STRENGTHENING GENDER PROGRAMMING IN PEPFAR

TECHNICAL EXCHANGE OF BEST PRACTICES, PROGRAM MODELS, AND RESOURCES

JOHANNESBURG, SOUTH AFRICA, OCTOBER 29-31, 2012

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

JUNE 2013

This publication was made possible through the support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development under contract number GHH-I-00-07-00059-00, AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector I, Task Order 1.
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AIDS Support and Technical Assistance Resources Project

AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) is funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under contract no. GHH-I-00–07–00059–00, funded January 31, 2008. AIDSTAR-One is implemented by John Snow, Inc., in collaboration with BroadReach Healthcare, EnCompass LLC, International Center for Research on Women, MAP International, mothers2mothers, Social & Scientific Systems, Inc., University of Alabama at Birmingham, the White Ribbon Alliance for Safe Motherhood, and World Education. The project provides technical assistance services to the Office of HIV/AIDS and USG country teams in knowledge management, technical leadership, program sustainability, strategic planning, and program implementation support.

Recommended Citation


Acknowledgments

Many thanks to the members of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) Gender Technical Working Group for their leadership of this meeting.

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### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<tr>
<td>GBV</td>
<td>gender-based violence</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<tr>
<td>TWG</td>
<td>technical working group</td>
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<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
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<tr>
<td>VMMC</td>
<td>voluntary medical male circumcision</td>
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INTRODUCTION AND BACKGROUND

Gender norms, roles, and inequities are at the heart of the objectives and challenges of HIV prevention, care, treatment, and support. Efforts to curb the epidemic will remain constrained if the influence of gender norms on access to resources, information, individual agency, and social norms is not addressed. The United States President’s Emergency Plan for AIDS Relief (PEPFAR) reauthorization recognizes the importance of gender equality, elevates its priority, supports the technical approach adopted under the first phase of PEPFAR, and outlines concrete gender planning, implementation, and reporting requirements. The PEPFAR Gender Strategy promotes a two-pronged approach: 1) gender integration into all HIV prevention, treatment, and care programs, and 2) programming to address the following five cross-cutting gender strategic areas: 1

- Increasing gender equity into HIV/AIDS activities and services, including reproductive health
- Preventing and responding to gender-based violence (GBV)
- Engaging men and boys to address norms and behaviors
- Increasing women’s and girls’ legal rights and protection
- Increasing women’s access to income and productive resources, including education.

Achievement of the ambitious gender equality goals outlined in the PEPFAR reauthorization and reaffirmed under the Global Health Initiative requires systematic integration of gender considerations in programming, monitoring and evaluation, and technical and management capacity.

The first-ever PEPFAR gender technical exchange, Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources, was held in Johannesburg, South Africa October 28 - 30, 2009. This technical exchange, convened by the PEPFAR Gender Technical Working Group (TWG) in collaboration with AIDSTAR-One, aimed to support the expansion of gender integration into PEPFAR programs. In response to the call for improved gender integration and mainstreaming, and through the Gender Challenge Fund and Gender-Based Violence Initiative, PEPFAR country teams are expanding their gender programming within HIV prevention, care, and treatment portfolios. As investments in addressing gender inequality expand, many of these country teams requested another opportunity to come together for a technical update on gender and HIV within the context of PEPFAR, share successes and challenges in implementation, and build capacity to better plan and manage a strategic gender program portfolio. In response to this request, the PEPFAR Gender TWG and AIDSTAR-One held a second PEPFAR gender technical exchange exactly three years later. This report provides highlights and themes from that exchange.


2 The meeting summary report and presentations can be accessed on the AIDSTAR-One website at: http://www.aidstar-one.com/focus_areas/gender/resources/meeting_materials
MEETING OVERVIEW

The second gender technical consultation, *Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources* held in Johannesburg, South Africa October 29-31, 2012, focused on strengthening gender programming in PEPFAR by sharing best practices, program models, and resources. The meeting brought together 59 participants from 28 countries representing PEPFAR headquarters and country teams (Gender Points of Contact and technical officers), as well as several external resource people (see Appendix 1: Participant List) to achieve the following objectives:

1. Provide an update on PEPFAR gender and HIV policies and programming
2. Provide participants with an opportunity to share country experiences, including:
   - Best practices and challenges in implementing gender-related programs
   - Opportunities for collaboration and program adaption
   - Innovative programs identified by country teams and the PEPFAR Gender TWG
   - Strengthening monitoring and evaluation of gender-related programs
3. Address longer-term planning including strategies for engaging with governments and civil society
4. Identify program and evidence gaps, resource needs, and technical assistance priorities.

The meeting provided a forum for fostering collaboration across countries, sharing resources, identifying ongoing needs, and addressing long-term planning (see Appendix 2: Meeting Agenda). Presentations included an update on progress to date, gender integration across PEPFAR, gender and monitoring and evaluation, and panel discussions sharing country experiences. Participants had an opportunity to visit organizations working to integrate gender across technical areas in and around Johannesburg, view posters and videos highlighting examples of gender integration across PEPFAR countries, and review several Gender TWG and AIDSTAR-One gender and gender-based violence resources developed since the 2009 technical exchange.

