



➤ Integrating strategies to address **gender-based violence** and **engage men and boys** to advance gender equality through National Strategic Plans on HIV and AIDS

Regional Eastern and Southern Africa consultation to strengthen attention to gender-based violence in National HIV and AIDS Plans and other critical policies.
Johannesburg, South Africa December 2012

➤ 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

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Executive summary

The last two decades have seen growing recognition of and attention to gender inequality – including gender-based violence (GBV) and harmful gender norms – as a cause and consequence of HIV. Recently, an expanding evidence-base confirms the linkages between HIV, gender inequality, and violence against women and girls. Despite this, programming and policies to address the intersection have not yet reached the scale, depth, or breadth required to reverse the overlapping epidemics of GBV and of HIV. National HIV strategies and plans (NSPs) are critical spaces for addressing these twin epidemics, yet the HIV policy framework in the Eastern and Southern Africa regions has only a weak focus on the relationship between HIV and GBV to date.¹

The three-day regional meeting in Johannesburg, December 2012, convened by the UN Interagency Working Group on Women, Girls, Gender Equality and HIV in partnership with the ATHENA Network, HEARD, MenEngage Alliance, and Sonke Gender Justice, aimed to review national policies, strategies, and plans (including but not limited to NSPs), and assess the strengths and weaknesses of these plans with regard to addressing GBV and engaging men and boys for gender equality; identify priority areas and gaps; and, develop country action plans to strengthen cross-cutting attention to gender equality, GBV, and engaging men and boys in their national planning processes and forthcoming national HIV strategies and plans.

Six countries from Eastern and Southern Africa were represented at the meeting: Angola, Malawi, Mozambique, South Africa, Tanzania, and Zimbabwe. Meeting delegates were drawn from government, specifically National AIDS Councils/Ministry of Health and Ministry of Gender or Women's Affairs (or equivalent); networks of women living with HIV; civil society organizations addressing GBV and women's rights; civil society organizations working with men and boys to advance gender equality; and relevant UN country offices.

Day one of the meeting focused on conceptualizing the issues under discussion, specifically the need to address GBV as both a cause and consequence of HIV acquisition. The session started with evidence from the Gender and Health Research Unit, Medical Research Council and AIDS Legal Network highlighting the two-way relationship between HIV and GBV. This included new research² from South Africa on rights violations women face on the disclosure of an HIV positive status, and community responses to these violations. The session also looked at various approaches to preventing GBV: transforming gender norms, the SASA!³ approach used by Raising Voices, and addressing violence against sex workers.

The second half of the day looked at the policy environment – in particular the extent to which GBV has been taken up in HIV policy and programming. Policy reviews carried out by HEARD in collaboration with ATHENA and Sonke Gender Justice pointed to significant gaps and areas of weakness in the regional policy environment. A number of tools were presented to support policy analysis at country level, including the *Framework for Women, Girls and Gender Equality in National Strategic Plans in Southern and Eastern Africa*⁴, and related policy analysis tools developed by HEARD and the ATHENA Network.

1. HEARD and Rose Gawayu (2012). Draft policy scan on laws and policies in Southern and Eastern Africa on gender-based violence.

2. Johanna Kehler, Sethembiso Mthembu, Thembisile Ngubane-Zungu, Silungile Mtambo. 'If I knew what would happen I would have kept it to myself ... Gender violence and HIV: Perceptions and experiences of violence and other rights abuses against women living with HIV in the Eastern Cape, KwaZulu Natal and Western Cape, South Africa'. Available at: www.aln.org.za/downloads/Gender%20Violence%20&%20HIV2.pdf

3. For more information visit: www.raisingvoices.org/women/sasa_rollout.php

4. Available at: www.athenanetwork.org/assets/files/Framework%20for%20Women,%20Girls,%20and%20Gender%20Equality%20in%20NSPs.pdf



Day two focused on how to address GBV in the context of HIV, with in-depth exploration and elaboration of strategies and programmatic approaches under four key areas: the meaningful involvement of women living with HIV; practical strategies for working with men and boys to advance gender equality, and working with communities through Stepping Stones; promoting and protecting the sexual and reproductive health and rights (SRHR) of women living with and affected by HIV, and SRHR linkages; and, addressing GBV and HIV vulnerability among key populations. The sessions also included an introduction to the multi-sectoral partnership initiative Together For Girls⁵ in Zimbabwe, and the UNDP Gender Roadmap⁶ – a process-oriented interactive tool for integrating gender equality into national policies and plans on HIV.

