Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

Gender Strategy

2017

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

LINKAGES Across the Continuum of HIV Services for Key Populations

fhi360 THE SCIENCE OF IMPROVING LIVES

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Acknowledgments

The LINKAGES Gender Strategy was developed by Robyn Dayton and Giuliana Morales with review and input from Melaku Dessie (FHI 360), Hally Mahler (FHI 360), Judy Chang (International Network of People Who Use Drugs), Ruth Morgan Thomas (Global Network of Sex Work Projects), Amelia Peltz (USAID), and Noah Metheny (USAID). This document was copy edited by Stevie Daniels with page layout by Lucy Harber.

Acronyms and Abbreviations

CBO	Community-based organization
DIC	Drop-in center
FSW	Female sex worker
GBV	Gender-based violence
HCW	Health care worker
HIV	Human immunodeficiency virus
KP	Key population
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
M&E	Monitoring and evaluation
MER	Monitoring, Evaluation, and Reporting
MSM	Men who have sex with men
MSW	Male sex worker
PEPFAR	President's Emergency Plan for AIDS Relief
PWID	People who inject drugs
STI	Sexually transmitted infection
SW	Sex worker
TSW	Transgender sex worker
USAID	United States Agency for International Development
WWID	Women who inject drugs

Vision and Overview

The Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project envisions a world in which members of key populations (KPs)—gay men and other men who have sex with men (MSM), sex workers (SWs), people who inject drugs (PWID) and transgender people—can exercise their right to live healthy and productive lives. In this vision, harmful gender norms have been challenged and transformed so that they no longer cause inequalities and give rise to stigma, discrimination, and violence against members of KPs. Although we know that we cannot achieve this vision alone, the LINKAGES project—as the first global KP project supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID)—recognizes the importance and power of our commitments and actions both globally and within each country where we work. Our gender strategy describes these commitments and lays out specific actions to fulfill them.

In alignment with PEPFAR guidance, LINKAGES priority areas, and KP global guidance, we are committed to the following.

At the global level, LINKAGES will be a strong voice for gender integration in HIV programming for KPs —both within the LINKAGES project and beyond. By supporting, documenting, and publicizing the work undertaken with both core and field support, we will advance the understanding of how gender norms and inequalities affect KPs—including MSM and transgender people, who are rarely the focus of gender-integrated programming. At the same time, we will highlight the importance and effectiveness of gender-accommodating and transformative approaches in HIV prevention, care, and treatment programming. We will provide standardized guidelines for addressing gender-based violence (GBV) against KPs[i] and facilitate their uptake through capacity building, advocacy, and technical assistance. We will also use platforms such as social media, peer-reviewed journals, and conferences to ensure that the KPs who are most often victims of violence—SWs of all genders, women who inject drugs (WWID), MSM, and transgender people—are included in GBV discussions and initiatives. We will devote time and resources to advocating for and improving programs that serve transgender people and help to address the HIV-related programming gap caused, in part, by misunderstandings of gender identity.

At the country level, we will promote gender-integrated HIV programming for all KPs (including subpopulations who are marginalized or overlooked because of their gender), tailor programs to meet the unique gender-related needs of KPs, and address all forms of violence—including GBV—against members of KPs. Through work plan review; gender analyses; provision of technical assistance; and training of project staff, local community-based organization (CBO) partners, and service providers, we will promote gender integration approaches to HIV in country programming. We will engage in gender transformative activities that directly counter harmful beliefs about KPs, including through work to address gender-based stigma and discrimination from health providers and the public.

Across the project, we will ensure that our gender-integrated HIV programming efforts are guided by members of KPs. At the same time, we will seek to build coalitions with others most negatively affected by gender norms and inequalities, such as women and girls, and to strengthen existing gender initiatives whenever appropriate. Finally, at the global and country levels, a robust monitoring and evaluation (M&E) system will capture our use of gender analysis findings, programming specifically for transgender people, and activities to address GBV.

This document is designed to explain the rationale for and the process for implementing the LINKAGES Gender Strategy. It is divided into four sections:

- Background on the LINKAGES project and the need for gender integration in HIV programming for KPs
- Guidance on gender integration in PEPFAR programming
- LINKAGES priorities and tools for gender integration
- Monitoring and evaluating gender-integrated HIV programming in the LINKAGES project

[i] Resources on addressing GBV against KPs will be published on the LINKAGES website and can also be requested by writing to Giuliana Morales at gmorales@fhi360.org.

Background

LINKAGES PROJECT

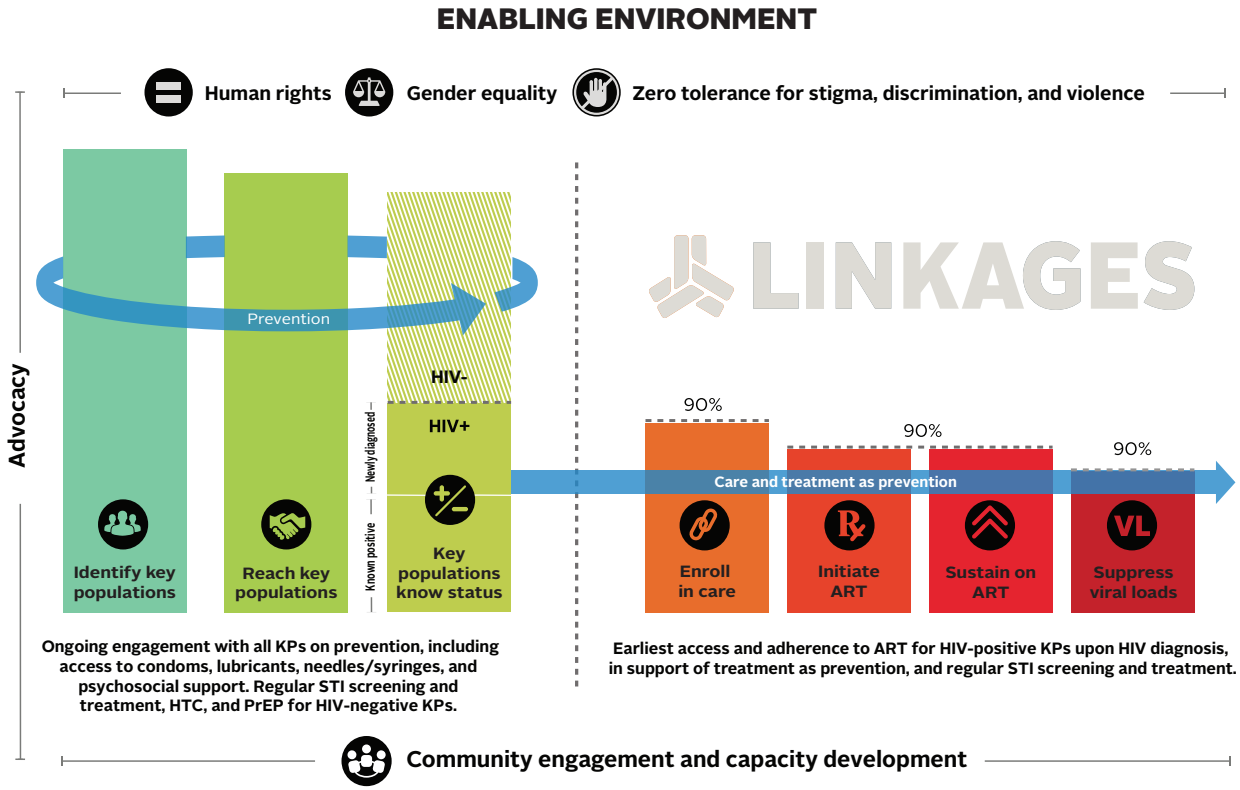
LINKAGES, a five-year cooperative agreement funded by PEPFAR and USAID, is the largest global project dedicated to KPs most affected by HIV: MSM, SWs, transgender people, and PWID. Led by FHI 360 in partnership with Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES operates across central and eastern Asia, Africa, and Latin America and the Caribbean.

