

Malawi EMPOWER Activity

USAID Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response
(EMPOWER)

GENDER STRATEGY



CHAM
Christian Health Association of Malawi



fhi360
THE SCIENCE OF IMPROVING LIVES

Background

Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER) -DREAMS AGYW Services and Case Finding Component project is a five-year (March 5, 2020, to March 4, 2025) Cooperative Agreement between the United States Agency for International Development (USAID) and Family Health International (FHI 360). The goal of EMPOWER Activity is to support the Government of Malawi (GoM)'s commitment to epidemic control by stopping HIV transmission and preventing new HIV infections, particularly among AGYW (10–24 years old) and men. Specific objectives are to 1) Increase uptake of integrated health services targeting AGYW and 2) Increase HIV case finding among targeted men and their partners. The geographic focus of its activities are four districts of Chikwawa in the South West Zone and Machinga, Mangochi and Zomba in the South East Zone.

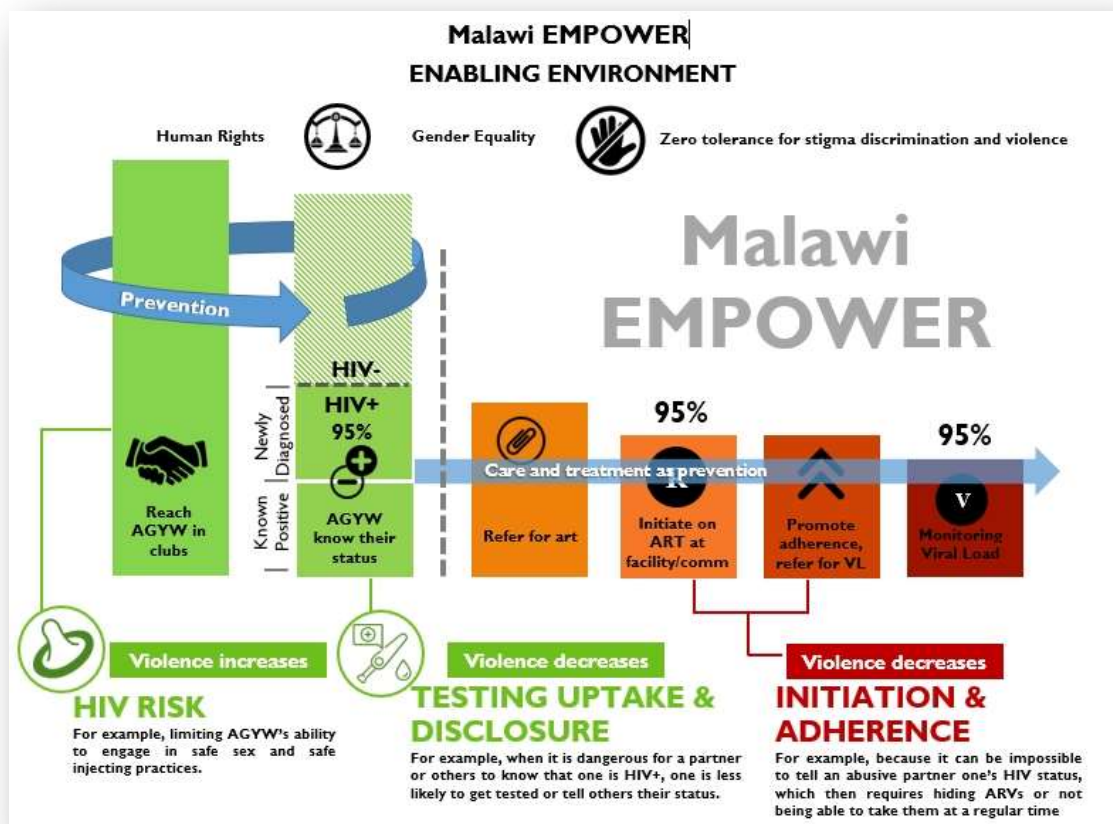
EMPOWER's envisions communities where Adolescents Girls and Young Women as well as men can freely access sexual and reproductive health services, HIV prevention, care, and treatment and Gender Based Violence (GBV) services that meet their needs, as well as engage in positive behaviors that allow them to live healthy and productive lives. The vision realizes that gender norms and inequalities which create barriers to service uptake and increase vulnerabilities to SRH/HIV/GBV services are identified and systematically addressed through equitable, rights based SRH/HIV programming that place program participants/beneficiaries at the center of all interventions.

