



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

Amelia Peltz and Emily Reitenauer

Gender and Sexual Diversity Branch

Office of HIV/AIDS

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

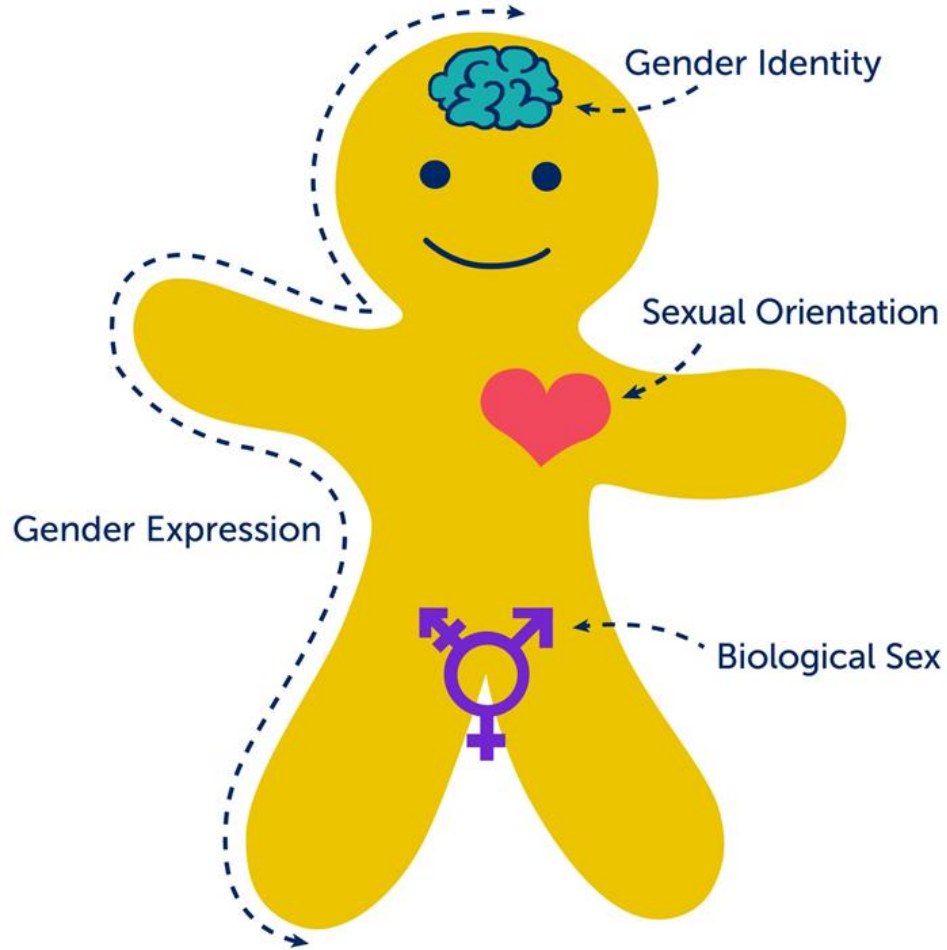


Terminology

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.

The Gender Person



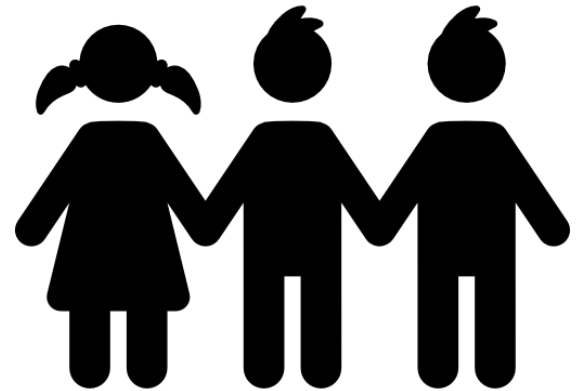
Gender-based Violence (GBV)

- 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

Violence Against Children (VAC)

WHO defines VAC as “**all forms of violence against people under 18 years old**, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.”

The U.S. *Advancing Protection and Care for Children in Adversity* strategy notes that violence against children includes “**all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse.**”

