

PEPFAR Gender Analysis – Guatemala

1. Summarize the main findings of the gender analysis, noting critical gender issues as they relate to the context and burden of HIV and service delivery.
 1. The critical gender issues pertaining girls and women are rooted on a patriarchal society where men are the appointed head of the family, endowed with the power to make decisions in the family and society. This structure has caused the following critical gender issues, all of which increase the risk of HIV infection amongst girls and women and their capacity to access services.
 2. Women are poorer in a country where 76% of rural population lives in poverty. Poverty in women is related to lower access to land ownership (landowners: men-70%; women-7%) which is influenced by inheritance patterns that tend to favor men over women, government programs for land distribution biased toward men, and a low participation of women in the land market (few women have capacity to purchase land independently). When women own land or have independent income, power relations within the couple shift in favor of women.
 3. The country has deep education gaps, both for men as for women, but rural and indigenous adult women have the highest rates of illiteracy which can be as high as 60% in some areas. Less than 40% of adolescents go on to middle school; and less than 7% will pursue higher education in rural areas. Education disadvantages and early pregnancy determine a low access to the labor arena and an increased submission to men.
 4. GBV is rampant and tolerated. The country is considered one of the most violent for women in Latin America with high rates of femicide. According to the World Health Organization, approximately 60% of Guatemalan women experience domestic or sexual violence in their lifetimes (nearly double the global rate of 35%). The Council on Hemispheric Affairs reports that a staggering 98% of femicide cases in Guatemala end in impunity, despite laws and policies that have been implemented in recent years.

Gender Analysis – continued

1. - continuation...

- HIV prevalence is low among women in the general population (0.6%), but the epidemic has “feminized”, with a proportion of new infections men: women of 2:1, while it used to be 6:1 at the beginning of the epidemic.
- Sexual minorities are not discriminated by sanction laws, but are widely discriminated by rural and conservative sectors of urban society, and by their own families. Most Trans persons are expelled from their homes, schools and jobs.
- Homophobia is prevalent in the Guatemalan society.

2) What investments need to be made to address key findings? For example:

a) Targeting: Describe adjustments to programs that will better target those who are not being reached with HIV testing and treatment services, or post-GBV care.

- It is necessary to monitor the implementation of Post-Exposition Prophylaxis (PEP) updated protocols to ensure the availability of emergency kits, qualified providers, and quality of services provided. Availability of rapid tests for KP in clinical services, as well as the access of men to testing, referral to clinical services and treatment must be assessed as well.

b) Programming

- The portfolio in CA is mainly focused on the clinical cascade. Adjustments to improve GBV prevention and/or post-violence care will require an intentional shift to advocacy, education of men & women/sexual minority groups and networking with national organizations which assist victims. Peace Corps addresses GBV prevention with youth and other influential groups, with inclusion of positive masculinity topics.
- USAID has updated all protocols related to for KP and other vulnerable populations as well as monitoring the implementation of PEP in the health facilities. Furthermore, through Supply Chain TA, all commodities required to attend GBV victims are in the National Needs Estimation for procurement. Health staff has been trained in gender norms to decrease stigma and improve quality of services.

Gender Analysis – continued

c) Policy and Systems:

- Describe laws and policies that are harmful to gender and sexual minorities that could be changed with advocacy and policy dialogue; describe how you are aligning with key pops priorities and activities
 - The national law to “combat HIV/AIDS and protect and defend human rights in face of HIV/AIDS”, approved as a decree in year 2000, does not address sexual minorities expressly. It is drafted to include “*people affected by these conditions (diseases)*”, or people living with HIV/AIDS, without any specific characterization of key populations, their particular needs or situation.
 - Key Populations activists consider that the Civil Code only recognizes the union between a “man and a woman” denying other types of unions the judicial, economic and social certainty & protection that the State should provide for all persons as the Constitution establishes.
 - Policies contained in the National Strategic Plan 2010-2015, address key populations as a priority target for interventions, but has to be renewed and as a technical instrument, it is not legally binding.
 - The “trilogy of laws” subscribed by the country for the elimination of violence against women, femicide, sexual exploitation and human trafficking, are not specific for violence against sexual minorities. The exception being the law against human trafficking which specifies “*...regardless of sex, age, gender, ethnicity or any other condition.*”
 - The CAR team aligns with Key Populations priorities and activities though organized key pop associations, departmental multisector networks (which have representation of local municipalities), coordination with the Global Fund and the CCM, and support groups operating within and outside HIV clinics in SNU (UAI Integrated Care/Treatment Units for HIV/AIDS/STI).

