

AIDSTAR-Two Project Trip Report – Tajikistan and Kazakhstan March 9 - April 7, 2013

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5 key words:

Car Pefar
Tajikistan
Kazakhstan
Gender strategy
Data collection

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Process for completing trip report

1. This **trip report** must be completed by the traveler and distributed to the supervisor, relevant activity manager (Yadira for field support), and AdCo within 5 business days of the traveler's return to their home office.
2. The traveler will schedule a **debriefing** with their activity manager and, if appropriate, the project team within 10 business days of their return to their home office. This meeting will highlight content for the trip report. If the traveler is an activity manager, they will meet with the relevant members of the project team. The appropriate activity manager can serve as a resource to determine who else should be present at the debriefing.
3. Trip reports and addenda should be saved by the AdCo with the relevant TDY documents in sub-project eRoom.
4. Completion of the trip report and scheduling debriefings is the responsibility of the traveler.
5. The traveler must have the report **reviewed and approved by the activity manager**, who will submit to the COTR.
6. When the entire template is completed, email the report along with all relevant documents to the relevant Activity Manager and AdCo. AdCo will determine if trip report and which documents should be sent to **Institutional Memory and will update trip report submission logs**.
7. Save this report using the following naming protocol: sub-project name_ traveler's name_ destination_ program year_ departure month (i.e. Honduras-Bautista- Honduras -2009-6).

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Tajikistan and Kazakhstan
Traveler(s) Name, Role	Elizabeth King (Technical Lead), Kateryna Maksymenko, Anne Eckman
Date of travel on Trip	March 9, 2013-April 7, 2013 (Anne and Kateryna until April 10, 2013)
Purpose of trip	Gender Assessment for USAID Tajikistan and Kazakhstan
Objectives/Activities/ Deliverables	<ol style="list-style-type: none"> 1) Conduct inbriefing session with the CAR PEPFAR regional team and country office teams in Tajikistan and Kazakhstan to introduce the assessment team, review assessment materials, share methodology and review timeline for assessment, including list and schedule of interviews/site visits. 2) Conduct interviews and roundtables with stakeholders, focus group discussions with key populations and outreach workers/staff working with key populations 3) Conduct preliminary analysis/synthesis of data collected 4) Develop a draft gender strategy for presentation to PEPFAR regional team 5) Conduct debriefing sessions with CAR PEPFAR regional team to present draft results based on the gender assessments conducted in Tajikistan and Kazakhstan, and the gender strategy
Background/Context, if appropriate.	

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

<p>1) Inbriefing: Understanding USAID CAR expectations/hopes for assessment and recommendations: During the inbriefings we learned that they would like concrete, feasible short-term recommendations. Through continued communication we learned what types of recommendations/strategic directions may be feasible to adopt shorter-term (2 yrs) and longer-term (5yrs).</p>
<p>2) Data collection : a)We conducted 5 interviews, 2 roundtables, and 12 focus groups with key populations and outreach staff in Tajikistan. b) We conducted 2 interviews, 2 roundtables, and 11 focus groups with key populations and outreach staff in Kazakhstan.</p>
<p>3) Data analysis: We conducted group data analysis/synthesis for all data collection in Tajikistan and started group analysis/synthesis for data collected in Kazakhstan.</p>
<p>4) Gender Strategy: We developed a draft regional gender strategy for CAR PEPFAR</p>
<p>5) Debriefing/Presentation: a) We had a successful debrief at USAID in Dusanbe with Dilorom and Lyla, who expressed interest in and satisfaction with our assessment findings. b) We presented the country assessment findings for Tajikistan and Kazakhstan (and a summary of the findings from Kyrgyzstan) and preliminary ideas for the gender strategy to CAR regional staff at USAID in Almaty [Khorlan, Jesse and Arman (USAID), Damira (CDC), and Chinara (Kyrgyzstan USAID) and by phone conversation with Dilorom (USAID Tajikistan)] c) We presented a revised gender strategy to PEPFAR CAR regional team. This group representing CDC and USAID offices in the region were excited about our results and recommendations/strategic directions.</p>

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Send Notes from Interviews/FGD	Anne and Kateryna	April 19
Tajikistan country assessment (draft to Yadira/Sarah)	Elizabeth	April 23
Kazakhstan country assessment (draft to Yadira/Sarah)	Elizabeth	April 23
Regional Gender Strategy (PEPFAR CAR will provide feedback by April 17)	Anne	April 29
Submit draft gender assessment report and strategy to the USAID CAR regional team	Elizabeth	April 30
Comments from USAID	Khorlan	May 8
Final Assessment Reports to CAR	All	May 17

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
See below.			

