PEPFAR

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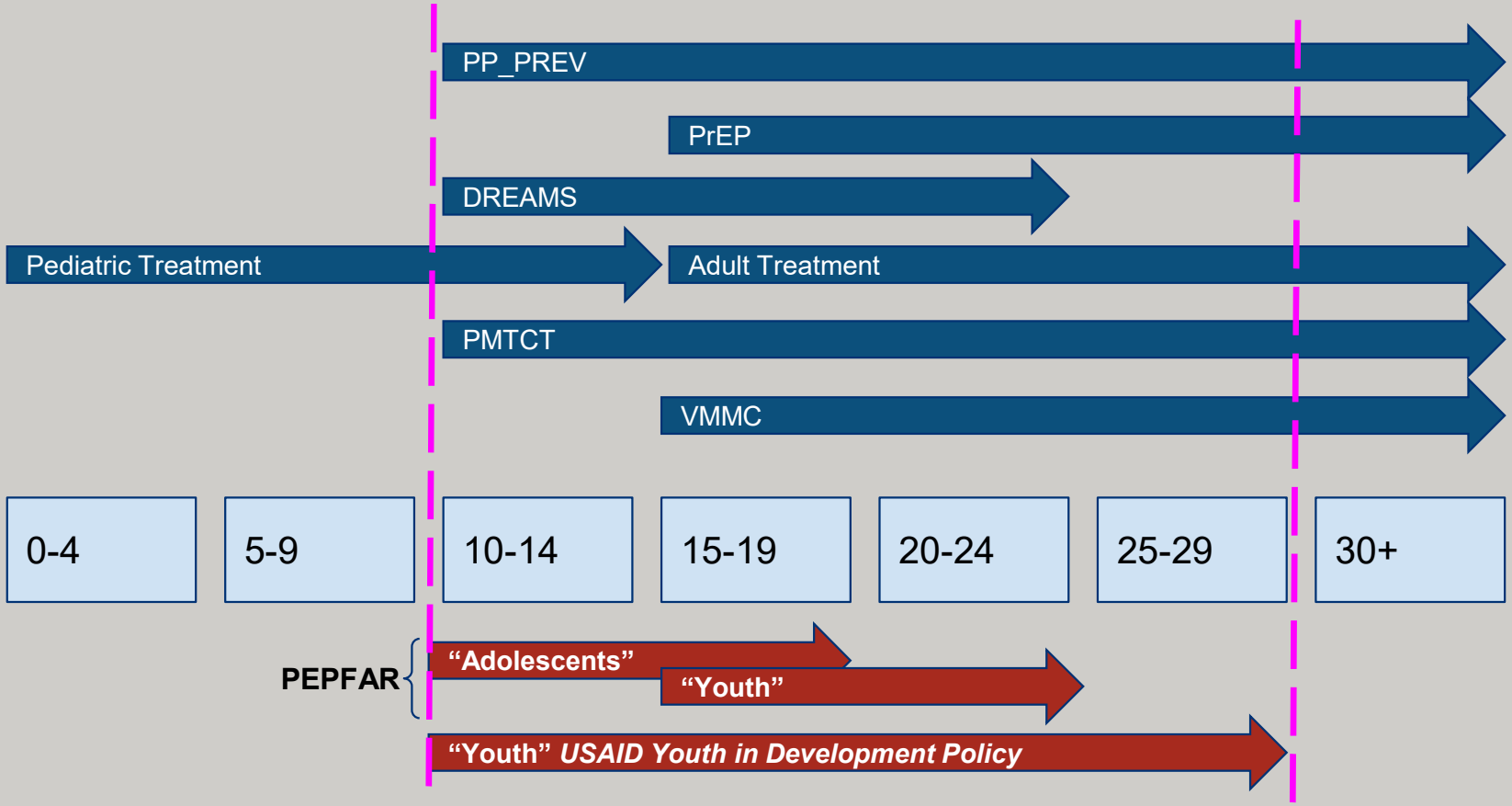
Technical Considerations for Priority Populations

Youth, DREAMS, Gender Equality/GBV, OVC

OHA Local Partners Meeting Technical Guidance- Youth

Current PEPFAR Platforms Supporting Youth



USAID Youth in Development Policy 2022-2030

USAID YOUTH IN DEVELOPMENT POLICY 2022-2030

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USAID's Approach to HIV and Optimized Programming (AHOP)

Pathway 2: Adolescent and Youth Health and Resilience

Photo courtesy of: Elizabeth Glaser Pediatric AIDS Foundation, Arusha, Tanzania, March 10, 2020

INTERMEDIATE RESULTS

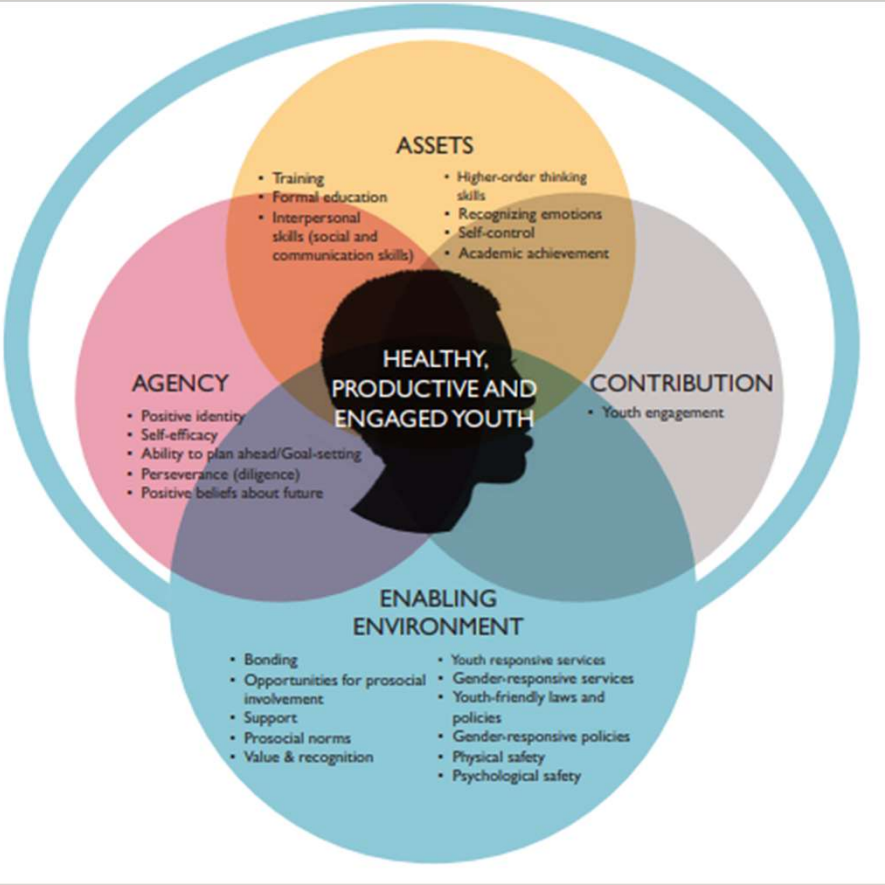
1. Increased **uptake** of **health services** that **directly reduce** the impact of HIV on **adolescents** and **youth**
2. Adolescents and youth **receive education** and **employment** assistance that **increases the probability** of remaining HIV-free or **virally suppressed** through adulthood.