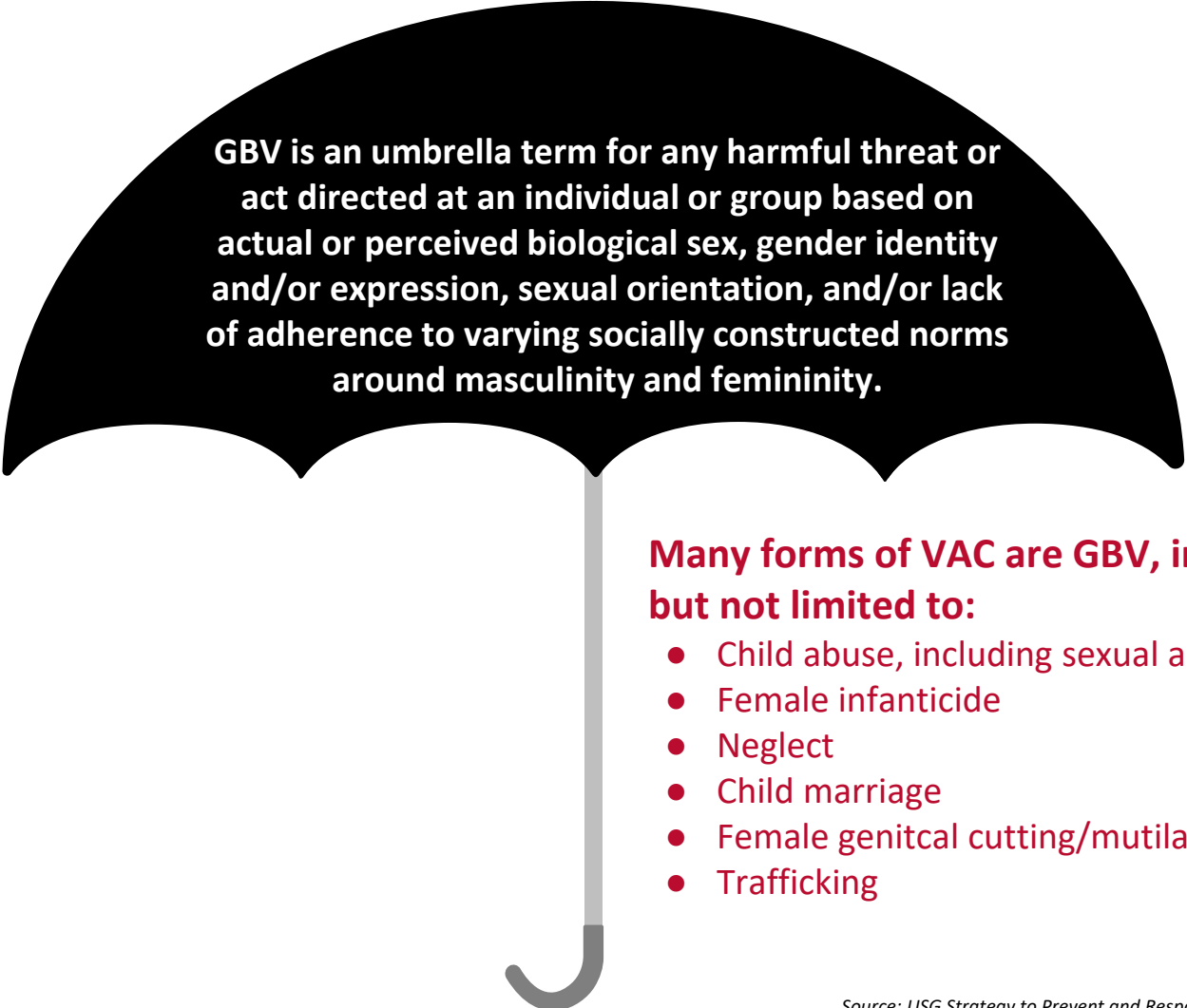


Types of VAC



When directed at children or adolescents because of their biological sex or gender identity, any of these types of violence are also gender-based violence (GBV).

GBV & VAC



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.

Many forms of VAC are GBV, including but not limited to:

- Child abuse, including sexual abuse
- Female infanticide
- Neglect
- Child marriage
- Female genital cutting/mutilation
- Trafficking



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.

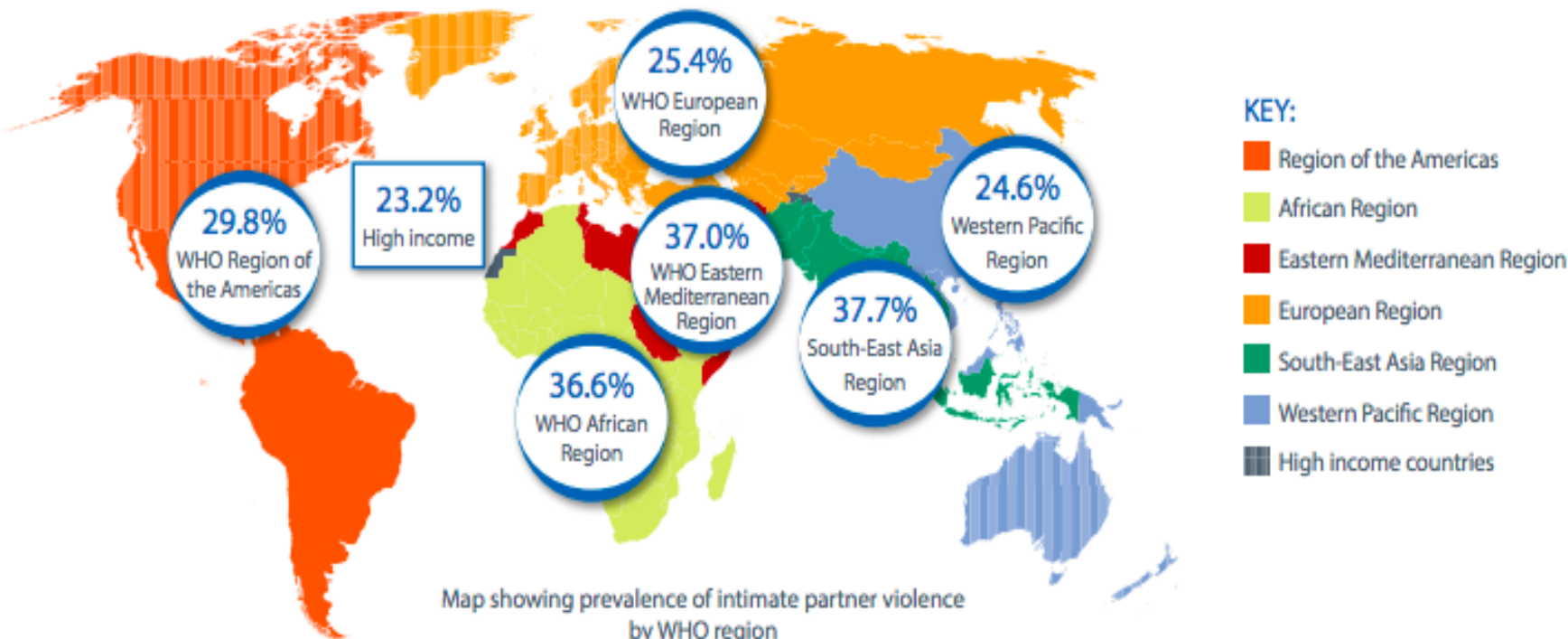
Quiz! What is the global prevalence of violence against women?

