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## Integrating programming to address gender-based violence and engage men and boys to advance gender equality through national HIV strategies and plans

14-16 November 2011  
Istanbul, Turkey



### MEETING SUMMARY

“The AIDS response can be a positive force in challenging rights violations of, and stigma and discrimination against, women and girls, including in laws criminalizing HIV transmission, laws infringing upon the rights to privacy and confidentiality and the right to be free from violence, sexual assault and rape inside and outside of marriage as well as within and outside of situations of conflict and emergency, laws involving inheritance, ownership and access to and control over land ownership and family laws and other policies and practices that violate the human rights of women...

...The Operational Plan acknowledges that traditional and stereotypical views of women and men and girls and boys, and the relations between them, that cast females as subordinate and males as superordinate, hinder an effective HIV response. The engagement of men and boys in the implementation of this Operational Plan is therefore critical. Men must work with women for gender equality, question harmful definitions of masculinity and end all forms of violence against women and girls.”

- *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*

## **Background**

Through an inter-agency process, in November/December 2010 and again in 2011, UNAIDS, UNDP, UNFPA, UN Women, WHO, the ATHENA Network, the MenEngage Alliance, and Sonke Gender Justice, convened a multi-country workshop to integrate strategies to address gender based violence (GBV) and to engage men and boys in challenging gender inequality into national HIV planning. Participation in the workshop and the formation of country teams has enabled these countries to strengthen their HIV response by addressing and redressing the ways in which GBV fuels the HIV epidemic, occurs as a consequence of HIV, and obstructs the national HIV response. The meeting was organized to respond to the commitments outlined in the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, and the concern that gender-based violence and the engagement of men and boys for gender equality have not been sufficiently integrated into countries' national strategic plans and frameworks.

There is growing recognition of and attention to gender equality – including gender-based violence and harmful gender norms – as a cause and consequence of HIV. Indeed, an expanding evidence-base is now strengthening our understanding of the linkages between HIV, gender inequality, and violence against women and girls. Despite this greater understanding, programming and policies to address the intersection have not yet reached the scale, depth, or breadth required to reverse the overlapping epidemics of gender-based violence and of HIV.

Several trends stymie the most effective programming. First, policies and programming to address gender-based violence are often under-resourced and fragmented, operating in parallel to the national HIV response rather than in coordination and alignment. Second, the current level of resources for advancing women's rights and responding to gender inequality and gender-based violence in the context of HIV is insufficient to effectively implement policies that do exist, support the scale-up and replication of promising programmes, to engage in operational research, or to expand the evidence base. Third, lack of adequate investment in national strategies to address structural drivers of gender inequality and of violence (in general and in the context of HIV) has resulted in a fragmented approach, consisting generally of small-scale projects, often operating without the benefit of a sound unifying national strategy, and with limited investment in monitoring and evaluation.

From the perspective of planning, programming, and monitoring and evaluation, understanding the gender dimensions of HIV, the links between gender-based violence and HIV, and the potential of men and boys as partners for gender equality helps to foster a sustainable response to HIV. Effective action for HIV prevention requires concerted and far-reaching efforts to challenge and change harmful gender norms and inequality between women and men, as well as focused action to make community environments safer, especially for young women and girls, with attention to women and girls in diverse communities. HIV prevention also requires addressing how gender dynamics and the risk of gender-based violence affect people in key populations and at risk groups, such as sex workers and their clients, people who inject drugs, and men who have sex with men and their female partners. Identifying and supporting the needs of discordant couples is also important, as is paying attention to the differential impact of HIV on women and men, either as people living with HIV or as care-givers or family members.

The **UNAIDS [Agenda](#) for Accelerated Action for Women, Girls, Gender Equality and HIV** commits to “address HIV needs of women and girls and stop violence against women”,

recommending 26 strategic actions that countries can take to achieve this goal. The Agenda emphasises the need to strengthen and broaden partnerships, build synergies between the women's rights movement and the HIV response, and actively engage men and boys for gender equality. The agenda is based on three key recommendations:

1. Generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure tailored national AIDS responses.
2. Translate political commitments into scaled-up action and resources that address the rights and needs of women and girls in the context of HIV.
3. Champion leadership for an enabling environment that promotes and protects women and girls' human rights and their empowerment, in the context of HIV.

The **UNAIDS 2011-2015 [Strategy: Getting to Zero](#)** Strategic Direction 3 pledges the UNAIDS family to "ending the HIV-related stigma, discrimination, gender inequality and violence against women and girls that drive the risk of, and vulnerability to, HIV infection by keeping people from accessing prevention, treatment, care and support services." To this end, UNAIDS and UN partners have committed to achieving the following goals by the end of 2015:

- HIV-specific needs of women and girls are addressed in at least half of all national HIV responses; and
- Zero tolerance for gender-based violence.

The UN Secretary-General's UNiTE to End Violence against Women campaign, the Millennium Declaration, and the 2015 deadline of the Millennium Development Goals (MDGs) all make clear the UN's commitment to ending gender-based violence and advancing women's rights.

### **The Istanbul Meeting on Integrating Strategies to Prevent Gender-Based Violence (GBV) and Engage Men and Boys as Partners for Gender Equality into National Strategic Plans (NSPs) on HIV and AIDS**

The Istanbul Meeting was held in response to the concerns and commitments outlined above, and was convened by members of the UN Interagency Working Group on Women, Girls, Gender Equality and HIV,<sup>1</sup> (specifically: UNAIDS, UNDP, UNFPA, UN Women and WHO), in collaboration with the [MenEngage Alliance](#), [Sonke Gender Justice](#) and [ATHENA Network](#). The meeting built on the experience and successes of a first consultation, "*Nairobi Meeting on Integrating Strategies to Prevent Gender-based Violence and Engage Men and Boys to Achieve Gender Equality through National Strategic Plans on HIV and AIDS*," which was held in December 2010 in Nairobi, Kenya.