Goal: Durable, positive health outcomes for HIV-affected adolescents and youth achieved through employment of USAID's multi-sectoral assets.

Positive Youth Development (PYD) Approach

- Boys/girls report higher self-efficacy to use **condoms** with their partners
- Reduced sexual risk behaviors such as **fewer sexual partners**, more youth using **condoms** consistently and **fewer youth having unprotected sex**
- Self-efficacy to use **contraceptives**
- Adolescent girls report **fewer incidents of unwilling sex**
- Reduction in **teenage pregnancy**
- Reduction of **HIV related stigma**
- More youth using **SRH services**
- HIV-positive youth **maintain treatment** more consistently

Systematic Review of Positive Youth Development Programs in Low and middle Income Countries



Youth Engagement

Youth engagement should be implemented across the board:

Facilities

- Facility/Community Healthcare worker training
- Peer navigators

Communities

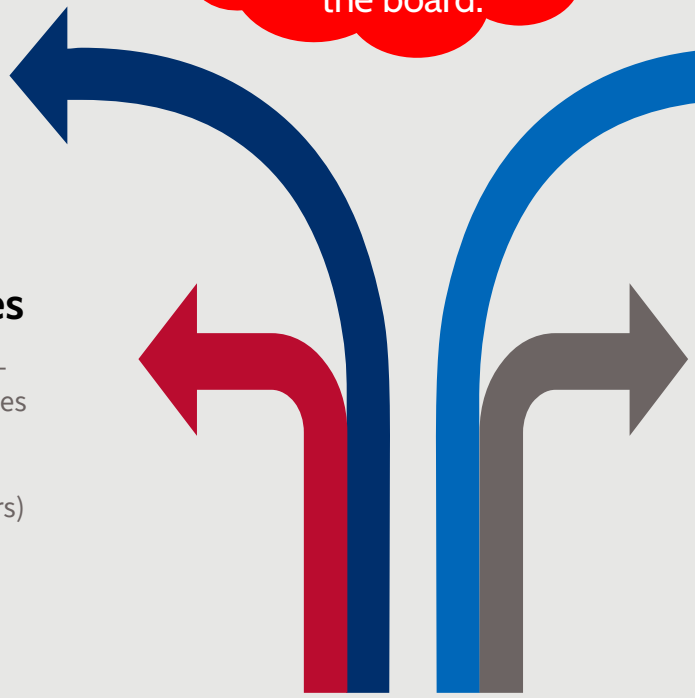
- Community Mapping- Youth Friendly Services
- DREAMS mentors (facilitators DREAMS Ambassadors)
- Feedback boxes

Online

- Mobile/ online support groups (facilitators)

Organizations

- Youth in policy, leadership and program development
- Co-creation of activities
- Focus groups
- Youth Programming Assessment Tool (YPAT)
- Youth reps on advisory boards



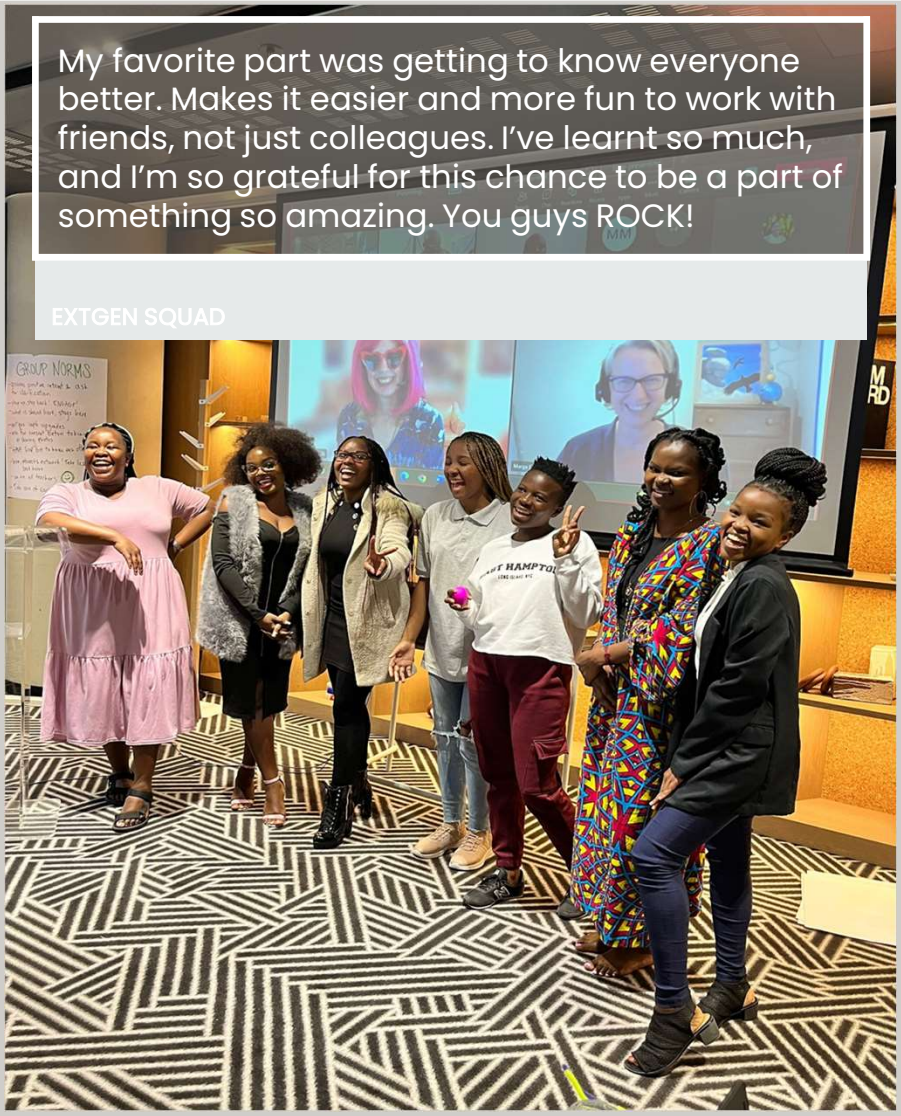
> "Meaningful youth engagement is an inclusive, intentional, mutually-respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities, countries and globally.
>
> *YouthPower*

BEST PRACTICES

Youth engagement across project activities

One of MOSAIC's first steps toward **meaningful youth engagement** was to **ensure representation** by hiring an NextGen Squad (NGS) member in each MOSAIC country. The NGS Terms of Reference set out how they will operate, including how **MOSAIC will be accountable to the youth** and support their ability to actively engage in the project.

MOSAIC has also **established formal and informal methods of supporting robust youth participation.** For example, requests for NGS engagement must be accompanied by technical assistance and feedback. A youth-friendly process was used to obtain input on the Ambassador Training, and Whatsapp groups are often used for communication.



Leveraging Partnerships to Support Youth

- Education
- Technology
- Food security
- Supply chain/ value chain
- Private Sector
- Workforce Development

- Economic growth
- Human rights
- Civic engagement
- Maternal health, sexual and reproductive health

OHA Local Partners Meeting Technical Guidance- DREAMS

DREAMS Guidance Updates and Refreshers

Social Assets Building and Time in DREAMS

DREAMS Guidance

AGYW at highest risk of HIV often lack strong social networks, including relationships with peers, mentors and adults who can offer emotional support as well as information and material assistance. Interventions that build social capital, both the necessary skills and actual network, have been shown to increase agency and empowerment among AGYW.