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3 Angola, Botswana, Cambodia, Caribbean Region, Central Asia Region, Democratic Republic of Congo, Ethiopia, Ghana, Guyana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Papua New Guinea, Rwanda, South Africa, Swaziland, Uganda, Tanzania, Ukraine, United States, Vietnam, Zambia, Zimbabwe

4 Full presentations made by participants and additional meeting-related documents and reports can be accessed on the AIDSTAR-One website at: [http://www.aidstar-one.com/focus_areas/gender/resources/technical_consultation_materials/strengthening_gender_programming_pepfar](http://www.aidstar-one.com/focus_areas/gender/resources/technical_consultation_materials/strengthening_gender_programming_pepfar)

5 AIDSTAR-One Gender Resources can be accessed at: [http://www.aidstar-one.com/focus_areas/gender_technical_area](http://www.aidstar-one.com/focus_areas/gender_technical_area)
ACHIEVEMENTS SINCE 2009

The meeting provided an opportunity for participants to share and reflect on progress promoting and strengthening both gender equity and equality in PEPFAR since the last technical exchange. Since 2009, globally PEPFAR has increased its commitment to advancing the PEPFAR Gender Strategy by increasing programming and staffing as evidenced by: increased funding through Central Initiatives and gender-specific activities, establishment of gender and GBV policies and strategies across the U.S. Government, and improvements in monitoring investments and progress of gender-related activities. Specific examples include the following:

- Nearly $20 million of central and matching funds from 18 PEPFAR countries through two rounds of funding leveraged by the Gender Challenge Fund to advance strategic gender priorities across PEPFAR programs

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6 At the end of the meeting participants each identified one word that best summed up the sessions as a whole. Those words have been compiled into this word cloud; words identified most often by participants appear largest in the cloud.
• Reporting of cross-cutting GBV secondary budget attribution, starting in October 2010\(^7\)

• Supplemental document on Women, Girls and Gender Equality, including 10 elements of implementation, finalized by the Global Health Initiative (February 2011)\(^8\)

• Intimate partner violence indicator added to list of 30 core indicators by monitoring and evaluation reference group of United Nations General Assembly Special Session (August 2011)

• Over $60 million committed over three years by the PEPFAR Gender-based Violence Response Initiative to support and scale-up comprehensive GBV prevention and response efforts in Mozambique, Tanzania and the Democratic Republic of the Congo; the Initiative includes a strong focus on strengthening M&E of GBV activities (October 2011)

• U.S. Secretary of State Policy Guidance on Promoting Gender Equality to Achieve our National Security and Foreign Policy Objectives & USAID Gender Equality and Female Empowerment Policy launched (March 2012)

• First-ever strategy to prevent and respond to GBV globally released by U.S. Government (August 2012).

Participants shared ways in which this progress has translated into program activities that address gender inequities. They discussed how to build on these and other successes, and how best to meet country needs and fill existing gaps in country portfolios. The discussions highlighted significant changes since PEPFAR I, such as increased support for, and institutionalization of, gender equality and GBV programming in PEPFAR programs. Participants jointly developed a timeline to provide an overview of key milestones for PEPFAR in addressing gender inequality from the first PEPFAR Gender Technical Exchange in 2009 to the present (see Appendix 3: PEPFAR Gender Timeline).

**SUPPORTING A STRENGTHENED PEPFAR STRUCTURE**

PEPFAR has dedicated financial resources, established systems, and developed technical resources for more effective implementation of the PEPFAR Gender Strategy. This technical exchange focused on how attention to gender issues is built into the PEPFAR structure, including changes since 2009 intended to strengthen the response. Participants remarked on how these commitments have improved program effectiveness.

Specific ways in which gender has been integrated and institutionalized by PEPFAR include:

• Development and implementation of a PEPFAR Gender Strategy (as described in the Introduction and Background on page vii).

• Introduction of a secondary cross-cutting attribution for PEPFAR programs to capture activities aimed at preventing and responding to GBV. Forms of GBV include, but are not limited to, intimate partner violence, rape and sexual abuse; psychological or emotional abuse; sexual

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\(^7\) As outlined in the 2013 guidance for Country Operational Plans, PEPFAR country programs are to use the GBV secondary budget attributions to capture all activities aimed at preventing and responding to GBV.

\(^8\) Per country mission Gender Point Of Contact.
harassment or violence in the workplace or in educational institutions; and harmful traditional practices including female genital mutilation/cutting, and early and forced marriage.

- Introduction of a secondary budget attribution code for PEPFAR programs on Gender Equality and Women’s Empowerment to capture the level of investment for activities aimed at ensuring that men and women have full potential to be healthy, contribute to their own healthy development, and benefit from the results by taking specific measures to reduce gender inequities within HIV prevention, care and treatment programs.

