

# Applying a Gender Lens in HIV Programming for Key Populations in Ghana

## BACKGROUND

### *Why gender matters in programs for key populations*

Key populations and people living with HIV (PLHIV) in Ghana routinely experience various forms of abuse — including sexual and gender-based violence (SGBV), discrimination, stigma, and human rights violations — simply because of their sexual orientation or sex-related profession.<sup>1</sup> Men who have sex with men (MSM) and female sex workers (FSWs) are especially likely to experience such abuses — alongside threats, coercion, arbitrary restraint, and economic deprivation — because their behavior does not conform to what society considers acceptable roles for men and women.<sup>2</sup>

Beyond the grave injustice, these abuses also deter MSM and FSWs from seeking critical health services, such as HIV testing, care, and treatment.<sup>3</sup> Consequently, they are less likely to adopt HIV-preventive behaviors or to adhere to an HIV-treatment plan — which, in turn, impedes efforts to reduce Ghana's HIV-infection rates.

The introduction of a gender-based perspective into development programs can help to address this situation. Indeed, programs that challenge rigid gender norms and increase equality between men and women, and between sexual minorities and the general population, have been shown to improve the health, social, and economic outcomes of the participants.<sup>4</sup>

FHI 360 was intentional in integrating a gender perspective into two recent projects focused on key populations — SHARPER and LINKAGES. The USAID SHARPER project (Strengthening HIV/AIDS Response Partnership and Evidenced Based Results) was awarded to FHI 360 in 2010 to reduce HIV transmission among key populations, PLHIV, and their partners. FHI 360 received additional funding in 2014 for the LINKAGES project to continue reducing HIV transmission among MSM, FSWs, PLHIV, and the sex partners of these groups. Within these efforts, FHI 360 worked closely with its local implementing partners to address gender in their programming with key populations (gender integration) and in their organizational processes (gender mainstreaming).<sup>5</sup>



## KEY MESSAGES

1. Female sex workers and men who have sex with men experience high rates of gender-based discrimination and violence because of their sexual orientation or sex-related profession.
2. Gender-based abuse — physical, emotional, sexual, and financial — poses a barrier to HIV care and treatment, and it increases the risk of acquiring HIV among key populations.
3. Gender integration in HIV programs for key populations can help to address the root causes of the stigma and discrimination experienced by key populations, and help to make programs more responsive to their needs.

LINKAGES, a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is the largest global project dedicated to key populations. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill. The contents of this document do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

<sup>1</sup> Amaras Ingham S, Essah S. Gender Assessment Review Report. FHI/SHARPER, USAID/Ghana, Accra, Ghana, USAID, October 2010

<sup>2</sup> PEPFAR. Updated Gender Strategy. United States. 2013 Available from: <http://www.pepfar.gov/documents/organization/219117.pdf>

<sup>3</sup> Underwood, C; Hendrickson, Z; Van Lith, L. Role of Community-Level Factors Across the Treatment Cascade: A Critical Review. JAIDS. 2014

<sup>4</sup> USAID. Gender Equality Framework. United States. 2008. Available from: [http://pdf.usaid.gov/pdf\\_docs/Pnadt861.pdf](http://pdf.usaid.gov/pdf_docs/Pnadt861.pdf)

<sup>5</sup> World Health Organization. Strategy for integrating gender analysis and actions into the work of WHO. Geneva: WHO; 2009. Available from: <http://www.who.int/gender/documents/gender/9789241597708/en/index.html>; Caro D. 2009

## STRATEGY

The gender strategy for SHARPER (with technical assistance from its core partner, Social Impact) and LINKAGES focused on strengthening the knowledge of the implementing partners on how gender norms and SGBV fuel HIV infection rates among key populations, and how experiences of SGBV and gender-based stigma and discrimination can limit the uptake of HIV testing, care, and treatment. The partners also developed capacity and designed strategies to address those challenges in their programs, especially SGBV, and to monitor their impact. These programmatic efforts were complemented by gender mainstreaming activities designed to bring a gender perspective into the policies, strategies, administration, and institutional culture of the implementing partner organizations.

### Training

Under SHARPER, 33 implementing partners received gender training, with representation from executive directors, program implementers, peer educators, and supervisors. In addition, executive directors received guidance on how to integrate gender equality in their human resources activities and organizational culture. Each implementing partner appointed a staff member to serve as the gender focal person (GFP) for the organization. The GFPs were tasked with creating an action plan to address gender in the organization's programs and processes.