Minimum time to complete DREAMS **primary** package

	10-14	15-19	20-24
Average	7.3 months	7.3 months	6.4 months
Range	2- 12 months	2- 14.4 months	2- 14 months

Average time to complete DREAMS **total** package

	10-14	15-19	20-24
Average	11.7 months	12.2 months	12 months
Range	3-24 months	3-25 months	23-36 months

Average time to complete social assets building

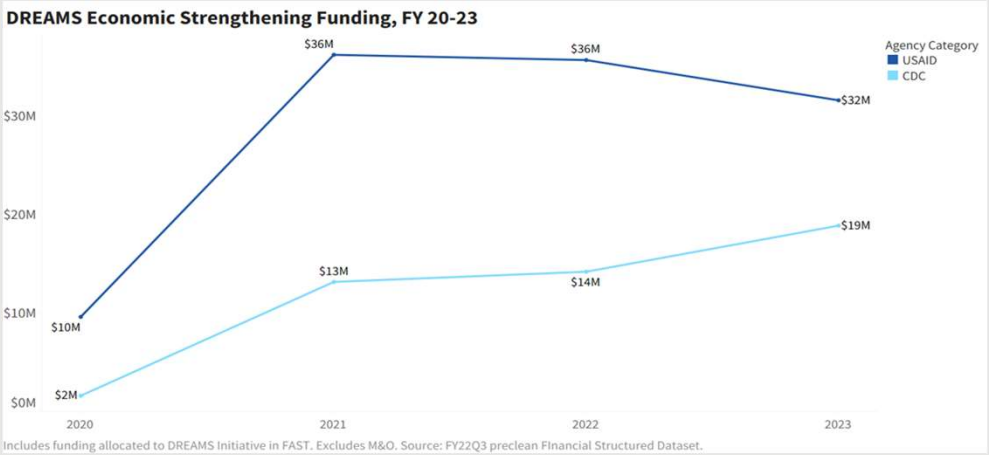
	10-14	15-19	20-24
Average	24 weeks, 16 sessions	26 weeks, 16 sessions	20 weeks, 16 sessions
Note that there was a range of 3-52 weeks for all age bands			

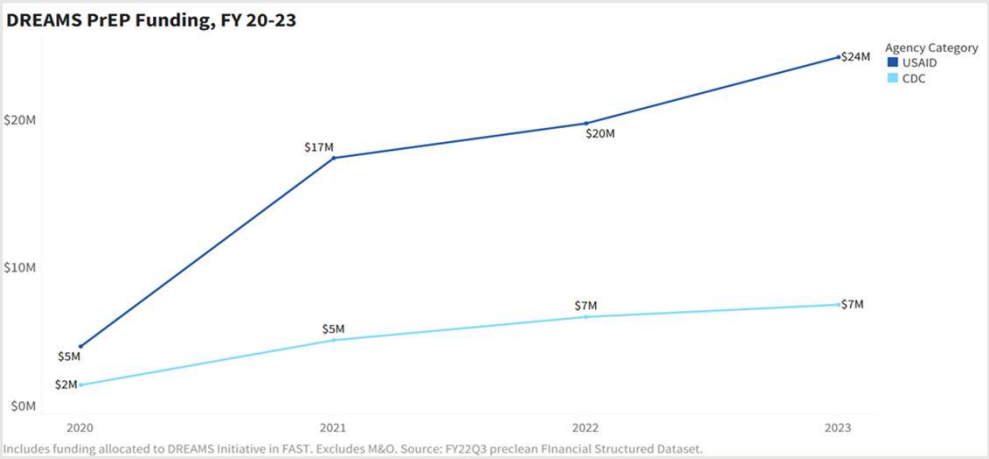
Secondary Service Focus: Economic Strengthening and PrEP

DREAMS Guidance

Maintains focus on scaling these two secondary services for AGYW and budgets are aligned to do so.

All DREAMS OUs are required to include PrEP information and education within their primary package of services for AGYW ages 15-24 and voluntary PrEP services (initiation/refills and continuation counseling/support) as part of their secondary package for AGYW.





Finding and Engaging the Most Vulnerable AGYW

DREAMS Guidance

IPs must make active efforts to collaborate with PMTCT, ANC, HTS, STI, and FP platforms to create strong referral networks and enroll at-risk, eligible AGYW in DREAMS.

ANC and FP settings: all 10-17 year old AGYW should be linked to DREAMS and those 18-24 years old should be screened for DREAMS eligibility

HTS and STI settings: all 10-24 year old AGYW should be screened for DREAMS eligibility

- Multiple Sexual Partners
- Sexually Transmitted Infection (STI)
- No or Inconsistent Condom Use
- Transactional Sex
- Experiences of Violence
- Out of School/Never Schooled
- Alcohol Use
- Orphanhood

Vulnerability and Risk Criteria

DREAMS Mentors

All DREAMS mentors should have access to a mobile phone, travel support, and data/airtime bundles as to effectively carry out their tasks and responsibilities.

Standardize mentor job descriptions should outline the “core” and “additional” responsibilities. The job description and recruitment materials should explicitly outline the wide-ranging duties and responsibilities for mentors , including routine time commitments and expectations for engagement with mentees both in a group setting and individually, curriculum delivery, data management, etc.

DREAMS programs should assess a clearly defined level of effort and time commitment by mentors and match compensation to similar professional opportunities in a mentor’s assigned community. Mentors should receive sufficient remuneration and resources that are reflective of the intensive work they perform.

Create and maintain an ideal mentor to mentee ratio that allows for mentors to create a strong connection with individual AGYW and a supportive group environment. This ratio will be dependent on other duties, e.g. recruitment, data management, etc.

DREAMS Ambassadors: IP Survey and Ambassador FGDs

Recruitment/ selection

AGYW are frequently involved in the recruitment/selection of their peers as DREAMS Ambassadors (recruitment, nomination, selection and/or panel interview). This contribution may positively impact the way AGYW respond to their peers selected as DREAMS Ambassadors.

Training and supervision

Pre-service training, in-service training and supervision is highly valued by DREAMS IPs and Ambassadors alike. IPs and DREAMS Ambassadors expressed a desire for increased training in **GBV advocacy, psychosocial support, public speaking, refresher trainings**

Scope of work

Across both survey and discussion, large scopes of work and limited resources may have an impact on the workload & roles/responsibilities of DREAMS Ambassadors. More focused Scopes of Work and increased number of DREAMS Ambassadors may be beneficial.

AGYW Voice and Feedback

The Link between Saturation and AGYW Size Estimates

- Saturation is defined as at least 75 percent of AGYW the most vulnerable to HIV in a DREAMS SNU have completed the primary package and secondary interventions relevant to their needs and age band.
- Saturation must be reached across all age bands and progress thus far should inform targeting in DREAMS districts.
- To understand whether saturation has been achieved in a DREAMS SNU, **country teams need to be able to estimate the number of AGYW vulnerable to HIV who live in DREAMS SNUs (AGYW size estimate/HIV vulnerability estimate).**

What's new in FY23 OHA Custom Indicator reporting?

