INTEGRATING MULTIPLE PEPFAR GENDER STRATEGIES TO IMPROVE HIV INTERVENTIONS

RECOMMENDATIONS FROM FIVE CASE STUDIES OF PROGRAMS IN AFRICA

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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AIDSTAR-One
John Snow, Inc.
1616 Fort Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
E-mail: info@aidstar-one.com
Internet: aidstar-one.com

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INTRODUCTION

Recognizing that HIV risk is shaped by a complex web of social, economic, and legal factors that affect women, men, girls, and boys differently, many in the development community have long been calling for the integration of gender-specific[1] strategies to combat the spread of HIV (Gupta 2000; Gupta et al. 2008). The merit of this approach is supported by recent research demonstrating that HIV programs that integrate multiple PEPFAR gender strategies can be particularly effective in helping women protect themselves against HIV and reducing the frequency of sexual and gender-based violence (SGBV; Pronyk et al. 2008). The President's Emergency Plan for AIDS Relief (PEPFAR) is committed to integrating a gender perspective into its prevention, care, and treatment programs (see Box 1).

In 2008, AIDSTAR-One began the process of compiling a compendium of programs and conducting case studies illustrating HIV prevention, treatment, care, and support programs in sub-Saharan Africa that integrate multiple gender strategies. The main goal of this two-phase activity was to expand the knowledge base of how to design and implement HIV programs that seek to reduce gender-based vulnerability to HIV infection. The first phase (completed in 2009), *Integrating Multiple Gender Strategies into HIV and AIDS Interventions: A Compendium of Programs in Africa* (AIDSTAR-One 2009), includes detailed descriptions of 31 programs, each of which integrates at least two PEPFAR gender strategies. The compendium explores how HIV prevention, treatment, care, and support programs employ gender strategies in combination and summarizes lessons and experiences across programs.

The compendium shows that many HIV service organizations are successfully integrating multiple PEPFAR gender strategies into the spectrum of prevention, care, and treatment

Box 1. PEPFAR Gender Strategy

Launched in 2003, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to help save the lives of those suffering from HIV around the world. Reauthorized in 2008 for five additional years (via the Lantos and Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), PEPFAR seeks to ensure that its programs address the changing demographics of the HIV epidemic, including those shaped by gender norms and gender-related drivers. Gender issues affect all aspects of PEPFAR programming and are influenced by each country's social, cultural, political, and economic circumstances as well as by the nature of its epidemic and national program response. PEPFAR promotes the following five strategies, to be used in combination, to reduce gender inequality as a driver of the global epidemic:

1. Increasing gender equity in HIV programs and services
2. Reducing violence and coercion
3. Engaging men and boys to address norms and behavior
4. Increasing women's and girls' legal protection
5. Increasing women's and girls' access to income and productive resources, including education.

[1] Gender is a social construct and refers to how societies define acceptable and customary roles, responsibilities, and behaviors of women, girls, men, and boys.

programs with promising results. For example, a program serving survivors of the 1994 Rwandan genocide[2] found that women with HIV who experienced SGBV need more than antiretroviral therapy to ensure adequate care and support. The program adjusted to meet their multiple needs by adding counseling, legal protection, and income-generation opportunities to help women cope more effectively. Another program in South Africa[3] seeks to transform harmful gender norms among men by supporting them to care for orphans and other children affected by HIV within their families. It also works to eliminate SGBV by developing the capacity of boys and men to be advocates and activists to this end.

Phase two presents in-depth case studies of five programs from the compendium. These case studies, which were conducted in Kenya, Mozambique, Rwanda, South Africa, and Zambia, more fully explore the successes and challenges in designing and implementing HIV programs that integrate multiple approaches to gender. The objectives of the case studies are to:

- Examine how two or more PEPFAR gender strategies are being combined and integrated operationally in select HIV programs.
- Analyze the specific approaches that each program has developed over time to respond to the gender-specific needs of its target populations.
- Describe the ongoing challenges of HIV programs in integrating gender and how they are being overcome. Challenges can include financial and human capacity constraints, community-level barriers to social change, and lack of national policy to support gender-responsive programming.
- Identify lessons for advancing the use of multiple PEPFAR gender strategies in HIV programming.

The five case studies can be accessed online at www.aidstar-one.com/gender. This report explores recommendations for integrating PEPFAR gender strategies that apply across these five programs.

[2] Rwanda Women Network's Polyclinic of Hope Care and Treatment Project.

