Gender Equality and Gender-based Violence Prevention & Response Services in USAID's PEPFAR Programs

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Agenda

- Welcome
- Terminology
- Prevalence of GBV
- GBV and HIV Outcomes
- USAID and USG Policies on Gender and GBV
- USAID Gender and GBV Technical Priorities for PEPFAR Programs
- MER Indicator: GEND_GBV Overview
- COVID-19 and GBV
- Technical Resources
- Questions and Discussion

Terminology

Terminology

- **Sex:** The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs and genitalia.

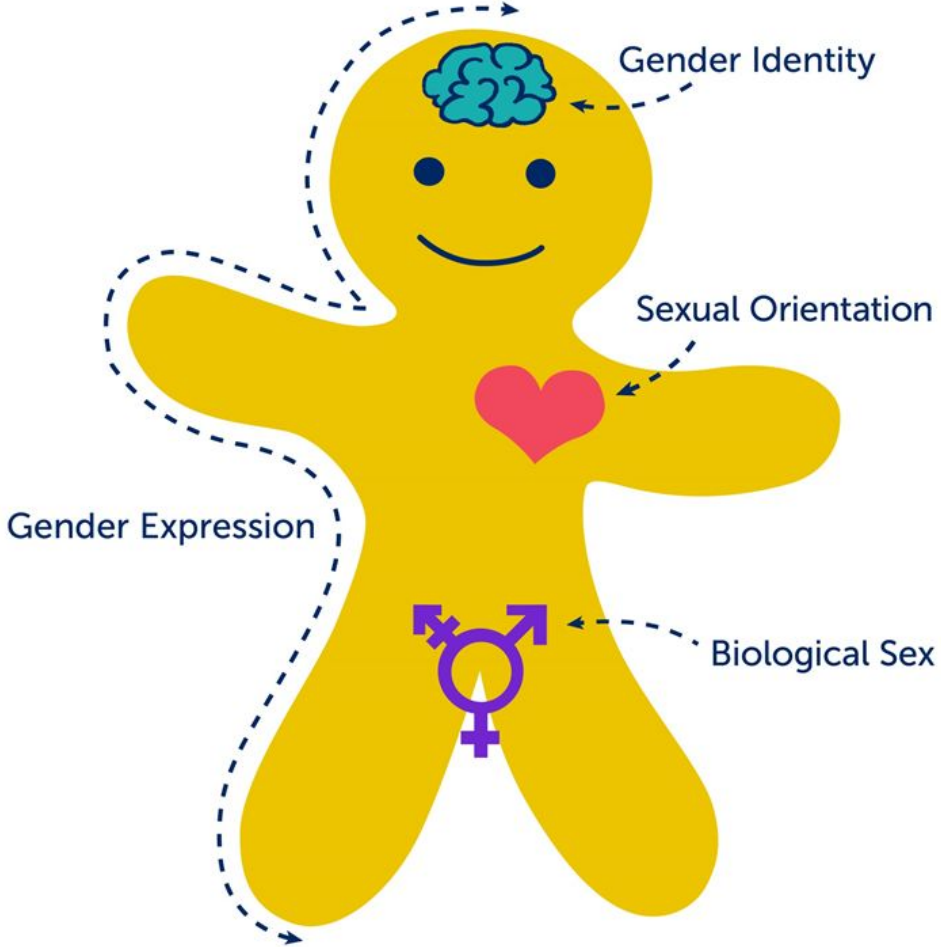
- **Gender:** The socially-defined set of roles, rights, responsibilities, entitlements, and obligations of females and males in societies. The social definitions of what it means to be female or male vary among cultures and change over time.

- **Gender Identity:** A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.

- **Sexual Orientation:** An enduring pattern of romantic or sexual attraction (or a combination of these) to another person. These inherent attractions are generally subsumed under heterosexuality, homosexuality, bisexuality or asexuality.

Source: Gender Terminology Used at USAID

The Gender Person



Gender-based Violence (GBV)

- Gender-based Violence (GBV) is an umbrella term for **any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity**

- Rooted in **structural gender inequalities**, patriarchy and power imbalances

- Characterized by the **use or threat** of physical, psychological, sexual, economic, legal, political, social and other forms of control and/or abuse

- Impacts individuals across the life course and has indirect and direct costs to families, communities, economies, global public health and development

Source: USG Strategy to Prevent and Respond to GBV Globally, 2016

Prevalence of GBV

Quiz! What is the global prevalence of violence against women?

A) 1 in 10 women will experience physical and/or sexual violence from a partner or sexual violence from a non-partner.

B) 1 in 5 women will experience physical and/or sexual violence from a partner or sexual violence from a non-partner.

C) 1 in 3 women will experience physical and/or sexual violence from a partner or sexual violence from a non-partner.

Quiz! What is the global prevalence of violence against women?

A) 1 in 10 women will experience physical and/or sexual violence from a partner or sexual violence from a non-partner.

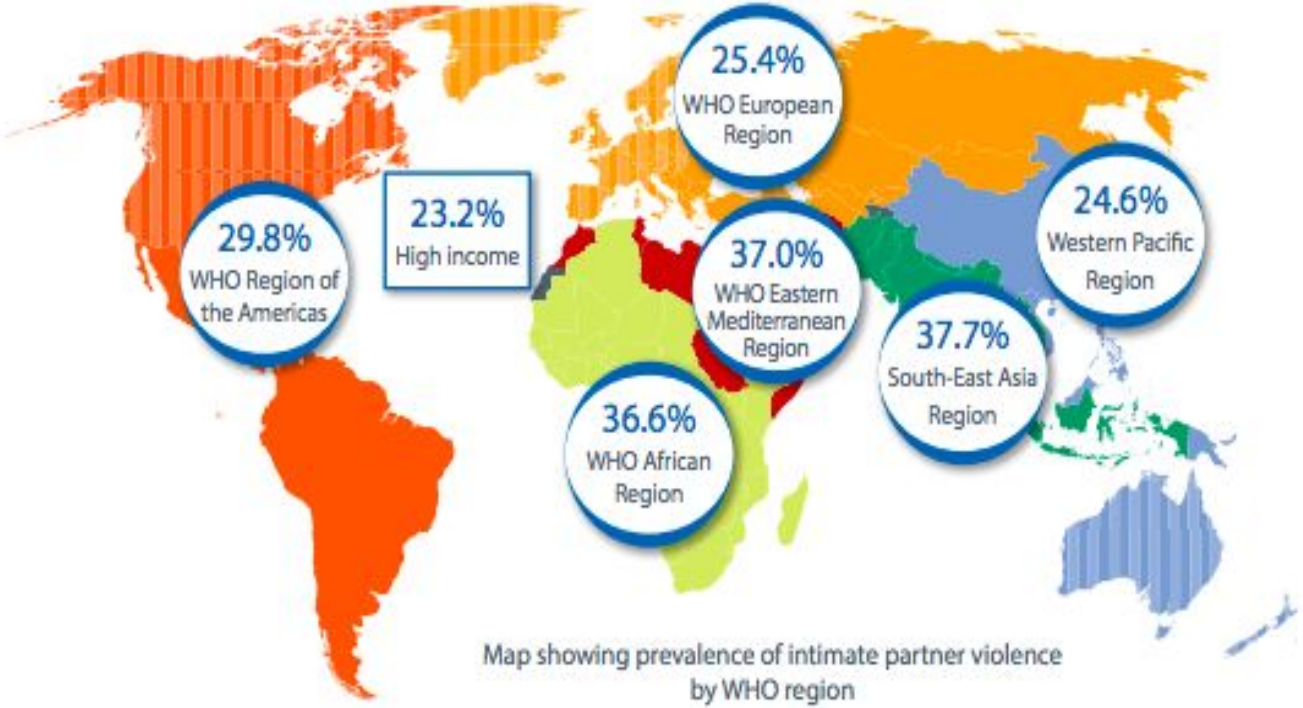
B) 1 in 5 women will experience physical and/or sexual violence from a partner or sexual violence from a non-partner.