- Introduction of indicators aimed at facilitating PEPFAR-wide reporting on, and monitoring of, progress related to gender equity and equality including:
  - Two required indicators to track the availability and provision of post-exposure prophylaxis
  - Four indicators, categorized as recommended for monitoring in-country, to track activities along four of the PEPFAR Gender Strategy’s area of focus
  - Three indicators being piloted in the Gender-based Violence Response Initiative countries: Democratic Republic of the Congo, Mozambique, and Tanzania.

The Technical Considerations document provided by the PEPFAR TWGs for FY 2013 COPS and ROPS offers details on the above, as well as information on:

- Key Definitions including gender, gender equity, gender equality, and gender identity
- Key issues and considerations related to addressing gender and HIV
- Gender language and illustrative activities in other Technical Areas, such as: prevention of mother to child transmission of HIV, sexual prevention of HIV, programs for people who inject drugs, voluntary medical male circumcision, HIV testing and counseling, care and support, prevention with people living with HIV, health systems strengthening, and nutrition.

During the discussion, participants highlighted two major challenges. One is that PEPFAR teams are struggling with how best to report on gender integration in a way that highlights the relative impact of addressing gender inequities when the nature of gender integration is part-and-parcel of programs and projects, and does not “stand alone.” This led to a discussion about secondary budget attribution codes and how to capture all the activities that aim to integrate gender without burdening implementing partners (and PEPFAR program managers) with multiple coding of projects and activities. Participants expressed concern that they “do a lot of [gender] work [they] don’t get funding for, but it takes time and resources and effort,” and indicated that they would appreciate additional guidance around how to best capture that work using the attribution codes.

Two, there were a number of questions around the intersection of PEPFAR programs and family planning interventions; in particular, around other U.S. Government funds, and what is appropriate in terms of funding and reporting. Participants noted that they would welcome further clarity on what kinds of integration programs PEPFAR funds can be used for.

These fruitful and productive discussions highlighted the progress that PEPFAR has made in integrating gender, the need for greater clarity at the country level, and the potential of targeted technical assistance for improved gender integration for maximum program impact.
GENDER INTEGRATION: WHAT, WHY, AND HOW

“It was the process [of conducting the gender assessment] which allowed us to engage with stakeholders in ways we haven’t in the past… around changing the mindset of everyone, so that they didn’t just look at us as the gender person.” —Country mission gender focal point

The importance of addressing gender norms at all levels of programming and across all technical areas was highlighted throughout the meeting. Participants spoke repeatedly of conversations with coworkers who perceive “gender” as a separate technical area. They cited justifications like “you’re a gender person; we’ll look at the technical areas, but you should look at the gender areas.” This was particularly apparent when discussing attribution codes and country operational planning.

Participants shared ways in which gender analysis and gender assessments can be used as tools for exploring gender-related barriers to HIV prevention, care and treatment. They stressed the importance of these tools in understanding how well their current portfolios are addressing identified barriers to achieving gender equality and gender needs, as well as their importance in engaging key stakeholders. Participants who had conducted gender assessments prior to the meeting relayed their experiences and best practices to the group. Successful gender assessments, they explained, include meetings with key PEPFAR staff (from across agencies) and implementing partners, debriefs with stakeholders, and training and discussions on gender integration with PEPFAR staff and implementing partners.

Other recommendations for improving gender integration included:

- Change mindsets so colleagues don’t view the Gender Point of Contact as just the “gender person,” but recognize that gender integration applies to all technical areas and is everyone’s responsibility. This strategy was successful when Gender Points of Contact approached colleagues from what they knew, such as focusing on indicators already being collected and helping them look at those indicators with a gender lens. This gender lens is important for identifying sex disparities in outcomes and impact and the gender factors underlying them. It also helps to identify gaps and gauge progress in addressing gender inequities as well as addressing the needs and challenges of target populations.

- Conduct a comprehensive needs assessment of current gender-specific needs and norms when designing projects and developing Requests for Applications (RFA) or Funding Opportunity Announcements (FOA). When partners respond to an RFA/FOA, look for the gender perspective when reviewing proposals to ensure that gender is integrated from project onset.

- Provide training for PEPFAR staff, in collaboration with the PEPFAR Gender TWG, and replicate that training with implementing partners.

A recurring theme throughout the technical exchange was recognition that Gender Points of Contact need to convey the message that gender equality is not an isolated issue, but an integral part of all PEPFAR programs and something that technical teams should be considering all of the time.

The importance of considering the influence of gender inequality on desired outcomes was stressed repeatedly. Participants were encouraged to highlight ways in which the work that technical teams are already doing contributes to a country’s or agency’s gender strategy, and how looking at
programs through a gender lens can help improve program implementation and, ultimately, intended program outputs and outcomes. For example, applying a gender lens helps to improve PEPFAR prevention, care and treatment programs. It also demonstrates PEPFAR’s responsiveness and accountability, supports advocacy and credibility, and aids in decision-making on programs and resources. One of the critical messages participants took from the technical exchange is that technical teams may not get the results they’re looking for if they don’t integrate gender into their programming.