LINKAGES' goal is to accelerate the ability of governments, KP-led organizations, and private sector providers to plan, deliver, and optimize services that reduce HIV transmission among members of KPs and extend life for those who are HIV-positive. The project has three intermediate result areas:

- Increased availability of comprehensive prevention, care, and treatment services, including reliable coverage across the continuum of care for KPs
- Enhanced and sustained demand for comprehensive prevention, care, and treatment services among members of KPs
- Strengthened systems for planning, monitoring, evaluating, and assuring the quality of programs for KPs

All activities under LINKAGES should address the LINKAGES crosscutting areas: gender integration, human rights, and capacity development of local organizations, particularly those led by KPs. See **Figure 1** for a representation of these crosscutting areas in the LINKAGES Prevention, Care, and Treatment Cascade, a project design and monitoring tool used in each LINKAGES country.

FIGURE 1: LINKAGES continuum of prevention, care, and treatment cascade of HIV services for key populations



THE ROLE OF GENDER INTEGRATION IN KEY POPULATION PROGRAMMING

HIV program managers working with the general population are accustomed to thinking about gender norms and inequalities as negatively affecting women and girls (see **Box 1** for definitions). For example, they have long understood that women, with less access to education and employment and who are expected to be submissive to their male partners, experience difficulty negotiating condom use. Appropriately, HIV programs respond to these realities through gender-integrated strategies that take these issues into account. Gender integration has been shown to improve and sustain HIV programming outcomes.[1-4]

Systematic gender integration has not been widely employed in programming for KPs.[5] However, this approach is vital because the negative impacts of gender norms and inequalities are amplified for members of KPs. They experience negative outcomes both when they and those around them conform to gender norms (e.g., transgender women who have difficulty negotiating condom use due to societal expectations of women's submissive role in sex) and when they are perceived as nonconforming (e.g., stigma and discrimination against female sex workers [FSWs], MSM, and WWID based on societal expectations regarding the behaviors of women and men). Furthermore, addressing gender issues is recommended in KP global guidance documents such as:

- *Implementing Comprehensive HIV/STI Programmes with Sex Workers (the "SWIT")*[6]
- *Implementing Comprehensive HIV and STI Programmes with Men who Have Sex with Men (the "MSMIT")*[7]
- *Implementing Comprehensive HIV and STI Programmes with Transgender People (the "TRANSIT")*[8]
- *Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs (the "IDUIT")*[9]

PEPFAR GUIDANCE

LINKAGES' approach to gender integration is informed by both PEPFAR 3.0's focus on gender equality as an aspect of the PEPFAR 3.0 *Human Rights Agenda* (**Box 2**)[13] as well as the *PEPFAR Gender Strategy* (**Box 3**).[12]

Box 1. Definitions

Gender norms: The expectations of what it means to be a man or woman, including social and political roles, responsibilities, rights, entitlements and obligations, and the power relations between men and women [Adapted from *Health Policy Project Gender & Sexual Diversity Training*].[10]

Gender identity: A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth [*Health Policy Project Gender & Sexual Diversity Training*].[10]

Gender expression: The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity [*Health Policy Project Gender & Sexual Diversity Training*].[10]

Gender integration: Strategies applied in programmatic design, implementation, monitoring, and evaluation to take gender considerations into account and compensate for gender-based inequalities [Adapted from *Interagency Gender Working Group training materials*].[3] **Gender-accommodating programs** acknowledge, but work around, gender differences and inequalities to achieve project objectives. **Gender-transformative programs** aim to promote gender equality and achieve program objectives by (1) fostering critical examination of inequalities and gender roles, norms, and dynamics; (2) recognizing and strengthening positive gender-related beliefs that support equality and an enabling environment; and (3) promoting the relative position of marginalized groups and transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

Gender affirmation: The process by which individuals are affirmed in their gender identity. Gender affirmation typically involves three dimensions: social (i.e., being called by a name and pronouns that are aligned with a person's gender identity); medical (i.e., hormone therapy, surgical procedures); and legal (i.e., changing a person's legal name or sex designation) [*Technical Report: The Global Health Needs of Transgender Populations*].[11]

Gender-based violence: Any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are not in line with social expectations of what it means to be a man or woman, or a boy or girl (e.g., MSM, FSWs). It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life [*PEPFAR Gender Strategy*].[12] *(continued next page)*

Box 1. Definitions *(continued)*

Transgender: An adjective to describe people whose gender identity (see definition above) is different from the sex they were assigned at birth. Transgender is an umbrella term that describes a wide variety of cross-gender behaviors and identities [*TRANSIT*].[8] **Transgender women** were assigned male at birth and identify as female. **Transgender men** were assigned female at birth and identify as male. **Gender nonconforming** people, in the context of this gender analysis, refers to individuals who do not identify as male or female.

Trans-competent: Provision of services, especially health care services, to transgender people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights, and the particular situation and needs of the transgender individual being served. In addition, trans-competent care is delivered in a respectful, nonjudgmental, and compassionate manner in settings free of stigma and discrimination [*TRANSIT*].[8]

Box 2. PEPFAR 3.O Human Rights Action Agenda

"Success in our Human Rights Action Agenda is defined as: 1) expanded access to non-discriminatory HIV prevention, treatment and care for all people, including LGBT persons; 2) increased civil society capacity to advocate for and create enabling environments; and 3) increased gender equality in HIV services and decreased GBV."

