

LIFT II Gender Strategy

Gender Norms Influence HIV-Related Outcomes

Gender norms, roles and relations are powerful determinants of the health—as well as the social and economic well-being—of individuals and communities around the world. Recently, governments, donors and international nongovernmental organizations have increased the breadth of programs promoting gender equitable approaches within HIV treatment and care. Nutritional and economic realities are intertwined with social- and health-related challenges and can play a significant role in deterring a client’s adherence to treatment and retention in HIV care. The availability of transportation, side effects of medication, and opportunity costs associated with seeking and receiving care drive many clients’ health-related decisions. Combined with other challenges—such as increased dietary requirements for people living with HIV, housing and school fees, and other competing financial priorities—many barriers often exist between clients and life-saving services. Families and their greater community are affected when men and women’s capacity to work is diminished by the disease progression that can result when people are unable to receive or adhere to HIV care and treatment.

LIFT and Referrals

The Livelihoods and Food Security Technical Assistance II (LIFT) project, currently active across six countries across Sub-Saharan Africa, plays an important role in linking those infected and affected by HIV with community-based services, including economic strengthening/livelihoods/food security (ES/L/FS) services and other services related to health. We accomplish this by working with local partners and health care staff to establish referral networks in communities. Access to appropriate services may provide household members with the nutritional or economic support necessary to attend appointments, adhere to antiretroviral therapy (ART) regimens, and improve their overall well-being. Achieving this ideal requires understanding of how gender norms influence access to and retention in clinical care and adherence to treatment, and then identifying appropriate steps to effectively extend the continuum of care. This strategy document was developed to frame gender-related efforts within the context of LIFT’s programmatic activities.

Despite a general increase in awareness among community-based organizations of gender as a concept, a wide variation exists in both their applied training on the topic and their contextualized assessment and tailoring of services to promote gender equity and address gender-based constraints to accessing and adhering to HIV services. LIFT-supported referral networks provide a system through which to clearly communicate the benefits of more equitable service delivery, to provide network-wide trainings on gender integration, and to use gender analyses and associated data for decision making. Using LIFT’s tools in collaboration with local partners, we anticipate that organizations will identify ways to serve a wider scope of clients and identify complementary services for USAID’s identified target populations.

STRATEGY

LIFT coordinates facility-based health services, community health and ES/L/FS services and local government entities to form a referral network to improve access to and uptake of a range of available services—and ultimately increase adherence to ART and retention in HIV care. LIFT facilitates the development and application of standardized referral procedures and data collection activities amongst this diverse set of stakeholders. Regular referral network meetings allow for sharing progress, identifying challenges and collectively brainstorming solutions. Within this platform, LIFT will increase the gender-related capacity of its collaborators by increasing awareness, examining relevant data and encouraging approaches to mitigate gender barriers.

OBJECTIVES

LIFT's overall goal is to increase access to services that can improve HIV-related outcomes and retain clients in care. Gender inequities, norms and dynamics affect HIV risk factors as well as access to and sustained uptake of a range of services. LIFT's Gender Strategy objectives are to:

- 1. Increase understanding of and dialogue around gender-based challenges and how they impact access to and uptake of HIV care**
- 2. Utilize quality improvement (QI) processes and gender-specific referral network data to improve access and quality of service delivery**
- 3. Strengthen the capacity of our partners to integrate gender into their programming**

Gender-focused tools, workshops and embedded QI procedures will be integrated in LIFT's work to achieve these objectives. Teamwork and open communication among LIFT staff, community stakeholders and health facility staff are critical to achieve these objectives and the overarching goal of increasing adherence and retention in HIV care.

ACTIVITIES & OUTCOMES

As LIFT engages with communities, we will simultaneously collect, review and discuss specific gender-related barriers and facilitators related to access to HIV and ES/L/FS services and retention in care. This will be reflected in a series of activities that will increase LIFT's understanding of the local gender context, and this understanding will also be shared and critically discussed within each community's referral network with the aim of **improving gender awareness, integration and equity** within the network. To accomplish this, LIFT will conduct the following activities:

- **LIFT staff will attend gender training.** Team members who had not previously been trained in integrated gender concepts will participate in a gender training that is in line with the PEPFAR Gender Strategy and USAID's Gender Equality and Female Empowerment Policy. This type of training is provided by FHI 360 annually and available for staff to attend.
 - **Deliverable:** Number of LIFT team completing a gender training

- **Engage with gender-focal staff at participating organizations, USAID and government entities.** The LIFT team will identify gender focal persons at USAID missions, Ministries of Health, local governments and others to: 1) identify gender priorities, policy documentation, and existing gender programming in the area; and 2) ensure the inclusion of local gender-related services, advocates and experts in the referral networks.