Working in small groups, participants developed strategic messages in response to common questions from technical teams about what gender is and how it fits into various technical areas (see Appendix 4: Strategic Messages for the complete list of questions used in the exercise and the strategic messages that participants developed in response).

**COLLABORATING WITH STAKEHOLDERS**

Successful gender integration requires collaboration with multiple stakeholders, and this collaboration emerged as an important element in ensuring successful programs. This means not only looking for ways to foster collaboration among PEPFAR agencies (i.e., through meetings like this one) but also between PEPFAR agencies and government ministries, as well as implementing partners, to address gaps in programming and research. Some of the existing gaps identified and discussed during the technical exchange include:

- Need for scale-up of investments in implementation science and evaluation
- Lack of prescribed targets or funding allocation requirements from Office of the Global AIDS Coordinator
- Need to address structural interventions in HIV care and support and treatment programs.

Participants discussed the value of engaging various PEPFAR agencies in activities that address harmful gender norms and play to their respective strengths within each country context. This approach can be helpful in capitalizing resources and streamlining intervention efforts to effectively bridge gaps such as those identified above. The need for greater collaboration within PEPFAR is particularly apparent when taking into account the strengths of its various agencies. Identifying the best way to leverage those strengths within a particular country context can significantly improve program effectiveness.

Participants highlighted the impact that engaging groups outside the U.S. Government has made on their programs. For example, participants cited success working with governments to build their capacity in coordinating activities that address harmful gender norms. Once stakeholders have a space in which to collaborate, they are able to share resources and best practices that can be used to apply a gender perspective to their programs. Allowing stakeholders to engage according to their strengths fosters greater collaboration, which in turn leads to improved program outcomes and outputs.

A number of suggestions were made for fostering such collaboration across PEPFAR agencies and with external stakeholders, including:
• Work with ministries and implementing partners to use data to rally behind a set of issues or ideas with a clear message. This approach can highlight the importance of gender-specific concerns and enable synergistic development of advocacy plans and engagement.

• Increase dissemination and improve lines of communication for better sharing of technical resources and best practices among and between implementing partners and other international organizations.

• Engage the PEPFAR Gender TWG to help train implementing partners and develop joint gender strategies and workplans.

• Build the capacity of ministries and implementing partners to integrate gender, use sex- and age-disaggregated data to address gender disparities/inequities and inform program development and implementation to improve country ownership of programs that address harmful gender norms.

An overarching message emerging from the technical exchange is that collaboration doesn’t happen in a vacuum. It needs to start first between PEPFAR agencies, and then be expanded to include stakeholders. To be effective, the collaboration should be supported by a group of people across sectors and entities that can spearhead the process. The job should not rest solely on the shoulders of the Gender Points of Contact, but should involve a core group of people, including those in the PEPFAR Front Office and the Mission Front Office, and also across programmatic areas, i.e., HIV prevention, care, and treatment.

**MONITORING AND EVALUATION**

Participants found the discussions on Gender, HIV/AIDS and Monitoring and Evaluation (M&E) particularly useful. Sessions were designed to help participants understand the basic role and components of program M&E, and the ways in which applying a gender lens to those processes can help improve the gender responsiveness of programs. Good M&E can also build the case for using a gender lens.

Participants spoke often of the challenges of getting implementing partners to disaggregate data by sex and age and include gender indicators when reporting on PEPFAR programs. They also grappled with helping partners recognize the importance of disaggregating data not just by age and sex, but by other factors unique to each target population and country context. Throughout the meeting, resource persons stressed the importance of recognizing that “gender M&E” is in fact “normal M&E” with a gender perspective. That is, analyzing existing M&E data with a focus on how gender-related factors – such as social norms and unequal access to resources – are impacting results. This kind of analysis provides richer information and can help teams better understand why existing programs may not be reaching their targets. The purpose of M&E is to strengthen programmatic interventions; therefore, the more successful PEPFAR programs are in using a gender lens to analyze data, the better the programs will be, and the greater their impact on desired health outcomes.

One identified strategy for strengthening a gender perspective in M&E is to include indicators that track specific program components that address gender inequality and are measured and reported.
only at the project or country level. There are a few required gender indicators, but many others, though not required, may help to make programs more effective. PEPFAR teams are highly encouraged to report on activities under the gender indicators, even if such reporting is not required, because this reporting gives credit to country programs and helps to build the case for addressing gender inequality in PEPFAR programs.

PEPFAR teams are encouraged to request that implementing partners also report on activities under the gender indicators that are not required, which may involve investing the time to train implementing partners on these indicators. Participants recognized this and noted repeatedly that the M&E discussions at the consultation had better equipped them to apply a “gender lens” to their M&E, and to assist implementing partners in developing more robust M&E strategies that utilize gender indicators (both required and not required) to improve program outcomes and outputs. Participants noted that they found the discussions on M&E immediately relevant to their work with country teams across technical areas to integrate gender into Country Operational Plans during the fiscal year 2013 Country Operational Planning process. Many participants indicated that they were interested in additional training on gender and M&E.