- 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 →

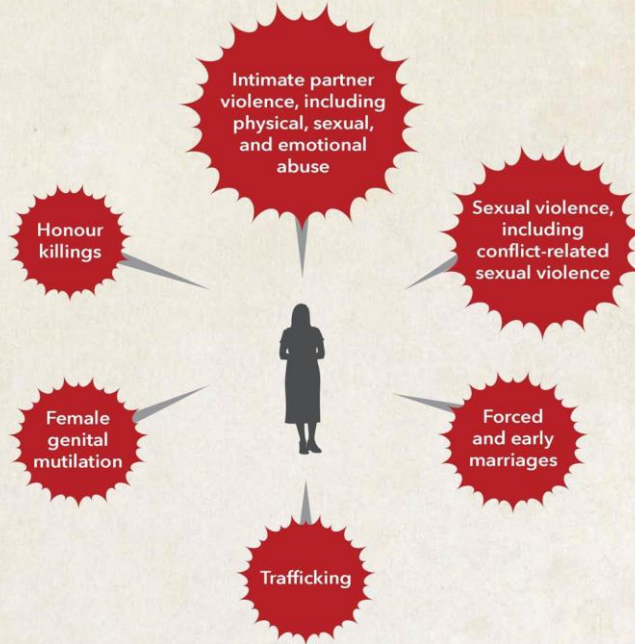
1 in 3 women

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



Violence Against Women

Violence against women
takes many forms, including:



The most common type of violence experienced by women is **intimate partner violence**.



YES or NO:
Only women experience GBV.

NO

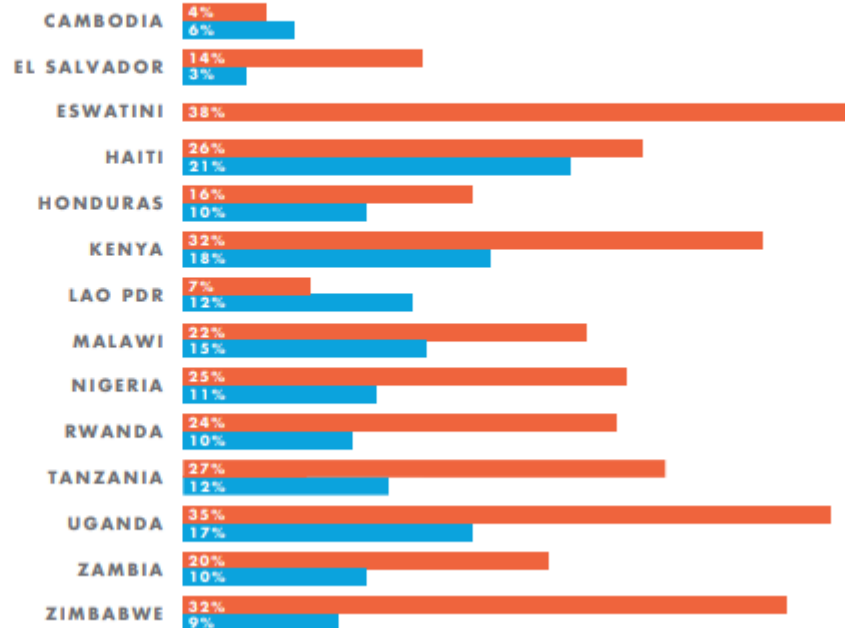
Violence Against Children

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

● GIRLS ● BOYS



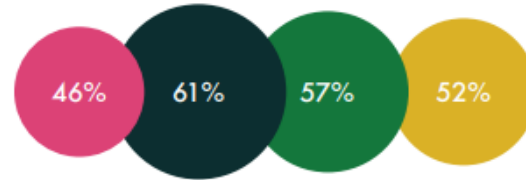
Violence Against Children

Even when young survivors disclose their experience, they rarely seek or receive services, including post-rape care

Females who told someone, sought and/or received services for sexual violence, among those who experienced sexual violence prior to age 18



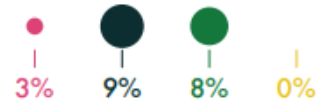
% of females who told someone about an experience of sexual violence