Box 3. PEPFAR Gender Strategy, Recommended Activities

1. Provide gender-equitable HIV prevention, care, treatment, and support.
2. Implement GBV prevention services and provide services for post-GBV care.
3. Implement activities to change harmful gender norms and promote positive gender norms.
4. Promote gender-related policies and laws that increase legal protection.
5. Increase gender-equitable access to income and productive resources, including education.

Gender norms underlie much of the stigma, discrimination, and violence that KPs face and negatively affect KPs' HIV service uptake. Thus, both areas 1 and 3 in the PEPFAR 3.O Human Rights Action Agenda are fundamental aspects of LINKAGES' gender integration efforts. LINKAGES' partnerships with CBOs to both deliver services and create an enabling environment — particularly through violence prevention and response activities — also make area 2 an important focus of our gender integration work.

The PEPFAR Gender Strategy offers several recommendations that are relevant to LINKAGES. As a service delivery project, LINKAGES focuses on (Recommended Activity 1) the provision of equitable HIV prevention, care, treatment, and support with a focus on ensuring the inclusion of groups that may be overlooked in KP programming due to gender norms that limit an understanding of KP's diversity (e.g., SW programming that focuses only on FSWs or PWID programming that focuses only on men). The LINKAGES project also addresses (Recommended Activity 2) GBV prevention, detection, and response as part of a comprehensive HIV response for KPs. The project uses (Recommended Activity 3) gender analyses to identify harmful gender norms and opportunities to design programming to change harmful gender norms, particularly in training materials. LINKAGES also (Recommended Activity 4) promotes gender-related polices and laws that increase legal protection for KPs, particularly in the area of GBV (e.g., advocating for GBV policies that explicitly name and welcome members of KPs, including FSWs, MSM, WWID, and transgender women, to ensure they have equitable access to available GBV services). Finally, and to a lesser extent, LINKAGES (Recommended Activity 5) invests in interventions that provide economic strengthening for members of KPs, such as financial literacy and savings groups for SWs of all genders. We also pursue partnerships with mechanisms such as the Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) project to further address the economic vulnerability of KPs.

LINKAGES Priorities and Tools for Gender Integration

Based on the mandate of the LINKAGES project and in accordance with PEPFAR guidance, LINKAGES focuses its gender integration efforts in three areas:

- designing and implementing activities that reach all members of KPs and challenge the harmful gender norms at the root of stigma, discrimination, and violence against KPs;
- promoting the inclusion of transgender people in KP programming; and
- preventing, detecting, and responding to GBV and other forms of violence.

USING A GENDER ANALYSIS TO INFORM PROGRAMMING

A gender analysis is the first step in the process of gender integration.[14] A gender analysis with KPs is recommended in all countries where LINKAGES works. The *Gender Analysis Toolkit for Key Population HIV Prevention, Care, and Treatment Programs*[15] provides all the needed tools for either a large scale KP-led gender analysis or a smaller scale desk review and data collection with a limited group of stakeholders. If it is not possible to conduct a gender analysis, it will be useful to look at findings from KP-specific gender analyses from other countries as well as country-specific documents that are available (noting that past gender analyses undertaken are unlikely to include KPs explicitly). To date, LINKAGES has conducted gender analyses in Kenya (with all four KPs)[16] and Cameroon (with FSWs and MSM)[17] that can give ideas for gender-related barriers and opportunities faced by KPs as well as recommendations for gender-accommodating and gender-transformative programming. It may also be possible to incorporate key questions from the gender analysis into other data collection activities, such as the KP HIV cascade assessments[ii] that LINKAGES often undertakes to diagnose barriers and identify solutions in the optimal flow of clients through the HIV cascade (see **Box 4**).

Box 4. Key gender analysis questions

1. Reach: KPs have a range of needs beyond HIV services. What non-HIV services should an HIV-focused program offer to attract KPs?
2. Reach: How do you ensure that your services are welcoming to KPs of all genders (e.g., SW programs that are tailored for female, male, and transgender SWs; programs for transgender women distinct from those for MSM)?
3. Enabling environment: Is anyone in the program (e.g., peer educator, health care worker) talking to KP members about violence? [If yes] In what context? What information or services are provided?
4. Enabling environment: How do experiences of violence affect whether KP members access HIV services? What would make HIV services more attractive and convenient to KP victims of violence?

A gender analysis with KPs can help a program answer the following questions:

- **Are all members of KPs being considered in your programming?** Inaccurate assumptions about gender—such as "only women engage in sex work;" "individuals who inject drugs are men;" or "providing services for MSM is also sufficient to reach transgender women"—keep KP programs from reaching everyone who needs services. A gender analysis can help identify gaps in service provision, particularly as they pertain to underserved groups such as: male sex workers (MSWs), transgender sex workers (TSWs), transgender people generally, and WWID. A gender analysis can also identify opportunities to make services more convenient and attractive to groups that have not been traditionally served. For example, in Kenya, WWID requested personal hygiene services, family planning, services to

[ii] The KP HIV cascade assessment resources are living documents. They can be requested by writing to Giuliana Morales at gmorales@fhi360.org.

prevent mother-to-child transmission of HIV, support for condom negotiation, and services for children, in addition to traditional harm reduction and HIV/STI services in PWID programming. A gender analysis can also explore how to ensure that members of KPs with overlapping risks feel welcome in KP programming. For example, MSWs and TSWs may feel that their engagement in sex work causes them to be stigmatized when they participate in programs for MSM or transgender people—making it important that these programs are designed with input from MSWs and TSWs to ensure that they are welcoming to all.

Additionally, a gender analysis can help identify the needs of specific subpopulations. For example, the gender analysis in Kenya found that service needs varied in some cases based on gender expression. MSM with a more masculine gender expression were reportedly more likely to desire access to MSM-friendly services at a clinic that is not specifically designated for MSM to avoid the need to "out" themselves to receive care. MSM with a more feminine gender expression were reportedly more likely to desire economic strengthening activities as part of an HIV program, as stigma and discrimination based on gender expression can make it more difficult to gain employment. Community members also noted the importance of talking about stigma within a KP community (in this case, stigma against MSM with a more feminine gender expression) to promote cohesion and limit discrimination.