‘Green-light thinking’ and action plan development was incorporated into each session, beginning with the policy reviews and analysis on day one. Green-light thinking was used to encourage meeting participants to visualize an ideal scenario at country level with both policy and practice upholding and protecting the rights of women and girls in all their diversity. Country delegations then developed action plans in line with the key areas mentioned above in relation to the green-light thinking. These were shared and commented on among all participants on day three.

NEXT STEPS

In parallel to these multi-country consultative meetings, HEARD and ATHENA have been working in collaboration with partners in Eastern and Southern Africa since 2010 to mainstream gender equality into NSPs on HIV and AIDS, and have been involved in regional (Johannesburg 2011 and Addis Ababa, ICASA 2011) and country level (Harare 2012) workshops to support mainstreaming efforts, as well as conducting a review of NSPs⁷ in 2010, which now serves as a baseline as new NSPs come into force.

These multi-country meetings are increasingly linking to in-country efforts spearheaded by UN and civil society partners to advance policy and practice on women’s rights and gender equality. In 2012, a follow-up needs and impact assessment took place among the participants of consultations convened in Nairobi, Kenya and Istanbul, Turkey⁸, which identified potential areas of in-country follow-up planned to be undertaken during 2013. These activities contribute to on-going efforts to address the intersections between gender inequality and HIV, and protect and promote the rights of women and girls in all their diversity.

5. For more information visit: www.togetherforgirls.org

6. Available at: <http://livelifelowly.net/genderinghiv/>

7. Available at: www.heard.org.za/gender/nsp

8. Countries represented at the Nairobi meeting in December 2010: Cambodia, Côte d’Ivoire, Kenya, India, Jamaica, Haiti, Liberia, Pakistan, Papua New Guinea, Rwanda, Serbia, South Africa, Sudan and Ukraine. At the Istanbul meeting in November 2011: Nigeria, Uganda, Malawi, Swaziland, Indonesia, China, Myanmar, Thailand, Iran, Egypt, Brazil, Belize, Ecuador, Russia, Tajikistan, Kazakhstan and Moldova.



Introduction

BACKGROUND

The UN Interagency Working Group on Women, Girls, Gender Equality and HIV⁹ has been working with the ATHENA Network, MenEngage Alliance and Sonke Gender Justice to organize multi-stakeholder consultations to address gender-based violence (GBV) and engage men and boys for gender equality. The three-day regional meeting held in Johannesburg, South Africa, December 2012 built on global consultations convened in December 2010 in Nairobi, Kenya and November 2011 in Istanbul, Turkey.

This consultation also built on the regional meeting 'Human Rights, Gender Equality and HIV' jointly hosted by UNAIDS, UNDP, the International HIV/AIDS Alliance, HEARD and ATHENA in September 2011; the UNFPA, Sonke Gender Justice, MenEngage, ATHENA and HEARD regional workshop 'Gender-based Violence and Engaging Men and Boys' in October 2012; and the report of the Global Commission on HIV and the Law¹⁰. Ultimately, the consultation sought to inspire meaningful ongoing in-country follow-up work.

These meetings form part of growing efforts to address the intersections of gender equality and HIV, including: championing women's rights in the context of HIV and AIDS; addressing the HIV-related needs of women and girls; enhancing efforts to integrate a focus on GBV as a cause and consequence of HIV into HIV responses; and actively engaging men and boys to challenge constructions of masculinities that exacerbate the spread and impact of HIV.

The regional meeting in Johannesburg, brought together delegations from Angola, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe, comprising, where possible, representatives from National AIDS Councils/Ministry of Health, Ministry of Gender and/or Women's Affairs; UN country offices; women's rights organizations working on GBV, networks of women living with HIV, and organizations working with men and boys to advance gender equality.

