

<p>STANDARD SECTOR INDICATOR CODE: HE-183-PEPFAR</p> <p>PEPFAR CODE: GEND_NORM</p>	<p>Gender and HIV – Number of people completing an intervention pertaining to gender norms, that meet minimum criteria (at least 10 hours long).</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> • Project Activity Area/Training Package: HIV Prevention 	
<p>Type: Output</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation:</p> <p>Sex: Male, Female</p> <p>Age: 0-9 years, 10-14 years, 15-19 years, 20-24 years, and 25+ years</p>

To be counted for this indicator the following criteria must be met:

- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s and topics covered must be documented by the Volunteer or their partner.
- **Minimum of 10 hours.** The same person must participate in a minimum of 10 hours of total training time in either an individual, small group, or community setting.
- The training **must include a participatory component that helps participants to understand and question existing gender norms** and to also reflect on the impact of those norms on their lives and communities. Evidence has shown that participatory interventions, such as open dialogues, do have an impact on gender norms. Evidence also indicates that non-participatory methods such as lectures and dissemination of information and materials do not have significant impact on changing gender norms. Therefore, non-participatory methodologies included as part of the gender training do not count as part of the minimum of 10 hours of training to count for this indicator.
- The training must show a clear link between the gender norms being discussed and HIV prevention, treatment, care or support. Examples include:
 - Norms that discourage control over sexual decision-making for women and girls
 - Norms around masculinity that encourage multiple partners, violence, and limit seeking health care services
 - Norms that discourage girls’ access to education and economic resources
 - Norms that encourage violence and stigma against men who have sex with men (MSM) and transgender (TG) populations
 - Norms that encourage HIV-related stigma
- The training must, at some point, address norms that in one way or another are linked to HIV outcomes.

Definitions:

Gender is a culturally-defined set of economic, social, and political roles, responsibilities, rights, entitlements obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race,

class, age and sexual orientation. All individuals, independent of gender identity, are subject to the same set of expectations and sanctions. (IGWG) Gender is not interchangeable with women or sex.

Harmful gender norms related to HIV/AIDS include those that include the following behaviors: cross generational and transactional sex; multiple concurrent partnerships; alcohol/substance misuse/abuse; inequitable control of household resources; poor use of health care services; lack of support for partner's health care concerns; stigma, discrimination and violence related to sexual orientation and gender identity; and limited involvement in HIV/AIDS care-giving.

Activities that address harmful gender norms related to HIV/AIDS seek to change traditional, cultural, and social gender norms that contribute to behaviors that increase HIV/AIDS risk in both men and women, and that impede access to care and treatment services for those who need them. These activities are cross-cutting and contribute to results across a range of PEPFAR program areas, including prevention, care, and treatment.

HIV-Related Stigma - This refers to unfavorable attitudes, beliefs, and policies directed toward people living with HIV and their family members, close associates and communities.

Gender-based violence (GBV) - GBV is defined as any form of violence that is directed at an individual based on his or her biological sex, gender identity, or his or her perceived adherence to socially-defined expectations of what it means to be a man or woman, boy or girl. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV is rooted in gender-related power differences, including social, economic and political inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control. GBV takes on many forms and can occur throughout the lifecycle, across childhood, adolescence, reproductive years, and old age. It can affect women and girls, men and boys, and other gender identities. Women, girls and sexual and gender minorities, including lesbians, men who have sex with men and transgendered individuals are often at increased risk for GBV. While GBV encompasses a wide range of behaviors, because of the links with HIV, PEPFAR is most likely to address physical and sexual intimate partner violence, including marital rape; sexual assault or rape; female genital cutting/mutilation; sexual violence against children and adolescents; and child marriage.