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
PPT presentation of Country Assessment Findings to PEPFAR (April 5)		Attached to email
Draft Gender Strategy (April 9)		Attached to email
PPT presentation of Gender Strategy to PEPFAR CAR regional team (April 9)		Attached to email

4. Contacts

Schedule for Elizabeth King and Kateryna Maksymenko in Tajikistan

Activities	Dates	Comments
In-briefing meeting with PEPFAR team: <ul style="list-style-type: none"> USAID: Dilorom Kosimova USAID: Khorlan Izmailova (by phone) 	March 11	Meeting at USAID Office in Dushanbe
Round table with donors and host government: <ul style="list-style-type: none"> Ulugbek Aminov, GFATM/PIU, HIV Grant Manager: ulugbek.aminov@undp.org Mutabara Vohidova, UNODC, mutabara.vohidova@unodc.org <p>Interview</p> <ul style="list-style-type: none"> Rustam, Republican Narcology Center 	March 12	Meeting at PSI Office (Dialogue Project) in Dushanbe
Focus group with female sex workers Focus group with outreach workers (FSW)	March 13	Kurgantube
NGO Fidokor Dilbar Khalilova, Director, mob: (+992) 93 500 47 35 fidokorkt@irex.tj		
Focus group Men who inject drugs Focus groups with women who inject drugs Focus group with outreach workers (PWID)	March 14	Kurgantube
NGO Fidokor (see above)		
Focus group with released prisoners Focus group with outreach workers (Incarcerated Populations)	March 15	Kurgantube
NGO Sino Khasan Nazarov, Director, mob: (+992)935014670 Sino2004@mail.ru		
Meeting with SUPPORT, Quality, Dialogue	March 16	Meeting at PSI Office (Dialogue Project) in Dushanbe
Meeting with Maria Boltaeva, UNAIDS, boltaevam@unaids.org	March 18	Meeting at UNAIDS, Dushanbe
Azamjon Mirzoev, Deputy Minister, MoH: azamdjon@mail.ru		Meeting at MoH, Dushanbe
Focus group with Men Living with HIV Focus group with clients (MLHIV) NGOs: Spin Plus , Pulod Djamolov, Director	March 18	Dushanbe

<p>Tel mob: (+992) 93 505 91 11 jpulod@gmail.com, spinplus2007@yandex.ru</p>		
<p>Interview with Head of Monitoring and Evaluation Head of Dispensary Services At Republican AIDS Center</p>	<p>March 19</p>	<p>Dushanbe</p>
<p>Focus group with Women living with HIV Focus group with outreach workers (WLHIV)</p> <p>NGOs: Tajikistan Network of Women Living with HIV and League of WLHIV Djonona Mansurova, Director Tel mob: (+992) 98 506 87 19 djonona@mail.ru</p>	<p>March 19</p>	<p>Dushanbe</p>
<p>Debrief for USAID/TJ Dilorom Kosimova, Lyla Andrews Bashan</p>	<p>March 20</p>	<p>Meeting at USAID Office in Dushanbe</p>
<p>Focus group with MSM Focus groups with outreach workers (MSM)</p> <p>Legal Support, Aziza Pirova, Director, mob: (+992) 918 50 26 45, pazizax@mail.ru</p>		<p>Dushanbe</p>
<p>Meeting with Kristina (PSI Gender Challenge Consultant)</p>	<p>March 21</p>	<p>Dushanbe</p>