National Strategic Plans on HIV and AIDS (NSPs) are a key platform for articulating an HIV response that advances gender equality, champions women's rights, engages men and boys, and ends gender-based violence as a cause and consequence of HIV. As such, the Istanbul meeting aimed to support 20 country delegations from 5 regions to review their current National Strategic Plans on HIV and AIDS, assess the strengths and weaknesses of these

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<sup>1</sup> Includes UNAIDS Secretariat, Cosponsors (UNDP, UNFPA, UNHCR, ILO, WFP, UNESCO, UNICEF, UNODC, WHO, WORLD BANK) and UN Women.

plans with regard to addressing gender-based violence and engaging men and boys for gender equality. The meeting intended to result in country action plans to strengthen cross-cutting attention to gender equality (including through the engagement of men and boys as partners) and gender-based violence in their national planning processes and forthcoming National Strategic Plans on HIV and AIDS.<sup>2</sup>

Meeting delegates were drawn from government – in particular Ministries of Health and/or Women/Gender, and National AIDS Councils (NACs) – and from civil society and the national UN offices. Sixteen countries from five regions were represented at the meeting, namely:

**Sub-Saharan Africa:** Nigeria, Uganda, Malawi, Swaziland;

**Asia-Pacific:** Indonesia, China, Myanmar, Thailand;

**Middle East and North Africa:** Egypt;<sup>3</sup>

**Latin America and the Caribbean:** Brazil, Belize, Ecuador;<sup>4</sup>

**Eastern Europe and Central Asia:** Russia, Tajikistan, Kazakhstan, and Moldova.

### **The Programme**

All the presentations mentioned below as well as the resulting country action plans can be found at the URL below.

[http://www.salamandertrust.net/index.php/Projects/GBV\\_Workshop\\_Istanbul\\_Nov\\_2011/](http://www.salamandertrust.net/index.php/Projects/GBV_Workshop_Istanbul_Nov_2011/)

### **Day 1 – Why integrate gender-based violence and engagement of men and boys as partners for gender equality into National Strategic Plans (NSPs)?**

Representatives of UN partners Susana Fried (UNDP), Upala Devi (UNFPA), and Katy Pullen (UN Women), opened the meeting with some reflections on the state of the HIV epidemic and response, the commitments of the UN Interagency Working Group on Women, Girls, Gender Equality and HIV, and the purpose and objectives of the meeting.

Participants introduced themselves and were asked to work in small groups to say what they were expecting from the meeting, and what they felt they were bringing to the meeting. The majority of delegates were looking for practical strategies to integrate, scale-up and or operationalize addressing gender-based violence and sexual and reproductive health and rights, and to engage men and boys as partners in gender equality. They brought to the room, experiences of NSP development processes, and knowledge / experience of on-the-ground interventions in both the focus areas.

### **Reports from 2010 Workshop Participants**

Returnee delegates from the Nairobi Consultation (December 2010), Mr Dragan Ilic from Serbia's National AIDS Council (NAC), and Dr Lilian Otiso from the Liverpool VCT in Kenya, presented on lessons learnt from Nairobi.

**Dragan Ilic** highlighted key areas of implementation that have been undertaken in Serbia following from the Nairobi Consultation. Serbia has a concentrated epidemic with most new HIV (70%) among men who have sex with men. To date the HIV response in Serbia had been

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<sup>2</sup> See Annex 1 for meeting objectives and anticipated outcomes.

<sup>3</sup> Only one person was able to attend from Egypt. A delegation from Djibouti was unable to attend at the last minute due to the length of time required to obtain visas.

<sup>4</sup> A delegation from Guatemala was also unable to attend due to challenges regarding routing and obtaining visas

gender blind, but following the Nairobi meeting new approaches to prevention were put forward and adopted. These included:

- gender and age specific new programmes for people who use injecting drugs integrated within local authority programmes
- involvement of women sexual partners of men who use injecting drugs, whether they are using drugs themselves or not
- gender and age-appropriate promotion of condom use
- projects to support the prevention needs and rights of sex workers with a focus on different sex worker population needs and vulnerabilities (men – 20%; transgender people – 20%; Roma people – 50%; minors)
- age and gender specific educational needs and training among poor and marginalised persons
- age and gender-specific counselling for young people, and promotion of condom accessibility
- shared responsibility of women and men in vertical prevention – (previously only women were targeted in vertical prevention programmes)
- development of program for health workers and others for the inclusion on men
- Peer educators to work with women who have partners of high risk
- Prevention through fighting GBV
  - recognition of GBV risks – sensitisation among whole population;
  - mechanisms to reduce HIV-related violence;
  - empowering women - including sex workers to recognise and report violence

**Lilian Otiso** from Liverpool VCT (LVCT) in Kenya described how the LVCT has been involved in policy work to inform the development of the Kenya National AIDS Strategic Plan (KNASP) 2009-2013 in Kenya, and involved in the 5 committees that have been established to oversee implementation of the plan. Lilian noted that while significant gaps still exist, there are new opportunities created by the recognition in the KNASP of the importance of addressing gender and vulnerable groups in the national response and gender-based violence as an important aspect of prevention. Progress has also been made by convening a “Women and girls living with HIV taskforce” designed to move the UNAIDS Agenda for Women and Girls forward in Kenya. The taskforce will be developing a Gender Mainstreaming Action Plan to inform national processes including KNASP review. In addition, more attention is being paid to multi-sectoral coordination around gender-based violence, including health, legal, justice sectors, led by LVCT and FIDA/Kenya (an organization of women lawyers). Finally, with a new constitution now in place, there are more opportunities to focus on legal reforms, such as Sexual Offences Act, and an Anti-FGM Bill.