The meeting resource team including speakers and facilitators from:

- AIDS Legal Network, South Africa
- ATHENA Network, Global
- Gender Equality and HIV Prevention Programme, HEARD, University of KwaZulu Natal, South Africa
- Raising Voices, Uganda
- Gender and Health Research Unit, Medical Research Council, South Africa
- Salamander Trust, UK
- Sonke Gender Justice, South Africa
- South Africa National AIDS Council (SANAC) Women's Sector and Civil Society Forum
- Tshwaranang Legal Advocacy Centre (TLAC), South Africa
- UNDP Global Headquarters
- UNAIDS Regional Support Team for Eastern and Southern Africa
- UNFPA Southern and Eastern Africa Sub-Regional Office, South Africa
- UNICEF Zimbabwe Office, Harare, Zimbabwe
- Wits Reproductive Health and HIV Institute, South Africa

9. Includes UNAIDS Secretariat, Cosponsors (UNDP, UNFPA, UNHCR, ILO, WFP, UNESCO, UNICEF, UNODC, WHO, WORLD BANK and UN Women).

10. Global Commission on HIV and the Law (2012). 'HIV and the Law: Risks, Rights and Health'. Available at: www.hivlawcommission.org/index.php/report



OVERALL GOAL OF THE CONSULTATION

National strategies and plans – focusing on HIV and beyond – are key platforms for articulating an HIV response that advances gender equality, champions women's rights, engages men and boys, and ends GBV as a cause and consequence of HIV. As such, the Johannesburg December 2012 meeting supported delegations from six countries (see above) to review their current national policies, strategies, and plans, and assess the strengths and weaknesses of these plans with regard to addressing GBV and engaging men and boys for gender equality. The policy analysis, and related discussions, informed the development of country action plans to strengthen cross-cutting attention to gender equality, GBV, and engaging men and boys in their national planning processes and forthcoming national HIV strategies and plans.

The workshop advanced the UNAIDS *Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV* and its commitment to “address HIV needs of women and girls and stop violence against women” and responded to 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 overall goal of the workshop aligns with the three key recommendations of the *Agenda*:

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 GBV.**

In addition, 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 GBV and advancing women's rights.

“Violence against women and girls is one of the most pervasive manifestations of gender inequality and is an indicator of the status of women in a society. Violence against women is both a cause and a consequence of HIV infection. Therefore, violence needs to be dealt with as an integral part of multi-sectoral HIV responses.”

UNAIDS AGENDA P.10



MEETING OBJECTIVES

- Accelerate the inclusion and implementation of policies and programmes around GBV and HIV in Eastern and Southern Africa.
- Explore the strategy of engaging men and boys as partners in advancing gender equality and as a key intervention to interrupt and halt the GBV-leads-to-HIV-leads-to-GBV cycle.
- Identify opportunities within national HIV strategies, NSPs on HIV, and other national policies and their related operational or implementation plans to address the GBV crisis, and consider effective ways to engage men and boys on these issues.
- Consolidate and build on on-going in-country work supporting governments, UN and civil society collaboration around GBV and HIV.
- Strengthen partnerships and synergies across key government officials, women's rights advocates, networks of women living with HIV, entities engaging men and boys for gender equality, and the UN family.

OUTPUTS

1. Consensus and understanding regarding the mutually reinforcing cycle of GBV and HIV, and the role of engaging men and boys for gender equality to interrupt and halt this cycle.
2. Review and analysis of country policy environment regarding GBV and HIV and the engagement of men and boys for gender equality, including implementation and accountability mechanisms.
3. Review and cross-country exchange of good practice.
4. Country level action plans to support the integration of attention to GBV in national HIV strategies and plans, and other national policies and plans, as appropriate, with specific attention to women's rights, women living with HIV, and the engagement of men and boys for gender equality.
5. Development of a virtual regional repository of national and regional evidence on the linkages between HIV and different forms of violence against women and girls to inform relevant policies and programmes for on-going exchange and mutual support.

An on-line repository of meeting resources, presentations and country action plans can be accessed at: www.salamandertrust.net/index.php/projects/gbv_workshop_johannesburg_dec_2012. Additional relevant resources can also be found at: www.whatworksforwomen.org.