Malawi EMPOWER's Activity strategy for gender integration aligns with guidance from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) and recognizes that meaningfully addressing gender-based stigma and inequalities, including gender-based violence (GBV), is critical to optimizing project performance.

EMPOWER Activity project is committed to ensure that all gender integration activities occur as part of achieving outcomes across the HIV prevention, GBV prevention and management to achieve comprehensive epidemic response. All gender-integration activities being implemented under EMPOWER activity focus on meaningful engagement of AGYW, women and men to ensure that the project is implemented in a way that meets and reflects their needs, is responsive to their experiences, and builds on their know-how.

Role of Gender Integration in SRH/HIV Programming

Gender is a social system that affects all people across their lifespans, and gender inequality and restrictive gender norms are determinants of health and well-being. Individuals who are born male or female are met with different expectations, rights, and responsibilities that affect their health, particularly their vulnerability to HIV/GBV and their access to HIV services. Gender inequalities and harmful gender norms harm the health and human rights of AGYW and promote the marginalization of anyone who challenges restrictive gender norms. This is perhaps most clearly illustrated in patterns of GBV, where AGYW and women experience disproportionate burden of abuse which has immediate and long-term effects on their vulnerability to HIV and their access to HIV services.



The figure above shows the effects of GBV/violence across the HIV prevention, care, and treatment cascade.

The links between HIV and GBV are well-established (as shown above). AGYW vulnerability to HIV and GBV are both rooted in structural inequalities, including unequal power relationships based on biological sex, gender identity, gender expression, and sexual orientation; these structural inequalities are well entrenched in cultural beliefs and societal norms. Both HIV and GBV have implications for almost every aspect of health and well-being, including access to health services and education, and full enjoyment of legal and human rights.

Cultures in EMPOWER's two implementing districts of Zomba and Machinga, gender norms support a hierarchy wherein males are perceived to be superior to females in a way that undermines girls and women's rights and limits opportunities for gender and sexual minorities to safely live their lives. The burden of gender inequality both historic and current falls mainly on girls and women and gender and sexual minorities, in addition, restrictive gender norms can create a lifelong cycle of inequality.

USAID and PEPFAR Guidance

EMPOWER's approach to gender integration is aligned with and informed by PEPFAR 3.0's focus on gender equality as an aspect of the PEPFAR 3.0 human rights agenda (PEPFAR, 2015) as well as the *PEPFAR Gender Strategy* (PEPFAR, 2013) (below). It is also in line with the *USAID Gender Equality and Female Empowerment Policy* (below) and the *United States Strategy to*

Prevent and Respond to Gender-based Violence Globally, both of which put forward principles such as “do no harm” that forms EMPOWER’s approach to addressing GBV.

PEPFAR 3.0 Human Rights Action Agenda

Success in our Human Rights Action Agenda is defined as: (1) expanded access to nondiscriminatory HIV prevention, treatment, and care for all people, including LGBT [lesbian, gay, bisexual, and transgender] people and priority populations like AGYW; (2) increased civil society capacity to advocate for and create enabling environments; and (3) increased gender equality in HIV services and decreased GBV.

PEPFAR Gender Strategy, recommended activities include the following:

- Provide gender-equitable HIV prevention, care, treatment, and support.
- Implement GBV prevention services and provide services for post-GBV care.
- Implement activities to change harmful gender norms and promote positive gender norms.
- Promote gender-related policies and laws that increase legal protection.
- Increase gender-equitable access to income and productive resources, including education.