% of females who sought services for sexual violence



% of females who received services for sexual violence



● KENYA ● MALAWI ● UGANDA ● ZAMBIA

Types of Gender-based Violence

VIOLENCE AGAINST KEY POPULATIONS IS PREVALENT, FREQUENT, AND OFTEN SEVERE

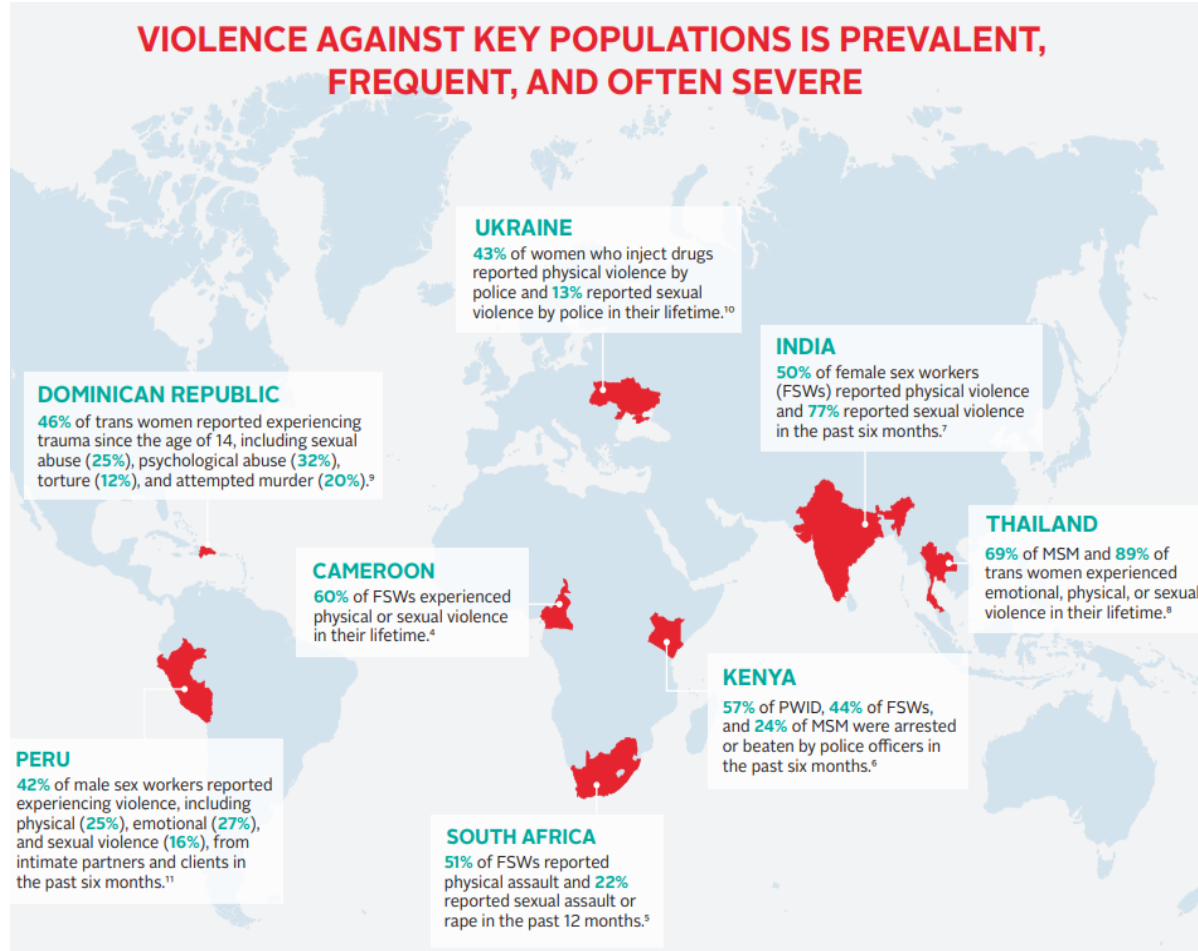
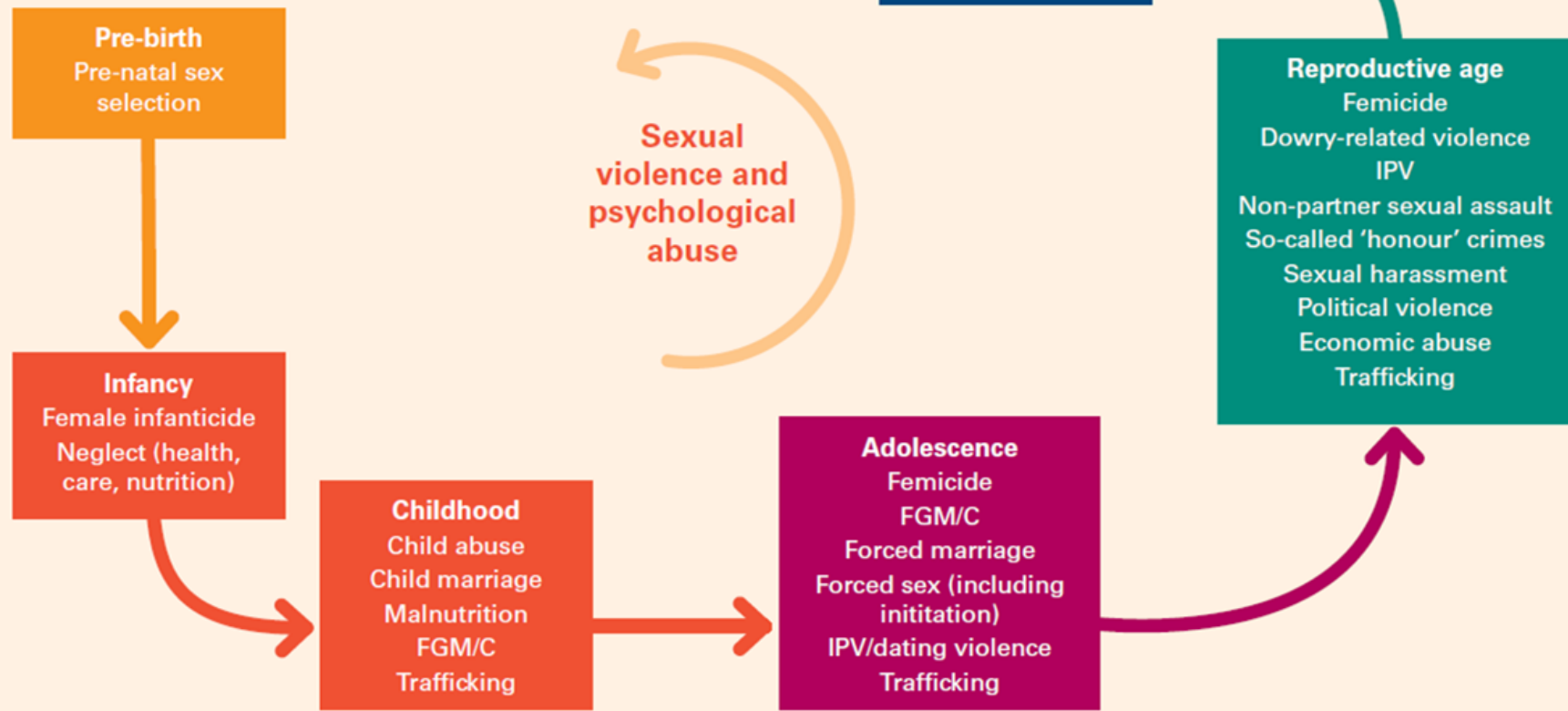