### **Interactive Exercises**

The “**Power Walk**” – an interactive exercise in which participants role-play people living in different circumstances to explore ability to decide upon, access and utilize HIV- and sexual and reproductive health-related services and rights. Issues addressed included: confidential HIV testing, deciding upon the number and spacing of children, negotiation of condom use, access to justice in the event of rape, and access to treatment, care and support. The exercise highlights some of the barriers to accessing services and enjoying rights resulting from structural determinants including poverty, age, HIV status, and gender, and brought to the fore the necessity of creating an enabling legal and policy environment to support rights.

**Key Concepts, Evidence and Good Practice: GBV; The role of men and boys in challenging gender inequality in the context of HIV**

This section of the workshop began with an introduction by Alice Welbourn who requested participants to watch a 5 minute [film](#) from Uganda, and to make notes, as they watched it. The question they were requested to answer was, on the basis of what they saw and heard in the film, as well as on the basis of their own experience, *why* it is important to include men and boys in order to develop a successful response to the HIV epidemic.

**Why address gender-based violence in HIV response and what are effective [strategies](#)?**

(Dr Avni Amin – WHO)

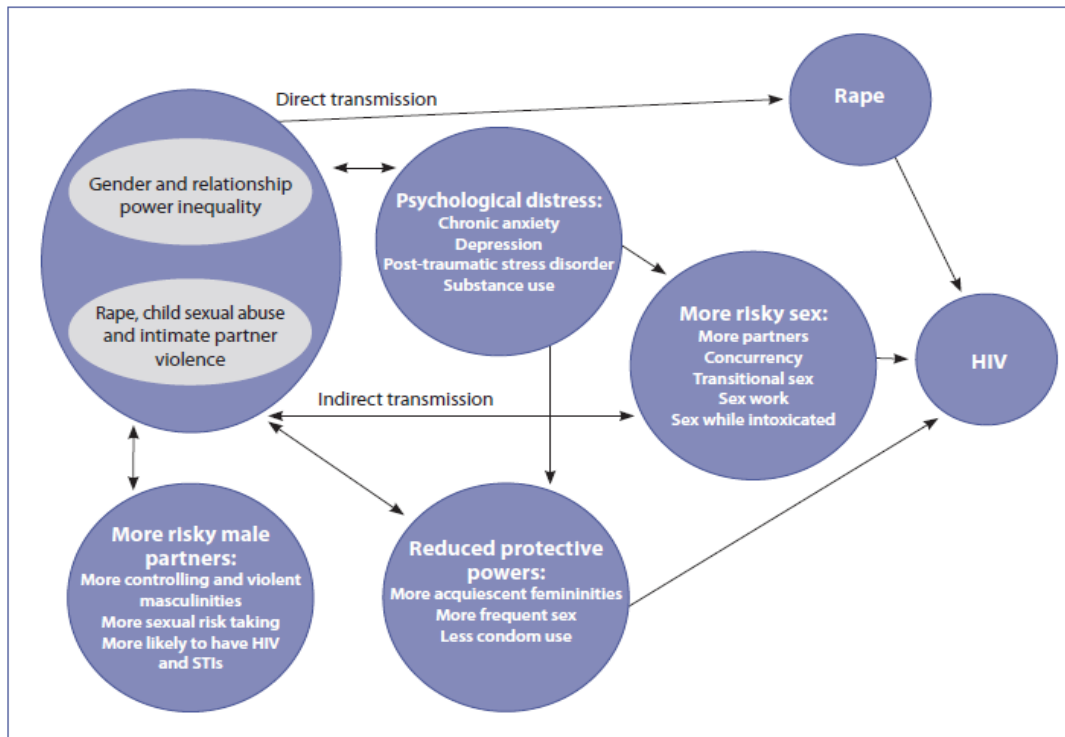
Gender-based violence is a widespread public health & human rights problem worldwide. In some countries over 40% of women report experiencing intimate partner violence in the last 12 months, and up to nearly 80% experience it in their lifetime. Among vulnerable groups these figures can be even higher.

Gender-based violence is rooted in or a manifestation of gender inequality in society: Traditional gender norms perpetuate violence against women. In DHS studies on perceptions about wife beating up to 50% of women in some countries responded that it was acceptable in at least one of a given number of circumstances.

Gender-based violence is both a risk factor for, and a potential consequence of being identified as having HIV. Compelling data is emerging to show distinct pathways between intimate partner violence and HIV transmission. Landmark studies in South Africa, Tanzania and India are showing causal links between violence and acquisition of STIs or HIV. A similar pathway is also emerging suggesting that men who perpetrate violence are also more vulnerable to HIV acquisition, and sex workers who experience violence also much more likely to experience condom failure.

A Lancet study from South Africa established a direct pathway from rape to HIV; evidence for indirect transmission from violence to HIV are far more. Men who perpetrate violence more likely to engage in risk behaviours; women in violent relationships less able to negotiate risks, and also likely to suffer from mental health issues which also reduce their ability to address violence and may also engage in risk behaviours.