C) 1 in 3 women will experience physical and/or sexual violence from a partner or sexual violence from a non-partner.

PREVALENCE →

1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



Map showing prevalence of intimate partner violence by WHO region

Source: WHO Global and Regional Violence against Women Factsheet, 2013

Violence Against Women

Source: WHO

YES or NO:

Only women experience GBV.

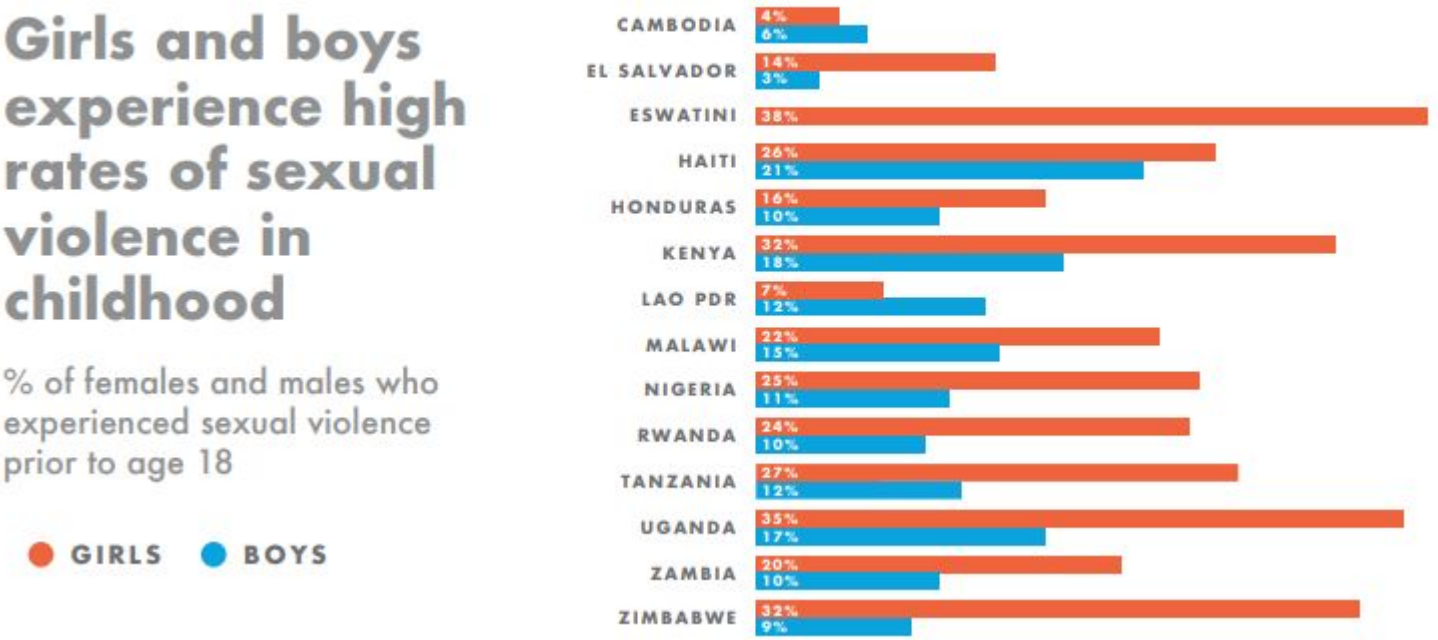
NO

Violence Against Children

All data among 18-24 year olds from the Violence against Children and Youth Surveys (VACS), led by the U.S. Centers for Disease Control and Prevention as part of the Together for Girls partnership

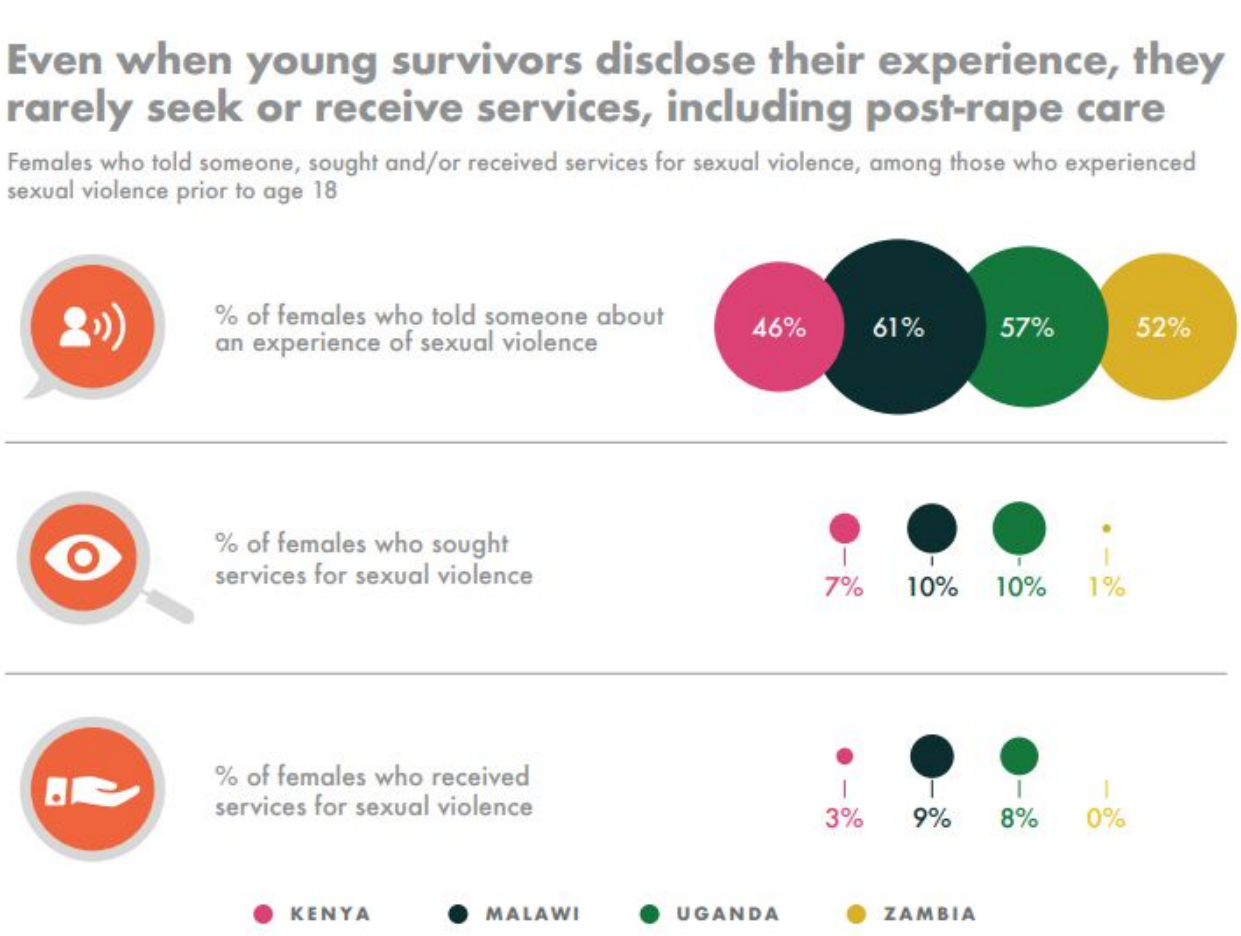
Girls and boys experience high rates of sexual violence in childhood