Another key message was the importance of capturing both qualitative and quantitative data during the M&E process—the numbers and the narrative. PEPFAR country teams are encouraged to be as robust as possible when capturing narrative data, because it is the narrative that helps explain the quantitatively identified differences found when disaggregating data by sex—actually providing the “why,” and description of gender inequities. Narrative data are helpful for making changes to programs that will ultimately help reach identified targets. It is also the narrative that helps the PEPFAR Gender TWG understand the context of country successes and challenges and provides a platform from which to advocate for more gender funding and strengthened support for gender integration.

**CHAMPION COMMUNITIES**

Another theme that emerged was the importance of champions who can advocate for the importance of gender integration, within both the U.S. Government and civil society organizations. Gender Points of Contact from embassies remarked that the embassy, especially the Public Relations Officers, is often underutilized as an advocate for PEPFAR’s efforts to integrate gender into programs.

The importance of developing community-level gender champions was discussed as an important strategy for building country ownership and capacity in approaches to gender equality. This requires engaging men and boys, as well as women and girls, as “gender justice advocates” in order to change harmful gender norms. Panel discussions echoed the need for champions. For example, when programming for voluntary medical male circumcision (VMMC), it is important to examine what messaging will resonate with men and with women, and to recognize that both men and women have important roles in a VMMC program’s success. For example, mothers are a critical point of entry for VMMC campaigns because of the role they can play in advocating for their sons to have a medical circumcision. Likewise, women can also have tremendous influence in their partners’ decisions about circumcision and can also contribute to changes in community norms around VMMC.

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9 This reporting is only required by Gender Challenge Fund countries.
It is also important to note that PEPFAR programs must be sensitive to the effects of persistent societal norms as they seek to scale up gender components within PEPFAR-funded activities. The Prevention of Mother-to-Child Transmission of HIV (PMTCT) breakout session highlighted the push for women to bring in male partners when receiving PMTCT counseling. Some programs prioritize women who bring their partners over women who attend without their male partner, as an incentive to get male partners to attend PMTCT visits. This approach has produced mixed results, including unintentionally reinforcing social norms that prioritize men over women, which may lead some women to choose not to use PMTCT services, undermining rather than strengthening the program. So, while engagement of men is important both to program success and gender equality, it must be done thoughtfully, and regularly monitored to avoid any unintentional effects or outcomes.

Another important note regarding champions is the need to identify appropriate advocates who have a platform within their sphere of influence. When addressing gender-based violence within the military, for example, programmers engage with senior officers because, as participants explained, “in militaries, a bottom-up approach never works; it comes from the top all the time. So we have to start at the top and have a champion for gender at the very senior level.”

**GENDER-BASED VIOLENCE**

A number of key themes and best practices emerged for addressing GBV. Panelists emphasized the importance of recognizing that GBV is a cross-cutting issue, and programs are most effective when they engage stakeholders from multiple sectors in program design and implementation for an integrated response.

The Zambia PEPFAR team, for example, identified two key factors critical to effective design and implementation of an integrated GBV response. First, from the very beginning the team engaged all stakeholders in the program design stage and initial consultations, during which they identified key focus areas for their response. Second, they established a GBV network, led by the government, that meets quarterly to assess progress, identify gaps in GBV programming, and recognize program advances on which to build. The network developed guidelines for managing the care of people who have experienced GBV, and these guidelines have been implemented by all government ministries. The collaboration also served as a catalyst for the development of an anti-GBV Act. The key to passing this important piece of legislation, Zambia participants noted, “was the concerted effort - people speaking with one voice to ensure that we had legislation that provided protection for survivors of GBV.”

GBV programs should consider the needs of all subsets of target populations. Many GBV programs, for example, focus on girls. But, as one participant explained, “boys are often the ‘silent victims’.” Robust gender assessments and gender-focused M&E can and should be used to gather evidence of the GBV drivers within a given country context.

Panel discussions identified the following key considerations for incorporating GBV prevention and response into HIV programming:

- Address GBV in HIV prevention messages.
- Integrate GBV prevention and response with other services (e.g., HIV testing and counseling, social protection, primary prevention).
- Collect sex- and age-disaggregated data for GBV programs, and monitor them.
• Understand and respond to factors that contribute to GBV among key populations (e.g., men who have sex with men, transgender persons, female sex workers, and people who inject drugs).

**KEY POPULATIONS**

Discussions on gender inequalities among key populations emphasized GBV, stigma and discrimination, and accessing health services as the major challenges. Panelists highlighted some progress made in addressing these issues among men who have sex with men, females who inject drugs, and young female market porters. The most pronounced theme emerging from discussions on key populations was the importance of understanding their needs and contexts within their respective country contexts.

Increasingly, PEPFAR HIV prevention programs with key populations recognize potential synergies and opportunities for collaboration with gender-related efforts. Integrating the two translates into improved programming for these groups, which builds a foundation for additional efforts. Numerous challenges exist, however, to identifying and reaching “hidden” populations, addressing deep-seated and systemic stigmatization and discrimination, improving the programmatic and epidemiological evidence base around key populations, and understanding the allocation of funding aimed to address unique needs and challenges of these groups.