[3] Sonke Gender Justice Network's Fatherhood and Child Security project.

METHODOLOGY

PROGRAM SELECTION

Several criteria were used in deciding which programs would be selected for case studies. First, only programs included in the compendium were considered. Among those, only currently active programs were eligible. Second, programs must have demonstrated the potential for a positive effect on a wider scale either through rigorous evaluation, process evaluation, external validation as a model program, or successful replication. Programs meeting these criteria were narrowed further to achieve a balance in geographic representation, inclusion of PEPFAR and non-PEPFAR-funded programs, diversity of types of HIV programming (prevention, treatment, care, and support), diversity in scale (large-scale vs. grassroots), and varying combinations of the five PEPFAR gender strategies. Programs were more likely to be selected if they serve a diversity of beneficiary populations (women, men, youth, and most-at-risk populations). Finally, at least one program that involved cost-sharing with other streams of donor funding outside of HIV and health (wraparound funding) was sought for inclusion. In the end, the following five programs were selected:

1. Maanisha (implemented by African Medical Research Foundation, Kenya)
2. Mulheres Primero (Women First; implemented by International Relief and Development, Mozambique)
3. Polyclinic of Hope Care and Treatment Project (implemented by Rwanda Women Network, Rwanda)
4. The Fatherhood and Child Security project (implemented by Sonke Gender Justice Network, South Africa)
5. Corridors of Hope Phase II (implemented by Research Triangle International and Family Health International, Zambia, in partnership with Afya Mzuri, Zambia Health Education and Communication Trust, and the Zambia Interfaith Networking Group on HIV/AIDS).

DATA COLLECTION

AIDSTAR-One staff traveled to Mozambique and Zambia in May 2009 and South Africa, Kenya, and Rwanda in July 2009 to visit the selected programs. Data collection methods included in-depth, semistructured interviews with key informants within government, the donor community, and civil society and program staff; focus group discussions with program staff and participants; and reviews of program documents.

Key informant interviews explored the sociocultural context in relation to gender, and strengths and gaps in national policy to support gender-responsive HIV programs. Interviews and focus group discussions with program staff explored strategic and operational successes and challenges in integrating multiple PEPFAR gender strategies, including why and how those strategies developed over time, and any ongoing challenges or gaps that act as barriers to fully achieving program goals. Focus group discussions sought to gather the same information in addition to perceived program impacts. Interview and focus group guides are included in Appendix 1.

RECOMMENDATIONS

PROGRAMS

Design programs that work closely with multiple stakeholders, including community members, and build their capacity to address gender inequality.

Gender-related norms that drive the HIV epidemic are often deeply entrenched in society and can be difficult to change. These norms are enforced by community members, groups, local leaders, institutions, and formal and informal policies, and create an environment that makes it difficult for individuals to achieve and sustain behavior change. Programs should involve and build the capacity of all key stakeholders, including community leaders and groups, in creating supportive environments for addressing gender inequality at the societal and individual level.

For example, the Sonke Gender Justice Network's Fatherhood and Child Security project (the Fatherhood project) works to change broad social norms by building the capacity of a wide range of stakeholders in addressing masculinity and harmful male behavior. Specifically, the project helps local government, civil society, and local leaders implement and evaluate programs that discuss issues with men such as SGBV and lack of men's participation in caregiving. It also builds networks among stakeholders to coordinate services and generate further dialogue for social change, and helps individual men become leaders and advocates on policy-level change. Targeting and building the capacity of multiple stakeholders at the same time allows the Fatherhood project to gradually change widespread gender norms, creating a setting in which sustained individual change is possible. By disseminating messages on masculinity from multiple directions in the community, the program reinforces new ideas around positive male behavior and practices. Other programs, such as the African Medical and Research Foundation's Maanisha program in Kenya, similarly work with and build the capacity of a range of stakeholders to influence broader gender norms, reinforce messages, and better enable individual change. For example, the behavior change communication component promotes safe sexual behavior among most-at-risk populations, including youth, educators, parents, people living with HIV, caregivers, widows, people who inject drugs, sex workers, men who have sex with men, people with disabilities, and mobile populations.

Provide integrated services that address the multitude of needs for prevention, care, and support.

Community members prefer accessing multiple services at one location rather than seeking assistance from multiple nongovernmental organizations (NGOs) or sites. An organization that provides multiple services in one location—such as the Rwanda Women Network at the Polyclinic of Hope Care and Treatment Project—saves participants transportation costs, time, and the need to learn how to access services from other organizations. It also ensures staff have the expertise to address their clients' interrelated needs.

