

Addressing Gender-based Violence against Key Populations and Persons Living with HIV in Ghana

BACKGROUND

Individuals who transgress social norms related to gender and sexuality often experience stigma, discrimination, and violence. Key populations (KPs), such as female sex workers and men who have sex with men, as well as persons living with HIV (PLHIV) are subject to gender-based discrimination and violence that leaves them vulnerable to poor health, poor education, social or political discrimination, and limited access to health services. In addition, they face institutional neglect due to limited understanding of the interrelationship between gender and how it affects and drives HIV infection within these populations.

Successive national strategic plans for responding to HIV and AIDS in Ghana have not adequately covered gender as a thematic focus. The National HIV and AIDS Strategic Framework II (2006–2010) and the current National HIV and AIDS Strategic Plan (2011–2015) both made limited allocations for addressing negative gender norms associated with KPs or PLHIV.¹ However, evidence shows that integrating a gender perspective into development programs, particularly the Millennium Development Goals, can improve program outcomes and increase equality between girls and boys and between women and men. In light of this evidence, promoting gender equality has been a major focus of global development donors — including the U.S. Government, the World Bank, and other bi-lateral and multi-lateral donors

— and high-level international commitments such as the Millennium Development Goals.²

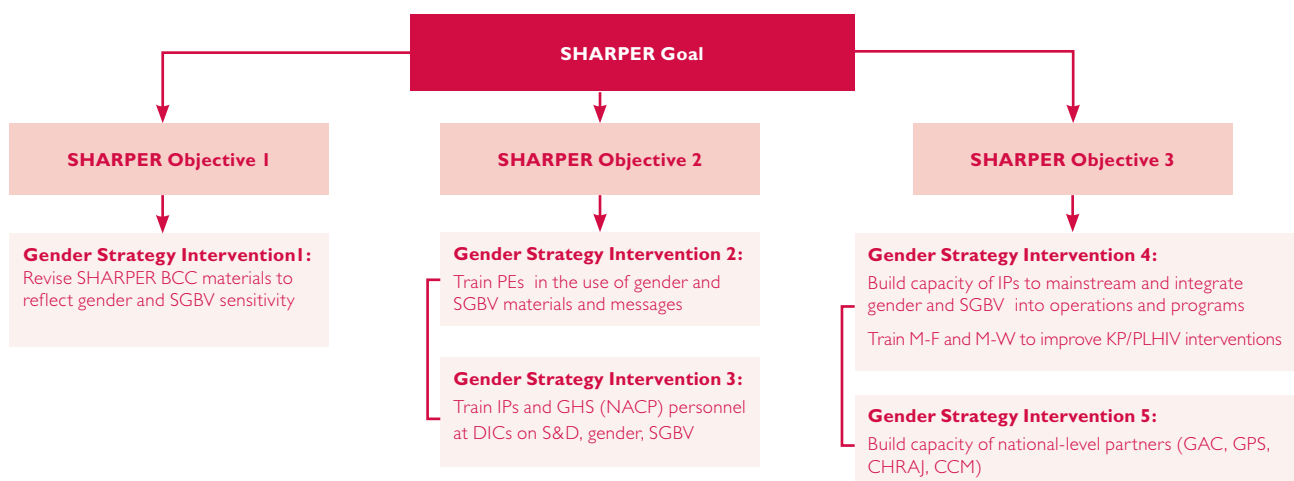
WEAKNESSES IN GENDER INTEGRATION

In 2010, with support from the U.S. Agency for International Development (USAID), the Strengthening HIV and AIDS Response Partnership with Evidence-based Results (SHARPER) Project conducted a review of national programs and interventions targeting KPs and PLHIV in Ghana, with the purpose of identifying areas that need to be strengthened to achieve more gender-sensitive objectives. Additionally, in 2012, the USAID inspector general audited the SHARPER Project to determine if it was achieving its goal of integrating gender into HIV activities³. These two exercises revealed several weaknesses in integrating gender into HIV and AIDS interventions at the national policy level and at the level of program development and implementation.

ADOPTION OF STRATEGIES FOR GENDER INTEGRATION

SHARPER developed and adopted a gender integration framework⁴ as part of a strategic plan created to address the recommendations made from the gender review and audit. The framework focuses on achieving specific outcomes under each of the project's three objectives (Figure 1).