A key question raised was, “How can PEPFAR better address gender equality within key populations?” Responses included providing key populations with a platform or safe space for engagement by inviting them to meetings and other decision-making fora and continuing to develop national prevention strategies that explicitly include key populations (e.g., Kenya’s prevention strategy for sex workers). There is a lag, however, in existing services that are not prepared to address these groups’ unique needs. Size estimations and behavioral surveillance can increase recognition of the existence of these populations and improve understanding of the scale of interventions required to meet their needs.

Another major theme from the discussion on key populations was the importance of structural interventions for shifting public perception and marginalization of these groups. Participants indicated that the most critical structural components are media outlets, messages from preachers, and legislation.
NEXT STEPS

Results from participant evaluations indicate that this technical exchange was extremely well received; participants felt that the four meeting objectives were either met or exceeded. Participants most appreciated the opportunity for collaboration, the variety of presentations, and the exchanges of best practices among countries. The majority of participants (83 percent) who completed a final evaluation indicated that they would be very likely to recommend similar technical exchanges to colleagues.

Participants indicated a few topics on which they would like to receive more guidance or input from the PEPFAR Gender TWG, namely:

- Strengthening gender indicators
- Calculating budget attributions in a more precise way that meaningfully reflects the resources that have been allocated towards GBV prevention and response across all PEPFAR efforts
- Creating synergies between family planning programs and PEPFAR programs.

There were two opportunities at the end of the meeting for strategic thinking and planning. Participants met in agency-specific groups to ask questions and discuss specific strategies for integrating gender in their PEPFAR work. Country teams developed action plans for how they would apply and use the learning and resources from the meeting in their work. These action plans were collected by the PEPFAR Gender TWG, which will follow up with country teams in the coming months and provide support in implementation of their plans.
THE WAY FORWARD

Significant progress has been made in integrating gender in PEPFAR programs since the first gender technical exchange in 2009 as evidenced by increased work on the ground, and attention and support across PEPFAR. For example, the guidance on gender integration provided in the Technical Considerations Provided by PEPFAR Technical Working Groups for FY 2013 COPS and ROPS can be used by PEPFAR program teams to increase gender integration into their operational plans for the coming fiscal year.

There has been exponential program scale-up over the last three years, including two rounds of the Global Challenge Fund, with 18 participating countries, as well as increased data collection through reporting of GBV attribution codes, and increased staff dedicated to addressing gender inequality. The goal now is to build on this strong foundation and momentum, particularly in key areas in which PEPFAR is poised to increase energy, including those discussed throughout the technical exchange. These key areas include:

- Scaling up structural interventions
- Synthesizing existing country-level data while building M&E to advance the policy dialogue and build the evidence base for gender integration
- Continuing to integrate gender into national policies and programs
- Using techniques and processes that build social capital for key populations, including transgender persons and female sex workers
- Engaging men and other community champions.

A number of technical resources now exist that were not available in 2009. Country teams can use these resources to integrate gender into their programs and projects, which are available on several websites: AIDSTAR-One (http://www.aidstar-one.com/focus_areas/gender_technical_area), Interagency Gender Working Group (www.igwg.org), and What Works for Women and Girls (www.whatworksforwomen.org).

The Gender TWG is available to provide technical assistance, and encourages participants or other staff to contact them to discuss what might be most helpful for their particular programs. Such assistance might include gender analysis and assessments, gender strategy development, project design, M&E workplan development, or gender training.
# APPENDIX I

## PARTICIPANT LIST

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<th>Name</th>
<th>Agency</th>
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APPENDIX 2

MEETING AGENDA
**Strengthening Gender Programming in PEPFAR:**
Technical Exchange of Best Practices, Program Models and Resources

October 29, 2012 – October 31, 2012
Johannesburg, South Africa

### Monday, October 29, 2012

<table>
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| 8:15AM–9:30AM | **Welcome and Opening** – Oxford North Room  
RSO Security Briefing  
Opening Remarks  
*Virginia Palmer – Deputy Chief of Mission*  
Welcome  
*Lilly Bertz, Diana Prieto, Sasha Mital - GTWG Co-Chairs* |
| 9:30AM–10:15AM| **Progress to Date**  
PEPFAR Strengthening Gender Programming Timeline  
*GTWG Co-Chairs* |
| 10:15AM–10:45AM| **Break**                                                                                       |
| 10:45AM–12:30PM| **The Top 5 Things You Need to Know...**  
*GTWG Co-Chairs*  
PEPFAR Strategy, Codes, Indicators, Technical Considerations, & Resources  
Plenary: Open Forum  
*Discussion and question session for the conference*  
Exchange of Country Achievements |
| 12:30PM–1:30PM| **Lunch Break**                                                                                 |
| 1:30PM–5:00PM | **Gender Integration: What? Why? And How?**  
*Amelia Peltz & Jessie Gleckel*  
Framing the Issue  
Integrating Gender into HIV Programs  
Building Effective Gender and HIV Networks  
*Panel: Nduku Kilonzo (Kenya), Beatrice Hamusonde (Zambia), Angela Davis (Caribbean), Sampath Kumar (India)* |