The GFPs received technical training on the appropriate integration of gender across all program activities, including those to improve relations between service providers and their key population clients. *The Gender Refresher Training for SHARPER Gender Focal Points* facilitators guide (by Social Impact) was used to train the GFPs on:

- Sex, gender, and the origin of gender discrimination
- How stereotypical gender roles lead to HIV infections and human rights abuses
- Gender-based violence against key populations and PLHIV
- Sexual and gender-based violence and their consequences
- Screening for SGBV, basic treatment, and referral at the drop-in center

After the training, the GFPs provided gender education to the other staff members in their organizations. The staff members learned to broaden any preconceived notions of gender equity — which typically focus only on women's equality — to also include gender equality for men and sexual minorities. These trainings also broadened the definition of gender-based violence (as used by the partners) beyond sexual violence to include financial, emotional, and physical violence.

Under LINKAGES, peer educators and case managers from 10 of the original 33 implementing partners were trained to deliver gender education to their key population peers. This training focused on how to lead participatory learning sessions with key-population peers and how to foster an understanding of how gender norms (particularly those that promote violence and discrimination) affect HIV prevention, care, and treatment outcomes for key populations.

## OUTCOMES

### Gender mainstreaming in organizational practices

In Ghana, gender is perceived as a “women's issue,” an attitude that affected the implementing partners' decisions when they selected the participants for SHARPER's gender training. Within most organizations, the majority of the participants nominated to attend gender training were women because the organizations' leaders did not recognize that men could benefit from gender training and sensitization. Nevertheless, these trainings eventually included the equal participation of men and women, as mandated by SHARPER and LINKAGES.

As a result of these trainings, the partners of SHARPER and LINKAGES reported significant improvements in relations between the program's staff members and the beneficiaries (key population members and PLHIV). Following the trainings, program staff members were much better equipped to appreciate and respond to the human rights abuses and gender-based violence experienced by these populations.

The program staff was oriented to the cross-cutting aspects of gender as it pertains to HIV and AIDS; how to identify

and change negative perceptions about gender within their organizations and in the communities in which they live and work; and how to address stigma and discrimination in communities and referral facilities.

The partners' hiring and recruitment processes also became more gender equitable. For example, some implementing partners placed advertisements in the local newspapers specifically stating that females were encouraged to apply, and other advertisements targeted candidates of all sexual orientations. Other partners changed their hours of operation to be more flexible for their female employees.

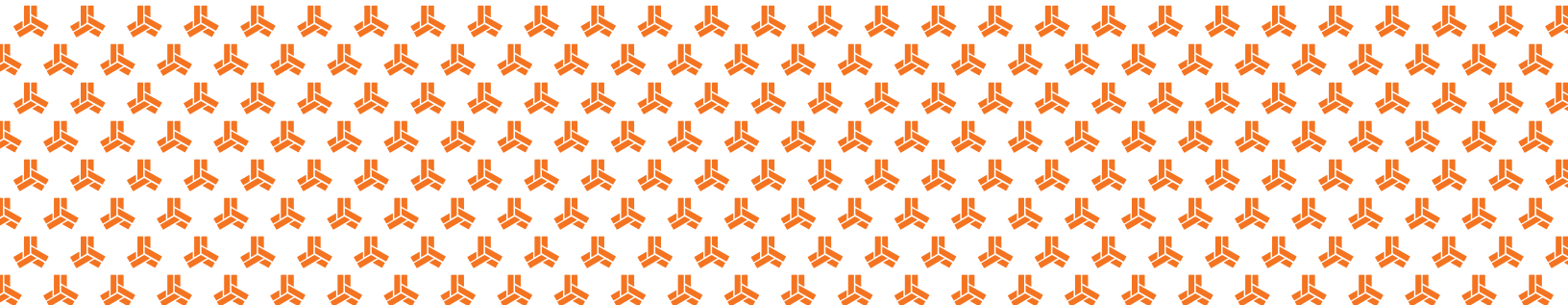
### Gender integration in programmatic practices

At the programmatic level, partners identified gender-specific barriers to, or opportunities for, promoting condom and lubricant use, HIV testing and counseling, and enrolling clients into HIV treatment and care. For example, one organization found that FSWs were often subjected to violence from their nonpaying partners when they attempted to negotiate condom use. In response, the organization began a “Love Interest” activity with FSWs and their non-paying partners that focused on non-violent conflict resolution and the advantages and rationale for the correct and consistent use of condoms and lubricant.

One partner also worked closely with the local media to reframe the stigmatizing language that was used to describe key populations or PLHIV.

