determining whether the project has strengthened the gender evidence base; more country programs have integrated this evidence; and countries demonstrate improved implementation of evidence-based approaches. To carry out these measurements, AIDSFree will develop a monitoring and evaluation system for each of the two levels at which the project works: global and country.

#### Box 2

## Gender-related Global- and Country-level Performance Indicators.

IR2: New and emerging research findings and lessons learned from evidence-based HIV and AIDS interventions are integrated into country programs

IR 2.1 (a) Number of national/local partners who revised or updated their HIV program and/or policies to address one or more of the PEPFAR gender strategic areas

IR 2.2 (a) Number of pilot studies designed with AIDSFree support that address one or more of the PEPFAR gender strategic areas

**IR 2.5 (a)** Number of requests for technical assistance received by the project that address one or more of the PEPFAR gender strategic areas

#### IR3: Improved technical and organizational performance of HIV and AIDS programs

**IR 3.6 (a)** Number of national/local partners provided with minimum package of technical capacity development assistance which addressed one or more of the PEPFAR strategic areas

IR 3.8 (a) Number of persons trained (technical skills) who also received training in one or more of the PEPFAR gender strategic areas

**IR 3.9 (a)** Number of national/local partners provided with minimum package of managerial capacity development which addressed one or more of the PEPFAR gender strategic areas

IR 3.11 (a) Number of persons trained (managerial skills) who also received training in one or more of the PEPFAR gender strategic areas

### Country-level Illustrative Gender Indicators

Country-level indicators will be determined by each country at the country-level; however, all country-level indicators and IRs are guided by the global-level indicators and IRs.

Illustrative IR: Increase access to GBV services for women and girls who have experienced sexual violence

Illustrative Indicator: Number of individuals receiving post-GBV care

Illustrative IR: Promote community-level positive male gender norms and gender equity in decision-making and access to HIV services

**Illustrative Indicator:** Number of local leaders trained as champions for both gender equity in decision-making about at the household level, and male health seeking for HIV testing, treatment and care

At the **global level**, gender considerations have been integrated into several performance indicators in the AIDSFree project monitoring and evaluation plan (see **Box 2**). The project will use these indicators to determine: if evidence related to the PEPFAR gender strategic areas has been strengthened and is being used to inform national policies and practices; if local implementers' capacity to design, manage, and monitor for unintended consequences has increased; and if more interventions are gender-aware and gender-transformative. AIDSFree will review and analyze information on these indicators and report the data to USAID biannually.

At the **country level**, AIDSFree will develop a monitoring and evaluation plan that corresponds to the specific objectives of the project's activities and the IRs (see illustrative indicators in **Box 2**). Country performance plans will include relevant indicators from the AIDSFree project monitoring and evaluation plan, PEPFAR indicators, and any additional indicators that measure progress toward one or more of the PEPFAR gender strategic areas—for example, indicators from PEPFAR's Determined, Resilient, Empowered, AIDS-free, Mentored and Safe Lives Initiative (DREAMS)<sup>2</sup> (see **Box 3**). AIDSFree field activities will be measuring USAID's monitoring, evaluating, and reporting (MER) indicators for which sex and age disaggregation is required. These indicators can be used to determine if coverage of services is increasing.

### **Box 3: DREAMS Initiative Indicators**

Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)

Number of people newly enrolled on antiretroviral pre exposure prophylaxis to prevent HIV infection Number of individuals who received HIV testing and counseling services and received their test results during the reporting period

Percentage of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period

Number of people completing an intervention pertaining to gender norms that meets minimum criteria Number of people receiving post GBV care

Number of adults and children newly enrolled on antiretroviral therapy

Number of adults and children with HIV infection receiving antiretroviral therapy

Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy (Recommended: 6, 24, 36 months)

Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period.

<sup>&</sup>lt;sup>2</sup> Source: PEPFAR DREAMS Initiative Supplemental Indicator Reference Guide. Version 1.0. March 2015.

### **Operationalizing the Strategy**

This strategy may be operationalized at two levels—the internal procedural level and the activity level. AIDSFree has full autonomy to establish internal procedures to operationalize the strategy. At the activity level, operationalization depends in large part on the priorities of the various Technical Working Groups and Missions that will fund project activities.

### **Internal Procedural Level**

The AIDSFree team is led by the Project Director with the Deputy Director, Operations and Finance Director, Senior Knowledge Management Advisor, and Senior Monitoring and Evaluation Advisor. The senior management team comprises this executive team along with the technical team leads for Gender, HIV testing and counseling, Prevention, PMTCT, Treatment, and VMMC.

At this level, the AIDSFree team will establish the following procedures to implement the gender strategy internally:

- Sharing the Gender Strategy with all AIDSFree Technical leads—completed May 2015
- Sharing the Gender Strategy with the AIDSFree team—upon approval
- Infusing gender-appropriate messages into the AIDSFree Knowledge Management Strategy—completed March 2015
- Packaging similar resources together and incorporating gender-specific resources relevant to the technical areas—ongoing
- Monitoring national and international awareness days related to gender equality and GBV (e.g., International Women's Day, 16 Days of Activism Against GBV) and planning dissemination events and messaging campaigns around those days—annually
- Facilitating coordination between the Knowledge Management Team and the Gender Technical Team to review links to the PEPFAR gender strategic areas when new resources are developed—ongoing
- Including fields in the travel database to enable travelers to indicate if their trip will cover any of the PEPFAR gender strategic areas—July 31, 2015
- Include a section in the trip report template for travelers to write how their trip addressed one or more of the PEPFAR gender strategic areas—July 31, 2015
- Including questions related to the PEPFAR gender strategic areas within surveys and document submission forms—ongoing
- Including a field in the monthly project activity tracker for technical leads to indicate which (if any) of the PEPFAR gender strategic areas the activity is linked or responding—July 31, 2015

• Considering how to address the PEPFAR gender strategic areas in AIDSFree project activities, based on the <u>illustrative list</u> into the project's annual work plans—annually.