### Tuesday morning, October 30, 2012

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| 8:30AM–12:00PM| **Gender, HIV/AIDS, and Monitoring and Evaluation**  
*Karen Kun & Monique Widyono*  
M&E and gender fundamentals  
PEPFAR specific reporting and indicators, and resources/tools |
| 12:00PM–1:00PM| **Lunch Break**                                                                                 |
## Strengthening Gender Programming in PEPFAR:
### Technical Exchange of Best Practices, Program Models and Resources

### Tuesday afternoon, October 30, 2012

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<td>Brothers For Life</td>
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<td>Centre for HIV and AIDS Prevention Studies-CHAPS</td>
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<td>Reproductive Health Institute</td>
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### Wednesday, October 31, 2012

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<td>8:30AM–10:00AM</td>
<td>Plenary: Gender Based Violence</td>
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**GBV Initiative, GBV programming and GBV and Key populations**

**Moderator – Janet Saul**

GBV Data and the Links to HIV

**Nduku Kilonzo - LVCT**

**Panel One**

- **Nduku Kilonzo** - LVCT
- **Mary Ellen Duke** - USAID
- **Beatrice Hamusonde (TBC)** - USAID
- **Alfred Kongolle (TBC)** - CDC

**Panel Two**

- **Panel Two**
  - Lolem Ngong (TBC) - State
  - Brenda Yamba - USAID

### 10:00AM–10:30AM | Break |

### 10:30AM–12:00PM | Concurrent Sessions – Part 1 |

**A) Special Populations – Key and Military**

**Moderators - Sasha Mital & Olivier Kalombo**

- **Kent Klindera** - amfAR
- **Sandra Bird** - USAID
- **Peter Wondergem** - USAID
- **Antonio Langa** - DoD

**B) Male Circumcision**

**Moderator – Nina Hasen**

**Dan Rutz** - CDC

**Bafana Khumalo** – Sonke Gender Justice

**Lebo Ramafoko** – Soul City

**Seth Greenberg & Wendy Benzeria** - USAID

### 12:00PM–1:00PM | Lunch – Agency-specific meetings: USAID/DoD-Oxford North; CDC/PC-Club; State-York |

### 1:00PM–2:30PM | Concurrent Sessions – Part 2 |

**A) Structural Interventions**

**Moderators – Amelia Peltz & Britt Herstad**

- **Choice Mafuko** - Pact
- **Bafana Khumalo** – Sonke Gender Justice
- **Jennifer Knight-Johnson** - USAID

**B) PMTCT**

**Moderators – Nina Hasen & Jessie Gleckel**

- **Esther Machakaire** - CDC
- **Lebo Ramafoko** – Soul City

### 2:30PM–3:00PM | Break |

### 3:00PM–4:00PM | Action Planning and Next Steps |

### 4:00PM–5:00PM | Debrief: Site Visits & Evaluation and Closing |
APPENDIX 3

PEPFAR GENDER TIMELINE\textsuperscript{10}

\textsuperscript{10} Many of the country milestones provided by participants did not include the month in which the event occurred. Dates have been listed as provided. Events for which months were not included have been given representative places on the timeline.
2009
Jan  |  Feb  |  Mar  |  Apr  |  May  |  Jun  |  Jul  |  Aug  |  Sep  |  Oct  |  Nov  |  Dec  

MOZAMBIQUE: Gender Advisor Appointed

UKRAINE: Peace Corps trained Volunteers and youth leaders in stigma & discrimination in gender

GHANA: Established partners for advocacy interagency group

GHANA: Peace Corps trained Volunteers in integrating gender in HIV programming

First PEPFAR gender technical meeting (Johannesburg) Oct 2009

USAID-GBV module published in DHS
Country/Mission Director:
“I agree gender is important. But we just don’t have the budget to pay for a Gender Advisor or to do the gender activities you recommend.”

Strategic Response 1:
• Use an interagency approach with oversight responsibilities resting with PEPFAR Coordinator. Each agency has an identified gender focal person. Gender is integrated into existing activities/programs.
• We can integrate existing programs. We do not necessarily need to start new activities.
• Collaboration with other stakeholders can be explored.
• Access headquarters resources through TDYs, exchange programs, Peace Corps Response Volunteers to build capacity.
• Gender Integration is a requirement. We don’t have a choice.

Strategic Response 2:
• This is a cross-cutting issue. The efficiency of other programs requires that we respond to this. Cost-effectiveness is also affected.
• The PEPFAR Gender Technical Working Group is available to help us.
• We need to evaluate both the immediate and long-term pay-offs.
• Is there a way to leverage funds?
• Secretary Clinton has identified this as a critical issue and area we should address.
• This will make you look good.
• Build skill sets within technical teams.
• Make gender trainings mandatory for all technical staff, and tap into headquarters’ resources to do the training.
• Integrate gender more into new awards.
• It’s mandatory for PAL, Agreement Officer’s Representatives to look for gender in semi-annual performance reports and annual performance reports data.
Figure 3. Strategic Messages for Implementing Partners (International Nongovernmental Organization [NGO])

PMTCT Implementing Partner (International NGO):
“But we are already addressing gender issues…women are our target audience.”