Meeting proceedings

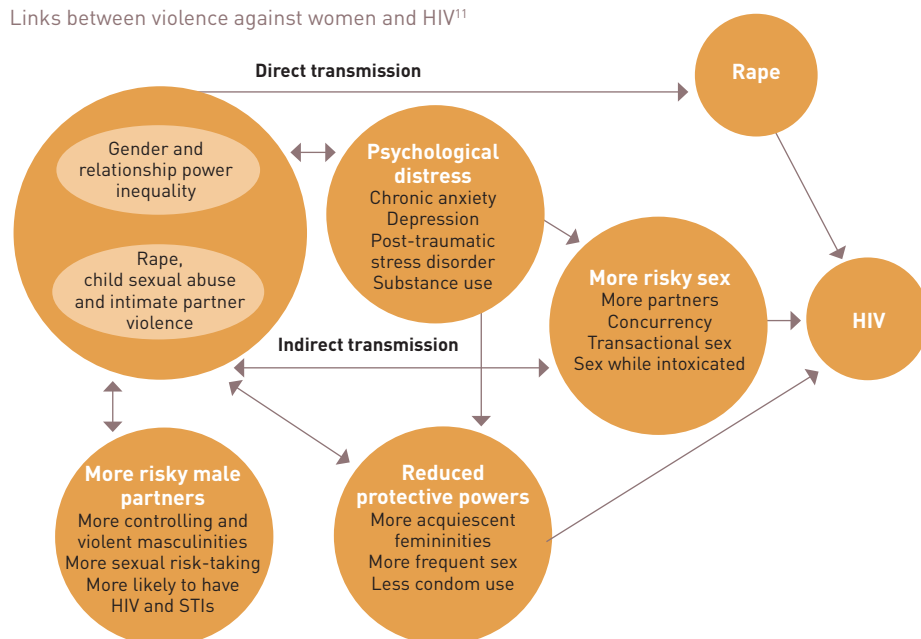
Day 1



KEY CONCEPTS: GBV AND HIV – FRAMING DIALOGUE

1. Gender-based violence as a cause of HIV – Nwabisa Shai, Gender and Health Research Unit, Medical Research Council, South Africa

Links between violence against women and HIV¹¹



Gender-based violence is a widespread public health and human rights problem worldwide. In some countries over 40% of women report having experienced intimate partner violence in the last 12 months, and nearly 80% report having experienced it in their lifetime.

Gender-based violence is rooted in and/or a manifestation of gender inequality in society; traditional gender norms perpetuate violence against women. In demographic health survey (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 sexually transmitted infections (STIs) and HIV.

A similar pathway is also emerging, suggesting that men who perpetrate violence are more likely to engage in risk behaviours, have higher numbers of sexual partners, report higher levels of alcohol use, lower condom use, and are also more vulnerable to HIV acquisition. In a randomized control trial using Stepping Stones, men were grouped into three groups: very violent/risky, fairly violent/risky, and moderate. Men in the very violent group were significantly more likely to have HIV than the other groups.

All the presentations in this chapter and the resulting country action plans can be accessed at:
www.salamandertrust.net/index.php/projects/gbv_workshop_johannesburg_dec_2012

GETTING STARTED

The 'power walk' is an interactive exercise in which participants role-play people living in different circumstances to explore ability to decide upon, access and utilize HIV, GBV, and SRH services and rights; including confidential HIV testing, the number and spacing of children, negotiating condom use, access to justice in the event of rape, and access to treatment, care and support.

The exercise highlighted some of the barriers to accessing services and enjoying rights resulting from structural determinants including poverty, age, HIV status, sexuality, and gender, and brought to the fore the necessity of creating an enabling legal and policy environment.

11. Rachel K Jewkes, Kristin Dunkle, Mzikazi Nduna, Nwabisa Shai (2010) Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, Vol 376 July 3, 2010"



Women in violent relationships are less able to negotiate risks (such as refusing to have sex without a condom), and are also likely to suffer from mental health issues, which also reduce their ability to address violence and/or may cause them to also engage in risk behaviours. The experience of physical, sexual, or emotional abuse as children also presents as a causal factor for HIV acquisition. Sex workers who experience violence are also much more likely to experience condom failure.