Figure 1: Gender-based violence throughout the life cycle



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 and 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

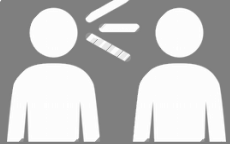
girls' first sexual encounter was unwanted.

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.



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.

Barriers to Epidemic Control

Prevention



Evidence-based
HIV
Prevention
Approaches

Harmful gender norms and inequitable attitudes about gender put individuals **at risk for HIV** and **serve as a barrier** to uptake of HIV prevention, testing, and care and treatment services.



Initiate
on
PrEP

Violence is a barrier to **PrEP initiation and adherence**. Qualitative evidence suggests that violence can also occur as a result of PrEP use.

Testing



Access
HTS

95%

Violence and harmful gender norms inhibit one's ability to **access HTS** and **disclose their status**. Many people report **fear of violence and/or abandonment** if their partner learns their status.

Care and Treatment



Initiate
on
ART

95%

Harmful gender norms often inhibit **men's health-seeking behaviors**. Violence is associated with **reduced linkage to HIV care services and initiation on ART**.

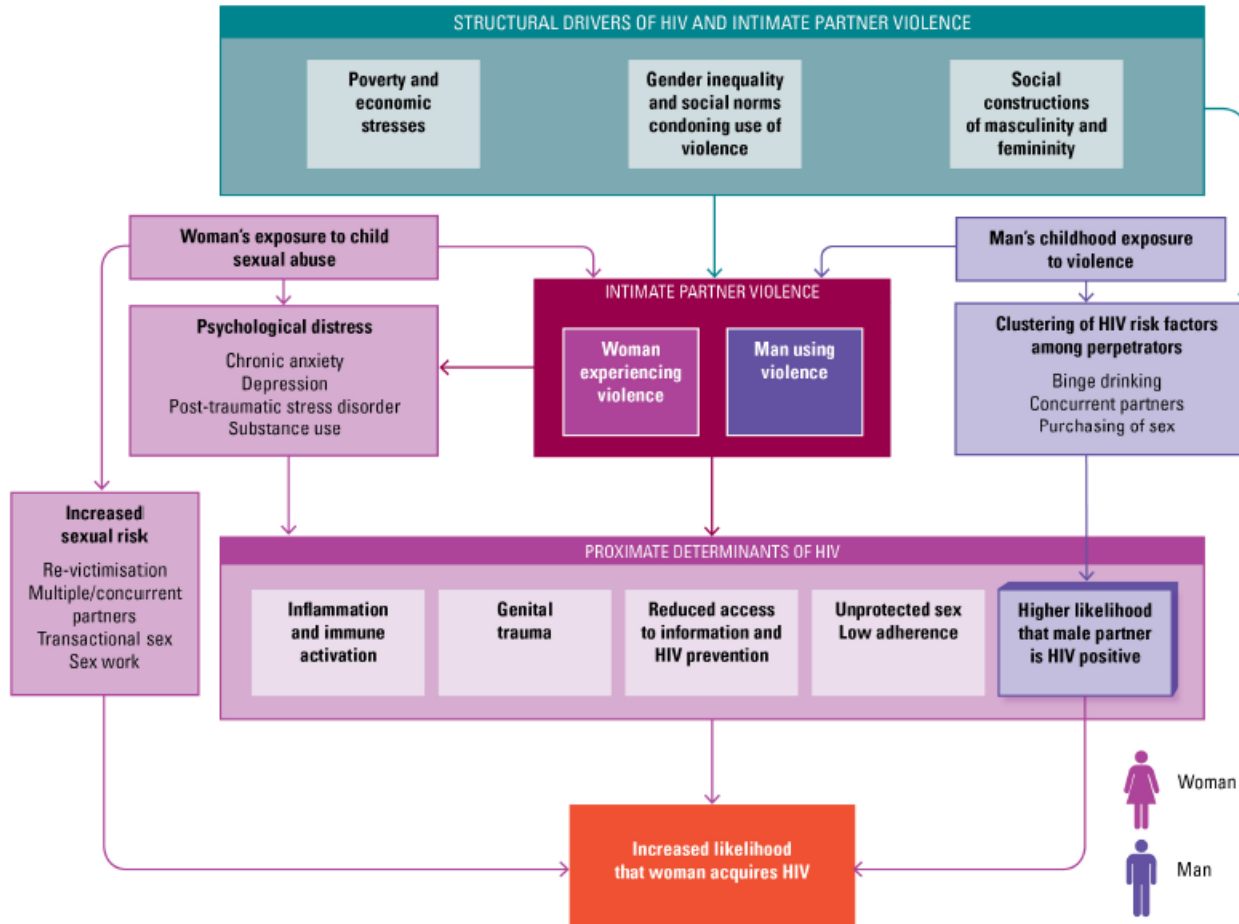


Adhere to
ART & viral suppression

95%

Women who experience violence are less likely **adhere to treatment and achieve viral suppression**. Violence is also associated with **reduced ART adherence** among adolescents, transgender women, and drug users.