% of females and males who experienced sexual violence prior to age 18



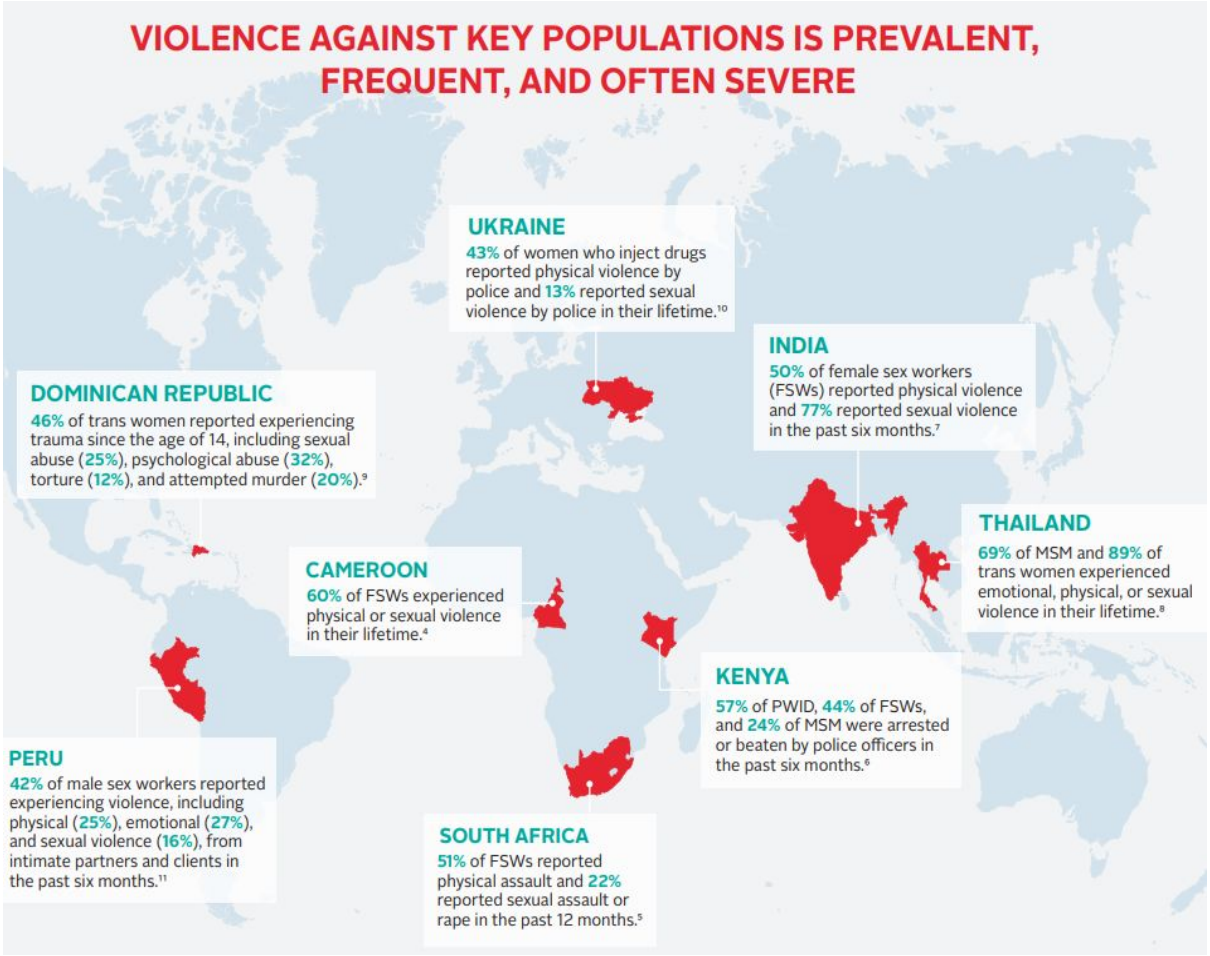
Source: Together for Girls

Violence Against Children



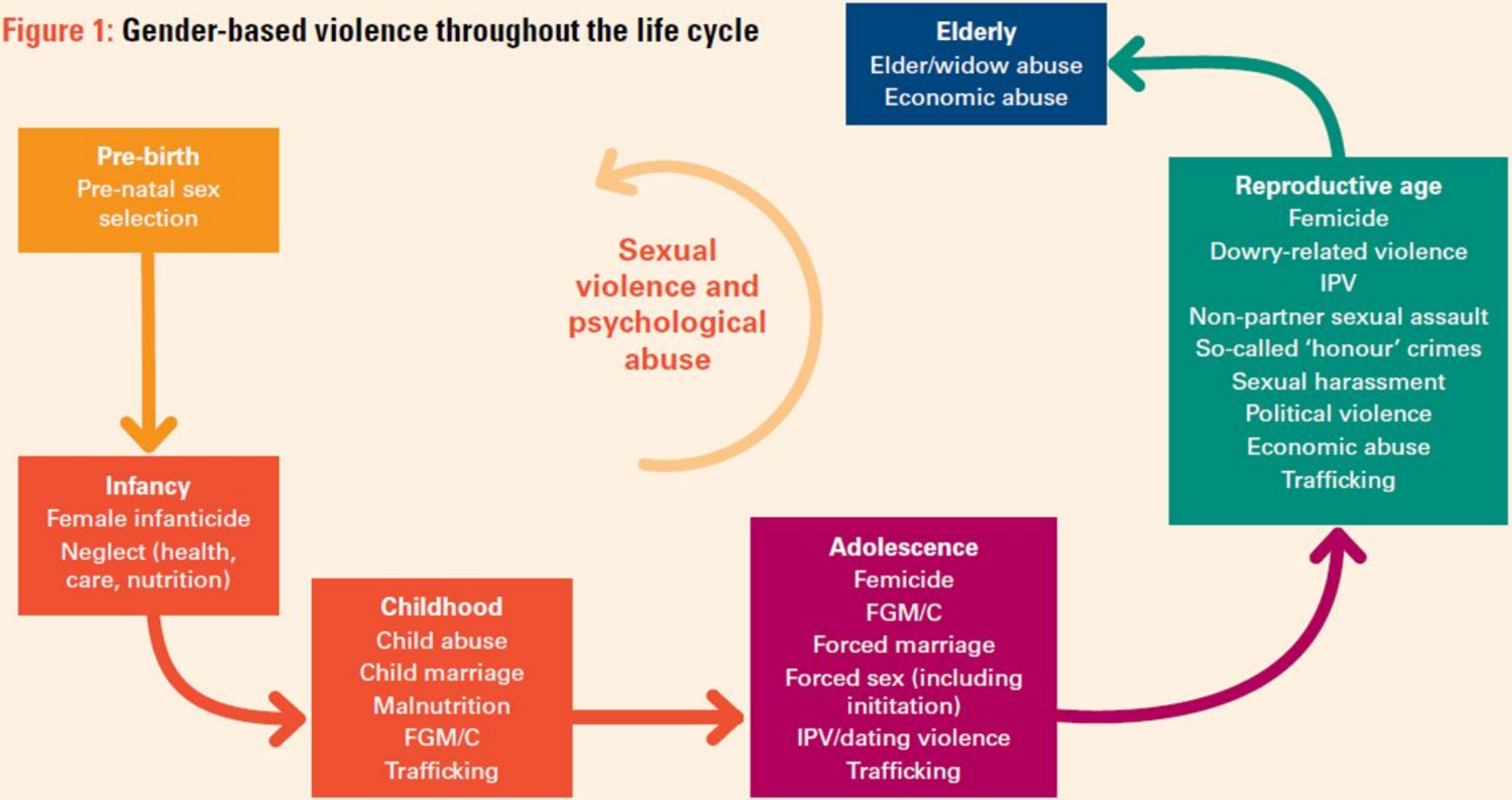
Source: Together for Girls

Types of Gender-based Violence



Source: LINKAGES Project

Figure 1: Gender-based violence throughout the life cycle



Source: Adapted from Ellsberg and Heise (2005) *Researching Violence against Women: A Practical Guide for Researchers and Activists*. WHO and PATH, Geneva: 10; adapted from Watts and Zimmerman. 2002. 'Violence against Women: Global Scope and Magnitude', *The Lancet* 359 (9313): 1233, and Shane and Ellsberg. 2002. Violence against Women: Effects on Reproductive Health, Report No 20 (1), PATH, UNFPA, Washington: 2.

YES or NO:

While GBV is a human rights violation, it does not impact HIV outcomes.

NO

GBV & HIV Outcomes

How do you think GBV impacts HIV outcomes?

HIV, Violence, and Gender Inequality

1 in 3

women worldwide have been beaten, coerced into sex, or otherwise abused in their lifetimes.

1 in 4

girls' first sexual encounter was unwanted.

1.5

is the increased likelihood that women who experience intimate partner violence will acquire HIV.

47%

of males living with HIV aged 15 and older are on ART, compared with 60% among females.

Exposure to GBV, particularly IPV, is associated with lower ART use, half the odds of self-reported ART adherence, and significantly worsened viral suppression among women.

ART Usage

Having gender inequitable beliefs or endorsing harmful gender norms – particularly norms sanctioning violence against and the control of women by male partners – decreased the odds of ART use among PLHIV.

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Barriers to Epidemic Control