Schedule for Elizabeth King, Kateryna Maksymenko and Anne Eckman in Kazakhstan

Activities	Dates	Comments
In-briefing meeting with PEPFAR team: <ul style="list-style-type: none"> USAID: Leslie, Jesse, Arman and Khorlan CDC: Indira 	March 26	Meeting at USAID Office in Almaty
Meeting/Round table with donors and host government: <ul style="list-style-type: none"> Zhanerke Omarova, UNODC, Astana, zhanerke.omarova@unodc.org Nurul Kinderbaeva, UNFPA, kinderbaeva@unfpa.org.kg Tatiana Reznikova, NGO specialist, RAC, gf.reznikova@rcaids.kz Elena Kudryavtseva, UN Women, yelena.kudryavtseva@unwomen.org 	March 26	Meeting at PSI Office (Dialogue Project) in Almaty
Focus group with outreach workers (SW) Focus group with female sex workers PSI outreach workers Mira Sauranbayeva, USAID Dialogue on HIV and TB Project Coordinator in Kazakhstan – mira@psi.kz	March 27	OW-PSI SW- hotel
Focus group with outreach workers (PLHIV) Focus group with Women Living with HIV Focus group with Men Living with HIV NGOs Doverie Plus , Director–Oleinikova Roza, office #7, 4 th bld, 2, Basenova street, Almaty, Tel/fax: +7 727 337 83 22 e-mail: doverieplus.kz@gmail.com NGO "Kazakh Union of PLWH" President–Amanzholov Nurali, Address: office 303-305, 145V, Auezov street Tel/fax: +7 727 334 10 57, 334 10 58 e-mail: nurali70@mail.ru	March 28	City AIDS Center
Batyrbek Assembekov, GFATM PIU Manager, gf.batyrbek@rcaids.kz	March 29	Republican AIDS Center
Elena Bilokon, Network of Women Living with HIV, bilokon-21@mail.ru	March 29	Almaty
In Shymkent our main contact was: Zholdas , President- Bolat Turgunbayev, Address: Shapagat street, Karasu village, Sayram		Shymkent

<p>district, Shymkent, South Kazakhstan Tel. +7 7252 48 01 33 e-mail: zhan-zholdas@mail.ru</p> <p>All other meetings were coordinated by Bolat</p> <p>Focus Group with Outreach Workers (Prison component)</p> <p>NGO Umit The Head – Gulnara Zhakaeva, Tolebiiskii rayon, Langer city, Microdistrict 2, 164b South Kazakhstan Mob. +7 702 666 72 26 e-mail: gulnar.0407@mail.ru</p> <p>Focus group with outreach workers (MSM) Focus group with clients MSM</p> <p>NGO Nazym Shymkent 9, Bagyzbayev street, Shymkent, South Kazakhstan Sergey Shiryaev, director Tel. +7 7252 51 78 13 Mob. +7 777 653 98 88 e-mail: shiryevsergei@mail.ru</p>	<p>April 1</p>	
<p>Focus group with MPWID Focus group with outreach workers (PWID) Focus with FWID</p> <p>NGOs Korgan, President - Ferangiz Khasanova 99/2 Aimenova street, Abai district, Shymkent, South Kazakhstan Mob . +7 775 339 88 22 e-mail: fh-76@mail.ru</p> <p>Kuat-Shymkent President- Rail Mukhtarov 2/4 Sportivny street, Shimkent, South Kazakhstan Mob.+7 771 569 99 10 e-mail: rustam-shim@mail.ru</p>	<p>April 2</p>	
<p>SUPPORT, Quality Project and Dialogue Project staff</p> <p>Anna Deryabina, ICAP Support, Director for Central Asia Yelena, USAID Quality Health Care Irada Nurasheva, PSI, <Irada.Nurasheva@psi.kz> Elmira Imambakieva, USAID Dialogue on HIV and TB Project <Elmira.Imambakieva@psi.kz></p>	<p>April 3</p>	<p>PSI Office, Almaty</p>
<p>Phone debrief with Dilorom Kosimova</p>	<p>April 4</p>	
<p>Debrief/Working session with CAR PEPFAR regional team USAID: Khorlan, Jesse, Arman,</p>	<p>April 5</p>	<p>Meeting at USAID Office in Almaty</p>

<p>Chinara (Kyrgyzstan) CDC: Damira (Kyr.)</p> <ul style="list-style-type: none"> - Presentation of preliminary findings of the assessments in the three countries - Development of draft gender strategy 		
<p>Present draft gender strategy framework to PEPFAR/CAR team USAID: Khorlan Izmailova, Jesse Joseph, Leslie Perry, Rebecca CDC: Indira, Ben Mills PEPFAR Coordinator: Janet Hayman</p>	April 9	Meeting at USAID Office in Almaty
	April 26 (COB)	
<p>Due date for comments from the USAID CAR regional team</p>	May 6 (COB)	
<p>Integrate input, copyedit the products and submit final gender assessment report and strategy to the USAID CAR regional team</p>	May 13	