When referrals are used, programs must ensure the receiving agencies value the clients they are meant to serve. This may involve the program providing or arranging for the receiving agency to participate in training on gender inequality and harmful male norms, among other topics, in order to

ensure that the services provided are of the same standards as those employed by the referring agency and are gender-sensitive and effective in addressing clients' varying yet complex needs. Monitoring uptake of referral services by both the referring program and receiving agency can inform both parties on how they can better address issues related to gender inequality, within the context of referral services.

Organizations that rely heavily on referrals to other NGOs or government services find it difficult to follow up with clients to see if they were able to access the services they needed, and others find referral rates to be very low. The Corridors of Hope Phase II program in Zambia specializes in behavior change in sexual practices among high-risk groups such as sex workers and truck drivers. When these groups have additional needs—for example, when sex workers experience SGBV and require protection or health services—the program refers its participants to other NGOs or government services, which might not have adequate training or resources to address the unique needs of these groups.

Use existing tools and scale-up programs for transforming harmful male norms and behaviors.

One of the biggest challenges in providing integrated services to protect women and men against and provide adequate care for HIV is transforming harmful male norms and behaviors. The Corridors of Hope Phase II program in Zambia targets male truck drivers because program staff recognized they could not have an impact on HIV outcomes without addressing male behavior around safe sex. However, their efforts are constrained by broader attitudes and norms related to masculinity that often are at odds with HIV prevention efforts.

Programs need to work with all men, not just high-risk groups such as mobile workers. They should address issues linked to prevention, such as SGBV and how men value women. Civil society organizations supported by the Maanisha program in Kenya report that harmful male norms and behaviors constitute one of the most significant barriers to addressing HIV and linked issues such as SGBV. In addition, program staff say that they need concrete tools and specific techniques to engage men effectively because men often do not respond to appeals that work well with women.

Sharing existing tools and successful examples of engaging men would help organizations initiate work to transform harmful norms and engage men in HIV prevention and care services. A few organizations found creative ways to engage men. For example, the Sonke Gender Justice Network's Fatherhood project works with men to build on the idea that no culture believes in SGBV. It recruits local leaders to deliver messages on fatherhood and brings in the justice department to train these leaders in alternative ways of disciplining community members. Through its One Man Can campaign, Sonke Gender Justice Network promotes the idea to men that it takes courage and strength to stop fighting with partners.

Facilitate support groups and build peer solidarity.

Social support and solidarity help people better care for themselves. HIV prevention and care programs should use a peer solidarity approach to build women's and men's capacity and agency, which will better equip them to address a range of gender-related and other challenges in their lives.

Women receiving services from Rwanda Women Network's Polyclinic of Hope Care and Treatment Project repeatedly said that loneliness prevented them from improving their lives, protecting their health, and coping with a positive status. After joining the program's support groups, their ability to address other challenges improved, gradually but significantly. For example, they were less affected

by stigma and more likely to take advantage of their own inner resources and opportunities afforded by the program. Similarly, women in the Women First program in Mozambique described how members of each women's income-generating group supported each other by protecting individual and group assets, ensuring commitment from husbands, and encouraging each other in their sales. They talked about how they supported each other on issues such as SGBV, property grabbing, and poor health.

Combine income generation with health and other programs targeting women.

Poverty frequently prevents women from being able to care for or negotiate their health and other needs. The ability to earn an income is fundamental to allowing women to protect themselves against HIV and make use of integrated services. Programs should support income-generation opportunities, combined with skills and business training, to see a greater return on health and other program components.

Rural women told the Women First program in Mozambique, for example, that they could not participate in health training because they had no money or time. They spoke decisively about the connections between increases in their income and their enhanced ability to care for their own health. Women First thus created a model integrating income generation with health activities. The Polyclinic of Hope Care and Treatment Project in Rwanda addressed many of the health needs of women survivors of genocide through counseling, HIV testing and treatment, and food supplements. But poverty left women with numerous access-related barriers, including no transportation and limited time.

Provide comprehensive services to all sex workers.