Objectives of USAID’s Gender Equality and Female Empowerment Policy

- Reduce gender disparities in access to, control over, and benefits from resources, wealth, opportunities, and services—economic, social, political, and cultural.
- Reduce gender-based violence and mitigate its harmful effects on individuals and communities.
- Increase the capability of women and girls to realize their rights, determine their life outcomes, and influence decision making in households, communities, and societies.

EMPOWER Activity Gender Integration for Optimized and Sustained Impact

Gender norms which particularly refers to informal rules and shared social expectations that distinguish expected behavior based on gender pose a great impact on availability and accessibility of SRH/HIV/GBV services specifically to targeted AGYW.

Adolescent Girls and Young Women

The health challenges faced by adolescent girls and young women are exacerbated by their relative lack of power, opportunity, and resources and their increased risk for violence, even when compared to their older female counterparts. In addition, their physiology puts them at higher risk of complications in childbirth and increases their vulnerability to HIV infection. Improving AGYW’s access to comprehensive sexual and reproductive health education and youth-friendly services, while working to address the structural issues that increase their vulnerability and keep them from seeking services, are important for meeting the needs of the most vulnerable.

Men and Women and Priority Populations

Gender inequality, GBV, and norms for both feminine and masculine sexual, social, and health-seeking behaviors facilitate HIV transmission and trap men and women in gender

roles that perpetuate the epidemic. Women may not have the ability to access services or use HIV prevention products without their male partners' implicit or explicit support, health care providers' biases may negatively affect their interactions with women seeking HIV services, men may take risks or fail to prioritize health-seeking behaviors until they are extremely ill due to norms around masculinity, and approaches such as index testing that offer promising opportunities to identify new HIV cases may increase the danger of intimate partner violence (IPV) in unequal relationships. In addition, responding to GBV in service users' lives, and particularly instances of IPV, can place those implementing HIV programs at risk, as perpetrators may become violent towards individuals and organizations supporting survivors of violence.

Although gender norms and inequalities are prevalent, they are not stagnant. Changes occur at different levels with factors like social pressure, macro-level policy, advocacy, and individuals' efforts to think critically about and challenge the norm. Gender integration strategies applied in HIV programs that take gender considerations into account, challenge harmful gender norms, and compensate for gender-based inequalities have been shown to improve and sustain HIV programming outcomes (Boender et al., 2004; Barker et al., 2007; Rottach et al., 2009; Interagency Gender Working Group, 2014).

EMPOWER ACTIVITY SWOT Analysis

To effectively develop gender responsive strategies the EMPOWER Activity project conducted a SWOT analysis to determine what is working well that can be built on; weaknesses that need to be addressed to minimize risks and opportunities that could help effectively scale up implementation of Gender responsive activities. The table below outlines the SWOT analysis.

SWOT Analysis	
<p>Strengthens</p> <ul style="list-style-type: none"> • Availability of 120 EMPOWER trained community cadres (YCBDAs, Representatives of Crisis Response Teams ,) in Zomba and Machinga to conduct case identification and provide first line (LIVES) post violence support in DREAMS clubs. • Availability of trained Health Care Workers (Zomba 60, Machinga 60) to screen, use routine enquiry as appropriate and provide first -line LIVES response (post GBV clinincal and non clinincal care and support) • Train providers to use routine inquiry, as appropriate, and to provide first-line response. • Availability of DREAMS Ambassadors who lead community 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Weak community reporting structures. • Inadequate support groups for survivors of GBV • Lack of support from local leaders to champion gender approaches. • Stigma and discrimination • Beliefs and culture influencing reporting of cases by AGYW • Inadequate community awareness on issues of gender