- **What harmful gender-related beliefs may be behind high HIV risk, a lack of service uptake, stigma, discrimination, or violence against KPs?** Asking explicitly about beliefs affecting KPs' HIV risk; service uptake; and experiences of stigma, discrimination, and violence allows program managers to either work around (gender accommodating) or directly counter (gender transformative) those beliefs among members of KPs, service providers, powerholders such as police, and the broader community. This is particularly important for reaching all individuals as these beliefs may be a reason that some do not wish to be identified as a member of a KP and will therefore avoid accessing services designed for KPs. For example, in Kenya, respondents reported that available services for PWID (e.g., needle and syringe programs, methadone maintenance treatment) cater primarily or exclusively to men due to the belief that "only men use drugs" and results in low uptake of services among WWID. Similarly, WWID in other low- and middle-income countries report that they feel left out of existing harm reduction programs.[18]

  Specifically, a gender analysis can determine the ways in which GBV, as well as other forms of violence, impact HIV risk and service uptake. While violence prevention and response are part of a comprehensive package of HIV services for KPs, the issue of violence is not always given adequate attention. A gender analysis, particularly if it includes the voices of KP community members, can help direct attention to the incidence of violence, the types of violence most often experienced by KPs, the perpetrators of that violence, and the gender norms and beliefs that justify or encourage that violence. Findings related to violence from the gender analysis can inform adequate violence prevention and response in HIV programming. Addressing GBV in HIV programming is key for effective prevention, care, and treatment as seen in the section below, the Connection between HIV and GBV.

- **What connects KPs and the issues they face to those of the broader population, and are there opportunities for combined efforts?** Many of the gender norms and beliefs that negatively affect KPs also harm all women, men, girls, and boys. By identifying and highlighting these underlying issues, a gender analysis can create opportunities for combined efforts to challenge harmful gender norms and beliefs and promote gender equality for all.

  In Kenya, respondents identified the harmful belief that MSM and transgender women "degrade themselves when they act like women." MSM and transwomen were also reportedly more likely to experience violence if they "took on a woman's role" as violence against women is seen as acceptable. These beliefs demonstrate the clear link between homophobia, transphobia, and misogyny and highlight an opportunity for coalition building between activists working toward women's equality and those focused on ending stigma, discrimination, and violence against MSM and transgender women.

The gender analysis findings will ultimately help in the design and implementation of gender accommodating and transformative HIV programming. Whenever possible, LINKAGES recommends gender-transformative programming, such as:

- Identify harmful gender-related beliefs and directly challenge them. See **Box 5**.
- Ensure that individuals of diverse gender identities are in leadership positions for programs working with a specific KP (i.e., female, male, and transgender SWs).
- Sensitize health care workers (HCWs) on issues of sexual orientation and gender identity, discussing the gender-based roots of stigma and discrimination. This content is currently integrated into the LINKAGES Health Worker training.[iii]
- Facilitate discussions about gender expression and rigid gender norms around masculinity and femininity, particularly with MSM, to counteract stigma and acknowledge different experiences according to subpopulations. See the Ishtar Facebook post for how to begin this conversation via social media.
- Conduct trainings with HCWs, police, and peer educators to explore and challenge the gender-based roots of stigma, discrimination, and violence against KPs while discussing ways that the same norms and beliefs that justify violence against KPs are used to justify violence against women in intimate partnerships. This content is currently integrated in LINKAGES Violence Detection and Response training targeted at HCWs, police, and peer educators, respectively,[iii] as well as KP-specific guidance such as the guide for service providers to address the specific needs of WWID through gender-responsive HIV services.[19]
- Offer gender-affirming HIV services to transgender people using appropriate pronouns, chosen names, and trans-competent HIV care (for example, being able to respond to any concerns regarding how hormones may interact with treatment or pre-exposure prophylaxis).

Box 5. Case study: Identifying and challenging harmful beliefs about FSWs in Kenya

In Kenya, one of the beliefs that was reportedly most harmful to FSWs was that "SWs are bad mothers." This belief was linked to stigma, discrimination, and violence against women who were perceived to have neglected one of a woman's most important duties. It was also seen as a reason that women do not identify as SWs and are therefore reluctant to access SW-specific services. However, FSWs and the providers and program managers who work with them stated that this belief is false and that many FSWs are great mothers who prioritize their children's well-being. Countering this harmful belief and taking into account that many SWs are dedicated mothers gives rise to opportunities for gender-transformative programming. For example, a clinic that serves FSWs could also offer services for children to better reach FSWs who are mothers.

WORKING WITH TRANSGENDER PEOPLE

Beyond ensuring that transgender people are included in KP programming for SWs or PWID, LINKAGES is committed to offering services designed for and by transgender people. The HIV prevalence rate among transgender women is 49 times that of the general population.[20] Yet, transgender people have historically been ignored in KP programming. Many of the reasons for this exclusion are gender-related. For example, the gender analysis in Kenya found that many people, including program managers, do not understand that gender identity can be distinct from biological sex, which results in transgender people either being identified as mentally ill or conflated with gay men and other MSM (where gender identity and sexual orientation are conflated). As a result, LINKAGES' gender portfolio includes an emphasis on serving transgender people with HIV programming.

LINKAGES is committed to using core resources to support an increased understanding of and improved HIV programming for transgender people. While local USAID Missions and their country counterparts will decide which KPs to work with, efforts should

[iii] The LINKAGES Health Worker training and Violence Detection and Response training can be requested by writing to Giuliana Morales at gmorales@fhi360.org.

be made to encourage work with the transgender community separate from activities with MSM. A LINKAGES brief on transgender health and HIV,[21] which includes information on why it is so important—from both a human rights and epidemiological perspective—to work with transgender women can be used for advocacy. Additionally, core resources will be used to strengthen transgender-led CBOs through technical assistance by both LINKAGES project staff and members of the International Reference Group on Transgender Women and HIV.

LINKAGES also recommends that all program staff and partner CBOs are trained on the distinction between sexual orientation and gender identity (using a variation of Module 2 from *Health Policy Project's Gender and Sexual Diversity Training*[10]) and the rights and needs of transgender people. This ensures that even if a country is not supporting work with the transgender community explicitly, interactions between the project and transgender communities can be respectful and nonstigmatizing (e.g., use of correct pronouns).

At the global level, LINKAGES knowledge management efforts have focused on offering information and generating research on transgender people and HIV. The *JIAS Supplement on HIV and Transgender Populations*,[22] and *Implementing Comprehensive STI and HIV Programs with Transgender People: Practical Guidance for Collaborative Interventions*[8] (the "TRANSIT") are both LINKAGES-supported documents that provide insights into the rights, health, and programming needs of the transgender community. Additionally, social media has provided a platform for transgender people to connect on pressing global issues—through the LINKAGES Facebook and Twitter sites—and to promote their visibility by featuring transgender guest writers for the LINKAGES blog. LINKAGES also provides support to transgender individuals to attend HIV- and gender and health-focused conferences, which have been used to amplify local voices as they advocate for more and better services for transgender people all over the world.

ADDRESSING GENDER-BASED VIOLENCE

As shown in the LINKAGES Prevention, Care, and Treatment Cascade (**Figure 1**), zero tolerance for GBV and other forms of violence is considered one of the fundamental elements of effective KP programming under the LINKAGES project. While GBV is not the only form of violence experienced by KPs—refer to **Annex 1** for the definition of GBV and a discussion of the use of the term—it is an important form of abuse to address.

