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ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

Gender Integration: The Key to Sustained Improvements in HIV Programs

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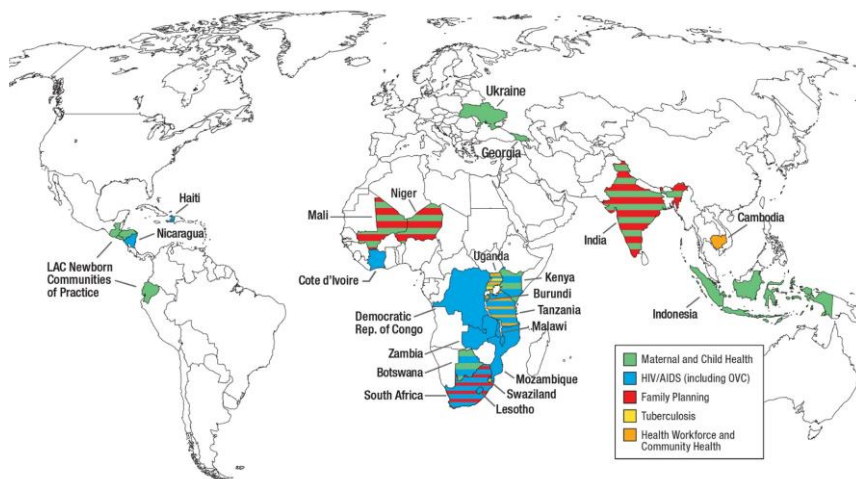
Goals:

- Strengthen systems to improve health care in USAID-assisted countries
- Build country capacity in improvement
- Advance the frontier of the science of improvement

HIV technical areas include:

- Antiretroviral therapy (ART)
- Preventing mother-to-child-transmission (PMTCT)
- Partnership for HIV-Free Survival (PHFS)
- Voluntary medical male circumcision (VMMC)
- Nutrition assessment, counseling and support (NACS)
- Vulnerable children and families (VCF)

ASSIST works in the following countries



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What is gender integration?

- “Identifying, and then addressing **gender inequalities** during strategy and project design, implementation, and monitoring and evaluation.” (USAID)
 - Responding to the different needs, behaviors, preferences, access to, and utilization of health services for women, men, girls, and boys

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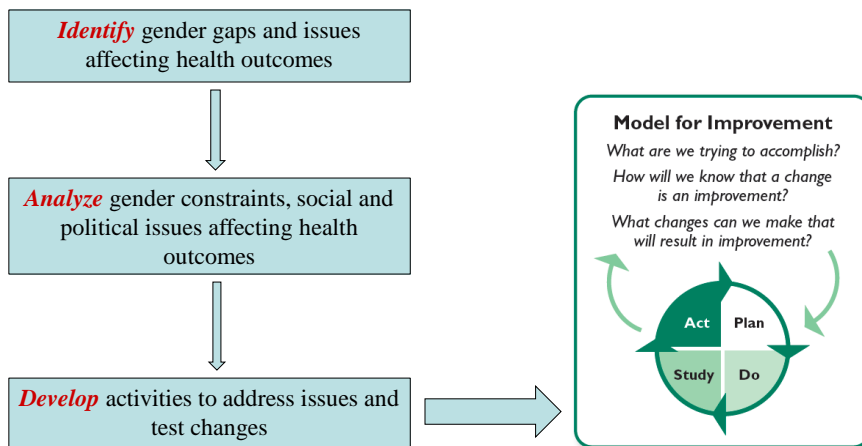
The science of improvement

- Draws on psychology, adult learning, organizational behavior and statistical analysis of variation
- Grounded in a systems understanding of work
- The fundamental concept of improvement is that improvement requires change
- Not every change leads to improvement; therefore, we study and act

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Our approach to gender integration



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Why integrate gender into HIV programs and services?