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



Source: Lori Heise/STRIVE, Greentree II, 2015

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

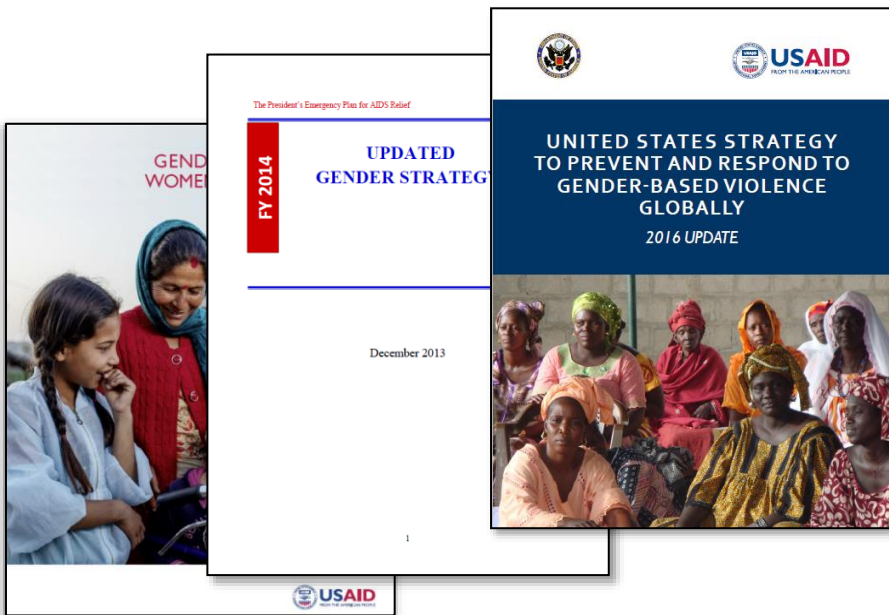
38% 
of all murders of women globally were reported as being committed by their intimate partners

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 Women's 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

Prevention



Evidence-based
HIV
Prevention

HIV prevention interventions that integrate **violence prevention** and **link to clinical cascade**.



Initiate
on
PrEP

Survivors **identified** and provided **support and referrals to GBV response** services to **increase PrEP adherence**.

Testing



Access
HTS

95%

Survivors identified during self-testing, index testing and partner notification services, and provided and/or referred to **HIV treatment initiation and violence response services**.

Care and Treatment



Initiate
on
ART

95%

Providers identify survivors via **routine and/or clinical enquiry** during ART initiation and routine clinical care. Survivors offered support and provided with or referred to **GBV clinical care**.

Improve quality of post-violence clinical care services in care and treatment sites.



Adhere to
ART & viral
suppression

95%

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 during initiation counseling.



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 clinical and routine enquiry for IPV, sites must then offer first-line support and provide or refer clients to GBV response services.

Minimum Requirements for Asking about Violence

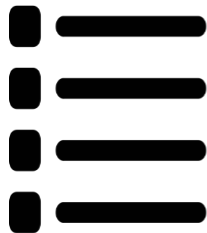
The minimum requirements that must be in place for sites to ask about experience of violence are:



Providers offer first-line support (LIVES)



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



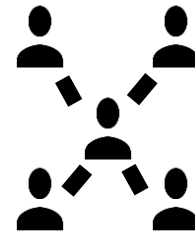
A standard set of questions where providers can document responses



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

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.

Enhance safety

Discuss how to protect the survivor from further harm.

Support

Help the survivor connect to services, social support.

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 DREAMS Enrollment & OVC Case Management

All those administering DREAMS screening and enrollment tools where experience of violence is assessed, as well as OVC case managers, 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 and disaggregates should be integrated into workplans to measure GBV case identification, prevention, and response activities, as well as gender norms change activities.

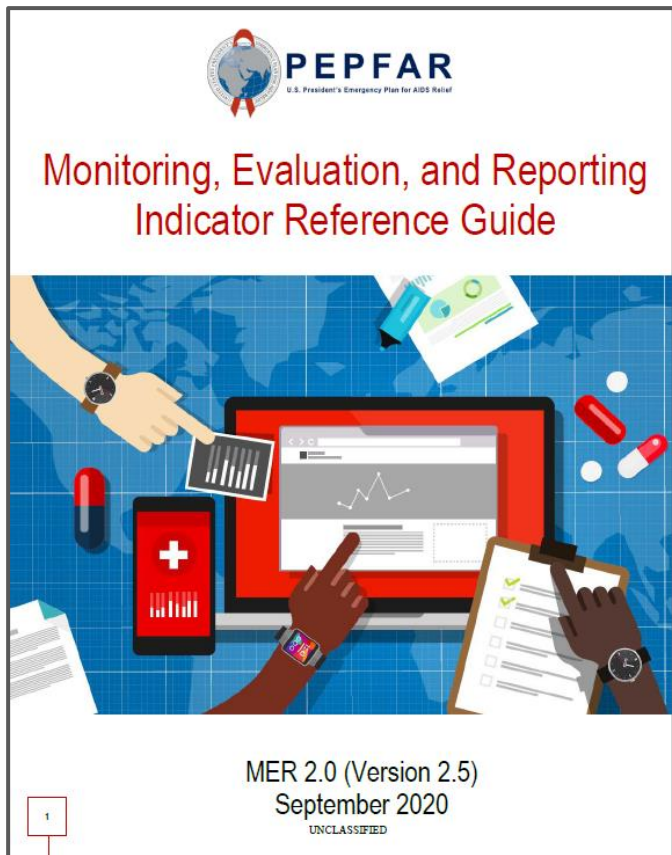
What is the PEPFAR MER indicator that captures the number of people who receive post-violence clinical care services?