The Connection between HIV and GBV

The links between HIV and GBV are well-established (see **Box 6**). KPs' vulnerability to HIV and GBV are both rooted in structural inequalities, including unequal power relationships based on biological sex, gender identity, gender expression, and sexual orientation; these structural inequalities are well entrenched in cultural beliefs and societal norms and are reinforced by political and economic systems.[23, 24] Both HIV and GBV have implications for almost every aspect of health and well-being, including access to health services and education, and full enjoyment of legal and human rights. [25, 26]

Box 6. The connection between HIV and violence

Global evidence demonstrates that HIV and violence—including physical, sexual, emotional, and economic violence—are linked in multiple ways. Violence:

- Increases HIV risk,[27-30]
- Decreases HIV testing uptake and disclosure,[31-35] and
- Decreases enrollment and adherence to ART[32, 33, 36] and pre-exposure prophylaxis.[37]

Linking HIV and GBV service efforts is necessary for eliminating the structural drivers of each and achieving lasting results in the fight against HIV. Both require well-coordinated, multisectoral efforts that address the many ways in which violence and HIV infection can affect peoples' lives, including their health, education, social interactions, economic opportunities, safety, legal protections, and human rights. Both must be addressed on a continuous basis throughout the lifecycle to ensure lasting results.[24]

Evidence shows the effectiveness of GBV prevention and response strategies to mitigate HIV and supports recent mandates to integrate GBV in HIV prevention, care, and treatment services.[38] These integrated strategies can protect the health and human rights of KPs and achieve sustained results in the fight against HIV.[5, 38] Specifically, addressing GBV among victims may also increase individuals' access to HIV testing and improve adherence to treatment.[24]

Box 7. Estimating the impact of reducing violence

Modeling estimates in two different epidemic contexts (Kenya and Ukraine) show that a reduction of approximately 25 percent in HIV infections among SWs may be achieved when physical and sexual violence are reduced.[27]

LINKAGES' Role in GBV Prevention and Response

To address GBV, all LINKAGES country programs should engage in GBV prevention and response. The LINKAGES project is developing guidance on violence-related activities that should be undertaken in each LINKAGES country, including essential program elements to develop and implement violence prevention and response programs. This guidance is informed by the *United States Strategy to Prevent and Respond to GBV Globally*[39] as well as World Health Organization guidance on services for victims of violence,[40] with adaptations for KPs specifically (taken from the KP implementation tools).[6-8] This guidance is incorporated into the *LINKAGES Key Population Program Implementation Guide*[41] which is at the center of all LINKAGES programming and will be supported by protocols and trainings on violence prevention, detection, and response. Core and field resources should be directed toward addressing violence in each LINKAGES country with technical assistance from headquarters available as needed to design and begin implementing activities (see **Annex 2** for more information).

To better understand the unique experiences of violence by different KPs and opportunities for addressing violence within LINKAGES country programs, LINKAGES is engaged in a study of GBV in four Latin American and Caribbean countries (El Salvador, Barbados, Haiti, and Trinidad). Efforts in one study country, Trinidad, are profiled in a LINKAGES success story. Gender analyses have also been useful to understand the types of violence against KPs as well as the perpetrators of that violence. For example, in Kenya, MSM mentioned that very few service providers understand that it is possible for them to be victims of intimate partner violence—a barrier to sharing their stories and seeking support. Further, in both Cameroon and Kenya, the police were widely acknowledged to be among the most common perpetrators of violence and the most important to work with to reduce violence and increase protections and access to justice among KPs.

Box 8. Illustrative violence-related activities

- Detecting violence
- Providing first-line response to victims of violence (e.g., active listening, key message delivery, safety strategies, referrals)
- Providing post-violence clinical care (e.g., evaluation and treatment of injuries, rapid HIV testing, post-exposure prophylaxis)
- Building a referral network and offering referrals to clinical, psychosocial, and legal services as needed
- Establishing a crisis response system

Finally, LINKAGES is committed to being a global leader in GBV prevention and response for KPs. For example, LINKAGES published an edition of *The LINK* on violence against KPs and beginning in FY2017 is convening a Technical Advisory Group on preventing, responding to, and monitoring violence to share best practices and encourage their uptake around the world. LINKAGES will continue to pursue opportunities to publish information about our innovative GBV activities and build awareness that (1) GBV is a KP issue and (2) HIV programs for KPs cannot expect to be successful without addressing this important issue. Finally, LINKAGES social media is used to call attention to the human rights abuses, including violence, that impede KPs' access to and uptake of services. The LINKAGES Facebook and Twitter pages highlight global current events related

to KPs and HIV, including human rights abuses and violence, providing a foundation that unites a global audience of KPs for discussion, support, and advocacy efforts. The KP Heroes blog has included posts written by KP community members from Zambia, Kenya, Honduras, and Uganda speaking out on their experiences of stigma, discrimination, and GBV in the context of HIV programming.

If violence is reported to US-based staff, there is a protocol for handling these reports (see **Annex 4**). Additionally, there are resources beyond the LINKAGES project that can be accessed in the case of emergency. See **Annex 5** regarding emergency funding opportunities for both CBOs and KP members.

Monitoring and Evaluation of Gender-Integrated Programming

A robust M&E system, including PEPFAR indicators (GEND_NORM[iv] and GEND_GBV) and project-wide custom indicators (see **Table 1**), is in place for LINKAGES. This data is used to inform program planning, improvement, advocacy, and policy. Tools and forms to collect and analyze data to manage and improve programs can be found in the *LINKAGES Monitoring Guide and Toolkit for Key Population HIV Prevention, Care, and Treatment Programs*.[42]

MONITORING AND EVALUATING THE USE OF GENDER ANALYSIS FINDINGS

A project-wide custom indicator on conducting and using the findings of a gender analysis is in place for LINKAGES. To demonstrate progress made in the cross-cutting area of gender integration, additional information is solicited from quarterly program reports. Country offices have been provided with guidance on what to share regarding gender integration (see **Annex 3**).