Gender Analysis – continued

- d) Opportunities to improve pre- or in-service training of health care providers to improve quality of post-GBV care, or providing services in a non-discriminatory or stigmatizing manner:
- The C.A. team works extensively with in-service training of health workers to improve the quality of care, both at community and secondary municipal levels as in department capitals in health facilities.
 - In year 2016, USAID, CDC and PC CA will be implementing a program directed to health workers, both as a pre-service and in-service training : Providing Key Population-Friendly Services: A sensitivity training for health care workers. The 6 modules are centered on non-discrimination and reduction of stigma when caring for key populations.
- e) Data:
- Improve sex- and age- disaggregated data collection and reporting, evaluations of gender-specific interventions, additional training/TA needs for staff or Ips.
 - Sex and age disaggregation data is collected at all levels of the health system. There is no identification of belonging to specific minority groups as a routine, but in appropriate situations, i.e. CDC VICITS clinics, it is recorded with authorization of the clients and reported in departmental statistics.
 - Additional trainings/TA are underway as interagency efforts directed to health staff in selected SNU (i.e training of HIV Counselors).
 - All studies developed by IP include disaggregation by sex and age, and secondary analysis is performed based on those variables.

PEPFAR Gender Analysis – Honduras

Requirements:

- All OUs must use their DRAFT gender analysis to prepare these slides and have the DRAFT available at the COP16 mgmt. meetings for reference during discussions
- All OUs must submit a 5-page summary of the final gender analysis with their final COP submission to be reviewed by HQ

WHAT TO INCLUDE IN THE GENDER ANALYSIS SUMMARY SLIDES

Main findings

- Shelters for women who are victims of gender-based violence are extremely limited. Civil society organizations and universities are offering some alternative services to alleviate needs of gender-based violence victims. This service is not available for Trans victims of violence.
- While most people living with HIV report income under or close to the minimum salary, women report lower income than men.
- According to the 2012 BSS, only 50% of urban Garifuna men have ever tested for HIV despite a 4.5% prevalence in the community.
- Access to STI services is not optimal for people living with HIV, especially women.
- Key populations experience multiple, overlapping forms of stigma related to their sexual and gender identities and practices as well as their socio-economic position, involvement in sex work, and HIV status.
- BSS results suggest that a majority of MSM have not been reached with HIV prevention services.

How do these identified gender issues undermine or support efforts to achieve epidemic control?

- There are legal provisions that violate the rights of certain population groups and influence the emergence of new infections STI / HIV and unwanted pregnancies , as in the case of legislation which prevents the access of adolescents to HIV testing, pregnancy and access to condoms , unless they are accompanied by father / mother / guardian.
- Women and children have more access to HIV prevention and care services for due to the services' working hours.

Describe the impact of discriminatory laws, policies, regulations, and institutions on gender and sexual minorities, key populations, and adolescent girls and young women.

- Poverty in people with HIV limits access to treatment and adherence.

3) What investments need to be made to address key findings?

a) Targeting:

- Index testing.
- Expand HTC strategies for KP that have demonstrated a higher number of people reached and yield at the community and facility level.

b) Programming:

- Describe adjustments that should be made to the portfolio to improve GBV prevention and/or post-violence care
- Engage with stakeholders to coordinate support for GBV prevention and post-violence care for people living with HIV and KP.
- Pilot PREP.
- Improve STI dx and tx services at HIV care and treatment centers.
- Integrate ARV for KP at VICITS sites.
- Train HIV counselors as masculinities specialists to work with perpetrators of GBV.
- Design comprehensive referral system for victims of GBV .
- Describe which harmful gender norms will be addressed via community or clinical platforms in order to improve the uptake of HIV services
- Provide flexible clinical hours to reach underserved KP and priority groups, like MSM, transgender women and Garifuna men.
- c) Policy and Systems:
- Describe laws and policies that are harmful to gender and sexual minorities that could be changed with advocacy and policy dialogue; describe how you are aligning with key pops priorities and activities
- Legislation which prevents the access of adolescents to HIV testing, pregnancy and access to condoms , unless they are accompanied by father / mother / guardian.
- Opportunities to improve pre- or in-service training of health care providers to improve quality of post-GBV care, or providing services in a non-discriminatory or stigmatizing manner
- Train HCW at HIV care and treatment centers to provide counseling on disclosure and couples/family counseling, KP stigma and discrimination.
- Provide GBV service internship/mentoring for HCW at KP and HIV care and treatment centers

PEPFAR Gender Analysis – NICARAGUA

WHAT TO INCLUDE IN THE GENDER ANALYSIS SUMMARY SLIDES

1) Summarize the main findings of the gender analysis

There is a need to develop the Identity Law for transgender population.

Increase support to transgender population

Reduce stigma and discrimination at society level

Increase access of TG population to socioeconomic benefits: employment, loans, housing, higher education, etc

2) How do these identified gender issues undermine or support efforts to achieve epidemic control?

- Less access to MOH services in general, and HIV services specifically for TG, MSM, FSW
- Lack of identity law have a negative impact for TG

Gender Analysis – continued

3) What investments need to be made to address key findings? For example:

a) Targeting:

- Increase the coverage target for TG population

b) Programming:

- Continue providing support to TG organizations to provide peer services for CoC

c) Policy and Systems:

- Advocacy and policy dialogue is needed to create Identity Law
- More support is needed to increase participation of KP NGO s in the national response.
- Pre- and in-service training of health care providers to improve quality of HIV services in a non-discriminatory or stigmatizing manner

d) Data:

- Improve sex- and age- disaggregated data use.