PEPFAR CAR Gender Strategy
Preliminary Draft ~ April 9, 2013

I. Background: *To be completed*

- Why the strategy
- Context of strategy:
 - PEPFAR CAR current strategy
 - Overall focus (key pop) and SOs of access, capacity and data
 - Gender focus to date (current strategy, activities + GCF)
 - Link to gender assessments
 - PEPFAR global gender strategy + other relevant guidance
- Priority criteria for choosing strategic directions (from meeting with PEPFAR CAR)
- Structure of the strategy:
 - Timeframes (current 2 yrs, next 5 yr PEPFAR CAR strategy)
 - How organized

II. Goal: The goal of the Gender Strategy (2013-2019) is “To reduce gender-related barriers to HIV services and shift underlying gender-inequitable power relations in order to decrease HIV vulnerability, increase healthy behaviors, and enhance the well-being and rights of key populations.” *[Note: To be reviewed and revised by the PEPFAR CAR team.]*

In order to realize this goal, the PEPFAR CAR Team prioritized recommendations from the gender assessments carried out in Kyrgyzstan, Tajikistan and Kazakhstan as potential strategic directions for the regional gender strategy. These strategic directions are described below.

III. Strategic Directions: What needs accomplished?

The following five strategic directions represent a linked set of strategies to achieve the overall goal of the gender strategy; no one strategic direction is more important than the other, as they work together synergistically.

- 1. Put attention to gender norms and gender inequalities onto the agenda of key stakeholders.** It is important to that ensure that policies, programs and implementing organizations recognize the importance of transforming gender norms and power inequalities that limit change in HIV risk behaviors, especially related to sexual transmission/condom use and injecting drug use. Current programming for key populations has taken initial steps to recognize differences between female and male key populations, and started to collect sex-disaggregated. Yet, little understanding and almost no responses in CAR address how underlying gender norms and inequalities¹ shape the different needs, barriers and opportunities that

¹ For instance, masculine gender norms may encourage MWID and MLHIV risk behaviors and limit men’s health seeking-behaviors; these norms may also result in men’s control of their partner’s ability to negotiate safer behaviors and seek health services, and use of

men and women of key populations experience. It will be vital to build a foundation of understanding these gender dynamics, and best practices in addressing them, among key stakeholders, PEPFAR staff and implementing partners. Based on this foundation, partners can develop interventions that squarely address these gender norms and inequalities – interventions that will be especially key to decreasing sexual transmission, as well as to increasing health-seeking behaviors and well-being. Related to this, partners will be able to monitor and evaluate the impact of interventions that address gender norms and inequalities – thereby contributing to emerging evidence base, policy dialogue and support for gender transformative promising practices in the CAR region.

- 2. Eliminate major gender-related barriers to HIV services for key populations.** Many members of key populations are hidden or face difficulty accessing services due to marginalization based on gendered stigma and discrimination; this is especially true for females who inject drugs (FWID), women living with HIV (WLHIV) and males who have sex with males (MSM) and Female Sex Workers (FSW). Furthermore, many packages of services have been developed without considering the gender-specific needs² of men and women among key populations. To expand coverage by addressing these gender-related barriers, PEPFAR CAR will:
- 1) Strengthen PEPFAR partners' **current service approaches** to better meet the gendered needs of key population – such as same sex outreach workers and mobile services that reach hidden populations where they are, advocacy to ensure quality supplies (condoms and lubricants), and advancing efforts to develop a strategy and package of services for FWID.
 - 2) Introduce **new approaches** that seek to meet previously unaddressed gender-specific needs, and directly address gender norms and inequalities. Recommended new approaches include integrating SRH for male and female key populations into services, introducing counseling approaches and education modules that directly address gender norms and inequalities into current

gender-based violence. Norms of femininity and power imbalances often limit women's ability to practice safer sexual and injecting behaviors and access needed information and services; these gender power imbalances are often more severe for women key populations who violate gender norms of appropriate behavior. People in same-sex as well as heterosexual relations, and transgender persons, are affected by these gender norms and inequalities. (cite PEPFAR 2013 Technical Guidance for COPs, 2012)