<p>advocacy and are trained in case identification and post GBV first line (LIVES) support</p> <ul style="list-style-type: none"> • Health Care workers trained in screening for Intimate Partner Violence • Active Youth Community Based Distribution Agents (YCBDAs) responsible for information dissemination, health education talks to in-club AGYW during routine mobile clinical outreach and during club sessions • Good collaboration with DREAMS and Non-DREAMS partners (facility and community partners) at district and community level for systematic referrals • EMPOWER rolled out innovations like LINK (online complaint feedback system) and QuickRes (online facility for booking appointments and self-assessments) This has improved access to Post GBV services (clinical and non-clinical) and referrals. • GBV self-assessment included in QuickRes • Availability of data collection tools (including screening tools translated into the vernacular) 	
<p>Threats</p> <ul style="list-style-type: none"> • COVID19 restrictions which force AGYW to stay home with their abuses leading to drastic increase in GBV cases • Lack of community ownership and sustainability of initiatives beyond the project life span • Cultural resistance in advancing gender approaches in communities in the targeted districts of operation 	<p>Opportunities</p> <ul style="list-style-type: none"> • Post violence care included in the FP/HIV integration service package • Availability of DREAMS clubs where SRH and GBV information can be shared with AGYW • Availability of community reporting structures ; Crisis Response Teams- to provide first line rapid response support and Community Victim Support Unit (CVSU) and Child protection committees. • Availability of government structures at T/A level i.e., gender, social welfare,

	<p>and child protection workers at community level.</p> <ul style="list-style-type: none"> • Existence of partners organizations implementing similar activities at district and community level • GBV curriculum developed by PSI with funding from USAID
--	--

Based on the above, a holistic approach is needed to address and challenge harmful gender norms for improved SRH/HIV programming. Hence, EMPOWER has several strategic efforts targeting AGYWs, parents/guardians and key community opinion leaders in addressing and challenging harmful gender norms. Some of the strategies include the following:

No	Gender Norm	Message	Activity/Strategy
1.	Girls are expected to be submissive, docile, and shy, and not to be outspoken and opinionated.	Girls have the right/ can express their sexuality and sexual curiosity	1. Health Talks during service delivery on-site 2. Role plays and drama during club sessions and during sensitization meetings at community level
2.	It is important for boys to be more educated than girls	Boys and girls should have equal access to education opportunities	3. Health Talks 4. Interface meetings with parents or guardians of AGYW 5. Engaging traditional/key opinion leaders
3.	Parents or guardians have the right to decide when to a girl should abandon school and get marriage	Girls have the right to decline early marriage and rather stay in school	6. Health Talks 7. Interface meetings with parents or guardians 8. Engagement with traditional/key opinion leaders
4.	Men/boys should have a final say on whether women/girls should access SRH/HIV/GBV services	Women/girls can discuss with men or boys, but they should be able to decide on accessing SRH/HIV/GBV services	9. Health Talks 10. Interface meetings with parents or guardians 11. Engagement with traditional/key opinion leader
5.	Girls who are under the age of 13 have no right to access HIV services	Girls who are under the age 13 have the right to access HIV services but should be consented by their parents or guardians	12. Health Talks 13. Interface meetings with parents or guardians 14. Engagement with

			traditional/key opinion leaders
6.	Girls should be more concerned with becoming good wives and mothers than desiring a professional or business career	Girls have equal opportunities of desiring a professional or business career	15. Health Talks 16. Interface meetings with parents or guardians 17. Engagement with traditional/key opinion leaders 18. Career talks in clubs

Malawi EMPOWER Activity Gender Integration Interventions

EMPOWER efforts focuses on addressing both GBV and HIV in the two DREAMS operational districts of Zomba and Machinga . Efforts to prevent and respond to GBV/HIV are central to all interventions. Apart from addressing IPV through of index testing and PrEP efforts are also focused to educate communities at risk of GBV on what violence is, the link between violence and HIV, SRH rights, and violence response services available at district and community level. HIV program implementers (community cadres and Health Care Workers) working in communities and at health facilities have been trained and equipped to provide first-line support when disclosures of violence occur. *(First-line support is also referred to as psychological first aid and includes listening to survivors, inquiring about their needs, validating information, enhancing their safety, and supporting survivors through connections to other services and social support).*