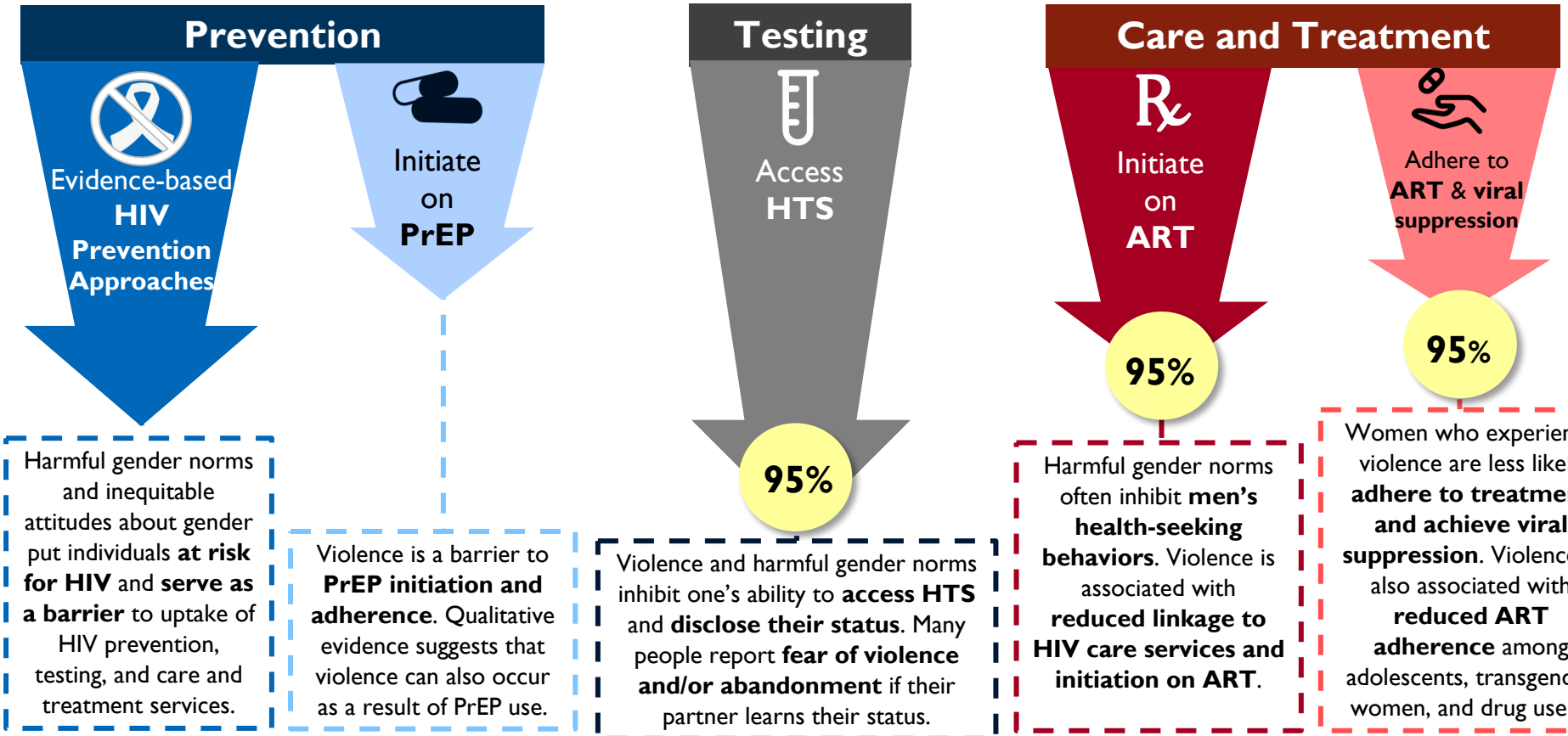

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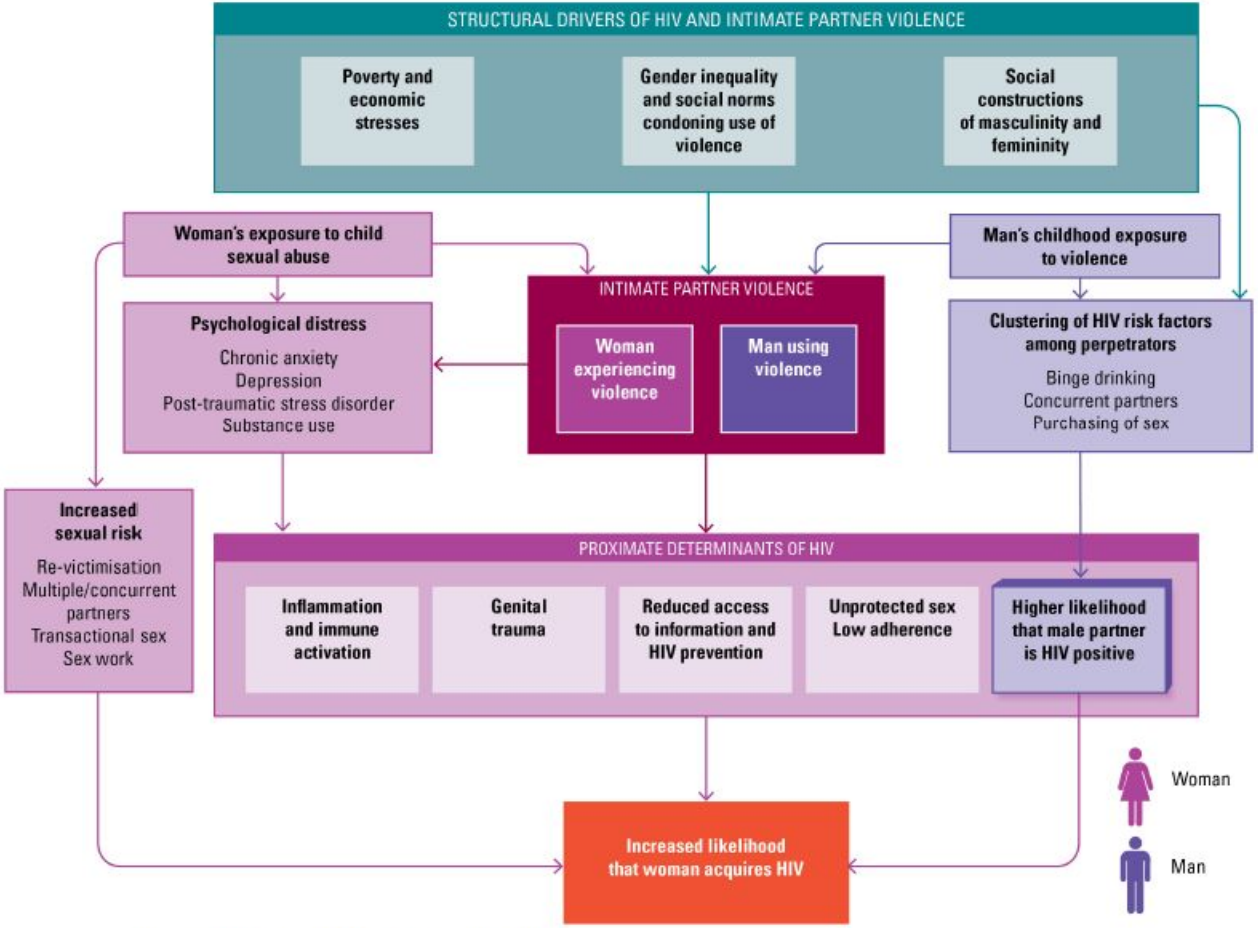
Figure 1: Potential pathways between intimate partner violence and women's risk of HIV acquisition



Source: Lori Heise/STRIVE, Greentree II, 2015

GBV and Health

GBV Increases Adverse Health Outcomes

Mental Health

TWICE
as likely to experience depression

ALMOST TWICE