² Gender-specific needs include both the biological and social needs of women and men. For instance, men and women need specific sexual health services that respond to their biology; FWID also need PMTCT services that respond to their specific needs for MAT. Men and women also need outreach and services tailored to their priority concerns and responsibilities (such as childcare [for women], or hours and places of work and gathering [for women and men anything specific to men?]). Finally, while all key populations experience severe stigma and discrimination in health care services, especially women, MSM and TG need health care services that do not enact gender discrimination and that are sensitive to how these realities shape their ability to access and adhere to recommended treatment. (cite PEPFAR 2013 Technical Guidance for COPs, 2012)

programming, and expanding couple counseling. New approaches also include elaborating packages of services, such as has been initiated for FWID, for other male and female key populations. Part of this package of services includes supporting the development of women's rehabilitation and support centers for WLHIV, FIDU and SW to provide safe spaces, provision of needed services (including childcare), and the opportunity to develop peer support and empowerment.

- 3. Reduce gender-based violence** and its role in exacerbating HIV vulnerability and limiting access to HIV prevention, treatment, care and support services among key populations. Key populations marginalized on the basis of gender norms and inequalities – especially WLHIV, FWID, SW, MSM and transgenders (TG) – face high rates of gender-based violence within intimate partner relationships. Key populations, especially FWID, SW, MSM and TG also experience high rates of gender-based violence from police. Gender-based violence experienced by key populations may serve as a barrier to preventive behaviors and may limit use of HIV/AIDS services.

Building on the current Gender Challenge Fund project in Tajikistan to integrate gender-based violence awareness raising and referrals among key populations, PEPFAR CAR will seek to evaluate and ensure the adoption of the model of integrating GBV into services for key populations. Linked to this, the PEPFAR CAR program will seek to further develop the systems needed at community- and service- levels to ensure that key populations have access to responses that support their rights to live free of violence, and to receive quality services and support. PEPFAR CAR's work will also prioritize developing a comprehensive approach to police violence. Finally, ongoing efforts transform gender norms (see #2 Gender-related barriers in services) will directly link to, and help to support, prevention of gender-based violence against key populations.

- 4. Promote advocacy and leadership for policy change by key populations to advance gender equity** in the HIV response. Currently, organizations representing key populations marginalized on the basis of gender (WLHIV, FWID, FSW, MSM and transgenders) in CAR have limited involvement in shaping policy and programming decision. Strengthening these networks and their leadership would enable greater identification of priority gender-related needs and rights, and development of a more sustainable response to ensuring these. In particular, networks of women living with HIV are nascent, but emerging, and represent a particular opportunity to strengthen leadership and advocacy for gender needs and rights. Potential sites for greater involvement in decision-making and advocacy for policy change, including for instance: key governmental decision-making spaces (at national and local levels, including budgeting), other decision-making fora (such as CCMs), and community-advisory boards (CAB) at narcology and AIDS centers.

5. **In the next PEPFAR Strategy, identify options for including sexual partners for every key population as potential targets.** The current PEPFAR Gender Challenge Fund activity to include the sexual partners of PWID offers an important opportunity to address the relational gender dynamics and power imbalances that shape sexual transmission. For sex workers, much of the power to determine use of condoms also rests with sexual partners – namely clients. Expanding the coverage targets to include clients of sex workers is important to addressing key gender dynamics that limit sex workers ability to practice safer sex. It may also be important to target migrants (as a group in and of itself) and their sexual partners as a key population for HIV prevention in the context of programming to reduce risk of sexual transmission – especially in light of the gender dynamics of migration, HIV vulnerability, and risk of migrants’ sexual transmission of HIV to their partners].

Each of these strategic directions is supported by several proposed interventions. Please see *Annex 1. Gender Strategy Framework Table*, which further details proposed interventions; it also suggests which may be more appropriate for the next two years, and which may help to inform the gender strategies within the next PEPFAR CAR Strategy (2014-2019). *Annex 2. Proposed Interventions – Access, Capacity and Data* provides a narrative description of the proposed interventions, organized to correspond to the strategic objectives of the current PEPFAR CAR Strategy (access, capacity and data).