- To better meet the needs of women, men, girls, and boys
- To achieve the highest level of sustained results
- To enhance opportunities to achieve equality and equity
- To comply with USAID and PEPFAR requirements

Do the right thing at the right time for every patient every time

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Steps to integrate gender into HIV services and programs

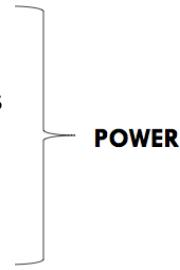
1. Conduct gender analysis to inform program design and implementation
2. Collect and analyze sex-disaggregated and gender-sensitive indicators, where appropriate
3. Identify gender-related gaps and issues and develop changes to test
4. Implement and monitor gender-related changes over time to determine whether desired results are achieved
5. If effective, scale to other facilities
6. Document and share learning

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Step 1: Conduct gender analysis

- Examine relational differences between women, men, girls and boys related to:
 - Practices, roles, and participation
 - Knowledge, beliefs, and perceptions
 - Access to resources
 - Rights and status



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Step 2: Collect and analyze sex-disaggregated and gender-sensitive indicators

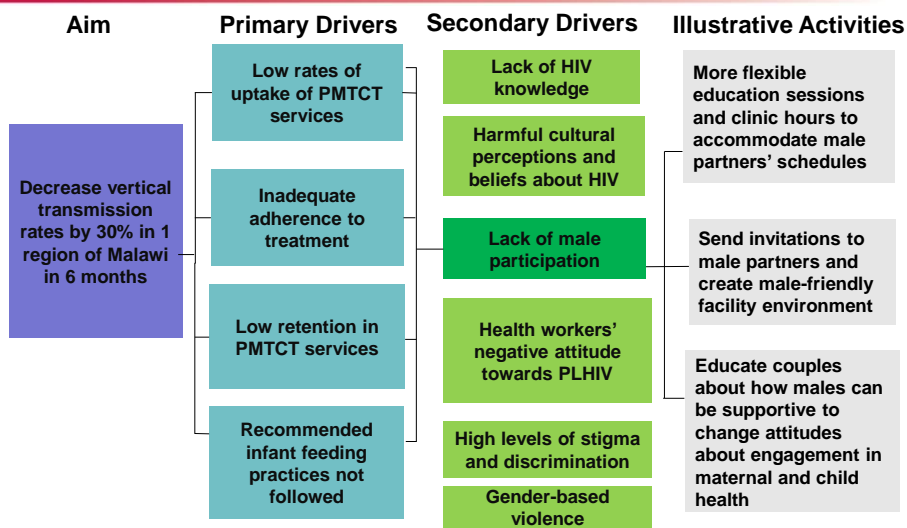
- **Sex-disaggregated data**
 - Data tracked for males and females separately for an intervention which is targeting both males and females
- **Gender-sensitive indicators**
 - Indicators that measure changes in the status and role of males and females over time

Both are important but they are not the same thing!

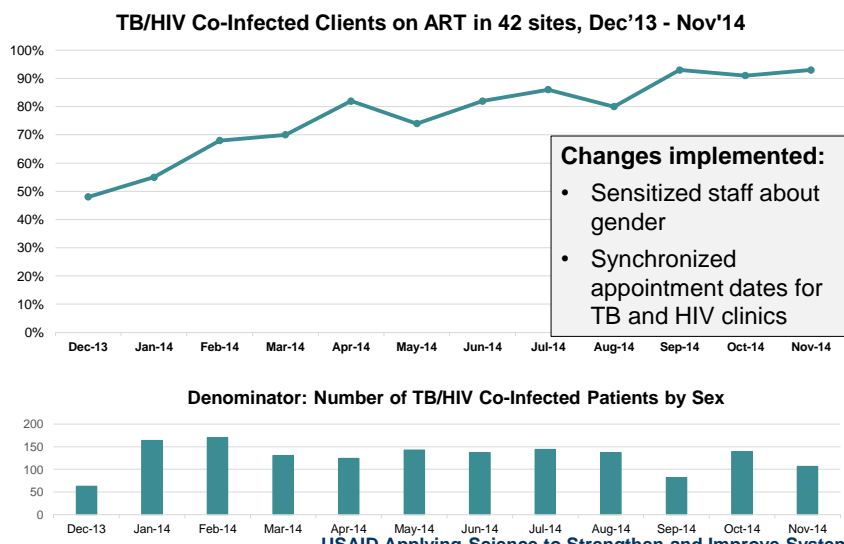
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Steps 3, 4 and 5: Identify gender-related gaps, respond to gaps and scale if effective