TABLE 1: LINKAGES Performance Monitoring and Evaluation Plan custom indicators on gender integration

Performance indicator	Definition	Data source	Frequency of reporting/ responsibility
Result 2: Demand for comprehensive prevention, care, and treatment services among KPs enhanced and sustained			
2.1 Number of key population CBOs that implement interventions to address structural barriers	**Numerator:** Number of key population CBOs that design structural interventions for KP (that are country specific and address structural barriers including harmful gender norms, stigmatizing medical practices, standard and regulations, laws and policies) **Disaggregated by:** country	Program reports	Semi-annually/Country project strategic information (SI) lead & technical officers
2.2 Number of HCWs, police, and other stakeholders that participate in stigma reduction and gender transformative trainings	**Numerator:** Number of HCWs, police, and other stakeholders (includes clients of sex workers, detention staff, family members, lawyers, judges, members of government, media) that participate in gender-transformative trainings **Disaggregated by:** types of individuals (i.e., HCWs, police, others) and country	Program reports	Quarterly/Country project SI lead & technical officers
Result 3: Strengthened systems for planning, monitoring, evaluating, and assuring the quality of programs for KPs			
3.1 Number of gender analyses conducted with the results used for programming or policy advocacy efforts	**Numerator:** Number of gender analyses conducted with the results used for programming or policy advocacy efforts within the first year of funding **Disaggregated by:** KP type (FSW, PWID, MSM/TG, MSM/TG who are SWs) and country	Program reports	Quarterly/Country project SI lead & technical officers

[iv] Note that GEND_NORM is now used as a custom indicator per changes in MER 2.0.

Countries are also encouraged to write success stories or case studies on gender integration. Support for documentation of successes is available from the individuals on the LINKAGES knowledge management team, who also have gender expertise.

MONITORING AND EVALUATING PROGRAMS FOR TRANSGENDER PEOPLE

The *PEPFAR Monitoring, Evaluation, and Reporting (MER 2.0) Indicator Reference Guide*[43] includes new guidance on KP disaggregation, including separating MSM and transgender people, for a subset of indicators. To collect the needed information for this level of disaggregation, use PEPFAR's two-step question method (see **Table 2**). Please note that terms such as "transgender" may not be used in a specific setting. However, the two-step question method allows you to determine whether someone is classified as transgender by PEPFAR.

When reporting in LINKAGES quarterly reports, disaggregate transgender people by gender (transgender women, transgender men).

When reporting in DATIM, classify transgender women, transgender men, and other clients whose gender identity is different from their sex assigned at birth as "TG" per MER 2.0 instructions. If an indicator requires disaggregation by sex (female, male) and does not include "TG" as an option, report the client's sex assigned at birth.

MONITORING AND EVALUATING GENDER-BASED VIOLENCE PROGRAMS

Per PEPFAR guidance, LINKAGES uses the GEND_GBV indicator (see **Table 3**) to measure post-GBV clinical service uptake. To determine whether your program can report on GEND_GBV, review the data elements in Annex 6. Data on experiences of and responses to violence are collected in data collection

TABLE 2: Two-step question recommended to correctly identify transgender people in service use statistics (from the *PEPFAR MER 2.0 Indicator Reference Guide - Key Population Classification Document*[43])

1. Do you consider yourself: male, female, transgender, or other?	
☐ Male ☐ Female ☐ Transgender (male to) Female ☐ Transgender (female to) Male ☐ Other _____ ☐ Refuse to Answer	If transgender (male to) female: client was born a boy, but identifies as a woman. If transgender (female to) male: client was born a girl, but identifies as a man.
2. What sex were you assigned at birth??	
☐ Male ☐ Female ☐ Other _____ ☐ Refuse to Answer	
If client answers Transgender MTF or FTM to Q1, or if client identifies as a gender different from their birth sex, then classify as TG.	

TABLE 3: GEND_GBV indicator (from the *PEPFAR MER 2.0 Indicator Reference Guide*[43])

Program area	Indicator code	Indicator name	Reporting frequency
Prevention	**GEND_GBV**	Number of people receiving post-gender based violence (GBV) clinical care based on the minimum package. NOTE: The indicator DOES NOT measure delivery of GBV prevention activities.	Annual

tools (e.g., Tool #12—Crisis Management Register and site-level service logs) that have been rolled out in most LINKAGES countries. These tools are available in the *LINKAGES Monitoring Guide and Toolkit for Key Population HIV Prevention, Care, and Treatment Programs*.[42]

When reporting on GEND_GBV in LINKAGES quarterly reports, use PEPFAR's two-step question method (see **Table 2**) to disaggregate by gender (female, male, transgender women, transgender men).

When reporting on GEND_GBV in DATIM, disaggregate GEND_GBV by sex using the client's sex assigned at birth as "TG" is not an option for this indicator.

CONCLUSION

LINKAGES is well positioned to bring attention to the need for and benefits of gender-integrated HIV prevention, care and treatment programming for KPs. Tools have been developed or are being developed to facilitate this important objective and to align with PEPFAR guidance on gender integration. Support is available to country teams, who should budget for gender-integrated activities and can include technical assistance as part of those activities. For any questions or to receive resources, please write to Giuliana Morales at gmorales@fhi360.org.

Annexes

ANNEX 1

Language Matters

Among key population (KP) communities and those who work alongside them, there is respectful debate about the language we use when we talk about violence. Language matters, as the *2015 UNAIDS Terminology Guidelines*[44] remind us: "language shapes beliefs and may influence behaviours." In this strategy, we use "gender-based violence" or GBV, though we recognize that many prefer "anti-LGBTI violence" when discussing violence against MSM and transgender people. Others prefer to speak broadly about human rights violations or to use terms more easily understood in the field, such as "violence and abuse."

There are some technical and strategic reasons to use the term GBV. Although many are accustomed to thinking of GBV only in relation to women and girls, when the definition is expanded to include MSM and transgender people—as both UNAIDS and PEPFAR do—the root cause of much of the violence against KPs is revealed. The *Review of Training and Programming Resources on GBV against KPs*[45] explains that "homophobia, transphobia, and narrow norms about how a 'male' or 'female' is expected to identify and behave...reflect entrenched prejudice and poor acceptance of 'difference' (such as in sexual practices or gender identity)" and result in a heightened risk of GBV.

Also, the term GBV is already widely used around the world. Many accept GBV as a wrong that must be addressed, and many countries have policies against it. If we can expand people's understanding that GBV affects KPs, we will create opportunities to tap into existing GBV response systems, to build coalitions with women's rights groups with decades of experience in GBV work, and to more explicitly include the LGBTI community in anti-GBV policies.

The use of "GBV" does have drawbacks. For one, GBV can be understood as only violence against women, making the term feel too narrow for KP programming. Also, GBV may call to mind acts by individuals and not by the state. When violence occurs because it is state-sanctioned (such as in the case of criminalization) or when politicians use anti-LGBTI sentiment to motivate a voting base, the term GBV may not go far enough. And, finally, not all violence against KPs is gender-based—particularly in the case of men who inject drugs—and the root cause of the violence should not be used to determine whether we have an obligation to address the issue. Ultimately, what matters most is our shared commitment, whatever our terminology, to preventing and responding to all forms of violence against KPs.