Sex workers face particularly difficult challenges that increase their risk of HIV infection. At the same time, few services such as HIV care and treatment, HIV testing and counseling, and legal protection are available to this group because of the illegality of sex work. In addition, some groups, such as illegal immigrants working as sex workers, are missed entirely by services. As a result, in many communities, both the supply of and demand for sex work play a significant and unchecked role in spreading the epidemic for all members of the community, including sex workers themselves, their male clients, the wives of these men, and the other partners of both men and women. Addressing the particular challenges sex workers face is essential to slowing the epidemic in many communities. Sex workers, regardless of the illegality of their work or status in a country, require comprehensive, stigma-free, and safe services. Moreover, comprehensive services should support, where possible, sex workers' access to alternative livelihoods.

In Zambian border towns, the Corridors of Hope Phase II program works to change or mitigate risky sexual behavior of sex workers by encouraging them, for example, to use and negotiate for condoms with clients and to seek HIV testing and counseling. Yet the prospect of discrimination at hospitals and imprisonment or violence from police officers means that realistically, these women have limited options to protect themselves and their health. Women interviewed as part of the Zambia case study frequently said that financial desperation prevented them from leaving sex work, and each expressed the hope of earning income from another business one day. The many sex workers who are illegal immigrants from Zimbabwe and other neighboring countries face an even worse situation, with social marginalization and an almost complete absence of services. Corridors of Hope Phase II was the only available source of services where these women reported feeling safe and were treated with dignity regardless of their legal status. The program recognizes that the HIV

epidemic in border town communities cannot be addressed without addressing the needs of illegal immigrants.

Train and monitor police on gender and violence.

In some communities, the police are integrated into local referral systems from the health sector and NGOs, and police officers are key to the local response to addressing SGBV. Yet, police often fail to provide women with adequate violence-related services, and sometimes perpetrate SGBV against women seeking their protection. Women seeking assistance are ill-served when police officers lack adequate gender sensitivity training and respect for women, or lack training in legal protection and SGBV. The Corridors of Hope Phase II program in Zambia works with police officers who provide services to women, including many who have experienced SGBV. In Kenya, civil society organizations supported by the Maanisha program, and their program participants, said that women have to receive authorization from the police to seek services at hospitals for SGBV, leaving them at the mercy of police interpretation of what constitutes abuse and the need for medical treatment.

Police officers should receive compulsory and comprehensive gender-sensitivity training particularly on SGBV—with routine refresher training—to ensure they protect rather than further victimize women who seek their assistance. They should be monitored by government officials and community groups to ensure accountability.

PUBLIC POLICIES AND SYSTEMS

Strengthen capacity at subnational and local levels in implementing effective gender programming.

National-level government and policies widely recognize gender inequality as a driver of the HIV epidemic, and the importance of addressing gender-related issues in prevention and care efforts is largely understood. However, these messages are often not being taken up at the regional or district levels, where government, civil society, and private sector stakeholders often view gender as a secondary effort. Training of government staff and partners at the regional/provincial and district level on how to implement national gender policies or strategies should be provided on a routine basis to strengthen the likelihood that these policies or strategies are implemented. Close and ongoing monitoring can also help ensure that national policies are interpreted consistently and accurately at the regional and district levels. In Mozambique, for example, a number of efforts are in place to address gender-related issues within ministries and key development policies and plans. Yet at the subnational levels, understanding of and ability to implement efforts to reduce gender inequality are limited. Coordination across agencies and organizations at all levels to share lessons and provide complementary services is also limited.

Ensure gender focal points are trained experts, have a voice, and are funded.

Government staff designated as gender focal points should be selected based on a strong interest and background in gender, be given direct access to ministers and other key decision makers, and should receive sufficient funding to mobilize and coordinate across sectors to address gender inequality. Gender experts who are positioned well within ministries and organizations, such as the United Nations, and who are strong voices for gender equality can have a significant impact on ensuring gender equality in policy and programs. In Kenya, for example, gender focal points have an active role in shaping national HIV policies and strategies, in large part due to strong gender advocates who have spoken out since the beginning of the country's response to the epidemic.

Yet in some countries, or in some ministries and agencies, gender-related work is assigned to government officials who have little interest or training in this area, or who are required to take it on as one of their myriad duties. In these cases, efforts—when there are any—to mainstream gender into that agency's work are less than successful. Gender focal points are positioned within their departments in diverse ways, and thus differ in their level of influence and access to decision makers. With no requisite levels of training and specialization, their knowledge and ability to address gender inequality effectively varies considerably. Compounding this challenge is the reality that although gender is beginning to be seen as a cross-cutting issue to be taken up by each sector, it still more commonly is viewed as an issue for gender experts only, and thus developing gender expertise is not seen as a priority. Furthermore, the lack of direct funding adequate to their coordinating role diffuses responsibility and accountability. As a result, gender is addressed unreliably, depending on the level of commitment, influence, support, and funding received.