Figure 1: SHARPER Gender Integration Framework (Objectives and Gender Strategies)



RESULTS OF GENDER INTEGRATION

Between October 2012 and September 2014, the SHARPER Project achieved several important results related to gender integration⁵ summarized in Table 1.

Table 1: Summary of Gender Integration Results

Result	Percentage (number) Achieved
Behavior change communication materials reviewed and made gender-sensitive	100%
Development of training manuals focused on gender integration	100% (5)
SHARPER Project staff trained in gender integration	100% (20)
Health care workers from Ghana Health Service trained to be more gender-aware and gender-sensitive	100% (59)
Peer education supervisors of the SHARPER Project's implementing partners trained to use revised behavior change communication materials to address negative gender norms	100% (55)
Gender skills training for implementing partners' Drop-in-Centers staff	100% (28)
Implementing partners trained to develop, implement, and update gender action plans as part of program development	100% (33)
Implementing partners updated on gender and addressing sexual and gender-based violence	100% (66)
Senior officers and training school instructors from the Ghana Police Service trained in gender awareness and sensitization	100% (21)
Members of the Ghana HIV and AIDS Network trained in integrating gender into HIV and AIDS programming	100% (240)
Staff of Ghana AIDS Commission trained in integrating gender into HIV and AIDS management and coordination	65% (35 of 45)
Civil society organization partners of Ghana AIDS Commission trained in integrating gender into program development	73% (66 of 90)

CONCLUSIONS AND LESSONS LEARNED

The following lessons learned from the SHARPER Project's gender integration efforts should influence the next generation of gender-related programming in Ghana:

1. "Gender blindness" was endemic within the general population, where gender was perceived as "a women's issue." This affected the attitude of managers and leaders in selecting participants for SHARPER's gender training. Within most organizations, the majority of participants nominated to attend gender training were women; the organizations did not necessarily consider whether the women, after being trained, would be able to take advantage of their positions within the organizational hierarchy to transform their organizations.

2. Because of the high level of stigma and discrimination against KPs and PLHIV at the institutional level and within the general population, efforts for reducing gender-based violence against KPs and PLHIV will require a nationally coordinated approach, sustained over time and structured across all levels.
3. Regular staff attrition in both state and non-state institutions requires a continuous program to sensitize all personnel, including health care workers, staff of civil society organizations, and other public service-delivery personnel, to gender issues.
4. The programs also need to keep a minimum threshold of cadre in order to sustain gender integration in activities and interventions and gender sensitivity in all operations.
5. Working with state institutions, particularly the Ghana Police Service and Commission on Human Rights and Administrative Justice, is pivotal for protecting KPs and PLHIV from negative gender norms and gender-based violence.

Gender insensitivity and the related violence and abuse against KPs and PLHIV in Ghana have just begun to be addressed. Sustaining and scaling up these efforts will require a massive build-up of trained personnel with the right skills set at all public service-delivery points, appropriate behavior changing campaigns and a well-refined, comprehensive strategy linking national policy development to program implementation.

REFERENCES

- ¹ Amaras Ingham S, Essah S. Gender Assessment Review Report. FHI/SHARPER, USAID/Ghana, Accra, Ghana, USAID, October 2010.
- ² FHI 360. Gender Integration Framework: How to Integrate Gender in Every Aspect of Our Work, Durham, NC, USA, FHI 360 2012
- ³ Office of Inspector General, USAID. Audit of USAID/Ghana's Efforts for Integrating Gender in HIV/AIDS Activities, Dakar, Senegal, USAID, March 2012.
- ⁴ USAID SHARPER Gender Strategy, Accra, Ghana, USAID, Nov 2011
- ⁵ USAID SHARPER Project. Annual Project Reports, Accra, Ghana, FHI 360, 2011, 2012, 2013.

About FHI 360

FHI360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capacities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

About Sharper

Strengthening HIV and AIDS Response Partnership with Evidence Based Results (SHARPER), Contract Number GHH-I-00-07-00043-00, was a four-year initiative by USAID/GHANA that was designed to reduce HIV transmission among key populations, persons living with HIV, and their sex partners. FHI 360 implemented the project in collaboration with 33 partner organizations in 166 districts across Ghana.