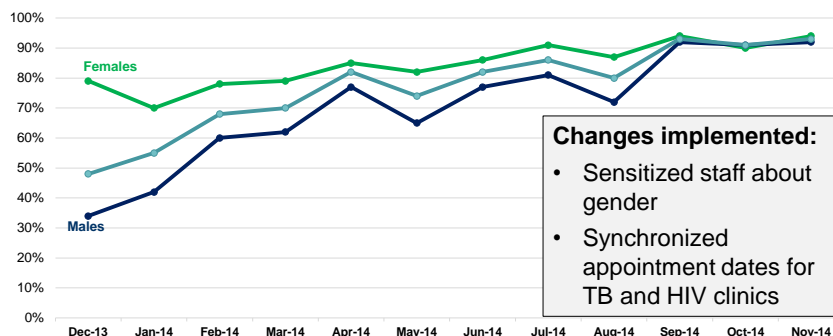


Results: Closing gaps between males and females to improve outcomes in Uganda



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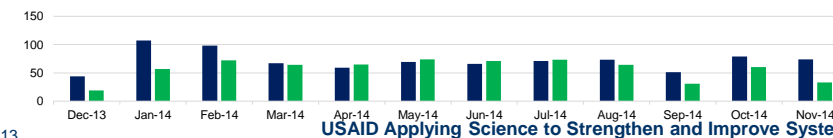
TB/HIV Co-Infected Clients on ART in 42 sites, Dec'13 - Nov'14



Changes implemented:

- Sensitized staff about gender
- Synchronized appointment dates for TB and HIV clinics

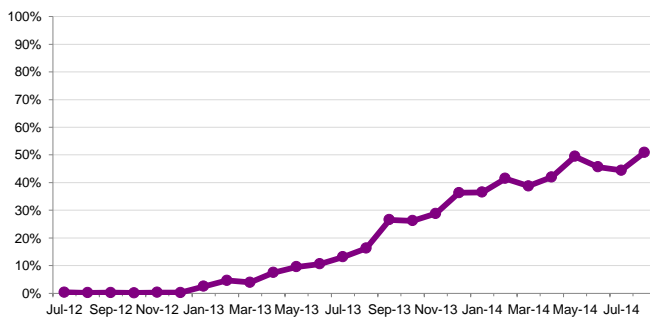
Denominator: Number of TB/HIV Co-Infected Patients by Sex



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Results: Improving male testing rates in PMTCT program in Burundi

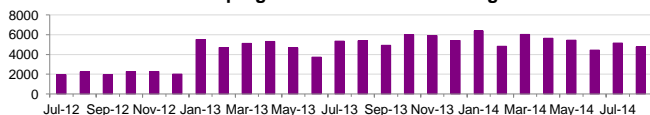
Percentage of women in ANC whose partners are tested for HIV, July 2012-August 2014



Changes tested:

1. A male leader sensitizes the men on the advantages of HTC for couples.
2. Advantages of partners testing posted at all gathering venues.
3. Invitation letters given to partners.
4. Women who attend ANC services with their partners are seen before others.
5. CHWs involve chiefs of sub-collines in community mobilization for PMTCT.