Figure 1. Links between violence against women and HIV. (STI: sexually transmitted infection)



**What is the role of men in challenging gender inequality in the context of HIV? A question of evidence.**

(Tim Shand – Sonke Gender Justice Network)

Evidence is beginning to be generated about the effectiveness of engaging men and boys as partners for gender equality. This work needs to be grounded in principles about how we work with men, which ensure:

- 1) work adheres to principles embodied in the UNAIDS Agenda
- 2) recognition that most violence perpetuated is against women;
- 3) work in partnership with women.
- 4) use a positive approach – ensuring that we speak in a way that engages with men, not isolates.
- 5) recognise diversity and engage with a range of masculinities and people from different populations

Gender norms that drive the HIV epidemic include lack of male participation in care work, lack of health seeking behaviour of men, and higher numbers of sexual partners among men than among women. We see a correlation also between these factors and the prevalence of gender based violence. The same gender norms that sustain and create the situation of patriarchy where men have dominance over women, create harmful outcomes for women and children’s lives.

What causes men to use violence? What are the key associated factors – economic work stress; cycle of violence – men who witness violence as children go on to perpetrate violence. Strong correlation between male gender norms and male violence. Less equitable gender behaviours = more violence. Interventions to address the underlying causes of violence against women have to be gender transformative – not only acknowledge gender related norms but try to challenge and change gender related norms.

NSPs increasingly incorporate HIV and gender, but less often include programming to challenge gender norms among men – for example, engagement of men in vertical prevention, supporting treatment, supporting home based care. If we want NSPs to address the concerns that men have in relation to HIV and if we want them to be supporting women’s access to CTS, then more needs to happen at the policy level.

There is strong evidence to show that programmes working to change men’s attitudes and behaviours at different levels work. Interventions done in an appropriate manner do make a difference on self-reported violence, and on HIV.

In sum, interventions with men work; they have to be gender transformative, and we need policy and programmes to reflect this; and, they have to be grounded in women’s rights.

**Action Plan Preparation:**

**Regional Groups discussed:** what’s driving the HIV epidemic in your regions? Where do we need to start focussing immediately? What are the emerging issues? **Many commonalities emerged across regions.**

**Driving factors:** cultural norms; violence against women as an acceptable and endurable model; weak laws and policy to address violence against women; immigration; criminalisation (eg of HIV transmission); lack of data around HIV and GBV; lack of services; lack of comprehensive sexuality education; double-standard morality; lack of platform to speak about GBV.

**Where to start:** operationalise existing laws and policies; gender adjusted programmes for prevention of HIV; develop multi-sectoral response; sensitisation of police and service providers

**Emerging issues:** alcohol and drugs; poverty; violence against men who have sex with men and women who have sex with women; food insecurity.

**Policy Analysis “Addressing Gender-Based Violence and Integrating Attention to Engaging Men and Boys for Gender Equality in National Strategic Plans on HIV and AIDS”**

Country groups used the GBV [policy analysis tool](#) developed by the ATHENA Network and the Gender Equality and HIV Prevention Project of HEARD to identify strengths and priority gaps in their current National and Strategic Plans, which would then be taken forward to develop into country action plans.

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## Day 2 – How to Develop Integrated National Strategic Plans on HIV and AIDS

**UNDP Gender [Roadmap](#)** – presented by Susana Fried

### **“Getting to work for gender equality: a roadmap to mainstream women, girls and gender in national HIV&AIDS strategic plans”**

The Gender Roadmap is a practical process-oriented tool for integrating gender into National Strategic Plans, including guidelines on – among other things – developing indicators and monitoring tools to track progress; developing gender sensitive budgets; responding more effectively to the needs of vulnerable groups; and, identifying and eliminating barriers to gender sensitive programming. The Roadmap offers step-by-step planning processes, and is linked to an on-line compendium of resources associated to each of the processes. The Roadmap and Compendium are temporarily located at: [www.livelifelowly.net/genderinghiv](http://www.livelifelowly.net/genderinghiv)

### **Key Strategies**

Three strategy sessions were designed to provide content issues around the three areas of gender-based violence, engagement of men and boys as partners in gender equality, and the meaningful involvement of women living with HIV to inform advocacy around inclusion on these areas in NSPs.

### **Addressing Gender-Based Violence**

Presentations were given by Licia Brussa from [TAMPEP](#); Dahlia Saibil from the UN Trust Fund to End Violence Against Women, UN Women; and, Avni Amin from WHO.

**Licia Brussa** spoke about strategies used by TAMPEP to reduce HIV and STI vulnerability among migrant sex workers in Europe. Institutional violence, the criminalization of sex work, and exploitative working conditions are the most significant factors that leave sex workers vulnerable to violence and abuse, and these must be seen within the wider context of stigma and discrimination and gender based violence faced by sex workers on the basis of their occupation. These factors impact on sex workers’ ability to access HIV- and violence-prevention services due to the clandestine nature of the work and work-places. Homophobia is also a major barrier for male sex workers to access services. Recently, the discourse on sex trafficking has been used to restrict human rights approaches to the protection of sex workers. Finally, there is a lack of political commitment and governmental responses focusing on sex worker vulnerability to violence. There is a need governments to publicly speak out against violence against sex workers – including different state actions, and by integrating violence against sex workers in all HIV programmes

A number of strategies have been found to work in protecting sex worker rights, and among these are:

- mapping of settings of sex-work to be able to reach sex workers through outreach and mobile services
- training and sensitisation of service providers,
- support sex worker–led organizations in capacity building and organizational development,
- need to transform police into agents of change

- incredibly important that sex workers believe that they don't deserve violence and that they can prevent it. Victim to survivor. Emotional and practical support, support to document, report and tackle incidence of violence
- set up warning systems about known violent clients – information-sharing strategy that sex worker-led projects use to prevent and document violence
- sensitize and mobilize agents in the sex industry in violence prevention
- involve clients as allies, not the enemy of sex workers
- sex work interventions must be central to scaling up the HIV and anti-violence responses; listening to sex workers is crucial.
- form partnerships and review policies and laws that keep sex workers from accessing HIV services, sexual and reproductive health services and equal access to justice.