as likely to have alcohol use disorders

Sexual and Reproductive Health

16%
more likely to have a low birth-weight baby

1.5 TIMES
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Death and Injury

42%
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

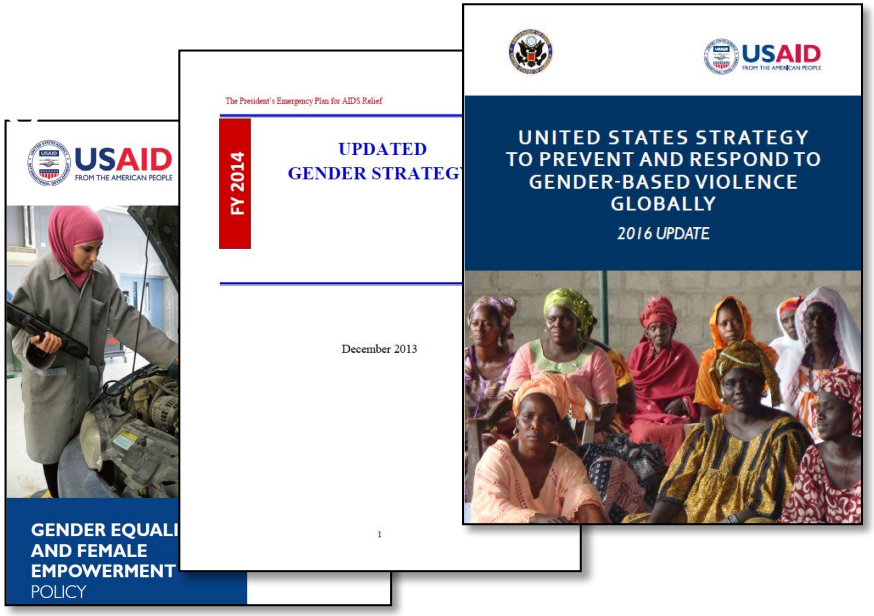
38%
of all murders of women globally were reported as being committed by their intimate partners

Source: *WHO*

Questions?