FUNDING PRIORITIES

Fund long-term interventions that target underlying causes of HIV and adapt to changing needs.

Prevention, treatment, and support programs are often perceived as short, one-time interventions that target a specific group with a select service. Current funding often targets groups in isolation—for example, orphans and vulnerable children or mothers living with HIV. Yet HIV prevention and support of people living with HIV require long-term programming that addresses community as well as individual needs. Long-term efforts can examine and address the underlying social and economic drivers of HIV and provide more comprehensive responses to interrelated prevention needs. In being able to tackle some of these deep-rooted problems driving the HIV epidemic, they will have a higher likelihood of being sustainable and effective. Programs that invest in long-term HIV prevention efforts are better able to build individual and community capacity and empowerment for change. They are also able to better address the multiple needs individuals have in preventing or coping with HIV.

Broader social and structural issues play a role in worsening the epidemic—for example, poverty and hunger can undermine women's efforts to stay healthy, even when on antiretroviral therapy. The Polyclinic of Hope Care and Treatment Project in Rwanda started its work 15 years ago by providing women genocide survivors with health services. Since then, services have expanded to address some of these social and structural needs, such as income generation, vocational education, home-based care, and human rights advocacy. The program has changed as women's lives and needs have changed. Female survivors of the genocide who have been involved in the program for several years gave powerful testimonials about how far they have come, how they now feel empowered in many areas of their lives, and how they are able to give back to others, for example by providing home-based care. Achieving these types of results requires sustained, intensive work.

MONITORING AND EVALUATION

Measure changes with respect to gender-related drivers of the epidemic.

Investments should be made to use gender indicators to monitor the impact of program interventions on women's and men's gender norms and behaviors and to more broadly assess the effectiveness of HIV prevention, treatment, and care efforts. Although each of the programs or projects profiled in the case studies used innovative approaches, and qualitative evidence suggests

they are having an impact on women's and men's lives, none of them have been able to invest sufficiently in evaluating changes in gender norms. Data collection efforts by both governments and programs tend to focus on health outcomes; they do not measure the impact of interventions on many of the gender-related factors that contribute to the disease, including women's experience with violence, property rights, or services. More evaluation is also needed on the multiple pathways by which gender issues affect HIV prevention and response. Sociocultural indicators on SGBV, male attitudes and behaviors, and poverty can also tell a lot about why HIV rates are high in a particular community or group and the impact services are having. National HIV strategic plans should routinely include a national survey with gender indicators to measure change in gender norms, attitudes, and behavior.

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APPENDIX I

INTERVIEW PROTOCOLS

GENDER AND HIV CASE STUDIES: KEY INFORMANT INTERVIEW GUIDE

Note to Interviewer:

Introduce self and other researcher.

Review information in the consent form in full, sign and have the respondent sign, and offer a copy of the form to the respondent.

Ensure that the discussion is done in a noise-free, private, and comfortable environment.

Make sure that others are not present in the room during the interview.

Ensure that the tape recorder has a tape inside and is switched on.

Ask the respondent if he or she has any questions before proceeding.

(The interviewer will have read relevant documents describing the respondent's organizational objectives and activities prior to the interview.)

1. **Participant information**
   - Record respondent's name and name of the organization.
   - What is your title at this organization? How long have you held this position? How long with this organization?
   - Please describe your work within the organization.
   - Please describe your involvement with programming that integrates gender and HIV.
2. **Motivation for and organizational involvement in gender and HIV programming**
   - Please describe the gender-related issues that women and men in this country are facing.
   - PROBES:
     - How do these affect HIV prevention?
     - How do these affect provision of care and support to people affected by HIV (including children)?
     - How do these affect the mitigation of HIV in those communities affected by the HIV epidemic?

- How do these affect one's access to treatment?

- How do organizations (as implementers or policy/social change advocates) in your country address these issues?
- What type of organizations fund or support such activities?
- Why do countries (or provinces, regions, or communities) decide to support these types of programs?
- What services and activities do these types of countries or regions offer?

3. **Program focus**

- What work does your agency/organization do on gender and HIV?
- Please give examples of how various government and nongovernmental programs address gender within HIV programming.
- PROBES:
  - How is gender-based violence addressed in HIV programming?
  - How are harmful attitudes and behaviors of men addressed in HIV programming?
  - How are the legal rights and protection of women addressed in HIV programming?
  - How is income generation for women addressed in HIV programming?
  - In what other ways do programs help women in the context of HIV programming? In what ways do programs work with men? How do they work with men so that they are more supportive of women?