GEND_GBV



MER Indicator: GEND_GBV Overview

Introduction to GEND_GBV



GEND_GBV:

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

MER 2.0 (Version 2.5) - pages 48-50

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.

GEND_GBV Reporting

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 v2.4 to v2.5):	<ul style="list-style-type: none">Reporting frequency changed from annual to semi-annual	
Reporting level:	Facility & Community	
Reporting frequency:	Semi-annual	

In FY21, GEND_GBV shifted from an annual indicator to a **semiannual indicator**. GEND_GBV is now reported into DATIM during Q2 and Q4.

Implementing partners are encouraged to submit their quarterly GEND_GBV results to their USAID country teams.

GEND_GBV Disaggregates

GEND_GBV is disaggregated by:

- ❖ Sex
- ❖ Finer age bands
- ❖ Type of violence
 - Sexual violence
 - Physical and/or emotional violence
- ❖ Post-exposure prophylaxis (PEP) completion

Additional custom disaggregates can be used based on program context (e.g., KP programs using KP disaggregates).

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, including

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

NEVERTHELESS, these activities are critical violence response activities.

IPs and country teams should measure and track these important non-clinical GBV response activities using custom indicators and report those through the GEND_GBV narrative in DATIM.

Questions?



COVID-19 and GBV

COVID-19 and GBV

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

**31
million**

The number of additional GBV cases expected if the lockdown continues for 6 months

**15
million**

The number of additional GBV cases every 3 months the lockdown continues

- 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

COVID-19 Adaptations to GBV Programming

We need solutions that work for all. We must use a combination of:

In-person and technology-based approaches



Ensuring HIV service providers provide first-line support 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 the phone or internet.

Low- and no-tech approaches



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

Approaches to reach the most vulnerable



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

COVID-19 Adaptations to GBV Programming

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.



COMMUNITY-BASED VIOLENCE PREVENTION AND LINKAGES TO RESPONSE IN SOUTH AFRICA (80008)

Agreement No: 72067419CA00005

GBV Prevention and Response Services
25 February 2021





“Peace is not just the absence of war. Many women under lockdown for COVID19 face violence where they should be safest: in their own homes.”

António Guterres, UN Secretary-General



SEXUAL VIOLENCE IN SOUTH AFRICA

- **12,218** people were raped between Oct-Dec 2020
- More than **4,900 (40%)** of the rapes took place in home of the victim or of the perpetrator
- Up to **50%** of all South African women will be raped in their lifetime
- **46%** of sexual offences in South Africa are against children
- Violence leads to injury, HIV, STIs, unwanted pregnancy, school dropout, substance abuse and severe mental health issues



1.8%

COVID-19 IN SOUTH AFRICA

- **First Wave:** From March 2020 with infection rates peaking in July 2020
- **Second Wave:** From December 2020 new infections surged characterized by a new variant, much more transmissible that drove high numbers of new infections and excess deaths.

First Responders, Social Auxiliary Workers, Linkage Officers, supervised by a Social Worker, support government service providers to provide comprehensive service to GBV survivors.

SERVICES FOR GBV SURVIVORS



ACUTE

- GBV Case Management
- Trauma containment & psychological first-aid
- Minimum package of appropriate clinical care; PEP, HTS, STI screening, Emergency Contraception, Counselling
- Linkage to treatment & care as appropriate (ART, STI, TB, other SRH)
- Comfort pack
- Emergency transport funds

SHORT TERM

- GBV Case Management
- PEP adherence support towards PEP completion
- Short-term trauma counselling
- Safety plan and child protection programs
- Comfort, social relief & referral for other social support services (shelters, places of safety)
- Information & coping strategies IEC material

LONG TERM

- GBV Case Management
- Trauma informed cognitive behaviour therapy
- Support groups
- Linkage to economic support programs
- Referral to DREAMS Partners
- GBV awareness & community outreach
- IEC material



IMPACT OF COVID-19

- Community members were less likely to access services at health facilities or designated facilities for sexual violence survivors in fear of contracting COVID-19
- Many health, social welfare, justice agencies and resources were impacted by COVID-19 and suffered temporary closures
- Community mobilization activities such as dialogues, awareness events were affected by lockdown restrictions and could not take place