Annex 1. Gender Strategy Framework Table

Please see the separate excel file with the Gender Strategy Framework Table. Proposed 2-year actions are highlighted in pink.

Annex 2. Proposed Actions – Access, Capacity and Data

A. Interventions: How can these strategic directions to improve access be advanced?

A-1. Put attention to gender norms and gender inequalities onto the agenda of key stakeholders

1. Participate in **dialogue and working groups** to advance shared understanding among PIOs, INGOs, CSO and government partners on the role of gender norms and relations in HIV, and to maximize coordination and synergy among efforts. Promote ongoing exchange to enable a more integrated and coordinated response to gender and HIV.
2. Promote **greater coordination between the women’s and justice sectors, which are currently seen as the home of “women’s issues,” and the HIV sector**. This includes promoting dialogue to integrate HIV-related gender concerns, including the specific needs and priorities of FWID, WLHIV, and MSM, in the gender and justice sectors; and integrating gender-related issues as central within HIV policy and programming.

Please see below under capacity and data, and also new approaches within 2. Address gender-related barriers to equity in services.

A-2. Eliminate major gender-related barriers to HIV services for key populations

- **Improve existing approaches within services**

1. **Continue and strengthen outreach strategies** that respond to the gendered barriers of key populations.
 - Ensure a sufficient proportion of **female and male outreach workers** to provide services key populations of the same sex. Increase the number of female outreach workers for PWID, and identify if there are changes needed in the proportion of male and female outreach workers for other key populations.
 - Conduct a more-explicit **analysis of gender-related patterns of socializing as well as barriers** to reaching key populations related to stigma and discrimination. Use the analysis to develop **new approaches to reach those who remain hidden**. For instance, consider whether to try to reach MSM and TG, including MSM and TG sex workers, through virtual outreach and networking. Consider approaches such as peer-to-peer cascade approach to reaching female PWIDs.³ As part of this, consider how to better capacitate the peers to use ‘micro-planning’ so that they themselves can help to better identify and plan strategies to overcome gender-related barriers to reaching their more hidden peers.⁴

³ Cite Ukraine AIDS Alliance.

⁴ Cite Avahan.

2. Advocate to ensure quality condoms and lubricants. Poor quality condoms and poor-quality or absent lubricant may do harm – in terms of direct exposure to increased risk of sexual transmission (via breakages and no or ineffective lubrication), and in terms of negative reputation of condoms that can decrease their acceptability.

- Carry-out advocacy to ensure that the packages include both condoms and lubricant – and that these are both high-quality. Also ensure that the condoms and lubricant meet the needs of specific key populations.
- Involve key populations in defining and monitoring of quality.

- ***Introduce new approaches in services that seek to address previously unaddressed needs, and directly integrate gender norms and inequalities***

Address previously unaddressed needs:

1. Define the **minimal package of services** provided by outreach workers and mobile vans in order to meet the gender-specific needs of key populations, and promote its adoption.

- **Include SRH.** Preliminary needs identified include access to contraceptive information and services, pregnancy tests, and more accessible gynecological and male sexual health services (provided, if possible, at locations where key populations gather – such as mobile vans and providers). Information also needs to include a focus on better information about sexual and reproductive health and rights, especially related to the desires and plans for childbearing, among PLHIV (for **both** men and women).
- **Provide integrated services to address overlapping key populations.** Ensure that the package of outreach services meet the needs of overlapping key populations. For instance, integrate harm reduction supplies and counseling related to IDU with outreach to SW.

2. Define a **comprehensive package of services that respond to the specific gender-related needs of each key population** and promote its adoption. Key elements of this include the following:

- **Continue and expand FWID work**, including advancing advocacy for the strategy and package of services for FWID.
- Promote the same process of development and advocacy of **packages of services, tailored to the gender-specific specific needs of other key populations**, including separate packages for MSM, men and women LHIV, prisoners and recently released incarcerated persons, men who inject drugs, and SWs.
- Include a specific focus on **linkages for SRH services and information for each sex and key population**. For example, IEC materials and counseling must include drugs and pregnancy, men's sexual and reproductive health topics, and desires and planning for children among PLHIV.

- **Expand sex-specific spaces for support** such as support groups, and drop-in centers. Support the development of women’s rehabilitation and support centers, with a range of services including childcare, for WLHIV, FWID and SW. Safe spaces for women are especially important given their realities of challenges disclosing, their responsibilities as mothers and caregivers, and their limited opportunities to form peer support and social solidarity.