4. **Integration**

- We are interested in whether, and why, programs are addressing more than one gender strategy within their HIV programming. Do community members need more than one gender strategy at a time? Are these strategies interlinked in any way?
- Do you think it is better to combine gender strategies or better to keep them separate? Why?
- Does your agency/organization, or do programs in your country, combine gender-related services within HIV programming? Please describe.
- How should the above four strategies be combined? PROBE: Do some strategies integrate well together? Do some strategies not integrate well together?
- Are there barriers to integrating strategies that you have encountered? (Through promotion of policy? Funding?) Are there any techniques, methods, or tools that work well in integrating gender strategies?

5. **Perceived impacts/consequences**

- Does combining gender strategies have any benefits within HIV programming?
- PROBES: To program implementers? To policymakers or funder? To gender or HIV outcomes?

- PROBES: From your perspective, how does integrating strategies affect participants' lives with respect to gender-based violence? How does it affect harmful attitudes and behaviors of men? How does it affect the legal rights and protection of women? How does it affect women's ability to generate income? How does this integration affect HIV prevention? How does it affect care and support provided to people affected by HIV, including children?

6. **Recommendations**

- Are there other gender-related issues that are not being addressed that should be included in HIV programs? Are similar issues not being raised in HIV policies?
- Why do you think these strategies have not been addressed by programs?
- PROBES: By policies? By fellow organizations?
- How would you change programs or policies to address these gaps?

Thank you for your time and patience. We will write this discussion up as part of a case study for the research report. Do you have any questions about this research or the questions we asked you? [Interviewer: Note responses.]

GENDER AND HIV CASE STUDIES: IN-DEPTH INTERVIEW GUIDE FOR PROGRAM IMPLEMENTERS

Note to Interviewer:

Introduce self, other researcher, and translator.

Request signed consent form from respondent, and offer a copy of the consent form to the respondent.

Ensure that the discussion is done in a noise-free, private, and comfortable environment.

Make sure that others, including program staff, are not present in the room during the interview.

Ensure that the tape recorder has a tape inside and is switched on.

Ask the respondent if he or she has any questions before proceeding.

(The interviewer will have read the program documents in order to be familiar with the objectives and activities prior to the interview.)

1. **Participant information**
   - Record the name of the organization/program.
   - What is your title at XXX program?
   - Please describe your work within the organization.
   - PROBE: Please describe your role within XXX program.
2. **Motivation for and participation in program**
   - What gender-related issues do community members have that they want the program to address?
   - PROBES:
     - Are any of these issues unique to women?
     - Are any of these issues unique to men? Describe.
     - Are they related to HIV prevention? If so, explain.
     - Are they related to support needed as a result of being affected by HIV? If so, explain.
   - What does the program do that addresses these issues?
   - How long do individuals generally participate in the program?
   - Who participates in the program?
   - Why do community members decide to join the program?
   - Does the program seek feedback from community members? How?
   - PROBES: Is feedback used to make the program reflect the community needs? If not, what is feedback used for?

3. **Program focus**

   - We are interested in exploring how programs address gender in HIV programming. How does this program address gender?
   - What services or activities or messages does the program provide?
   - PROBES:
     - Does the program address gender-based violence that increases HIV risk? How?
     - Does the program address attitudes and behaviors of men that contribute to HIV transmission? How?
     - Does the program address the legal rights and protection of women who are affected by HIV? How?
     - Does the program address income generation for women who are affected by HIV? How?
     - Describe how the previously mentioned services or activities affect people with regard to HIV.
   - In what other ways does the program help women? In what ways does the program work with men? Does the program work with men to be more supportive of women? Describe.

4. **Integration**

   - We are also interested in why and how programs select gender strategies to include in HIV programming. [Interviewer: List gender strategies mentioned previously that are addressed by the program. Explain that we are looking for programs that allow for participants to access more than one service or approach that concerns HIV prevention or increases one's access to HIV services.] How did the program select these gender strategies to integrate into this program?
   - Do community members receive more than one of these gender strategies at a time from the program? If so, which ones?
   - Why do community members need more than one gender strategy at a time? Are these strategies interlinked in any way?
   - Is it better to combine gender strategies or better to keep them separate? Why?
   - How should the above four strategies be combined? PROBES: Do some strategies integrate well together? Do some strategies not integrate well together?
   - Are there any barriers to integrating strategies that you have encountered? Are there any techniques, methods, or tools that work well in integrating gender strategies? Is additional training for staff required to integrate these strategies? What type of training is required?