Further, all implementers will reach out to dedicated GBV sites, such as one-stop centers available in both Machinga and Zomba districts, to ensure linkages between HIV and GBV programs. Available structures of GBV response services will be strengthened and documented (through a service directory) and shared with HIV program beneficiaries and Health Care Workers.

Intervention Area	Illustrative Gender Integration Activity
<p>Scheduled service delivery. Critical to increase options for AGYW by bringing the desired SRH/HIV/GBV services to Adolescent safe spaces in communities where AGYWCI reside.</p>	<ul style="list-style-type: none"> • Gender, GBV norms and population of AGYW considered when developing service delivery models. • Provision of comprehensive intergrated SRH/HIV and GBV services and active referrals in service delivery sites (functional referral network • SRH/HIV and GBV services in dedicated safe non-judgmental spaces with youth-friendly modifications and providers trained in Youth Friendily Health Services,(YFHS service delivery platform)

	<ul style="list-style-type: none"> • Priority given to AGYW between ages 10 to 13 (who have been accompanied by parents/guardians) to HIV testing services. • Community-based demand creation to increase service uptake in sites.
<p>HIV index and network testing The impact and efficiency of HIV testing services can be accelerated by targeted testing among contacts of Adolescent living with HIV . These could be sexual partners of AGYW (Voluntarily Partner – VPR) or a broader set of social and risk-network members including siblings who have an elevated risk of HIV infection.</p>	<ul style="list-style-type: none"> • Routine inquiry about IPV is part of index-testing intervention. • GBV screening questions adapted to reflect unique experiences. • Providers and outreach workers trained to ask about IPV in a way that encourages disclosure, and to respond using first-line support. • Data collection form have questions on violence that ask about economic and psychological violence, in addition to physical and sexual abuse. • Improved clinical GBV response services at HIV care and treatment sites. • All service providers trained in GBV and screening for IPV and first line support. • Strengthened links to community, justice/legal, psychosocial, and other health services for GBV survivors. • Group compassion-based therapy for AGYW survivors of IPV and GBV
<p>Violence prevention and response Integrating HIV and violence prevention and response services is key to improving service access, as well as to protecting health and human rights.</p>	<ul style="list-style-type: none"> • Strengthen referral systems that meet survivors’ comprehensive GBV response needs including physical and mental health services, social services, and legal/justice services. • Ensuring AGYW friendly services particularly to those that are referred. (HCWs in referral facilities and those providing services in mobile clinical sites trained in GBV and YFHS) • Strengthen and build upon systems already developed by communities and use information on violence to better understand and respond to the risks faced by program beneficiaries.(EMPOWER utilizes Crisis response teams CRT in communities which act as rapid first line response system . AGYW are represented in the CRT at community level) AGYW report to trained CRT who work hand in hand with trained EMPOWER Youth Community based Distributor Agents . YCBDAs provide