Integrate focus on gender norms and inequalities:

3. Develop and **integrate a core set of modules that include key basics related to gender norms and power inequalities into the current programming** that reaches male and female key populations. These modules should be complementary, but designed for men and for women key populations – with tailoring to the specific contexts of the key population involved. Key topics include:
 - Gender norms – and their links to negotiating safer sex and drug use, as well as prevention, testing and safe disclosure, treatment, care & support. This includes gender norms of masculinity, femininity, and gendered power inequalities.
 - Gender-based violence – awareness-raising; links to vulnerability, while also affirming resilience; and referral to available resources
 - Sexual and reproductive health and rights, including explicit information on sexuality and pregnancy for men and women living with HIV
4. Integrate **couples counseling and education as a key intervention** for key populations to be able to enable shared decision-making and communication related to reducing sexual and injecting risk. Ensure that such counseling accounts for gender power relations including gender-based violence and appropriate protocols to ensure that couple counseling does not increase risk of harm.
 - Consider adaptation of the Renaissance couples counseling intervention with IDU developed and piloted by Columbia University’s Global HIV Research Center for Central Asia to reduce sexual and injecting drug risk
 - Establish linkages between existing models of coverage (e.g., IDU: Breaking the Circle; PLHIV: UNISON; ex-incarcerated persons: START-Plus; sex workers: ADARA; MSM: La Sky; and other support groups such as for PLHIV) and couples counseling interventions.
5. **Integrate gender-sensitive approaches into counseling in the context of HIV Testing and Counseling.** Include as part of this approach screening and response to gender-based violence.
6. Develop **social marketing campaigns, messages and materials that explicitly address and seek to transform specific gender norms** that limit safer sex and injection behaviors among key populations, including norms related to pleasure, safety, strength (and other key norms identified through formative research) – and their links to masculinities and gender roles of women. Tailor these materials to account for the specific contexts of different key populations.

A-3. Reduce gender-based violence

1. Build on the Gender Challenge Fund GBV Initiative in Tajikistan, to advance community- and service-level systems that address gender-based violence against key populations.
 - Develop and implement the **current Gender Challenge Fund GBV initiative** in Tajikistan.
 - Consider and address possible gaps to be addressed in the current planned intervention, such as **the need to map referral services for their friendliness and accessibility for key populations**, in order to ensure systems are in place to respond to survivors. If needed, carry-out such a mapping and related capacity-building that may be needed with the referral network.
 - Allocate **sufficient resources and follow-up** to: document and disseminate lessons learned and materials; advocate for its integration into the approved package of services for key populations; and adapt and integrate into package of services offered in other countries in the region.

2. Develop a **comprehensive approach to addressing police violence against key populations**, especially those marginalized on the basis of gender norms and inequalities (SW, FWID, and MSM). Such an approach should build on best practices that engage in a systems approach to change within the police (from high-level political commitment, to policy directives and institutionalization of ongoing training and accountability); and also on best practices that mobilize and equip key populations (with awareness of rights, access to immediate legal support, and local police leadership to redress harassment) to hold police accountable if and when harassment and violence occurs.

3. **Promote awareness campaigns and policy dialogue about the links between gender-based violence and HIV**, and basic principles in GBV programming & policy -- in current HIV programming among implementing partners and outreach workers (see Strategic Directions #1 and #2 above); and in policy dialogue, formulation and implementation (Strategic Direction #4 below).

A-4. Support policy change, and leadership by key populations

1. Support capacity-strengthening for **networks and organizations of key populations who are marginalized due to gender norms and discrimination**. This includes networks and organizations by and for WLHIV, FWID, MSM, SW. Provide focused support to the networks of women living with HIV, given their nascent, yet growing presence.

2. Provide **focused leadership development and support to women, SW, and MSM leaders of organizations** to be able to engage effectively in policy dialogue and decision-making fora, including: knowing which key fora to target, advancing a defined advocacy platform, and effectively representing and advocating for gender-related needs and priorities of their constituents. As part of this, **engage male leaders and build their capacity to be able to be allies** for gender-related needs and priorities, as well as their own gender-related concerns.