**Dahlia Saibil** gave examples of good practice from the UN Trust Fund and Johnson and Johnson HIV /AIDS and VAW Learning Initiative. It brought together seven organizations to pilot innovative initiatives to address the intersection of VAW and HIV. Projects worked on preventing HIV and violence against women, increasing access to services to women living with HIV and to survivors of VAW and strengthening the institutional response to these pandemics.

#### Promising practices

- Strengthen service providers capacity to provide comprehensive care to women living with HIV and VAW
- Creation of partnership and referral systems
- Creation and distribution of IEC materials together with legal literacy and training – what are your rights, and how do you demand them?
- Media campaigns and community outreach activities used together to increase awareness, decrease stigma, and mobilize communities to act
  - o “Breakthrough India” – utilizing mass media; tv, radio, mobile vans that took men and boys into different communities to mobilize communities and engaged men and boys as change agents
  - o “Voices Project” in Nepal: radio listening groups – “community reporters” who were survivors of VAW and women living with HIV – collected stories from women in communities and told them through radio programmes – community reporters were empowered as a result
  - o “Most Understanding Husband” competition, which was part of the “Voices Project” in Nepal – another media campaign. Encouraged men to think about how they care for their wives.
- Peer outreach and support networks; these are critical to give voice to survivors; build confidence; increase capacity to demand rights
- Anti-violence committees and gender committees created in Botswana and Nigeria – made up of police, health, WLHIV, CBOs and NGOs – to increase awareness on the issues, increase service providers’ accountability, and capacitate participants to become change agents and serve as watchdogs in the community

**Avni Amin** from the WHO spoke about the “What is Evidence?” debate. Evidence of what is working is needed to make the case with policy makers, but there are many ways to frame the debate. Evidence needs to follow [WHO guidelines / protocols](#). Avni outlined some of the core principles for collecting and presenting evidence, including:

- First and foremost, **Do No Harm**

- **Safety first and confidentiality** – often the work on GBV may need to disclose the fact that individual women have been experiencing GBV – this is challenging, as disclosure can be stigmatising, harmful and deeply problematic if the person on this other end is not sensitive and equipped to respond in an appropriate way – very important that initiatives that encourage women to disclose, report, discuss violence in any way consider this.
- **Participatory approaches** are core to successful interventions
- **Multiple levels and entry points** – isolated approaches to GBV are unlikely to result in changes to the underlying causes of GBV. Work needs to change the larger structures in which GBV takes place.
- **Addressing the needs of the most marginalized** – groups of vulnerable women or men are not homogenous – specific circumstances alter vulnerability in different contexts.
- **Rigorous M&E** – big challenge to building a solid evidence base around what is effective and what isn't. Lots of promising practice, but when it comes to making the case you have to show the M&E data – patchy at best. Any response needs the M&E component built in from the outset.

Avni also introduced the [Ecological framework](#), which illustrates how choices are influenced by concentric circles of influence – individuals couples, communities, and countries, cross-cut by social-economic conditions, cultural and social gender norms, and legal frameworks.

Working with the ecological model four mutually reinforcing types interventions can take place at the different levels:

- (Individual level) Empowerment: economic empowerment, building relationship skills, mobilising sex workers, (building sets of skills of power in women); IMAGE, Stepping Stones, Sex workers mobilisation.
- (Couple / community level) Transforming harmful gender norms – Soul City, Sexto Sentido, Stepping Stones
- (Individual / couple level) Engaging men and boys
- (Country level) Promoting gender equality in laws and policies – property and inheritance rights; training of law enforcement officers, national standards and policy around appropriate care for women who experience violence – comprehensive post rape care protocols, etc.

Standard HIV prevention, treatment and care programmes must also incorporate measures to address the risk of violence within these settings; for example assessing the risk of violence in couples involved in couple counselling; and, promoting partner negotiation skills.

### **Engaging Men and Boys**

Presentations were given by Tim Shand and Dumisani Rebombo from [Sonke Gender Justice Network](#); Vanessa Fonseca from [Promundo](#) about Program H, and Stephen Iphani from the Malawi Coalition of Women Living with HIV and AIDS (COWLHA) about [Stepping Stones](#).

Tim introduced the session underlining some key points/lessons learnt from Sonke around engaging men and boys as partners for gender equality:

- Integration of recommended language for NSPs on men, gender inequalities, GBV and HIV, based on good practice examples;
- Stronger focus on challenging and addressing gender norms as a root cause of HIV.
- NSPs should highlight the role men can play in preventing GBV, and as advocates for change. NSPs can also be a tool for changing men's attitudes towards condom use

- Men's role in vertical transmissions – that intervention like all interventions around engaging with men need to be underpinned by a Do No Harm principles and never put women's health in danger.
- MMC as strategic opportunity to have a broader conversation with men.
- Need to promote greater HIV testing among men. In the Africa region few NSPs encourage men to go for HIV tests. This is something we can address
- Men in prisons often have little or no access to condoms and lubrications. We need to tailor HIV response to the specific needs of most vulnerable – migrants, prisoners, men who have sex with men.
- Care economy – women primarily are left to deal with the burden of HIV, looking after partners and families – how do we make sure men take up the challenge of supporting care?
- Comprehensive sexuality education – If we want to change gender norms we need to include this in the education systems – with an emphasis on the benefits for men and women of gender equality.
- NSP best practice – targets and commitments may not always be met, but good to have them as aspirational goals. What role do government and civil society play to hold governments to account and implement plans? Health care workers need people in different ministries to help them meet the challenges embodied in the NSP.