Strategic Response 1:
• If a woman tests negative and her male partner has not been tested, you are not doing PMTCT.
• Men control the money, this determines if woman will go to healthcare services.
• Involving men is likely to improve women's adherence.

Strategic Response 2:
• Gender is a social construct that defines the roles, responsibilities and obligations of girls, women, men and boys in every society.
• The whole point of gender integration is ensuring that these roles are not barriers to individuals' ability to live a healthy and productive life.
• In the context of PMTCT, men can have an important impact on women’s health outcomes. Working with men, for example, may help to increase the number of women who can access services early, and can often reduce violence and reduce HIV transmission during and after pregnancy. Men are facilitators for service access and for removing barriers to service.
• Gender issues are not just about women…we need to include men.
• The scientific evidence indicates that PMTCT is much more effective when partners, fathers, and families are included.
• Masculinity should encompass being a responsible father and husband and protecting their families' health for their own sake as well as their families.
• Targeting women is not enough…we need to take an all-encompassing 360-degree approach and take all the contributing factors into account.
Local Partners:
“This whole notion of gender is a Western concept. You are trying to change our culture.”

Strategic Response 1:
• Gender is a social construct that defines the roles, responsibilities, and obligations of girls, boys women and men in every society.
• The whole point of “gender” integration is ensuring that these roles are not barriers to their ability to live a healthy and productive life.
• Gender is a universal concept/phenomenon and should be discussed amongst all cultures.
• We are not changing culture, but educating.
• The relevant notion is not necessarily about change, but addressing inequalities for both men and women.
• What do you think it is you want to change? (issue specific)
• We’re trying to ensure that this program benefits all men, women, boys and girls.
• Benefits for all is not a Western-only notion.
• To achieve best results for all to benefit, we need to adjust.

Strategic Response 2:
• Gender is not a new concept. Tell me more about roles and responsibilities of men and women in the community. For example, are only men going to clinics?
• Gender is not only about women, but women and men having quality of life.
Ministry of Health Representative:
“We don’t need to include gender in our strategic plan. That’s the responsibility of the Ministry of Women’s and Children’s Affairs.”

Strategic Response 1:
• Addressing gender is addressing overall health outcomes.
• It is about boys and men too.
• Gender is cross-cutting to all ministries.
• Male circumcision, PMTCT, HIV testing and counseling, family planning.
• Epidemics are different for men and women (e.g., HIV prevalence is often higher among women).
• Evidence shows gender inequity and inequality lead to poor health outcomes.
• The right to good health should be free of gender discrimination.
• Universal access to treatment and meeting treatment targets depend on addressing gender disparities.

Strategic Response 2:
• Not true. There is, however, an opportunity to leverage expertise / resources from the Ministry of Women’s and Children’s Affairs to improve health outcomes.
**OVC Team Lead:**

“Gender issues are something that affect older adolescents and adults, not children.”

**Strategic Response 1:**

- Gender affects everybody regardless of age.
- Norms and values are formed during childhood.
- “The child of today is the adolescent of tomorrow.”
- Female OVCs are more vulnerable to sexual violence.
- Lack of awareness among people of vulnerability of boys’ risk of sexual violence.
- Female infanticide, female children being abandoned.
- Less access for girls in education.
- Unfavorable or inequitable policies around child/adolescent pregnancies.
- Lack of recognition of boys’ needs for different services.
- Socialization of gender begins at birth and is especially important in early childhood.
  - Training and sensitization for young children and for caregivers of young children.
- Child protection should have a gender component since child abuse is often perpetuated by gender norms.
Prevention Advisors:
“We don’t need to focus on gender issues for MSM…it just does not seem relevant to our target group.”

Strategic Response 1:
• Redirect question to: we need to focus on MSM... why?
• Epidemiological reason for HIV transmission (very high in MSM).
• Gender roles are different among MSM.
• Understanding roles/needs will help in the intervention design.
• Some MSM are bisexual; therefore, impact on general population.

Strategic Response 2:
• Gender is not only women, it applies to both sexes.
• Stigma and discrimination issues are closely linked to gender.
• Both women and MSM are classified as minority groups.
• What are the barriers explaining why MSM don’t access services? Could/Can this be linked to gender norms?

• Gender:
  • Male and female issues – not only females
  • Equality/equity
  • Specific needs of key populations, i.e., – MSM, transgender communities
• Is there evidence (e.g., assessment, research) to support your statement?

Strategic Response 3:
• Gender issues are not all about women only.
• To achieve your results, you need to build an enabling environment for both women and men.
APPENDIX 5

CONFERENCE PHOTOS*

Opening remarks from the deputy chief of mission.

*All photos courtesy of Crystal Cason of EnCompass LLC.
Case study discussion.

Developing key stakeholder messages
For more information, please visit aidstar-one.com.