	<p>information on GBV including violence prevention tips , screen for GBV, provide first line post violence support and conduct active referrals . AGYW supported with post violence clinical and non-clinical care and support at facility level are further linked to YCBDAs in communities for follow ups.</p> <ul style="list-style-type: none"> • Support systems (support groups) for survivors of GBV where individual and group therapy is provided and where survivors can share experience on how they were able to overcome to help others open up. • Use accompaniment or active referral to support survivors' access to referral services. • Train providers to use routine inquiry, as appropriate, and to provide first-line response. • Facility and community level GBV coordination platforms where information is shared including best practices and data is collected. • Update directory of services and distribute amongst HCWs and program beneficiaries. • Dissemination of contacts for the toll-free government GBV Helpline amongst program beneficiaries • Development and dissemination of GBV fact sheet in DREAMS clubs • Screen , identification of survivors and active referrals by DREAMS Ambassadors and Peer educators
<p>Condom Distribution Despite substantial past donor investments, condoms remain underused particularly among the AGYW.</p>	<ul style="list-style-type: none"> • Provision of both female and male condoms. Female condoms as a female-controlled HIV prevention intervention • Capacity building of peer educators/YCBDA/ to provide support to AGYW and provide skills to AGYW on how to negotiate condom use with partners. • Incorporating safe-sex negotiation and communication skills training emphasizing equitable relationships between women and men
<p>Stigma and discrimination Stigma and discrimination are among the greatest barriers to</p>	<ul style="list-style-type: none"> • Training of health care workers on informed consent, confidentiality, and non-discrimination in sexual and child/

<p>health-seeking behaviors for priority AGYW.</p>	<p>Adolescent health, including those working to reduce vertical transmission and providing treatment to women and girls,</p> <ul style="list-style-type: none"> • Rights literacy through peer educators (DREAMS Ambassadors) • Use of technology-facilitated feedback systems such as LINK to monitor and address stigma and discrimination in health facilities and QuickRes for self -assessment and online bookings. • Support networks to help mitigate self-stigma. • Train Health Care Workers to provide Adolescent Friendly stigma free services.
<p>Community Led Monitoring Allows communities to design, implement, and routinely monitor the quality and accessibility of HIV prevention, treatment, care, and support services.</p>	<ul style="list-style-type: none"> • Train community cadres (YCBDAs, CRPs) to identify and respond to GBV. • Train HCW working in health facilities to identify, respond and manage GBV and adverse events among AGYW. Equip YCBDAs and DREAMS Club Facilitators with knowledge and skills to provide information on GBV and types of violence , screen identify survivors and provide First line support targetting AGYW in DREAMS clubs and violence prevention tips. • Community cadre’s engagement in GBV/STI screening and condom distribution targetting AGYWs in communities and DREAMS clubs
<p>Safety and security of implementers Threats to the safety of HIV program implementers often due to stigma, discrimination, and violence against priority target negatively affect all aspects of the HIV program cycle and limit opportunities for epidemic control.</p>	<ul style="list-style-type: none"> • Identify ways in which supporting GBV survivors may affect implementer security and mitigate any risks identified through the development and implementation of a security plan. • Implementing Partners develop safety and security plans. • Implementing partners complete security checklists in the Safety and Security Toolkit. • Provide tailored support to enhance security mechanisms they have in place. • Monitor use of security logs by Implementing Partners

Monitoring and Evaluation of Gender-Integrated Programming

EMPOWER has in place a robust monitoring and evaluation system, which include PEPFAR indicators (Gender Norm and Gender_GBv). Tools and forms to collect and analyze data

are shared with trained HCW and Community cadres on monthly basis for data collection. The data collected is used to inform GBV program planning and improvement at both community and district level.

I.1 GEND_GBV

Description:	Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package
Numerator:	Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package
Denominator	N/A
Reporting level:	Facility & Community
Reporting Frequency:	Semi-Annually
How to use:	<p>This indicator measures delivery of a basic package of post-GBV clinical services (including PEP and EC). NOTE: This indicator DOES NOT include GBV Prevention activities or non-clinical community based GBV response (e.g., shelter programs, case management).</p> <p>This indicator will enable PEPFAR to:</p> <ol style="list-style-type: none"> To determine the number of individuals that are suffering from GBV and reporting to clinical partners. To assess whether post-GBV clinical services are being used. Gain an understanding of the uptake of post-GBV clinical services offered across PEPFAR countries. Provide important information to key stakeholders about PEPFAR programs that mitigate women and girls' and other marginalized populations' vulnerability to HIV/AIDS. Support efforts to assess the impact of post-GBV clinical services by correlating the reach (i.e., number of people served) of these services over time with outcomes related to GBV (and HIV/AIDS), as described through other data collection efforts such as survey data (DHS/PHIA/VACS). Identify programmatic gaps by analyzing the number and ages of people receiving services, as well as the reach of services in particular geographic areas.
How to Collect data:	Data sources are standard program monitoring tools, such as Clinic Visit Forms (along with the GBV screening tool and Crisis Management form).