5. **Perceived impacts/consequences**

   - Does combining gender strategies have any benefits?
   - PROBES: Benefits to program beneficiaries? To program implementers? To policymakers or funder? To gender or HIV outcomes?

- PROBES:
  - How does integrating strategies affect participants' lives with respect to gender-based violence?
  - How does it affect harmful attitudes and behaviors of men?
  - How does it affect the legal rights and protection of women?
  - How does it affect women's ability to generate income?

6. **Recommendations**

- Are there other gender-related issues that are not being addressed that should be included in the program?
- Why do you think these strategies have not been addressed by the program?
- How would you change the program to address these gaps?

Thank you for your time and patience. We will write this discussion up as part of a case study for the research report. Do you have any questions about this research or the questions we asked you? [Interviewer: Note responses.]

GENDER AND HIV CASE STUDIES: IN-DEPTH INTERVIEW GUIDE FOR PROGRAM BENEFICIARIES

Note to Interviewer:

Introduce self, other researcher, and translator.

Review information in the consent form in full, sign and have the respondent sign, and offer a copy of the form to the respondent. If the respondent is a minor, ensure that the responsible adult has signed the consent form and base the introduction on the assent form that will be used with adolescent beneficiaries.

Ensure that the interview is conducted in a noise-free, private, and comfortable environment.

Make sure that others, including organizational staff, are not present in the room during the interview.

Ensure that the tape recorder has a tape inside and is switched on.

Ask the respondent if he or she has any questions before proceeding.

(The interviewer will have read the program documents in order to be familiar with the objectives and activities prior to the interview.)

1. **Participant information**
    - What is your age?
    - Do you earn income?
    - If yes, what activities do you do to earn income? If you do not earn income, what activities do you do at home?
    - Are you married?
    - Do you have children? If so, how many?
    - How long have you participated in the program?
2. **Motivation for and participation in program**
    - What issues did you have that you wanted the program to address?
    - PROBES:
        - Do any of these issues occur especially because you are a woman/man? Describe.
        - Are they related to HIV prevention? If so, explain.
        - Are they related to the support you receive or you need because you or someone close to you is affected by HIV? If so, explain.
    - What does the program do that addresses these issues?
    - Why did you decide to join the program?
    - PROBES:
        - Do you know how the program came to exist?

- Were there issues in the community that affect a woman's or man's HIV risk that led to the program's creation? Describe.
- Do you know if the community was involved in designing the program? How?
- How do you think the community receives the program? Is the community being helped by the program? Does the community have greater understanding of HIV prevention issues?
- Does the program get feedback from the community on how it addresses HIV? If so, how? Have you provided feedback to the program?

3. **Program focus**

- What services or activities or messages do you receive from the program?
- PROBES:
  - Does the program address gender-based violence or harassment in your life? How?
  - Does the program address attitudes and behaviors of men in your life that contribute to HIV transmission? How?
  - Does the program address your legal rights and protection? How?
  - Does the program help you access income-generation activities? How?
  - Describe how the previously mentioned services, activities, or messages affect people who have or who are supporting someone who has HIV.
  - Describe how the previously mentioned services affect people who are at risk of becoming infected with HIV.
  - In what ways does the program help you, as a woman (or man, if the respondent is a man)? In what ways does the program work with men (or women, if the respondent is a man) in your life? Does the program work with men (or women, if the respondent is a man) so that they are more supportive of women (or men, if the respondent is a man)? Describe.

4. **Integration**

- Do you receive more than one service or participate in more than one activity at a time from the program? If so, which ones? [Interviewer: Probe to find out if and how services/activities are combined.]
- Why do you need more than one service? Are these services connected? Describe.
- Is it better to combine services or better to keep them separate? Why?

5. **Perceived impacts/consequences**

- How have you been helped by participating in the program?
- PROBES:
  - How has the program affected you with respect to experiencing gender-based violence or harassment?

- How has it affected the attitudes and behaviors of men in your life or community that contribute to HIV transmission?
- How has it affected your legal rights and protection of women?
- How has it affected your ability to generate income?
- How has the program affected you or anyone that you know in trying to prevent HIV?
- How does it help you in providing support for you or anyone you know who is affected by HIV?