A framework developed by ICRW – categorises programmes into **gender neutral** (no recognition of gender difference) **gender sensitive** (recognises but doesn't challenge gender norms) and **gender transformative** (challenges the gender norms that make women more vulnerable to HIV and GBV)

Gender transformative interventions happen at three levels:

- clinic or service setting
- group education / information
- community campaigning level

**Dumisani Rebombo** spoke about the [One Man Can](#) Campaign in South Africa. The campaign targets men and boys but works with women as well with the aim of promoting gender equality to prevent GBV and HIV, through promoting healthy and equitable relationships. The campaign uses participatory approaches and multiple entry points, and has as its underlying principle the notion that “even if 40 men are against gender transformation ‘one man can’ stand up and do something. Dumi outlined the need to target men from every different spectrum:

- policy – who can we partner with to review policy, work with government, lobby from within, push latent Bills,
- Advocacy – who do you work with to push for these policies to be passed or implemented?
- How to form networks and work with other organisations? How to train and capacitate them to work on violence against women
- Communities: community actions teams challenge gender norms within communities
- Couples, families, individual men

[Brothers for Life](#) is another South Africa-based initiative spearheaded by Sonke in 2008, which uses mass media (TV, radio, bill boards) to reach millions of people with messages of change. Measuring the impact of this sort of campaign is a challenge, and community dialogue should be an additional element of the campaign. Dumi spoke of the need to

engage individual boys and men in the targeted areas, and in particular to promote uptake of medical male circumcision.

**Vanessa Fonseca** from Promundo in Brazil described [Progam H](#), which utilizes tools developed by Promundo over the last ten years to change gender attitudes that have an impact on sexual and reproductive health and the way men look at that, and to promote documentation (reporting?) of gender based violence. Program H comprises 90 group activities, including use of video and storytelling to encourage reflection on gender roles, and the potential to change these roles. Important components of the model include: Flexible models based on dialogue and respect, and conflict resolution (website has examples in English and Spanish)

- Use ecological model through a series of partnerships at different levels – govt, health services, community campaign,
- Participatory program – what needs to change so that men will use condoms.
- Affirmation of positive masculinities – the program derives its name from the phrase “Homem com H” (English equivalent would be “Man with a capital M”) which is used to assert masculinity. The program aims to change the perception of masculinity to show how men can still be “Men with a capital M” while respecting and caring for women and children (eg protecting them through using condoms, etc)
- The program uses the Men’s Gender Scale to measure changes of attitude. To date changes have been recorded across all three communities where the program has been implemented.

**Steven Iphani** from COWLHA, Malawi, gave a presentation on the use of [Stepping Stones](#) among given communities as part of the UNDP-led UA Now! project. The organization had a history of addressing the intersection of GBV and HIV through interventions only with women. However, women reported back to COWLHA that they went back to families and communities that were not transformed and ultimately nothing changed for them. COWLHA decided to adopt the Stepping Stones methodology to work with couples, exploring issues around HIV and gender based violence. Men and women work in gender- and age-segregated groups, then come together in plenary to discuss behaviours, beliefs and attitudes. To date, a thousand couples living with HIV have been reached, and the process has led to improved understanding of the links between GBV and HIV; and, improved communication between couples (also identified as a precursor to violence) in the areas of sexuality, economic rights, HIV, etc.

### **Ensuring the Meaningful Participation of Women Living with HIV in National HIV Planning Processes**

Presentations were given by Katy Pullen from [UN Women](#) and Alice Welbourn from [Salamander Trust](#)

**Katy Pullen** spoke briefly about how she has seen greater openness over the past eight years around the issue of gender-based violence in the Asia Pacific region. She said that 2011 has been a landmark year in terms of political commitments, but budgetary allocations to address structural issues lag behind the rhetoric – especially for women’s organizations and for networks of women living with HIV.

UN Women has worked to support women living with HIV through their networks and supports five key strategies to address the structural drivers of inequality and of violence:

- ✓ **Investing in positive women’s leadership** so that women most affected by HIV can advocate for policies and programmes that address structural drivers of inequality and of violence within NSPs
- ✓ **Working in partnership with women living with HIV to generate better evidence** and increased understanding of how gender dynamics and the risk, as well as realities, of gender-based violence affect women and girls, especially women and girls living with HIV.
- ✓ **Supporting women living with HIV in building coalitions and alliances – including with networks of men and boys and women’s rights organization** – to address structural drivers of inequality and of violence in NSPs.
- ✓ **Ensuring an enabling environment for women living with HIV** to advocate for the inclusion of strategies that address gender-based violence in NSPs, including those that promote greater engagement of men and boys.
- ✓ **Identifying and supporting innovative programming that addresses intersections of violence against women and HIV**, and using promising practices to inform NSPs

**Alice Welbourn** asked what the strategies we have looked at mean in terms of achieving full sexual and reproductive health and rights as well as the right to health *for all women*. Alice presented findings from the GCWA/FEIM [evaluation](#) of the Global Fund gender strategy, which included an analysis of CCM membership. The data from this analysis shows a huge gender disparity; hardly any chairs or vice chairs on the CCMs are women, and even fewer are positive women. The few women living with HIV who are represented on the CCMs are cherry-picked – they are not representing functional networks.