USAID and USG Policies on Gender Equality and GBV

Addressing Gender Inequalities & GBV within USG Programs



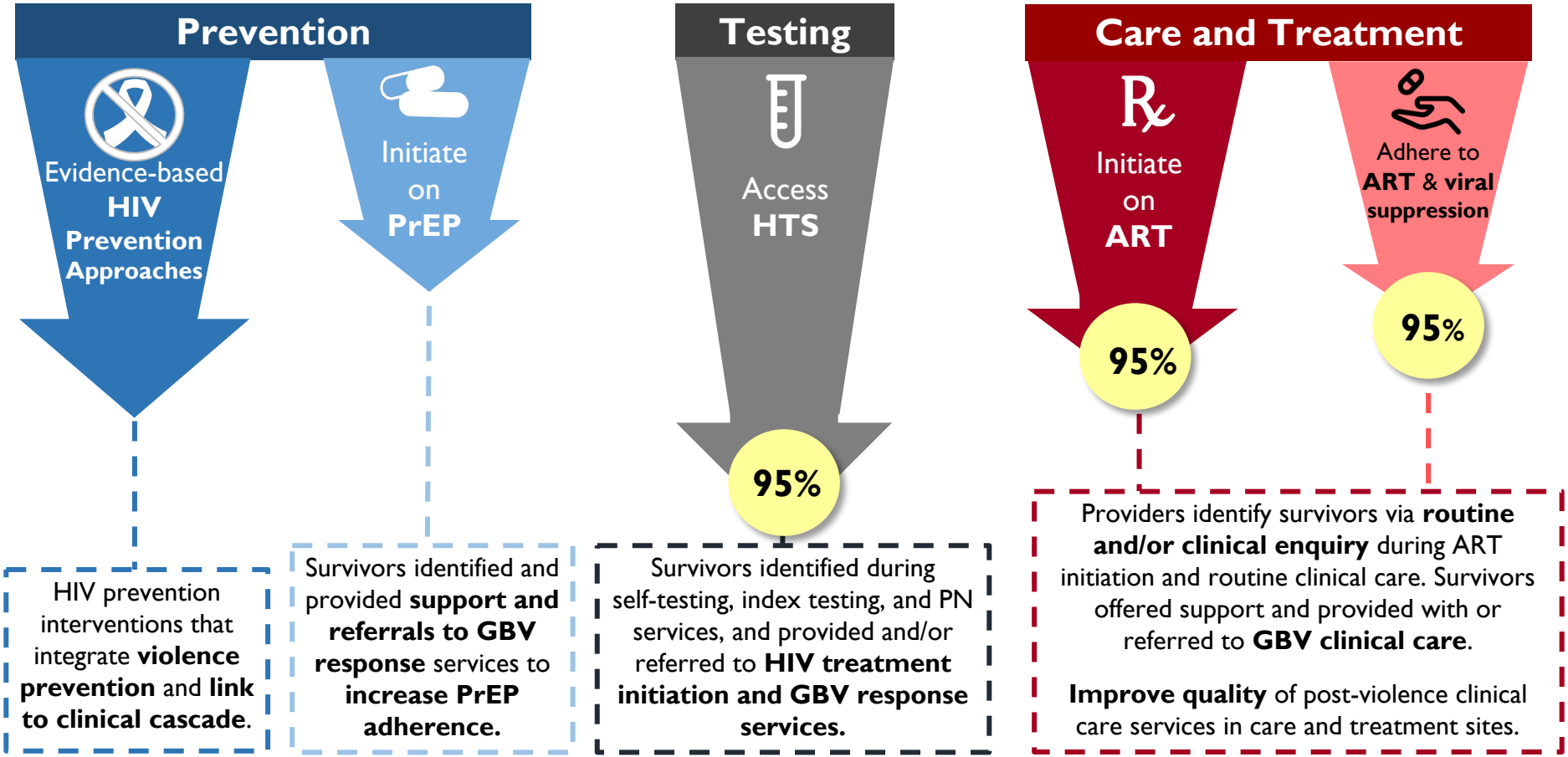
USAID PEPFAR gender and GBV programs work to advance the ***PEPFAR Gender Strategy***, ***USAID Gender Equality and Female Empowerment Policy***, and ***USG Strategy to Prevent and Respond to GBV Globally*** in order to ensure that women, men, girls, boys, LGBTI individuals, and individuals of other gender identities – of all ages and abilities – are **equally** able to:

- Access and utilize HIV prevention, care, and treatment services;
- Protect themselves and practice healthy behaviors;
- Exercise their rights;
- Live lives free from violence, stigma, and discrimination.

Integrating gender and GBV considerations across PEPFAR programs is essential to reaching 95-95-95 goals.

USAID Gender and GBV Technical Priorities for PEPFAR Programs

Addressing Violence and Inequality Across the HIV Cascade



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USAID Gender & GBV Technical Priorities for HIV Programs

1. Addressing **intimate partner violence (IPV)** in the context of **PrEP, index testing**, and **care and treatment** (routine and clinical enquiry for IPV).

2. Providing **post-violence clinical care services** in HIV **care and treatment sites**.

3. Improving **linkage** between **community-based HIV and GBV prevention interventions and clinical post-GBV care services**.

4. Improving **monitoring of GBV** case identification, prevention and response activities.

1 Addressing IPV in PrEP, index testing, and C&T

All **PrEP sites** must conduct **clinical or routine enquiry for IPV** with all clients.

All **HIV index testing sites** must conduct **clinical or routine enquiry for IPV** for clients who are offered partner notification services.

All **care and treatment sites** must conduct **clinical enquiry for IPV** with all clients.

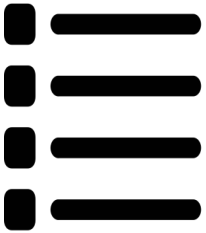
After conducting routine and clinical enquiry for IPV, sites must then offer **first-line support** and **provision of or referrals to GBV response services**.