- DREAMS_GEND_NORM has been changed to GEND_NORM
- The name change does not change how you report on GEND_NORM
- OUs are asked to report on GEND_NORM as the indicator provides valuable information on DREAMS contextual interventions.

OHA Local Partners Meeting Technical Guidance- Gender Equality and GBV

There is a strong USG policy framework to advance gender equality and prevent and respond to gender-based violence.

U.S National Strategy on Gender Equity and Equality *(2021)*

- A whole-of-government approach outlining a comprehensive agenda to advance gender equity and equality in domestic and foreign policy, with both a domestic and international focus

USAID Gender Equality and Female Empowerment Policy *(2012; 2020; 2022 under revision)*

- Revisions will align with the implementation plan for the National Strategy

USG Strategy for Preventing and Responding to Gender-Based Violence Globally *(2013; 2016; 2022 under revision)*

- Currently in clearance process; progressive and forward thinking, and well-aligned with OHA and PEPFAR priorities

COP22 Guidance *(2022)*

- More expansive vision of gender equality and GBV, which is integrated throughout, including a focus on M&E/data systems and health workforce.
- Increasing focus on preventing and addressing sexual exploitation and abuse in PEPFAR's programs

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.

Continuity of Treatment

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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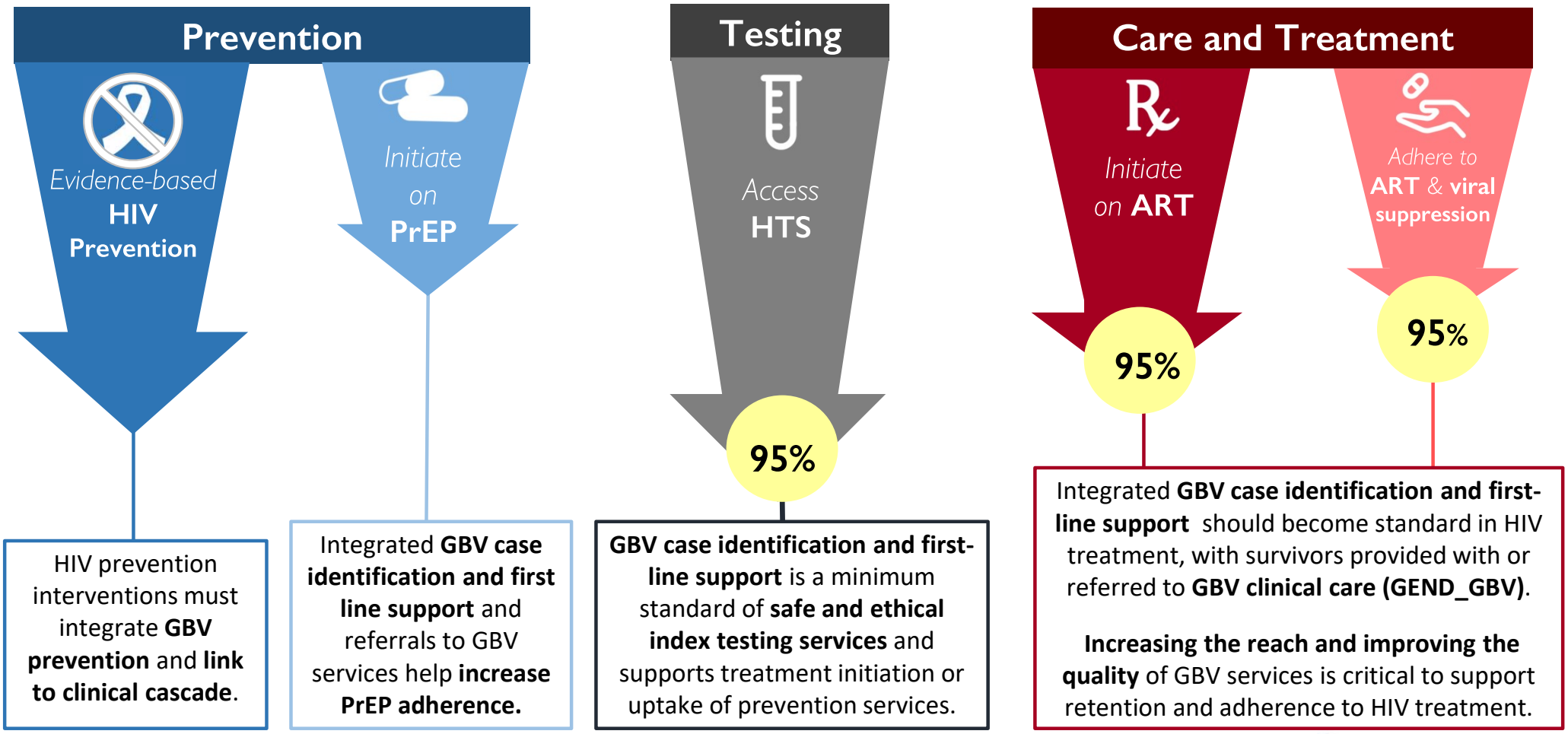
Addressing Violence and Inequality Across the HIV Cascade



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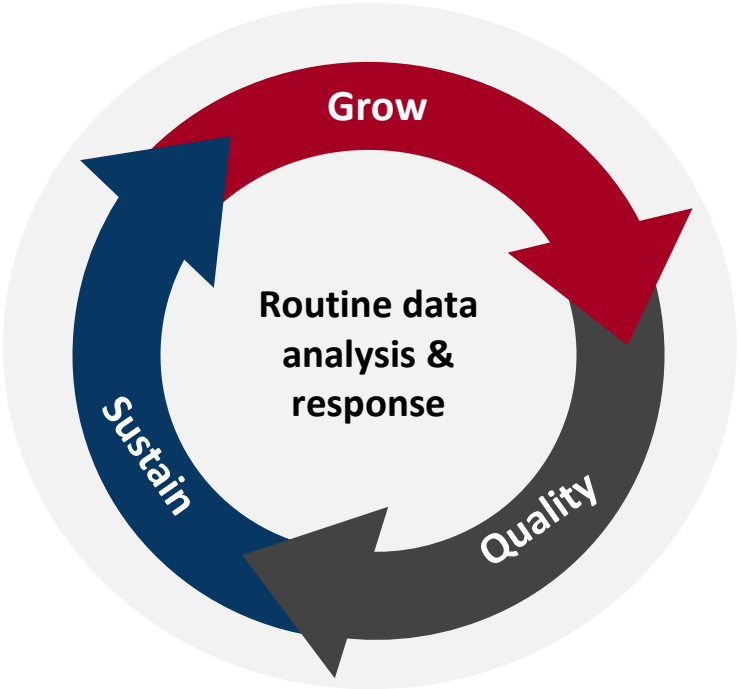
OHA's Strategic Vision for Advancing Gender Equality and Preventing and Responding to Gender-Based Violence in PEPFAR Programs



Grow the program

Grow the program by increasing its reach in order to...

Support quality & innovation

...Retain at-risk individuals, PLHIV, and GBV survivors in innovative and high quality services, and...

Sustain our investments

...Sustain USAID's investments by strengthening partnerships, supporting the health and social service workforce, and reducing structural inequalities.

What does success look like?

Reduced risk of HIV, GBV, and structural and gender inequalities that fuel the epidemic.

Flexible and innovative services of high quality to engage PLHIV and survivors of violence in HIV services.