 - **Deliverable:** Meetings with gender focal staff captured within TDY and quarterly reports

- **Assess gender dynamics related to service delivery in supported communities.** Prior to referral network initiation in each site, team members will collect and review the available gender literature pertinent to the site/country and create a brief internal document on the existing gender dynamics. At current LIFT sites, team members will establish a baseline understanding of gender dynamics related to referrals through the existing assessment tool that guides conversations with local stakeholders. Findings will be captured in a brief (1 page) reference document that summarizes the following topics:

 - Laws, policies, regulations and institutional practices
 - Cultural norms and beliefs
 - Gender based violence
 - Gender roles, responsibilities and how men and women use their time
 - Access to and control over assets and resources
 - Patterns of power and decision making

Information gathered through this qualitative analysis will be used to better understand how gender dynamics may be influencing HIV risk factors in the community, access to and retention in HIV care, and other factors associated with the HIV epidemic. This information will also be integrated into referral network meetings, data review and QI sessions as well as other materials provided to the stakeholders, and available gender-related services and service providers will be included in the referral network, where possible. This information will also inform topics for gender related workshops and capacity development opportunities (see next bullet below).

 - **Deliverables:** Designated gender section within LIFT site assessments, number of brief gender assessments developed, presentation of gender context to stakeholders, and discussions with supported networks around local gender-based constraints and possible actions for improving gender equity

- **Provide foundational gender workshop to referral network stakeholders.** Building on the results of the local gender assessments LIFT will deliver gender workshops that will be incorporated into existing referral network activities. The foundational workshops are intended to provide a basic understanding of gender terminology (i.e., gender equity, gender equality, female empowerment, and gender integration) and facilitate open discussion about local gender issues among the stakeholders. These participatory sessions will draw heavily on the issues, themes and findings of the site's gender assessment as well as any available network data analysis and other network feedback. The workshops allow for a collective understanding of gender that is formulated around the topic of referrals while being held accountable to one another. They will also aim to empower and encourage stakeholders to take action to related to the identified gender dynamics in their communities (e.g., reviewing their programs with a

gender lens, making programs more gender equitable and gender transformative, etc). These workshops will be used to discuss the planned QI approach and determine potential gender-related QI aims for the network. Additionally, LIFT is developing a supplemental workshop that focuses on factors related to gender-based violence (GBV), the support structures that exist at different sites, and how network members can more constructively interact with potential victims of GBV and link them with appropriate care.

- **Deliverable:** Workshop summary reports, number of workshops implemented as reported in TDY and quarterly reports
- **Gender-based QI data review and decision-making:** In supported networks, LIFT puts systems in place to track referral completion and client outcomes over time. These data are collected by all referral network members including health facilities, government agencies and community service providers, and they are reported regularly at the network level. Building on the gender assessment and gender workshops which supported a stronger understanding of local gender dynamics and challenges, the LIFT team will periodically facilitate the presentation and review of sex disaggregated referral data during network meetings. This will include data on referrals made and completed, differentiated by referral type (i.e., saving groups, home gardens, food aid, etc.). The meeting facilitator will guide network stakeholders through a discussion of possible barriers and facilitators for men/women/youth to have greater access to services in their community. Interventions that look to influence gender dynamics to overcome gender barriers will be supported by the LIFT team, while gender blind or gender exploitative approaches will be discouraged. Network data will also be reviewed against epidemiological data to assess whether those with the highest HIV burden are accessing care, treatment and other services. Within the referral network meetings, specific QI aims will be developed, new approaches will be discussed, action items will be established and responsible participants will be identified. As new approaches to improve gender equity are tested, progress will be measured through referral network data, which will be reviewed and discussed at subsequent meetings.
 - **Deliverable:** Reported number of referral network meetings where data is reviewed as found in TDY and quarterly reports, which will also include key trends and activities being implemented by stakeholders
- **Incorporation of PEPFAR Gender Indicator P12.4.D.** LIFT will report all client level data as sex disaggregated indicators. Gender-related successes and challenges of the referral networks and the project's technical assistance will be articulated in reporting materials. LIFT will also collect and report on PEPFAR Gender Indicator P12.4.D: *Number of people reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS.* LIFT II will collect these data from all countries where referral activities are happening to better understand one dimension of how gender impacts our referral work. The project will compile these data from 2014-2018 to share with the PEPFAR teams responsible for the update and modification of indicators.
 - **Deliverable:** Reported progress in quarterly reports