6. **Sustainability**

   - If this program were to end soon, could you continue to do the activities or spread the messages that you learned in this program? If YES, what would you keep doing? If NO, why not?

7. **Recommendations**

   - Are there other things that particularly affect women that are not being addressed that should be included in the program? Are there other things that particularly affect men that are not being addressed that should be included in the program?
   - If you could make one change to the program, what would it be?

Thank you for your time and patience. We will write this discussion up as part of a case study for the research report. Do you have any questions about this research or the questions we asked you?

GENDER AND HIV CASE STUDIES: FOCUS GROUP DISCUSSION GUIDE FOR PROGRAM DIRECT AND INDIRECT BENEFICIARIES

Note to facilitator:

Review the consent form in full.

Ensure that all study participants have signed the consent form and are offered a copy of the form to take with them. If the respondents are minors, ensure that the responsible adult has signed the consent form and base the introduction on the assent form that will be used with adolescent beneficiaries.

Ensure that the discussion is done in a relatively noise-free and comfortable environment.

Make sure that organizational staff are not present in the room during the focus group discussion.

Ensure that the recorder is switched on.

(The facilitator will have read the program documents in order to be familiar with the objectives and activities prior to meeting with study participants. The translator will have received ethics training and have reviewed the interview guide with the facilitator prior to meeting the study participants.)

1. **Study participant information**
    - What are your ages? [Interviewer: note ages and sex of participants.]
    - Do you earn income? Yes/no [Interviewer: note how many people earn income.]
    - If yes, what activities do you do to earn income?
    - Are you married? Yes/no [Interviewer: note how many people are married.]
    - Do you have children? [Interviewer: note how many people have children.]
    - How long have you participated in the program? [Interviewer: note length of time of participation.]
2. **Motivation for and participation in program**
    - First let us talk about what issues people in this community have and how this program addresses those issues.
    - What issues do people in your community have that they wanted the program to address?
    - PROBES:
        - Are there any issues that are unique to women? Are there any issues unique to women because of HIV? What does the program do for women to address these issues?
        - Are there any issues unique to men? Are there any issues unique to men because of HIV? What does the program do for men to address these issues?
        - What are some of the common issues everyone is facing due to HIV in the community? What does the program do to address these issues?

- What issues are there in supporting people affected by HIV (including children)? Describe. What does the program do to address these issues?

- Who participates in the program?
- Why do community members decide to join the program?
- PROBES:
  - How was the program developed?
  - Was the community involved in designing the program? Describe.

3. **Program focus**

- Now let us talk more about the program and what services it provides to people in the community.
- What services or activities does the program provide?
- PROBES:
  - Does the program address physical, sexual, or emotional violence against women? How?
  - Does the program encourage positive attitudes and behaviors of men? Which ones and how? Does it discourage harmful attitudes and behaviors of men? Which ones and how?
  - Does the program address the legal rights and protection of women? How?
  - Does the program address income generation for women? How?
  - Describe how these services, activities, or messages affect people who are living with or supporting someone who is living with HIV.
  - In what other ways does the program help women? In what ways does the program work with men on problems unique to men? In what ways does the program work with men so that they are more supportive of women? Describe.

4. **Integration**

- Do community members receive more than one of these services at a time from the program? If so, which ones? Describe.
- Why do they need more than one service at a time? Are these services joined together in any way? Describe.
- Is it better to combine services or better to keep them separate? Why?

5. **Perceived impacts/consequences**

- How is a community member helped by participating in the program?
- PROBES:
  - How does it affect one's life with respect to gender-based violence?
  - How does it affect attitudes and behaviors of men that contribute to HIV transmission?

- How does it affect the legal rights and protection of women?
- How does it affect women's ability to generate income?
- How do these services affect prevention of HIV?
- How do they help those who are affected by HIV?

6. **Sustainability**
   - If this program were to end soon, say next month, could the community continue the activities or spread the messaging that has been learned from participating in this program?
   - PROBE: If YES, what should the community keep doing? If NO, what should they stop?
7. **Recommendations**
   - Are there other things that particularly affect women that are not being addressed that should be included in the program?
   - How would community members change the program if they could do whatever you felt was needed?

Thank you for your time and patience. We will write this discussion up as part of a case study for the research report. Do you have any questions about this research or the questions we asked you?

For more information, please visit aidstar-one.com.

AIDSTAR-One
John Snow, Inc.
1616 Fort Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@aidstar-one.com
Internet: aidstar-one.com