- Quarter to quarter growth in key program indicators
- Use of innovative and flexible strategies to reach and retain clients
- Accessible, acceptable, and appropriate HIV and GBV services
- Locally-led partnerships and solutions
- Improvements in measures of gender equality

What does sustained epidemic control mean for Gender Equality and GBV?

Advancing gender equality and ending gender-based violence, including violence against children, is essential to achieving sustained HIV epidemic control.

The human rights of women and men, girls and boys, LGBTQI+ and those of other gender identities – of all ages and abilities – are essential for people utilize HIV prevention and treatment services; protect themselves and practice healthy behaviors; exercise their rights; and live free from violence, stigma, and discrimination.

Guiding principles to articulate a country-level vision:

1. Rests on a foundation of **gender equality** and **human rights for all**.
2. Ensures that **HIV and GBV services are accessible, acceptable, and appropriate** for the people they serve.
3. Is rooted in **community-led approaches and solutions**.
4. Is informed by **multilateral strategies, normative guidance, and national policies** that plan, fund, and deliver HIV and GBV services.
5. Relies on a **health and social service workforce** that is diverse, equitable, appropriately-compensated, and technically-skilled, and provided with quality mental health and psychosocial support services.
6. Relies on **data and evidence** to inform policy planning and service delivery.

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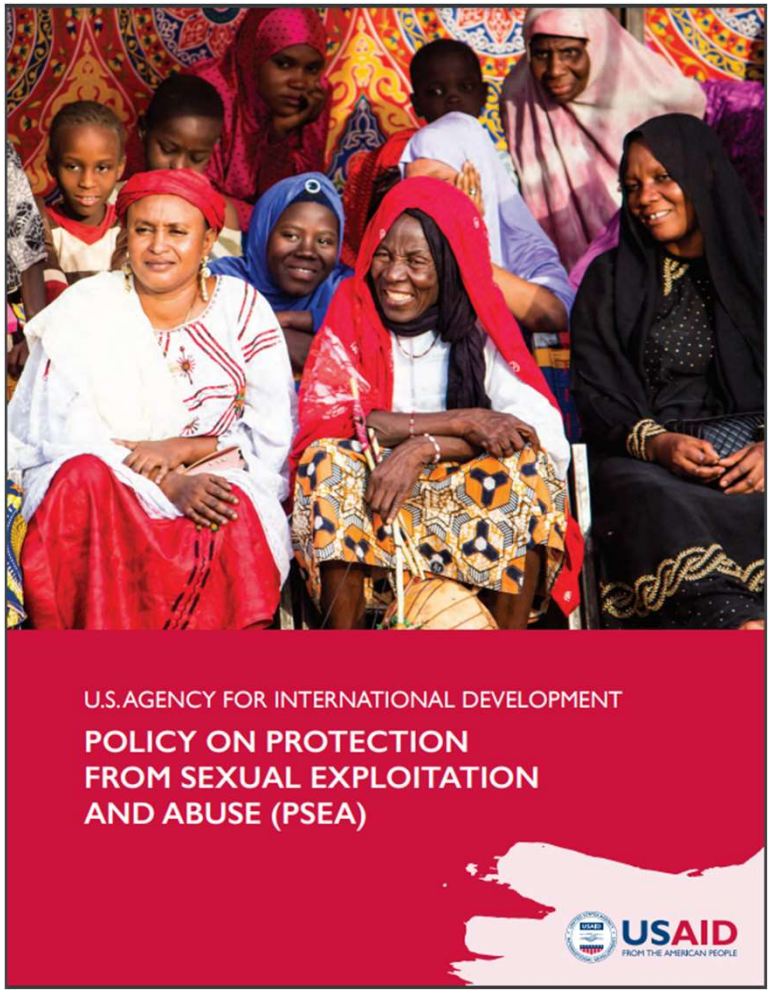
USAID's Preventing Sexual Exploitation and Abuse (PSEA) Policy



The goals of the PSEA policy are:

Prevent and Address Sexual Exploitation and Abuse in USAID Programs

- Work across the globe to protect the communities we serve and advance human dignity by preventing sexual exploitation and abuse.
- Elevate the voice of survivors of sexual abuse and exploitation by putting their needs, rights and well-being at the forefront of our efforts.
- Review and revise our existing policies and procedures to strengthen accountability and compliance, in consultation with our external partners and beneficiaries.

Prevent and Address Workplace Sexual Misconduct at USAID

- Work across USAID to prevent and address internal sexual misconduct, including sexual harassment, by strengthening the Agency's policies and procedures for effectively preventing, reporting, and responding to incidents of sexual harassment.
- Foster a respectful culture at USAID that does not tolerate sexual misconduct or harassment, and that values reporting, respects survivors, and prevents retaliation.
- Demonstrate accountability to USAID employees and stakeholders by using data to measure success.

Administrator's Action Alliance on Preventing Sexual Misconduct

Preventing Sexual Exploitation and Abuse (PSEA) vs. Preventing and Responding to Gender-Based Violence (GBV)

Preventing Sexual Exploitation and Abuse (PSEA) refers to policies and procedures implemented *within an organization and its subsidiaries* to prevent exploitation and violence against beneficiaries (adults and children) from occurring within their "walls" or through the delivery of their interventions or services. Emerged from the humanitarian response sector.

Examples include:

- Organizational policies prohibiting sexual misconduct in programs and workplaces
- Reporting allegations of sexual misconduct and abuse
- Employee training on preventing harassment and sexual misconduct, bystander interventions, and reporting requirements.

Preventing and responding to gender-based violence (GBV) programming encompasses programs and services to address violence, primarily (but not exclusively) against adults that is occurring outside of an organization and *in a household or community* more broadly.

Examples include:

- Primary prevention of violence
- Case identification and first-line support to survivors in health programs
- Clinical care for survivors of physical and sexual abuse

Technical Guidance and Additional Resources

USAID Guidance

- USAID'S Guidance on Child Safeguarding for Implementing Partners *(practical steps to prevent, stop, and respond to child abuse, exploitation, and neglect)*
- Implementing Partner Toolkit on Protection from Sexual Exploitation and Abuse (PSEA), Counter-Trafficking in Persons (C-TIP), and Child Safeguarding *(resources to enhance safeguarding and protections across programs for vulnerable populations)*

Additional Resources

- How to Use Site Visits to Strengthen Gender-Based Violence Interventions
- Conducting Safe, Effective, and Ethical Interviews with Survivors of Sexual and Gender-Based Violence *(available in English, French, Shona, Spanish, Swahili, and Zulu)*
- Trauma and Violence-Informed Interview Strategies in Work with Survivors of Gender-Based Violence
- Bystander Intervention Resources
  - Empowered Bystander Intervention *(online training)*
  - Right To Be *(formerly known as Hollaback!)*
- Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations

Future Webinars and Learning Sessions

- What would you find most helpful?

OHA Local Partners Meeting Technical Guidance- OVC

Local Partner Meeting
November 2022

OVC Local Staff: Taking Care of Our People

- Health equity begins in our programs- how we operate, how we work with our staff.
- Budget for and provide supportive supervision, training, tools and resources.
- Develop a culture of data for decision making at all levels.
- Investing in our staff and community structures is key to sustainability.