Women living with HIV who were participants at the meeting facilitated regional group discussions to explore the gender dynamics of participation and share their own experiences of meaningful involvement and representation. The facilitators also presented the [Policy Brief](#) “Put your Money Where Your Mouth Is” – signed by over 60 networks of women living with HIV, and the ICW Tree of Participation. Country teams were asked to consider the requests in the Policy Brief in the context of their own work and to identify ways in which gaps could be filled.

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### **Day 3 – Sharing Action Plans and Resources**

The workshop ran until midday, to ensure that all delegates were able to stay to the end of the meeting before having to leave for the airport. Most of the morning was dedicated to finalising Country Action Plans. These were then presented and shared with the whole group (see annex 1).

Following this, country groups were asked to identify what resources they needed, could offer, and what their next steps would be in terms of implementing their action plans.

Members of the UN family gave some closing remarks in which they praised the energy and intense application of the meeting delegates to the tasks set by the workshop agenda, and pledged to support the in-country processes in whichever way possible.

The meeting closed with an evaluation, a group photo, and the formation of a circle, for each and every participant to say how he or she was feeling at the end of the meeting, and to thank the UN partners for convening the meeting, the coordination and facilitation team, and in particular, Lauren Fok who was responsible for the logistics.

### **Analysis and Evaluation**

The workshop saw a high level of engagement, which was sustained throughout the three days of the workshop. Multi-sectoral delegations, with delegates from government, National AIDS Council and Civil Society, created a dynamic environment, with a great deal of cross-learning and exchange among country delegations. Sessions with focused regional group-work also allowed for effective learning and lively exchange at the regional / international level. *“I know from the Asia Pacific region that there was a lot of cross-learning and exchanges between participants from Myanmar and China and between Thailand and Indonesia for example. For starters, they intend to keep in touch and to share their experiences on implementing their country action plans.” (Coordinator Feedback)*

Delegate evaluations indicated a high level of perceived usefulness at both the conceptual stages of the workshop, and the strategic planning stage, though there was a strong demand for more examples of interventions in all areas and particularly around the engagement of men and boys as partners for gender equality. *“There need to be more concrete examples, with implementation, processes and outcomes” (Delegate Feedback); “Needed more time for country experience sharing” (Delegate Feedback).*

Each country used the tools provided to carry out a policy analysis of their relevant NSP and produced an action plan for immediate implementation. Delegate feedback suggested that the process of systematically analysing the NSPs (through use of the dedicated GBV Policy Analysis Tool developed for the purpose of the consultation) was new and in some instances challenging, but that it also resulted in a greater level of engagement with NSPs, and enabled a greater degree of focus and specificity in identifying priorities and advocacy actions. *“The development of the Policy Analysis Tool prior to the meeting made a big difference to guiding several of the sessions and was invaluable in assisting participants to identify and think through specific, tangible interventions that could be included in their NSPs.” (Coordinator Feedback.)* Delegates discussed having the tool translated for broader in-country use, particularly in the context of the NSP process (development of and/or for

NSP mid-term evaluations). Other tools, including the Gender Roadmap and the Country Action Plan Template, provided a full complement of content and process-based planning tools.

The resulting action plans were detailed and grounded in the reality of what is actually happening in each of the countries. In three instances (Belize, Thailand and Swaziland), the timing of the consultation was such that new NSPs were in the process of being drafted and the country teams were able to craft the exact language they wanted to see inserted into the new Plans.

*“The Head of the Belize delegation showing me the new language he had literally just inserted into their NSP (on the basis of our meeting)!”* (Coordinator Feedback)

*“It has been very valuable. For our group – Thailand – it was a good composition. Important point is that the persons responsible for both HIV/RH NSP have been here. The other members are from NGOs – strong advocates. Very effective. Perfect.”* (Participant Feedback)

*“The fact that Swaziland is in the process of reviewing the NSP so it is possible to include the male involvement component.”* (Participant Feedback)

However, delegates expressed some concern in terms of their confidence on implementing their action plans and the need for sustained support and follow up. *“Still need support from international base technical expertise”* (Delegate feedback), and one delegation raised important concerns about any potential negative consequences of engaging men to address issues around gender inequality. *“Engaging men. Are there any negative impacts to the long efforts of the empowerment of women?”* (Delegate feedback).

(The Country Action Plans can be found [below](#) / attached as Annex 1)

**Additional highlights and key strengths of the workshop were identified as follows:**<sup>5</sup>

1. Peer-to-peer learning was highlighted as one of the key strengths of the workshop. The Involvement of ‘Returnee Delegates’ from Serbia and Kenya who had participated in the Nairobi consultation and were able to share their country’s experience in the follow-up to that consultation, which gave great credibility to the consultation. In addition to their presentations, the delegates worked within their regional groups and provided technical support.

Peer-to-peer learning also took place through presentations of good practice and practical examples of programmes and strategies, with examples from COWLHA (Malawi), Sonke Gender Justice, and through the [film extract](#) from Stepping Stones (Uganda).