Gender-based violence:

Any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are not in line with social expectations of what it means to be a man or woman, or a boy or girl (e.g., MSM, female sex workers). It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life [*PEPFAR Gender Strategy*].[12]

ANNEX 2

Planning and Advocating for Violence Prevention and Response

HIV programs for key populations (KPs) must address violence to be effective. Violence—including physical, sexual, emotional, and economic violence—violates the fundamental human right to live free from violence,[25, 26] increases HIV risk,[27, 29, 30] decreases HIV testing uptake and disclosure,[31-35] decreases enrollment and adherence to ART[32, 33, 36] and pre-exposure prophylaxis,[37] and causes a host of other health issues.[46]

Addressing violence in the context of HIV programming for KPs ensures that LINKAGES takes a human rights-based approach that is responsive to community priorities, decreases HIV risk, and improves outcomes across the HIV prevention, care, and treatment cascade. As Tisha Wheeler, Senior Technical Advisor for Key Populations at USAID, has noted in the LINKAGES blog, "It is obvious to conclude that HIV programming for key populations will continue to be incomplete and ineffective without basic violence response mechanisms at the community level."

LINKAGES has guidance for implementing violence prevention and response in HIV programs for KPs that includes easy-to-follow, actionable steps. If you have questions on how to plan or advocate for violence prevention and response in the PEPFAR Country Operational Plan (COP), please reach out to Giuliana Morales at gmorales@fhi360.org.

ANNEX 3

Crosscutting Issues in Quarterly Reporting

CROSSCUTTING ISSUES: GENDER

Please tell us about your activities to address physical, sexual, emotional, and economic violence against key populations (KPs) in the context of HIV prevention, care, and treatment.

In particular, what are you doing in each of the following areas?

Education on violence and rights for KPs

- Please describe your program's efforts to educate KPs on the intersection between violence and HIV and on KP's right to live free of violence; this can include educational materials, peer outreach, and events to describe violence and its link to HIV as both a cause and consequence of HIV, articulate KPs' rights, and inform KPs of available services if violence occurs.

Violence prevention with powerholders

- Please describe what your program does to prevent violence against KPs by working with powerful members of the community such as health care workers, police, government, and media to explain the link between violence and HIV and to decrease the acceptability of violence against KPs. This could include advocacy, trainings, sensitization, etc.

Violence response

- Please describe what HIV-related and other services your program offers to an individual who experiences violence, including health (e.g., HIV testing, post-exposure prophylaxis), legal, and psychosocial support; including any crisis response available (e.g., a hotline or other way to connect with help in case of emergency).

Violence monitoring

- Please describe how your program tracks incidents of violence, how those incidents are aggregated and reported, and what you have learned about the connection between violence and HIV through these efforts (e.g., What are the most common types of violence (e.g., sexual violence)? Who are common perpetrators? Are those who perpetrate at a high risk of HIV?).

ANNEX 4

Protocol for Handling Reports of Violence to US-based LINKAGES staff

Because of US-based staff's travel to the field and the visibility of LINKAGES, it is possible that US-based staff (or other staff not located in a LINKAGES country) will receive direct communication from individuals in LINKAGES countries who have experienced violence or abuse. Below is the recommended way to handle these cases.

As staff not based in country, we have limited ability to provide support to individuals who report violence. Support can be best provided locally, and our partners offer violence response services in many LINKAGES countries. It is our job to offer the survivor information on the local services available. Please do this by asking in-country staff what is available in a given location. When reaching out to get information about available services, do not share either the name of the survivor or details about an incident of violence without the explicit consent of the survivor. There are also emergency resources, managed by other organizations, that are available globally (see Annex 5 resource list).

If you are contacted about an incident of violence, please do the following:

1. Respond immediately to the survivor to let them know that you received their email and are working to identify locally available resources. Share the Annex 5 resource list and encourage the survivor to seek out appropriate resources on their own, if desired, while you are identifying local resources. See ideas for your response in the "FIRST EMAIL."
2. Reach out to in-country staff to learn what violence response services are available in a given location (e.g., any implementing partners/drop-in centers [DICs] that offer health, legal, counseling/mental health services to key population members who experience violence). The more specific the information you can collect, the better. For example, it is better to have the name of a trained provider at a specific DIC and the phone number and address of that DIC than just the name of that DIC.
3. Use the "SECOND EMAIL" text to provide the relevant information to the survivor.

First E-mail

Dear _____,

Thank you very much for reaching out to me. It can be difficult to talk about these experiences, and I appreciate you sharing what happened. I am sorry this happened. You did not deserve to be treated this way. I am reaching out to our local staff to learn what services are available to you. I will not share any of your information in my communications with local staff. I will respond again as soon as I have the relevant information. In the meantime, I am sharing a resource list *[Attach Annex 5]* about globally-managed emergency resources that might be useful.

Second E-mail

Dear _____,

Thank you again for reaching out to me.

At the bottom of this email you will find the services available in your location. You can learn more about available services from *[name of individual]* in our *[country]* office. His/her contact information is: _____. If you would like me to reach out directly to this staff person and let them know you will be contacting them, I would be happy to.

I will wait to hear from you before acting further.

	Health	Legal	Mental health/ counseling	Other
Organization/ DIC name				
Location				
Hours				
Phone number or other contact information				
Name of specific service provider at this location				

If you have any questions, please contact Robyn Dayton at rdayton@fhi360.org for help. If you are reaching out for assistance on a specific report of violence, please do not share any identifying information about the person who contacted you and do not forward original emails.

ANNEX 5

Emergency Funding Opportunities

RESOURCE LIST | EMERGENCY RESPONSE

Support for responding to human rights violations and security threats

This resource list explains international support available for human rights defenders and organizations that work with LGBTI people and men who have sex with men (MSM), sex workers, or people who inject drugs in the case of human rights violations or security threats. It is meant for digital use. PLEASE DO NOT PRINT.

DIGNITY FOR ALL

What do they do? Dignity for All is a consortium of organizations focused on safety and security for LGBTI communities. Dignity can provide:

(1) **Emergency financial assistance** to LGBTI human rights defenders (HRDs) or organizations who are threatened because of their work. Support can address urgent needs such as temporary relocation, security, medical expenses, legal representation, and dependent support.

(2) **Security, opportunity, and advocacy rapid response (SOAR) grants** for short term interventions to help civil society organizations (CSOs) counteract urgent threats or take advantage of unexpected opportunities to protect or advance LGBTI human rights.

(3) **Preventative security workshops** that help CSOs and HRDs increase their security awareness, develop security plans, and gain skills to keep themselves and their communities safer.

Where do they provide support? Global (anywhere)

Who can apply? HRDs or CSOs with a proven history of LGBTI activism. CSOs do not need to be officially registered.