Staff from local partner Association des Frères et Soeurs Unis, Yaoundé, Cameroon. September 2022

OVC Program Evolution under PEPFAR

2003

- High rate of orphanhood due to adult mortality
- Emergency response with tangible (e.g.. commodities), comprehensive support/services
- Community identification/enrollment
- Capacity strengthening of community systems and structures leading the OVC response
- 100% of OVC earmark funding for comprehensive OVC program

→ Geographic shifts aligned with adult HIV burden

→ Significant programmatic strides to link more closely with clinical programming/platforms

→ Targeting shifts as treatment reduces mortality and MTCT: less on orphans, more children living with infected parents, hard to reach and highly vulnerable populations

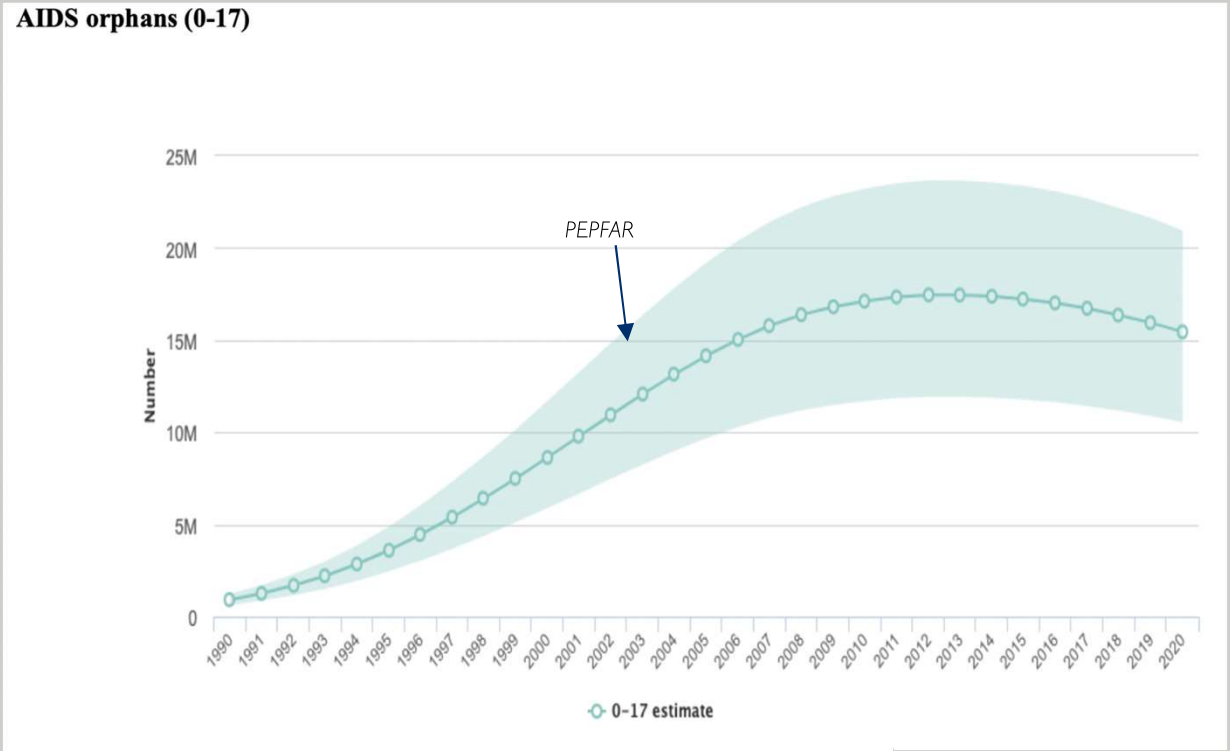
→ DREAMS rolls out, based on OVC multi-sectoral approach, w/significant resources for AGYW prevention

→ OVC earmark calculation increasingly includes DREAMS programming

2022

- Gaps persist for children & other highly vulnerable groups
- Community-based approaches & interventions are even more vital to close final gaps
- OVC remains PEPFAR's only family-focused program and exemplifies a development approach
- Identifying/enrolling children from both clinical and community entry points
- Tailored service packages delivered via differentiated case management
- As of COP21, global earmark is 54% DREAMS and 45% OVC

Moving away from "orphan" program labeling but continuing to address key HIV-related risks and vulnerability of orphanhood



Source: UNAIDS epidemiological estimates, 2021

While AIDS-related deaths for children, adolescents and adults have fallen below pre-PEPFAR (2003) levels, there are more orphans now (15.4M) than when PEPFAR began (12.1M).

For children and adolescents in the epidemic, orphanhood can significantly increase vulnerability to HIV acquisition and poor HIV outcomes.

COP22 Guidance

- Overarching strategic priorities remain the same:

3 95s:

Support case finding, linkage to treatment, retention and adherence among C/ALHIV to help achieve and sustain viral suppression

Prevention:

Provide primary prevention of HIV & sexual violence interventions for boys and girls aged 10-14 years in high burden areas

AGYW:

Collaborate with DREAMS to support vulnerable AGYW 10-17 in DREAMS SNUs

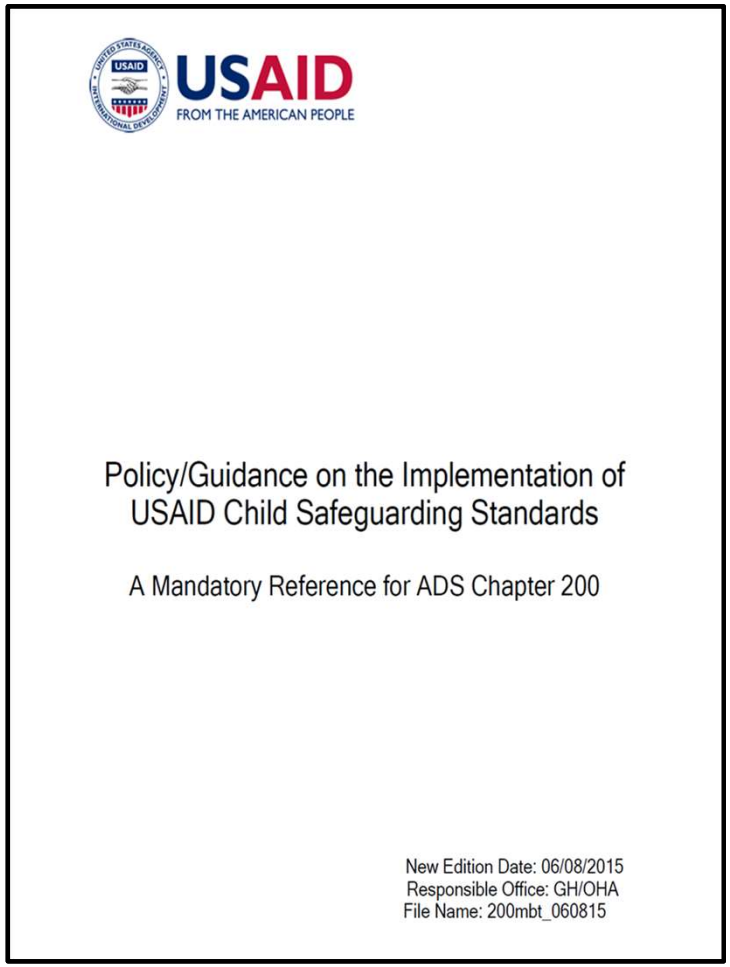
- New:
  - Gender-Based Violence and Violence Against Children (6.6.2.1) - GBV considerations for OVC programs
  - Behavioral Health (6.6.5.2)- mental health & psychosocial support