Access to income and productive resources, including education - Providing economic opportunities empowers individuals to avoid high risk behaviors, seek and receive health care services, and provide better care for their families. Illustrative examples include:

- Programs to ensure that girls are given equal opportunity to attend school (e.g., support for tuition fees, uniforms & supplies) and/or vocational training (to learn marketable skills).
- Working with governments and NGOs to develop policies that increase women's access to economic resources, including credit, markets, land, savings, and social assistance.
- Programs to provide alternative income generation activities for transgender sex workers

Men's Engagement - Men's engagement is a programmatic approach that involves men and boys a) as clients and beneficiaries, b) as partners and c) as agents of change, in actively promoting gender equality, women's empowerment and the transformation of inequitable definitions of masculinity. In the health context, this comprises engaging men and boys in addressing their own, and supporting their partners' reproductive, sexual and other health needs. Men's engagement also includes broader efforts to promote equality with respect to caregiving, fatherhood, and division of labor, and ending gender-based violence.

Increase gender-related legal rights and protection. Policies, laws, and legal practices that discriminate against women, girls, lesbians, gays, bisexual and transgender persons (LGBT) and other marginalized populations reinforce vulnerability

and may increase the negative impact of HIV/AIDS. For instance, women denied enforceable legal rights and protections, including rights to property and equitable inheritance, are often unable to meet the basic needs for themselves and their children. Similarly, legislation that criminalizes same-sex behavior can have a negative effect on access to HIV services for key populations. Illustrative examples include:

- Interventions to promote and enforce equal rights to land, property, and other productive assets for women.
- Programs that work with governments, NGOs, and traditional authorities to eliminate gender inequalities in civil and criminal code, such as changing laws to ensure that rape within marriage is considered a crime.

Number of adults and children reached is the number of individuals who are provided with the intended activity as defined in the program description and as prescribed in the activity.

Individual-level activities are provided to one individual at a time, e.g., individual counseling, mentoring, etc.

Small-group-level activities are those delivered in small group settings (less than 25 people, e.g., workplace programs, men's support groups, etc.

Community-level activities are those delivered in community-wide settings (25 or greater people), e.g., town hall meetings, community-wide education campaigns, etc.

Rationale: Integrating gender into HIV programs is critical because gender norms, relations, and inequities affect health outcomes for everyone. Understanding the unique needs of men and women, boys and girls, and other gender identities helps identify target populations and dedicate resources where they are most needed. Ignoring gender-related barriers, such as norms and expectations and gender-based violence, can negatively affect service utilization, treatment adherence, and health outcomes for everyone. Responding to the unique needs of men and boys, women and girls, and other gender identities may improve program outcomes and enhance sustainability. This work will also contribute to building an enabling environment to prevent gender-based violence and violence against children and advocate for greater resources and technical assistance for gender-related programming.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the names and sex of participants, the content of their training, (i.e. gender-related HIV prevention; gender norms; gender-based violence; policy and laws that increase legal protections; and access to income and productive resources, including education); as well as the time spent in training will capture the needed data.
2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on “frequency of measurement”).
3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However,

Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator such as baseline knowledge and improvement in knowledge or behavior related to gender issues after the intervention. Refer to your project framework to review related outcome indicators on gender and HIV.

- 4. Frequency of Measurement:** For reporting accurately on this output indicator, Volunteers must account for 10 hours of training with members of the target population reached with their activities. After taking the baseline measurement, Volunteers should take at least one follow-on measurement with the same individual(s), typically after completing one or more activities focused on achieving the outcomes related to this indicator. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

- 5. Definition of Change:** This indicator measures the number of people with a minimum level of training on gender and HIV. As it is an output indicator, the Volunteer is not measuring changes in knowledge, skills or behavior for this indicator. However, it is recommended that Volunteers, at minimum, use a pre/post test to assess change in knowledge and track the progress of the training over time.
- 6. General Reporting in the VRF:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: "total # (number)." See below for disaggregation.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Age" and "Sex". When reporting in the VRF, a volunteer should disaggregate the total number of male individuals by 0-9 years, 10-14 years, 15-19 years, 20-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-14 years, 15-19 years, 20-24 years, and 25+ years. Volunteers will also track the activity as taking place in either an individual, small group (≤ 24 attendees), or community-level (≥ 25 attendees) setting.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: None