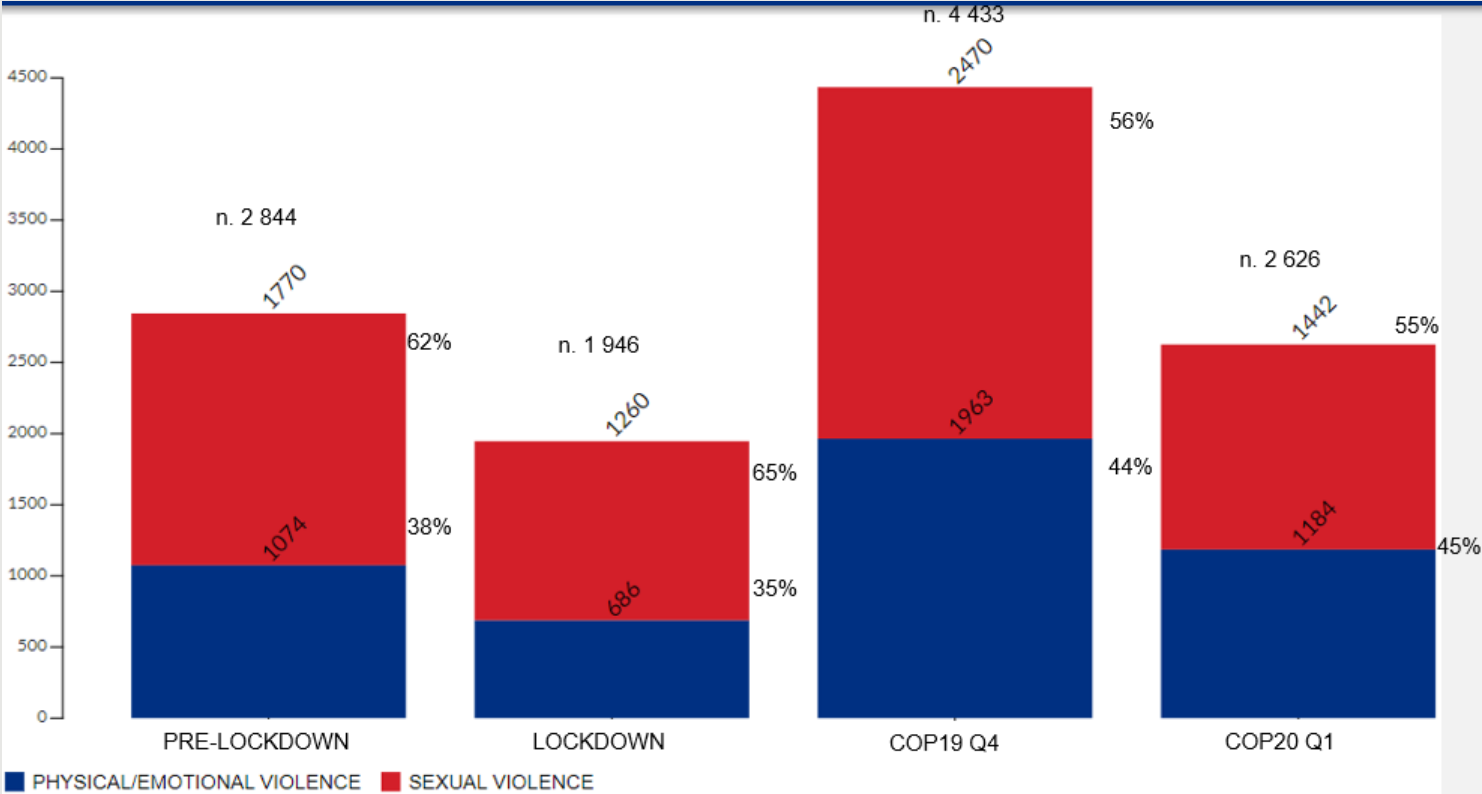
PROGRAMMATIC SOLUTIONS

NGOS put significant effort into reaching GBV survivors:

- **Media:** TV, community radio stations and social media platforms to inform audiences of the acute services available, crisis lines available and encourage uptake of services
- **Key stakeholders:** Identifying local mechanisms in the community and sensitize them to respond to GBV. E.g. Police stations and ward counsellors were visited to ensure they understand services available, and promote access to PVC services
- **Health facilities:** Casualty units were visited and asked to ensure clinical enquiry for GBV and provided with information about referral processes for PVC
- **Referrals:** Community Care Workers, Linkage Officers and First Responders act as referral agents in their local communities ensuring timeous and streamline access to PVC and GBV services for survivors.
- **Linkage with Justice system:** Increased collaboration with Justice System to identify, support and refer GBV survivors (focus also on IPV) to PVC services

NGOs are able to provide funds to support transport should this be a barrier to access.

GBV REACH JAN-DEC 2020



KEY OBSERVED GBV TRENDS

During the Jan-Dec 2020 period the following key trends were observed:

- **44%** of reported GBV cases are children
- **89%** female and **11%** male
 - Of the 11% males, 30% are children
- **71%** knew their perpetrator and **49%** reported Intimate Partner Violence (IPV)
- **2%** of cases tested HIV positive for the first time

PROGRAMMATIC SOLUTIONS

- Through decentralized model strengthening partnerships with health facilities; providing capacity building (LIVES) and strengthening identification and case management support to IPV survivors
- Increased focus on improving access to child protection and family strengthening activities through OVC and DREAMS partnerships
- Implementation of GBV Prevention and gender norms evidence informed curricula – IMpower and Stepping Stones at community level
- Significant psycho-social support is required for GBV survivors
- Ongoing training and development of social workers in Trauma-Informed Therapy
- Integration of support services explored for male children that are survivors of sexual violence to provide an opportunity to break the cycle of violence.



THANK YOU

We're stronger, together.

Nacosa.org.za



USAID
FROM THE AMERICAN PEOPLE



NACOSA
COLLECTIVELY TURNING THE TIDE
ON HIV, AIDS AND TB

Questions?



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



Thank you!

Amelia Peltz (apeltz@usaid.gov)

Emily Reitenauer (ereitenauer@usaid.gov)