A Proactive Approach to Protecting our OVC Project Participants

Child* safeguarding *refers to policies and procedures implemented within an organization and its subsidiaries to prevent exploitation and violence against children from occurring within their "walls" or through the delivery of their interventions or services.*

Examples include:

- *Organizational policies prohibiting all forms of child abuse, exploitation, and neglect*
- *Mandatory reporting of suspected cases of child abuse, exploitation, and neglect*
- *Employee training on child safeguarding standards*



*This ADS Guidance specifically refers to Child Safeguarding; however, safeguarding activities should be in place for all vulnerable individuals (including children, adolescents, and at-risk adults)

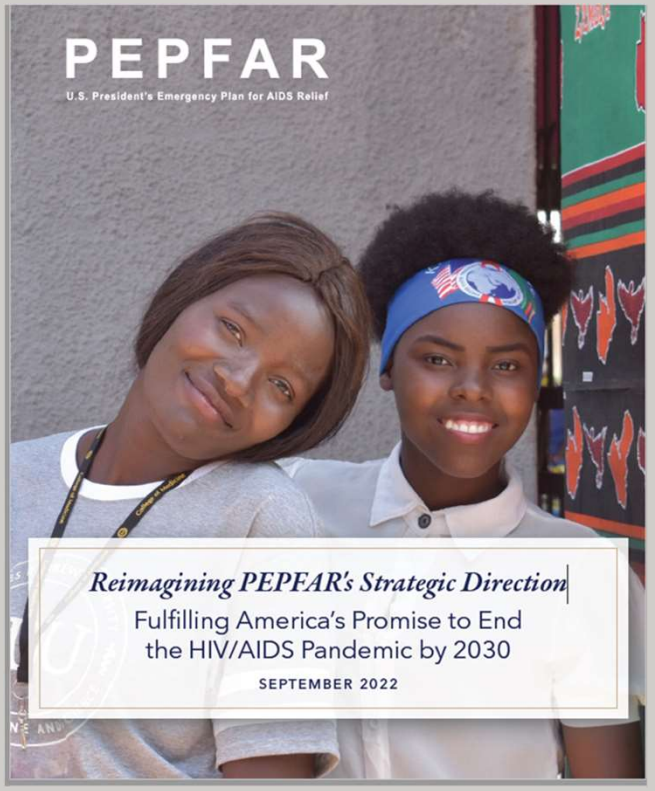
OVC Program's Three Unique but Complementary Models

	OVC PREVENTIVE	DREAMS	OVC COMPREHENSIVE
Who?	*Boys & girls aged 10-14 in high-burden districts/areas*	*AGYW aged 10-17 at elevated risk of HIV in highest burden districts*	*Children <18 with known risk factor (e.g., HIV+, SVAC)*
How?	*Group-based approach*	*Individually-based approach*	*Family-based approach*
What?	*Single time-limited, curriculum-based intervention (from pre-approved list)*	*Multiple, layered interventions from approved primary/secondary packages*	*Needs-based interventions based on case plans with case management and home visits*
Reporting	*OVC_SERV (active only)*	*OVC_SERV (active only)*	*OVC_SERV & OVC_HIVSTAT*
Outcome	*Intervention completion*	*Package completion*	*Graduation benchmarks*

PEPFAR Priority Population Focus Area 2: Children

"Close the gaps in Prevention of Mother to Child Transmission (PMTCT), pediatric diagnosis and treatment **by meeting clients where they are** with what they need through innovative models for **differentiated HIV service delivery**."

- Reimagining PEPFAR's Strategic Direction, 2022



OVC Local Partners: Closing the Gaps for C/ALHIV

- Offer enrollment in OVC programs to at least 90% of children (<age 18) in PEPFAR supported treatment sites in high volume clinics within high burden SNUs.
  - Uganda: MUCOBADI works with the clinical partner to conduct line listing of C/ALHIV in clinics to offer enrollment
- Support the clinical cascade through differentiated service delivery
  - Zambia: ECAP brings clinical services to the community to improve Viral Load Coverage
- Strengthen community facility linkage (MOUs, case conferencing, facilitate index testing, joint monitoring visits)
  - Kenya: Nuru Ya Mtoto- Link Desk persons mobilize CALHIV, HIV+ PBFA and HEI

Local partner staff from Zambia's Empowering Children and Adolescents Program (ECAP) facilitated joint home-visits with clinical providers who were trained in phlebotomy.

OVC Local Partners: Closing the Gaps for C/ALHIV

- Tailored support to our most vulnerable children & families, for example:
  - adolescents transitioning to adult regimens,
  - adolescent mums & their infants at high risk of treatment interruption
  - unsuppressed children & those with advanced disease
  - Tanzania: OVC case managers join Enhanced Adherence Counseling (EAC) sessions with C/ALHIV who are not suppressed
- Wraparound services- e.g. economic strengthening, parenting, mental health and psychosocial support
  - Zimbabwe: Mavambo Orphan Care- educational support, Cognitive Behavioral Therapy, community apprenticeship

A Community Case Worker from Local Partner Mavambo Orphan Care in Zimbabwe provides community-based adherence counseling to a CLHIV.

C/ALHIV are one of OVC's Priority Subpopulations

OVC Comprehensive

- HIV+ children <18 on ART
  Highest priority: unsuppressed CLHIV in high-volume sites
- Children of PLHIV
  Highest priority: biological children of HIV+ women
- HEI <2
  Highest priority: at risk of LTFU (e.g. adolescent mothers)
- Children of FSWs
  Highest priority: children of FSW living with HIV
- Survivors of SVAC
- Children orphaned due to HIV/AIDS