### **Activity Level**

Each technical team will work closely with its respective USAID PEPFAR Technical Working Group counterpart to ensure that AIDSFree technical assistance addresses PEPFAR priorities, meets the needs of the Technical Working Groups and PEPFAR country teams, aligns with the AIDSFree goals and objectives, and integrates this gender strategy. Each team will establish an operating procedure specifying frequency of meetings, work assignments, and other management processes as appropriate.

## **Definitions and Key Concepts**

The following key concepts, adapted from the PEPFAR FY2014 Updated Gender Strategy (December 2013), are central to the AIDSFree gender strategy and are referenced throughout.

**Gender** is a culturally-defined set of economic, social, and political roles, responsibilities, rights, entitlements, and obligations that are associated with being female and male, as well as the power relations between and among women and men, boys, and girls. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as ethnicity, class/caste, age, and sexual orientation. All individuals, independent of gender identity, are subject to the same set of expectations and sanctions. *Gender* is not interchangeable with *women* or *sex*.

Gender-based violence (GBV) is any form of violence directed at an individual based on sex, gender, or behaviors that are not in line with social expectations of what it means to be a man or woman, boy or girl. GBV includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV is rooted in power differences, including social, economic, and political inequalities. It is characterized by the use and abuse of physical, emotional, or financial power and control. GBV can occur across childhood, adolescence, reproductive years, and old age. It can affect all individuals, but women and girls, men who have sex with men, and transgendered persons are often at increased risk. While GBV encompasses a wide range of behaviors, HIV interventions are most likely to address physical and sexual intimate partner violence, including marital rape, sexual assault or rape, sexual violence against children and adolescents, female genital cutting/mutilation, early or forced marriage, and violence perpetrated by clients against sex workers.

**Gender equality** is the state or condition that affords women, men, and people with other gender identities equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedom and improved overall quality of life for all people.

**Gender equity** is the process of being fair to women and men, boys and girls to ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys and girls from operating on a level playing field.

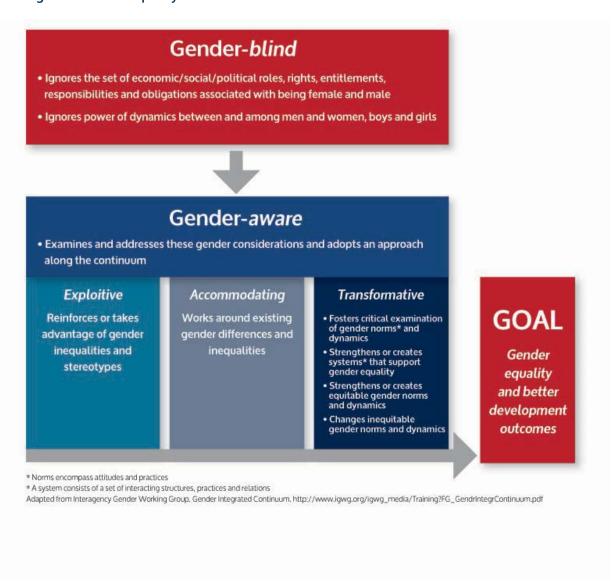
**Gender integration** refers to strategies applied in programmatic design, implementation, monitoring, and evaluation to take gender considerations into account and to compensate for gender-based inequalities.

**Gender analysis** is a social science tool used to identify, understand, and explain gaps between males and females in households, communities, and countries. It is also used to identify the relevance of gender norms and power relations in a specific context (e.g., country, geographic, cultural, institutional, or economic). Such analysis typically involves examining differences in status and access, division of time and labor, the influence of gender roles and norms on leadership and decision-making, and the impacts of development policies and programs on males and females.

**Gender-transformative HIV response** seeks to address the gender-specific aspects of HIV and AIDS and change existing structures, institutions, and gender relations into ones based on gender equality.

**Men's engagement** is a programmatic approach that involves men and boys—as clients and beneficiaries, partners, and agents of change—in actively promoting gender equality, women's empowerment, and the transformation of inequitable definitions of masculinity. This comprises engaging men and boys in addressing their own, and supporting their partners' reproductive, sexual and other health needs. Men's engagement also includes broader efforts to promote equality with respect to caregiving, fatherhood, and division of labor, and ending GBV.

Figure 4. Gender Equality Continuum<sup>3</sup>



<sup>&</sup>lt;sup>3</sup> PEPFAR. 2013. *PEPFAR FY2014 Updated Gender Strategy* (December). Available at <a href="http://www.pepfar.gov/documents/organization/219117.pdf">http://www.pepfar.gov/documents/organization/219117.pdf</a>



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