SCALE-UP AND INSTITUTIONALIZATION

Data collection, management and review among referral network are fundamental to LIFT’s activities in countries. These activities are continually being refined and streamlined using existing tools, databases and trainings to implement referral networks. Where applicable, LIFT will look for ways to institutionalize these activities at the national, regional or district level.

TIMELINE

Many of the gender activities described above are implemented at the site/community level. Referral network meetings should occur on at least a quarterly basis. At those meetings, workshops can be implemented, data reviewed, QI activities defined and action items developed. Thus, the activities in the timeline below are coordinated in the quarters following the site identification.

Activity	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Site identification	X							
Engage with gender focal staff	X	X	X	X	X	X	X	
Conduct local gender assessment		X						
Referral network launch		X						
Provide gender workshops			X					
Gender QI data review			X	X	X	X	X	X
LIFT staff attend Gender Training	As necessary & available							
Incorporate PEPFAR Gender Indicators P12.4.D	Applied throughout processes at all sites							

Appendix: GUIDING PRINCIPLES

The LIFT II Project seeks to adhere to the Gender Integration Framework Guiding Principles of FHI 360, which are as follows:¹

We maintain that **gender integration is an essential component of FHI 360's development work** that will improve program outcomes. We seek to address gender-related norms, practices, inequalities and disparities through gender integration in all stages of the project life cycle.

We respect **diversity and cultural differences** while advocating **nondiscrimination and social justice**. That is, all people, regardless of sex, gender expression/identity and/or sexual orientation, have equal rights, including the right to freedom from preventable disease and disability and the right to access quality health care; the right to quality education at the primary, secondary and tertiary levels; the right to economic opportunities; the right to participate freely and equitably in society; and the right to a healthy environment.

We believe in promoting **human rights-based approaches** grounded in gender equality. People of all genders are rights-holders and have the rights to health, security, dignity and autonomy. This includes the rights of individuals to express their gender as they see fit and to make choices about their bodies and lives without discrimination or repercussion. We affirm that state actors, service providers, and other civil society actors have the responsibility to respect, protect and fulfill human rights.

We are committed to **working within and from the local context**. Because culture, religion, ethnicity and class shape gender norms and roles, it is important to start from the local context when integrating gender into programs. Local organizations, informal community leaders and local residents all have a vested interest in the well-being of their community and should participate in the design of interventions to ensure relevance, ownership, success and sustainability. Successful development programs work with communities to identify elements of culture that may promote gender equality and use these elements as a resource for change. These programs will acknowledge, respect and build on the diversity of their clients, communities, staff, partners and donors. As a result, programs can more effectively advance gender equality in partnership with local communities.

We seek to **build alliances with diverse partners**. Addressing gender inequality requires collaboration among diverse stakeholders including national, district, local and traditional/ customary governments; civil society organizations (especially women's groups); the private sector; and funders. Each stakeholder provides a unique perspective, expertise and capacity to enrich strategic thinking, idea sharing, adoption of effective gender mainstreaming practices and joint responses to mutually relevant issues.

Our framework and approach are grounded in empirical evidence and rigorous methodologies. We are committed to generating and sharing quality data about gender and its impact on development. We are further committed to basing our programs on the best available quantitative and qualitative evidence. Monitoring and evaluation of our activities and programs must include gender-related measures as a critical component of overall progress and outcomes. These processes should involve women and other program beneficiaries.

¹Gender Integration Framework. FHI 360. 2012.

http://www.fhi360.org/sites/default/files/media/documents/FHI%20360_Gender%20Integration%20Framework_3.8%20%2528no%20photos%2529.pdf