2. Country →Regional: Having the country delegations meet in regional teams at certain points during the workshop was felt to be very useful, and an illustration of why global workshops that bring different countries and regions together have added value. *“Two Chinese and Russian participants were comparing various cultural factors that would shape interventions working with men in addressing GBV even on the way to the airport in the minivan!”* (Coordinator Feedback)

3. Introduction, integration and discussion about sex work and sex workers: The

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<sup>5</sup> Analysis drawn from delegates’ evaluations and coordinators’ feedback



involvement of Licia Brussi, representing TAMPEP (The European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers) to give a sex worker rights programming perspective and technical support to country delegations who were interested in developing this area of advocacy, was very important. In particular, Licia worked with the delegation from Ecuador, to help inform their country planning. It was felt that, for future endeavours, more integrated discussions about programming around sex work, men who have sex with men, and transgender people would strengthen the programme. *“We are still very much in our knowledge base driven by a sub-Saharan Africa perspective and need good models of what is working for key vulnerable groups, particularly in concentrated epidemic settings.”* (Coordinator Feedback)

4. Women living with HIV: The inclusion of a session dedicated to the meaningful involvement of women living with HIV was also felt add value to the workshop programme. Seven women living with HIV attended the workshop and were invited to take part in this session, facilitated by Alice Welbourn. The women provided regional insights and technical support to country delegations, and in particular shed light on the gendered dynamics of participating in national AIDS responses. Several delegations responded to these messages with positive inputs into their country action plans. The process enabled the translation of the consultation into an opportunity to also support the leadership of women living with HIV, community building, and networking. Some delegates highlighted this as an area of concern requiring more guidance and support at the advocacy and planning stage.

5. Participation: The workshop utilized a participatory approach, by involving participants in reviews, strategy sessions, and closing remarks. As seen above, this helped to create an environment of peer-to-peer exchange and learning, as well as to provide motivating examples of success, and grounding the discussions in reality. Powerful examples of interventions that work came from the Malawi Coalition of Women Living with HIV (COWHLA) and Sonke Gender Justice, among others. In the evaluations, delegates consistently highlighted the usefulness and need for more peer exchange, discussion and learning, at national, regional and international level.

6. The development of a shared resources ‘pool’ whereby delegations both requested and offered resources in terms of experiences, documentation, and technical support gave a sense of on-going action, cooperation, learning and exchange around the focus of the consultation. This ‘pool’ (see Annex 2) was added to a virtual archive and resource centre comprising all the presentations given at the workshop as well as many additional background documents, advocacy and policy tools, which is accessible to meeting participants through the below URL. The contents (to date) of the virtual resources centre were also shared with participants through the distribution of CD-roms .

[http://www.salamandertrust.net/index.php/Projects/GBV\\_Workshop\\_Istanbul\\_Nov\\_2011/](http://www.salamandertrust.net/index.php/Projects/GBV_Workshop_Istanbul_Nov_2011/)

#### **Areas for Future Strengthening**

Throughout the workshop there was a strong sense from delegates and coordinators alike that more time was needed to be able to explore issues and develop plans – including follow up plans – in greater depth. In particular two areas were identified as needing substantively more time:

- 1) Innovative strategies and best practice for engaging men and boys; this is a discussion that would benefit both from more time during a global consultation of this nature, and also at the regional level, so that different strategies could be discussed in line with different ‘types’ of epidemic, with a focus on particular at-risk

populations. *“We need more success stories and the concrete technical [assistance] to do so with almost similar conditions with our country”* (Delegate Feedback).

- 2) Most of the work with the Policy Analysis Tool concentrated on inclusion of language around the first two areas covered in the tool; addressing gender based violence, and engaging men and boys as partners in gender equality. Many delegates raised questions around implementation of the policies and the need for strong accountability mechanisms to ensure that commitments are kept. Section 6 of the policy analysis tool (accountability, budgeting, monitoring) addresses this issue but there was limited time for discussion and analysis of this area.

In addition to these, the following areas were identified as potential areas for consideration should further opportunities for similar workshops arise

- Greater participation of UN representatives from regional offices, with a view to greater support at the regional level and ‘regionalization’ of the process.
- In relation to the above, in-country follow up was an area that needed strengthening from the outset. *“In the end success will be measured not by how many countries participated in these workshops, but how many of them actually have integrated these issues in their national plans.”* (Coordinator Feedback)
- Greater cross-pollination between countries at the stage of sharing draft action plans.
- Use of case studies from government officials within the NACs to illustrate how these issues have made it onto the table (or not) within NACs and how progress has been achieved including resistance encountered and how this has been overcome.

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## **ANNEX 1**

### **Meeting Objectives**

1. Identify specific policy and programmatic responses to the intersections between HIV and **gender-based violence** (GBV) at different points along the HIV prevention, treatment, care and support continuum, and recognize gender-based violence as both a cause and consequence of HIV transmission.
2. Advance the strategy of **engaging men and boys** as partners as a means of advancing gender equality and as a key intervention to interrupt and halt the gender-based violence-leads-to-HIV-leads-to-gender-based violence cycle.
3. **Review** existing National Strategic Plans on HIV and AIDS to assess strengths, weaknesses, and gaps in addressing gender-based violence as a cause and consequence of HIV, and the engagement of men and boys as a core strategy for transforming gender norms which underpin unequal gender relations, including gender-based violence.
4. Define country-level **actions plans** to strengthen the integration of strategies to address gender-based violence and to engage men and boys for gender equality into National Strategic Plans on HIV and AIDS, and other national policies, plans and processes, as appropriate.

### **Anticipated Outputs**

1. Consensus and understanding regarding the mutually reinforcing cycle of gender-based-violence and HIV, and the potential role of engaging men and boys for gender equality to interrupt and halt this cycle and strengthen the national AIDS response.
2. Analysis of existing country plans.
3. Country level action plans to support the integration attention to gender-based violence, and the engagement of men and boys for gender equality, in National Strategic Plans on HIV and AIDS and other national policies and plans, as appropriate.

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