B. Capacity: What capacity is needed?

- 1. Promote a shared understanding** of how gender norms and inequalities shape HIV vulnerability and prevention, treatment and care among INGOs, government partners, civil society, PEPFAR implementing partners, and PEPFAR staff.
2. Build **sustainability of capacity and skills** to understand and apply gender-transformative approaches by:
 - Develop a TOT and cadre of capacitated trainers
 - Develop and integrated gender training into ongoing, priority educational programs (such as social work, nursing, medicine – or other vocational training, such as those for outreach workers, or others)
- 3. Integrate capacity-building** on gender-specific needs, and underlying gender dynamics, for those responsible for **implementing these gender-responsive services**.
 - This includes: health care administrators and providers, program managers, and outreach workers.
 - As part of this, pay special attention to building the **capacity of outreach workers and other program staff to** understand the role of gender norms and inequalities in HIV vulnerability and access -- and the skills to be able to facilitate modules and counseling that addresses these.
4. Build **awareness of, and capacity to implement**, best practices and materials related to providing **supportive spaces and groups** that addresses the gender-specific needs and priorities of key populations. This may include access to key resources as well as study tours and exchanges.
5. Build capacity of implementing partners in **gender-responsive data collection, analysis and use for decision-making**:
 - Build capacity of implementing partners to collect, analyze and present sex-disaggregated M&E data. This includes the ability to ask and analyze key questions about difference in behaviors, knowledge and access by sex, and the underlying gender barriers that shape these differences.
 - Build capacity of implementing partners to link sex-disaggregated to program planning, decision-making and advocacy.
 - Provide more intensive capacity-building and tailored technical assistance/accompaniment to M&E and research staff. This includes providing researchers with conceptual frameworks for gender analysis, and how to adapt and apply related gender-analysis methods and measurement scales.

C. Data: What data are needed?

1. Ensure sex-disaggregated data continue to be collected **and reported** by implementing partners.

2. Identify a core set of simple questions related to key gender dynamics affecting access to report on routinely related to the sex-disaggregated data – in order to facilitate basic gender analysis of data and linkage to program planning.
3. Monitor the **quality of condoms and lubricants**:
 - Include an indicator on the quality of condoms (in the PSI TRAC system).
 - Carry-out research and monitoring with key populations to ensure that condoms and lubricants meet the needs of those who will be using them. For instance, consult with SW and MSM to ensure that they are acceptable to SW and MSM and their clients and partners.
4. Support **formative research** in key prioritized areas to develop gender-informed interventions
 - Review the **current planned study on partners of PWID**, and identify: 1) key questions to answer related to the *gender dynamics* that shape sexual HIV-risk and health seeking opportunities among IDU and their partners that the study will answer; and 2) if any additional questions, methods (ie, a subset of qualitative interviews) or analysis will need to answer these questions.
 - Carry-out formative, qualitative research to **understand the constructions of masculinities, femininities and gender relations in the context of HIV risk and vulnerability** (including use of condoms and safer injecting practices), health-seeking, and access to services. Use the findings to help adapt modules seeking to shift harmful gender norms, and to develop targeted social marketing/social and behavior change communication strategies.
 - Map the **quality, friendliness and accessibility of current GBV services** for key populations.
 - Carry out a **rapid assessment to determine data gaps and priority needs for most hidden** of the key populations (FWID, WLHIV and TG). Provide seed money and coordinate with other donors to address these prioritized knowledge gaps.
 - Map and prioritize **key spaces for greater involvement and influence in decision-making**. Potential sites for mapping and greater involvement include: key governmental decision-making spaces (at national and local levels, including budgeting), other decision-making fora (such as CCM), and community-advisory boards (CAB) at narcology and AIDS centers.
5. Include **operations research to evaluate the effectiveness of gender-integrated approaches**. As part of this, identify appropriate methods (qualitative and quantitative) and measures to evaluate changes in gender relations.
 - Effectiveness of gender relations change measurement may include adapting gender scales (such as the GEM scale, sexual power in relationships, and women’s empowerment scales). It is recommended to conduct the survey among the same clients at baseline and end-line in order to track changes.
 - Qualitative methods may provide insights on essential changes – and the process of change - in gender norms, relations and how they shape prevention and access to care within key groups.

[..\Gender Assessment Results Presentation.pdf](#)