Minimum Requirements for Asking about Violence

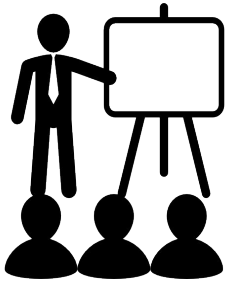
The **minimum requirements** that must be in place for sites to ask about experience of violence are:

Providers offer first-line support (LIVES)

A protocol/SOP for asking about experience or fear of violence

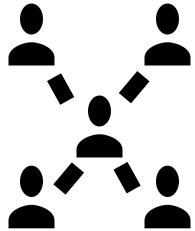


A standard set of questions where providers can document responses



Providers are trained on how to ask and/or identify signs and symptoms of violence

Providers only ask about IPV or sexual violence in a private setting, confidentiality ensured



A process for offering referrals or linkages to other services is in place

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First-line Support: LIVES

First-line support is the immediate care given to a GBV survivor upon first contact with the health or criminal justice system.

Listen	Listen closely with empathy, not judging.
Inquire about needs and concerns	Assess and respond to the survivor's needs and concerns – emotional, physical, social, and practical.
Validate	Show that you believe and understand the survivor.
Ensure safety	Discuss how to protect the survivor from further harm.
Support	Help the survivor connect to services, social support.

2 Providing post-violence clinical care in C&T sites

Expanding Integrated HIV and GBV Clinical Services

- Integrating HIV and GBV services is a key component of USAID's strategy to identify survivors and reach them with comprehensive post-GBV care.

- The two predominant models for GBV service delivery in USAID's PEPFAR programs are standalone GBV sites or integrated into public health facilities.

    - **Priority for standalone GBV sites**: Ensure survivors are linked into HIV cascade.

    - **Priority for integrated sites**: Ensure survivors being identified using *clinical enquiry* and that services are accessible.

- Both models need to ensure quality and accessibility of care.

3 Improving linkages b/w community prevention interventions & clinical post-GBV care services

Screening/Assessing for OVC & DREAMS Enrollment

All those administering DREAMS and/or OVC screening and enrollment tools where experience of violence is assessed must be trained on how to ask about violence, respond (provide first-line support, i.e., LIVES), and immediately refer to clinical and/or non-clinical GBV response services.

Facilitating HIV & GBV Prevention Interventions

All community-based programs delivering HIV or GBV prevention activities must ensure that facilitators are trained on providing first-line support (per WHO's LIVES framework) so they can respond appropriately to someone who discloses violence.

Providing Referrals to GBV Response Services

Facilitators should have referral cards and information available to help survivors access GBV response services.

Linking from Clinical GBV Response Services to the Community

For survivors who access post-GBV response services at dedicated GBV sites (e.g., one-stop centers) and test negative, **ensure linkage to HIV and GBV prevention programs**.

4 Improving monitoring of GBV case identification, prevention, & response

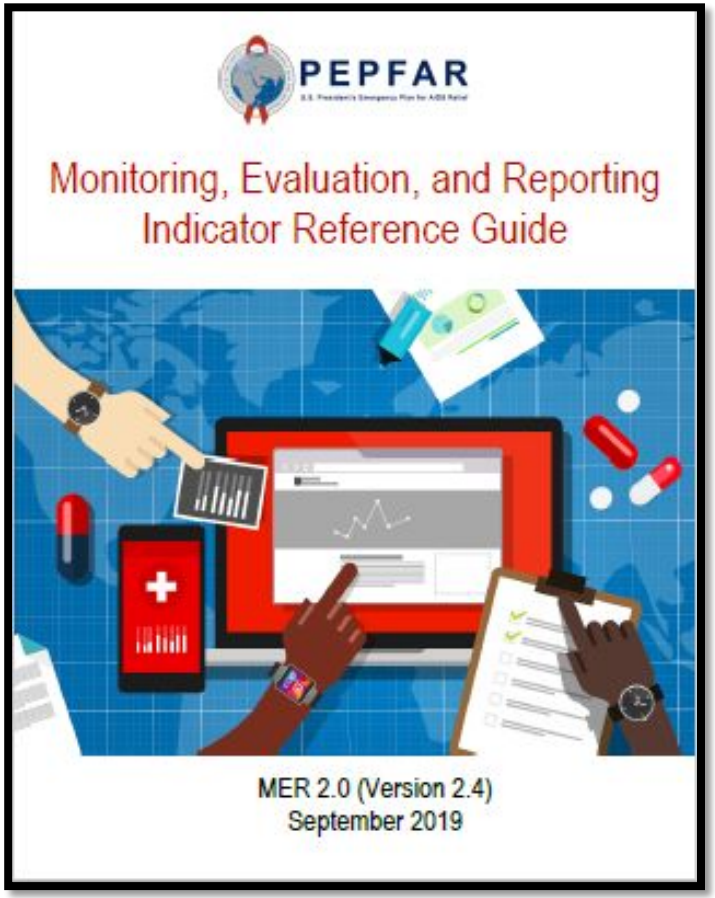
MER and custom indicators/disaggregates should be integrated into IP workplans to measure GBV case identification, prevention, and response activities, as well as gender norms change activities.

What is the PEPFAR MER indicator that captures the number of people who receive post-violence clinical care services?

GEND_GBV

MER Indicator: GEND_GBV Overview

Understanding GEND_GBV



GEND_GBV:

Number of people receiving post-GBV clinical care based on the **minimum package.**

Post-violence Clinical Care Minimum Package

All survivors of physical, emotional, and sexual violence should be offered:

Treatment of injuries

Rapid HIV testing

STI testing/screening and treatment

Counseling (first-line support - LIVES)

Referrals to other services as necessary

Additionally, survivors of sexual violence should also be offered:

PEP (within 72 hours)

Emergency contraception (within 120 hours)

ALL services in the minimum package **MUST** be in place for sites to report on GEND_GBV.

Note: The full minimum package must be available at a site for that site to report on GEND_GBV, but a client does not need to receive all services in the minimum package to be counted under GEND_GBV.