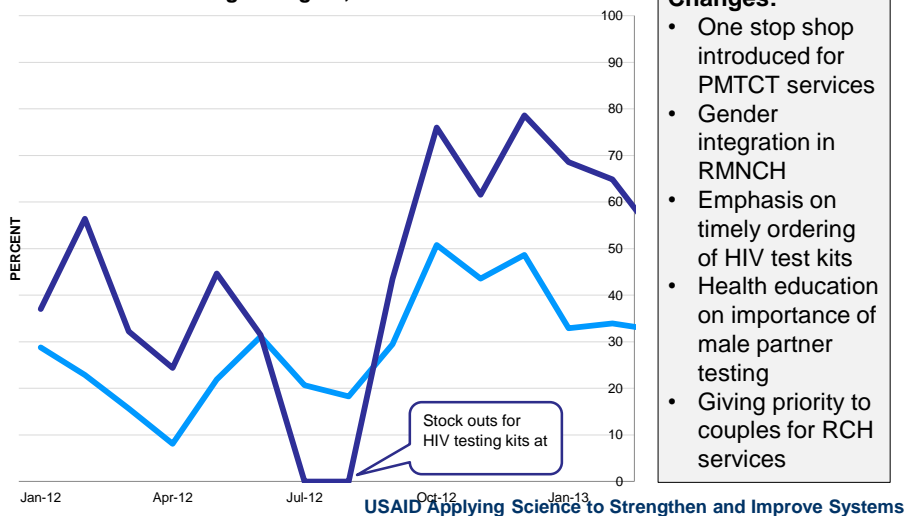
Denominator: # pregnant women tested during ANC visits



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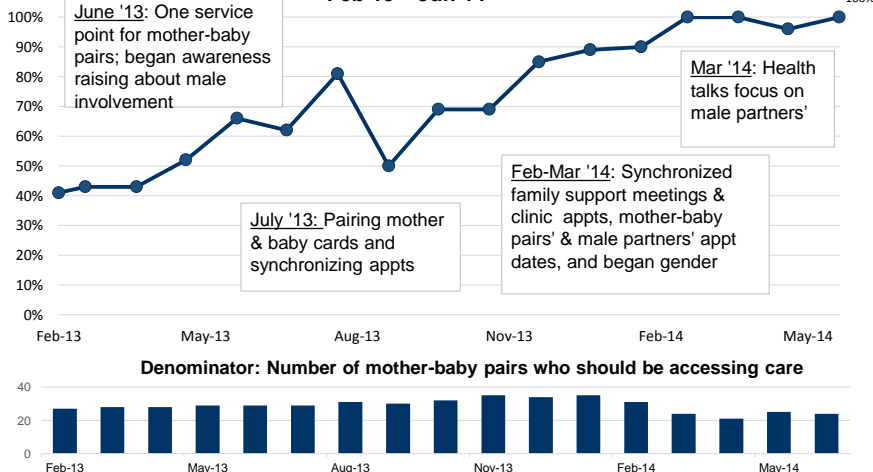
Results: Improving male partner testing for HIV in Tanzania

Male partner testing for HIV, Mafiga health center and Morogoro region, Jan'12-Feb'13



Results: Retention of mother-baby pairs in treatment in PHFS program in Uganda

Mother-Baby Pairs retained in care at Ivukula HC III Feb'13 – Jun'14



Do no harm approach

- Ensure changes tested do not harm anyone
- Monitor regularly to assess increased risk for those involved
- Examples of negative unintended consequences:
 - Pressuring women to disclose their status to their partners may subject them to violence
 - Prioritizing couples in PMTCT services leaves single women disadvantaged
 - Prioritizing couples for VMMC services leaves single men disadvantaged

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Step 6: Capturing and sharing gender-related learning

- Blogs
- Technical guidance
- Improvement stories
- Original research
- Other relevant resources



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Addressing gender in HIV improvement activities

SMALL GROUP ACTIVITY

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Addressing gender improves HIV outcomes

- Continuous monitoring and a focus on outcomes
- Identifies gender issues in HIV systems and programs and responds
- Involves innovation: testing and adjusting changes
- Identifies unintended consequences early on and helps providers respond



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To learn more

Find more gender resources on the USAID ASSIST Project and WI-HER websites:

- www.usaidassist.org/topics/gender
- www.wi-her.org

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