OVC Preventive

- Boys & girls aged 10-14 high-burden areas

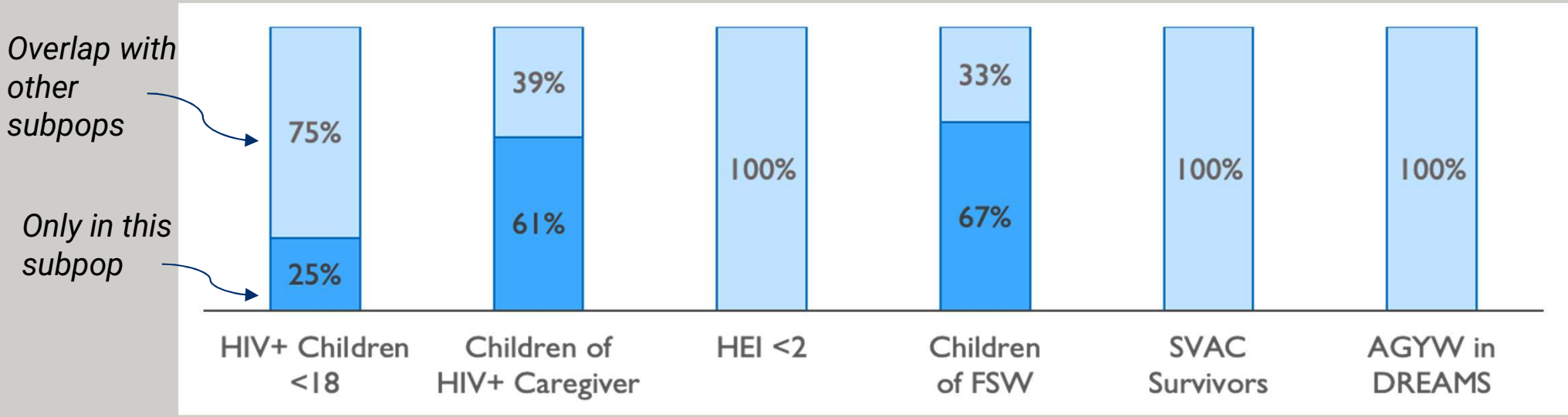
DREAMS

- Eligible AGYW aged 10-17 in DREAMS SNUs

{ a.k.a. The Incredible OVC Balancing Act }

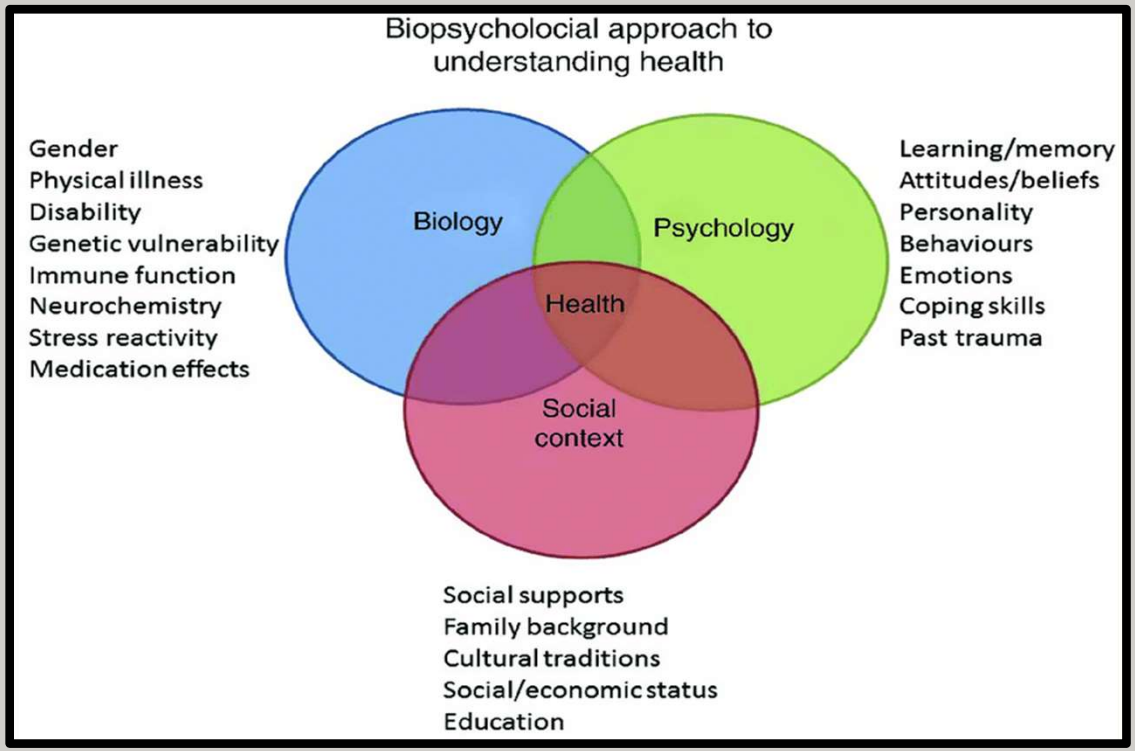
Priority Subpopulations Are Not Mutually Exclusive

Example from Uganda



Comprehensive OVC Services for those most affected & at highest risk

- **Case management approach:** *providing OVC services for priority sub-populations*
  - *Not a one-size fits all approach*
  - *Tailored, time-intensive, resource-intensive, wrap-around approach*
- *Improves* **HIV outcomes** *and reduces* **risk**
- *The overall goal of the OVC programming is to build resilience and* **meet their health, economic, education and social development needs**



Comprehensive, needs-based case management through Graduation Benchmarks

Healthy

- Known HIV status (or test not required)
- Adherent/Virally suppressed
- Knowledgeable about HIV prevention
- Not malnourished

Stable

- Financially stable

Safe

- No violence reported in past 6mos
- Not in a child-headed household

Schooled

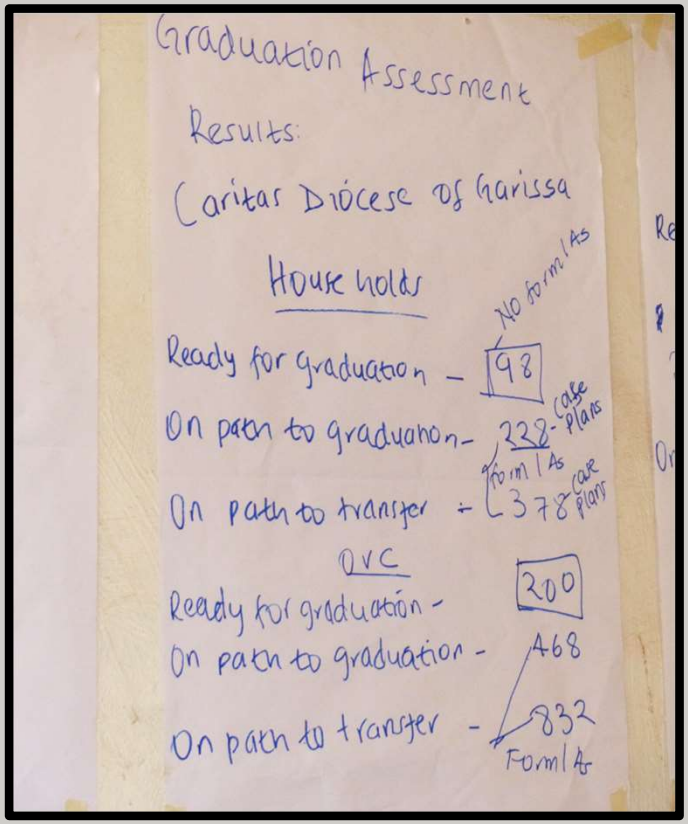
- Children in school

Benchmarks: Thoughts from Case Workers...

"The benchmarks helped us feel connected to what we were doing."

"The process is more interactive and realistic than before."

"The benchmark assessment results had a direct relationship to the development of a case plan."



*From: 4Children Kenya Program

OVC Preventive Model: Prevention of sexual violence & HIV

Expand coverage of 10-14 year old girls and boys (and their parents) through completion of evidence-based interventions to prevent sexual violence.

Coaching Boys INTO MEN®

NO MEANS NO WORLDWIDE
ENDING SEXUAL VIOLENCE

Telling Your Story with Data

- What data are you collecting? How are you using and reporting it (from Board of Directors to caseworkers to community members)?
- What data governance and data security measures do you have in place?
- Program, human resources, and costing data (spending by activity, subpopulation, and/or benchmark) will help inform future program structures, priorities and resources for children and families.

Local partner staff from Zambia's Empowering Children and Adolescents Program (ECAP II) used electronic case management tools in the community.

The Most Important Thing You Can Do?

BE YOU!