I.2 GEND_NORM - Tracked as a custom indicator.

Description:	Number of people completing an intervention pertaining to gender norms that meet minimum criteria.
Numerator:	Number of people completing an intervention pertaining to gender norms that meet minimum criteria.

Denominator	N/A
Reporting level:	Facility & Community
Reporting Frequency:	Annually
How to use:	<p>This indicator measures delivery of a basic package of interventions pertaining to gender norms that meets minimum criteria. Under Malawi EMPOWER GEND_NORM is a custom indicator, but results are not included in PP_PREV reporting, and GEND_NORM results are reported in the narrative.</p> <p>This indicator will enable PEPFAR to:</p> <ol style="list-style-type: none"> To determine the number of individuals that are suffering from GBV and reporting to clinical partners. Provide important information to key stakeholders about PEPFAR programs that mitigate women and girls' and other marginalized populations' vulnerability to HIV/AIDS. Identify programmatic gaps by analyzing the number and ages of people receiving services, as well as the reach of services in particular geographic areas.
How to Collect data:	Data sources are standard program monitoring tools, such as Clinic Visit Forms.

Data Disaggregation

EMPOWER M&E team disaggregates data by gender, age bands, and priority population (e.g., AGYW, men etc.). The data is used for in-depth analyses of the program beneficiaries EMPOWER approaches are reaching, who is benefiting from the approaches, and with whom more targeted efforts should be made.

Filling Evidence Gaps

While studies clearly demonstrate GBV, gender norms and other gender inequalities increase vulnerability to HIV and make service seeking more difficult, more robust evidence that HIV programs can achieve better outcomes by addressing violence in the lives of beneficiaries is still needed. For this reason, EMPOWER Activity will seek opportunities, including through collaboration with other DREAMS partners both at community and district level that leverage EMPOWER service delivery platform, to generate this data.

Internally, EMPOWER will routinely review collected data in individual cascades to determine whether receiving GBV response services supports HIV prevention, care, and treatment for targeted AGYW and whether investing in violence prevention and response overall changes program-level cascades.

EMPOWER will also track unintended consequences/adverse events associated with index testing such as social harms. This information will be used to inform strategies to enhance the safety of survivors of violence and the safety of program implementers. It will be tracked in two places. First, when the harm occurs to an index client, it will be recorded as such in GBV screening tool, which has a specific option to note that the violence occurred in the

context of index testing. Second, EMPOWER's security focal person will use implementer security incident logs to document incidents that affect an organization or individual delivering services.

Learning Agenda

Collaborative, Learning and Adaptation (CLA), is a Malawi EMPOWER approach for intentional learning often informed by *learning agendas*, to improving organizational effectiveness and efficiency. The Malawi EMPOWER's strategy for gender integration will hence utilize a learning agenda throughout its programming to facilitate evidence generation, leading to informed decisions about gender integration in SRH/HIV operations. The agenda with a set of questions and planned activities, will facilitate learning and decision making within the project implementing partners and stakeholders.

The learning agenda will particularly aid implementation of learning activities for the EMPOWER project with an aim of:

- i. Dialogue facilitation among critical stakeholders and implementing partners program leads to help identify inefficiencies and/or knowledge gaps hindering the success of the project team's work, and therefore, enhance the quality of program activities.
- ii. Identifying critical knowledge gaps by use of data, to gather sufficient information or evidence to guide a Malawi EMPOWER's decision making when action is needed on gender integration issues.