What is not included under GEND_GBV

GEND_GBV does NOT include community-based GBV prevention and norms change activities or non-clinical GBV response activities

For example, GEND_GBV does not include:

- Case management
- Shelter services
- Longer-term psychosocial support
- Education
- Couples counseling

GEND_GBV Disaggregates

Data should be disaggregated by:

- Sex
- Finer age bands
- Type of violence *(sexual violence or physical/emotional violence)*
- Number of people who completed a course of post-exposure prophylaxis (PEP)

GEND_GBV MER Indicator Reference Sheet

GEND_GBV

Description:	Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package	
Numerator:	Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package	This indicator DOES NOT include GBV prevention activities or non-clinical community-based GBV response.
Denominator:	N/A	N/A
Indicator changes (MER 2.0 v2.2 to v2.3):	• Age/sex disaggregates updated. • Language added to the "disaggregate descriptions & definitions" section of the indicator to ensure that clients are not double-counted under this indicator.	
Reporting level:	Facility & Community	
Reporting frequency:	Annually	
How to use:	This indicator measures delivery of a basic package of post-GBV clinical services (including PEP and EC). NOTE: This indicator DOES NOT include GBV Prevention activities or non-clinical community-based GBV response (e.g., shelter programs, case management). This indicator will enable PEPFAR to: • To determine the number of individuals that are suffering from GBV and reporting to clinical partners. • To assess whether post-GBV clinical services are being used. • Gain an understanding of the uptake of post-GBV clinical services offered across PEPFAR countries. • Provide important information to key stakeholders about PEPFAR programs that mitigate women and girls' and other marginalized populations' vulnerability to HIV/AIDS. • Support efforts to assess the impact of post-GBV clinical services by correlating the reach (i.e., number of people served) of these services over time with outcomes related to GBV (and HIV/AIDS), as described through other data collection efforts such as survey data (DHS/PHIA/VACS). • Identify programmatic gaps by analyzing the number and ages of people receiving services, as well as the reach of services in particular geographic areas.	

GEND_GBV is an **annual** indicator.

IPs should report GEND_GBV to country teams more regularly, either **monthly or quarterly**.

Questions?

COVID-19 and GBV

Reports of domestic and intimate partner violence have increased in countries affected by the COVID-19 pandemic

If the lockdown continues for 6 months, **31 million** additional GBV cases can be expected

For every 3 months the lockdown continues, an additional **15 million** cases of GBV are expected

- Abusive partners may **withhold necessary items** such as ARVs, hand sanitizer, or disinfectants.
- Abusive partners may share **misinformation about the pandemic to control or frighten survivors**, or to prevent them from seeking appropriate medical attention if they have symptoms.
- **Travel restrictions** may impact a survivor's escape or safety plan.
- An abusive partner may feel more justified and **escalate** their isolation tactics.
    - Greater isolation = more risk to individuals in violent or controlling relationships

Sources: UNFPA (2020); National Domestic Violence Hotline (2020)

We need solutions that work for **all**

Those that use a combination of in-person and technology-based approaches...

Ensuring HIV service providers provide first-line response to those who disclose experience of violence and refer to GBV services.

Supporting one-stop or specialized centers to continue providing services or doing more virtual outreach and safety planning via phone or internet.

To low-tech options...

Adapting existing physical spaces (e.g., pharmacies) to provide or link to services, or the use of 'alert chains' to call for help.

To those that reach the extremely isolated and vulnerable.

Using code words or 'silent alarms' to signal that a survivor needs assistance.

Not just hotlines and mobile phones: GBV Service provision during COVID-19: GBV service provision during COVID-19 (UNICEF, 2020)

And that includes supporting the health care and social service workforce

- Additional training and supportive resources on GBV **first-line response** and managing disclosures of violence.
- Tips on adapting **safety planning** to a pandemic and global lockdown, including how to assist clients who have not disclosed their HIV status to their partner/family about how they can safely take their ARVs.
- Managing the **trauma and psychosocial distress** experienced by survivors or among those providing care.

COVID-19 & GBV Response: Experiences from a USAID Local Partner

Zambia Center for Communications Program (ZCCP) Kwatu

Stop GBV Project

What was the program like/services before COVID-19

- Program based on interpersonal contact.
- Awareness creation and sensitization through community mobilization and dialogues.
- Survivors report cases of GBV to the Chiefdom Secretariats, Police Victim Support Unit and One Stop Centers (OSC).

The impact/challenges of COVID-19 on reaching people and delivering services

- Community members are shunning services in fear of contracting COVID-19.
- Reduced time for interpersonal contact.
- Difficult to mobilize community members for community dialogues and awareness meetings.
- Court sessions halted as a result of COVID-19 impacting the disposition of GBV cases.

Programmatic solutions to COVID-19 related challenges

- Use of **hotline & community radio** to provide GBV & COVID-19 prevention and mitigation messages, psychosocial support, and information on accessing services
- Leveraged influence of **traditional and faith leaders** to sensitize communities
- **Trained One-Stop Center staff** on COVID-19 and provision of safe and timely GBV services; provided COVID-19 prevention commodities

Continued engagement of traditional leaders: Chief Madzimawe

Tracking/monitoring programmatic shifts and results

Overall Weekly GBV Cases by Type of Case													
District	Period												
	Wk Dec 30	Wk Jan 6	Wk Jan 13	Wk Jan 20	Wk Jan 27	Wk Feb 3	Wk Feb 10	Wk Feb 17	Wk Feb 24	Wk Mar 2	Wk Mar 9	Trend	Grand Total
Forced Marriage										1			2
Child Marriage													
Other	8	53	59	69	38	43	31	38	36	43	47		597
Physical Assault	54	95	86	95	94	79	98	71	64	71	79		1382
Psychological and Emotional Abuse	22	45	45	39	33	39	22	33	37	38	39		660
Sexual Assault - Defilement	11	29	20	27	24	27	26	28	16	25	17		371
Sexual Assault - Other (Specify)		4	2	3	2	3	4	2	1		5		35
Sexual Assault - Rape	2	15	4	4	8	9	2	3	2	1	5		88
Grand Total	97	241	216	237	199	200	183	175	156	179	192		3135

1. **Weekly tracking** of GBV cases through One-Stop Centers, Childline/Lifeline and Zambia Police Service Victim Support Unit.

2. One-Stop Centers have **dedicated Data Entry Clerks** to provide timely data.

3. **Collaboration** with GBV cooperating partners to determine and establish best practices.

Technical Resources

Technical Resources

USAID and PEPFAR

- PEPFAR. **PEPFAR Gender Strategy**. (2013) https://srhrindex.srhrforall.org/uploads/2018/11/2013_PEPFAR-Gender-Strategy.pdf
- USAID. **USAID Gender Equality and Female Empowerment Policy**. (2012) https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf
- U.S. Government. **U.S. Strategy to Prevent and Respond to Gender-based Violence Globally: 2016 Update**. (2016) https://www.state.gov/wp-content/uploads/2019/03/258703.pdf

WHO

- WHO. **Caring for women subjected to violence: A WHO curriculum for training health-care providers**. (2019) https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/
- WHO. **Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook**. (2014). http://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf?sequence=1&isAllowed=y
- WHO. **Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers**. (2017). https://www.who.int/reproductivehealth/publications/violence/vaw-health-systems-manual/en/
- WHO. **Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines**. (2013). http://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf;jsessionid=2D1DAA6E250867AC6C8BD808054F4899?sequence=1

Questions and Discussion

Thank you!

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