### Preventing sexual and gender-based violence

*A Gender and Sexual Based Violence Tracking Tool* was developed under SHARPER and revised under LINKAGES to enable peer educators from each implementing partner to identify and report on SGBV crimes that were mentioned during their outreach activities with FSWs. Peer educators were trained how to counsel victims of SGBV and take appropriate action to identify and report these cases. The SGBV reports documented emotional violence, economic deprivation, verbal harassment, unwanted sexual advances, and sexual assault.



In addition, the implementing partners reported these incidents of violence to the Commission on Human Rights and Administrative Justice (CHRAJ) through its stigma and discrimination reporting system to ensure that each case was properly documented for appropriate redress.

At the service-delivery level, the survivors of SGBV received referrals to psychosocial support and legal services. In collaboration with USAID, FHI 360 developed and implemented a gender-based violence screening tool for FSWs and MSM who registered at local drop-in centers. This tool enabled trained service providers to identify the type of referral service that was appropriate to treat and counsel the survivors of abuse. As of July 2016, 300 key population members have been screened for SGBV and have received post-SGBV care.

One partner established its own 24-hour community-based response and referral system. When incidences of assault or discrimination arose among FSWs or MSM, a peer educator from the implementing partner would report these crimes to a trusted and respected community leader. These leaders (such as legal-aid volunteers, assemblymen, police, or social workers) would be called on to facilitate and expedite treatment and support for the victims, and ensure that these cases were documented on the CHRAJ online reporting system.

#### **Fostering an enabling environment**

To reduce the human rights abuses and the SGBV experienced by key populations and PLHIV, SHARPER and LINKAGES formed strategic partnerships with government and law enforcement agencies to ensure a sustained impact of the gender initiatives at the legal and policy levels.

*The Ghana Police Training Manual* was developed by Johns Hopkins University, SHARPER, and the Ghana Police Team. This

manual served as a guide for new recruits and serving officers of Ghana's police service to reduce human rights abuses and SGBV inflicted on FSWs and MSM by police personnel. Three people from each of the seven police training institutes, as well as five staff members from the Ghana Police Hospital, were trained. This activity was an important part of building capacities and strengthening state and non-state institutions to address issues of SGBV and human rights abuses against key populations. Through this manual and consecutive training, SHARPER and LINKAGES worked to end a long history of SGBV and discrimination against key populations by state actors and police.

SHARPER and LINKAGES were also proactive at the policy level. To address some of the SGBV and human rights abuses faced by MSM and FSWs, the SHARPER and LINKAGES teams joined the Technical Working Group on Key Populations convened by the Ghana AIDS Commission (GAC) and CHRAJ. Through the technical working group, SHARPER worked with the GAC to finalize national standard operating procedures to guide the delivery of quality, stigma-free services for MSM and FSWs. These national standards are among the first of their kind in Africa.

Other work at the policy level has included leveraging the CHRAJ platform to report human rights abuses, including stigma and discrimination, against key populations. As of July 2016, 72 cases have been filed and addressed by the CHRAJ — 29 MSM cases, 8 FSW cases, and 35 PLHIV cases. LINKAGES sends out reminder SMS messages (over 36,000 messages to date) to key population groups on how to access the CHRAJ's human rights reporting system on cases of stigma, discrimination, and SGBV.

#### **CHALLENGES, LESSONS LEARNED, AND RECOMMENDATIONS**

Gender sensitivity was a critical component of SHARPER's strategy to increase access to HIV prevention, care, and treatment services for key populations and PLHIV. Training the partners on the biological, structural, and cultural conditions that contribute to gender inequality had a pivotal impact on instilling gender awareness and reframing programmatic approaches and organizational processes to better meet the needs of key populations.

The strong political commitment from the Ghana Police Service, Ghana AIDS Commission, and Ghana Health Service/ National AIDS Control Program to assume a gender sensitive approach to key populations created the much needed enabling environment for gender activities under SHARPER and LINKAGES. Partnerships with the CHRAJ enhanced the ability of key populations and their allies to seek redress for human rights violations.

A high turnover of staff members (especially GFPs) among the implementing partner organizations created a challenge for sustaining gender integration and mainstreaming capacity locally.

Moving forward, a gender perspective must be a foundational part of HIV programming for key populations. Through gender-integration efforts, programs can successfully identify, challenge, and change the harmful gender norms and beliefs that impede HIV service uptake and retention for key populations, and address the human rights abuses suffered by them.