To find out more or apply—click here.
Or email info@dignitylgbti.org

International HIV/AIDS Alliance — Together to end AIDS

What do they do? The Rapid Response Fund, managed by the International HIV/AIDS Alliance, issues grants for interventions that respond to new or worsening situations that impact HIV services for LGBTI individuals and MSM. They issue:

(1) **Emergency Response Grants**, to respond to immediate threats to MSM and the LGBT community, and the HIV services that they need, and where action must happen very quickly to be effective. For example, supporting the relocation of individuals forced out of their homes, who need help to find and access friendly HIV services in their new location.

(2) **Challenge Response Grants** to respond to urgent situations that require an intervention that may take place over several months (typically up to 6 months) and will contribute to the removal of barriers to accessing HIV services. For example, engaging with local government in response to sudden policy developments affecting access to HIV services for MSM and LGBT people.

Where do they provide support? 29 countries in sub-Saharan Africa, Latin America and the Caribbean. See list.

Who can apply? Grants can be provided to CSOs led by or working closely with LGBTI people or MSM.

To find out more or apply—click here.

FRONT LINE DEFENDERS

What do they do? Front Line Defenders provides support in the form of: advocacy, emergency support for those in immediate danger, grants to pay for the practical security needs of human rights defenders, trainings and resource materials on security and protection, opportunities for human rights defenders dealing with extreme stress, and an emergency 24-hour phone line. They aim to approve emergency grants within 48 hours.

Where do they provide support? Global (anywhere)

Who can apply? Human rights defenders and their organizations

To find out more or apply—click link.

URGENT ACTION FUND FOR WOMEN'S HUMAN RIGHTS

What do they do? Urgent Action Fund for Women's Human Rights provides grants to women and transgender human rights defenders at critical moments. They intervene quickly when activists are poised to make great gains or face serious threats to their lives and work. A list of their grants to date can be found here. They respond to requests within 72 hours and have funds on the ground within 1-7 days.

Where do they provide support? Asia, the Middle East, Central and Eastern Europe, and North America

Who can apply? Women and transgender human rights defender

To find out more or apply—click here.

ANNEX 6

Data Elements for Clients Who Have Been Screened for or Spontaneously Disclosed Violence (Contributing to Reporting on GEND_GBV)

To count a client under the PEPFAR indicator GEND_GBV a PEPFAR-supported clinic must offer or have the ability to refer to the services described in the PEPFAR Monitoring, Evaluation, and Reporting (MER 2.0) Indicator Reference Guide[43] as the "Minimum Package for post-rape services" or the "Minimum Package for other post-GBV care services" depending on whether the violence will be reported as "sexual" or "physical and/or emotional." **If these services are in place, the data elements table below can help you determine whether a client who reports violence can be counted under GEND_GBV.** You can count a client under GEND_GBV if the following is true:

- **An act of violence was reported**, demonstrated by selecting one of the two highlighted options under 2.3, AND
- **The violence was economic, physical, psychological, and/or sexual**, demonstrated by selecting one of the highlighted options under 3.2, AND
- **The client came to the reporting clinic**, demonstrated by selecting "Yes" to 4.1, AND
- **The client received at least one service**, demonstrated by ticking one or more services under 4.2

1.0	1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3
Clinic ID	**Client ID**	**Sex assigned at birth**	**Gender identity**	**KP Type (can select multiple)**	**Hotspot name**	**Date of contact**	**Who screened the client or received the spontaneous disclosure?**	**Where did screening or spontaneous disclosure originally occur?**	**Which of the following best describes the client's comments on violence?**
Alpha-numeric	Alpha-numeric	☐ Male ☐ Female	☐ Male ☐ Female ☐ Transgender (male to) female) ☐ Transgender (female to) male) ☐ Other ☐ Refuse to answer	☐ SW ☐ MSM ☐ PLHIV ☐ PWID ☐ TG ☐ Non-disclosed	Alpha-numeric	Date (within the current reporting period)	☐ Peer educator ☐ Health care worker ☐ Psychologist ☐ Doctor ☐ Nurse ☐ HTC Counselor ☐ Police ☐ Lawyer ☐ Other *Option to provide name of individual if desired*	☐ In the community (e.g., during outreach) ☐ At an HIV clinic ☐ At the police station ☐ In the hospital ☐ At a CBO ☐ Other	☐ The client was screened but did not report violence. (IF SELECTED, STOP HERE) ☐ **The client reported violence during screening.** ☐ **The client reported violence spontaneously (not during screening).**

3.1	3.2	3.3	4.1	4.2	4.3	4.4	4.5
How recently did the most recent act of violence occur?	**Type(s) of violence disclosed? (can select multiple)**	**Perpetrator(s) of violence? (can select multiple)**	**Did the client come to the reporting clinic (named under question 1.0)?**	**Services provided in the clinic (can select multiple)**	**Services provided by LINKAGES peer educators or other LINKAGES staff outside of the clinic (can select multiple)**	**Referrals shared in the clinic or by other LINKAGES staff and accepted by client (can select multiple)**	**Referrals completed (can select multiple)**
☐ Last 24 hours ☐ Last 3 days ☐ Last 5 days ☐ Last month ☐ Last 3 months ☐ More	☐ **Economic** ☐ **Physical** ☐ **Psycho-logical** ☐ **Sexual** ☐ Other human rights violation (these acts, such as refusal of a health care provider to treat someone, do not count under GEND_GBV)	☐ Spouse/ex-spouse ☐ Other long-term partner/ex-partner ☐ Client ☐ Police ☐ Military ☐ Local gangs ☐ Religious groups ☐ Government officials ☐ Bar manager/ owner ☐ Madame/ pimp ☐ Family member ☐ Employer ☐ Other	☐ **Yes** ☐ No	☐ Initial assessment (refers to asking about violence experienced and determining needs based on this assessment) ☐ HIV test ☐ STI test ☐ PEP ☐ Emergency contraceptive ☐ Tetanus vaccination ☐ Injury treatment ☐ Physical exam ☐ Counseling (such as, providing key messages, safety planning) ☐ Other	☐ Initial assessment (refers to asking about violence experienced and determining needs based on this assessment) ☐ Active listening and key message delivery ☐ Safety planning ☐ Sharing information on rights ☐ Accompani-ment ☐ Other	☐ HIV test ☐ STI test ☐ PEP ☐ Emergency contraceptive ☐ Tetanus vaccination ☐ Injury treatment ☐ Physical exam ☐ Counseling (such as, providing key messages, safety planning) ☐ Mental health services ☐ Child protection services ☐ Legal services ☐ Police ☐ Other	☐ HIV test ☐ STI test ☐ PEP ☐ Emergency contraceptive ☐ Tetanus vaccination ☐ Injury treatment ☐ Physical exam ☐ Counseling (such as, providing key messages, safety planning) ☐ Mental health services ☐ Child protection services ☐ Legal services ☐ Police ☐ Other

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