➤ **Key discussion point.** Sex practices flow from gender identities; gender norms and power dynamics give rise to ways of thinking that shape behaviour along gendered lines. A 2010 study by Jewkes and Morell highlights linkages between (for example) low prevalence of women in political positions, and women's lower economic potential to behaviour related to men's and women's sexual health issues that translate into HIV risk. Factors underlying GBV are similar to those underlying HIV acquisition. How people shape who they are as men and women determines some of the drivers of both epidemics.

2. Gender-based violence as a consequence of HIV – Johanna Kehler, AIDS Legal Network

Gender-based violence has long been recognized as a consequence of HIV, whereby an HIV positive diagnosis intersects with gender power relations and exposes women to additional sites and forms of violence in the home, community, health care and other services, and at a policy level. However, while there is a great deal of anecdotal evidence to support this, there have to date been relatively few quantitative data highlighting the sites and forms of violence against women living with HIV.

AIDS Legal Network with Her Rights Initiative, South Africa Positive Women Ambassadors, SA Partners, and the Mitchell Plain Network Opposing Abuse engaged in a study during 2012 looking at women's experience of HIV disclosure in three provinces of South Africa. The study – *If I knew what would happen, I would have kept it to myself* – has revealed a high level of HIV-related violence, and acceptance of HIV-related violence. It has expanded the evidence base to strengthen advocacy related to women's perceptions and experiences of violence as a consequence of HIV disclosure.¹²

The study found that upon HIV status disclosure, women experience a range of rights violations perpetrated by a range of people, for the rest of their life. The study also found that community members are aware of the risks that women face upon disclosure, including rejection, abuse, gossip, accusation, and physical violence, yet insist that women disclose their HIV status. This perceived community 'need' overrides the knowledge that it's not safe for women to disclose their status.

Rights violations within health care settings commonly include the issue of involuntary disclosure (often by default due to the segregation of services). As a consequence women may actively avoid services even if this means they are no longer able to access treatment and care, as result of fear of their HIV status being disclosed and out of fear of negative attitudes from health providers.

While women living with HIV are aware of formal channels and mechanisms for reporting rights violations, fear of secondary violence acts as a potent disincentive to using them.

➤ **Key discussion point.** What is the scope of violence that we are trying to address? Intimate partner violence and institutionalized GBV are seen and treated as different things, but are part of the same continuum. How do we broaden our understanding of violence, and, while NSPs on HIV are a useful entry point to addressing GBV, how do we address generalized violence outside of the scope of NSPs? While NSPs may refer to

12. Available at: www.aln.org.za/article.asp?id=51



structural and systemic forms of violence as drivers of HIV, programming tends to focus exclusively on sexual violence and rape. We need to look at who is at risk of violence and HIV: how, when, and why. Programmes that address these questions are largely missing.

3. Addressing gender based violence and HIV – Jean Kemitare, SASA! Project, Raising Voices

The SASA! programme, Raising Voices, uses a public health and social justice framework to address the root causes of GBV. Recognizing that gender inequality leads to GBV, which in turn drives HIV, the programme needs to be transformative in outlook. The programme uses a 'stages of change' approach for long-term sustainable prevention of GBV at the community level. Using a number of community-based strategies including local activism, media and advocacy, and communication materials and training, the programme aims to transform gender relations through positive, benefits-based programming.

- Start (pre-contemplation) – power within
- Awareness (contemplation) – power over
- Support (preparing for action) – power with
- Action (action and maintenance of change) – power to

4. Violence against sex workers – Pamela Chakunvinga, Tshwaranang Legal Advocacy Centre (TLAC)

TLAC advocates for the legalization of sex work through collecting stories of sex workers who have been victimized by the police and clients and platforming the voice of sex workers. Sex workers face a range of challenges at the intersection between HIV and violence, which exacerbate their vulnerability to both. Condom use is threatened by: client pressure and financial incentives for non use of condoms with clients; police intimidation; and intimate partner violence.

These threats are heightened by criminalization, which can lead to arrest on the grounds of carrying multiple condoms, and refusal of medication. Sex workers experience frequent arrest and unnecessary use of force. They are often arrested on petty charges, and are in fact rarely brought to court to be charged and tried.

Fear of abuse by health workers leads many sex workers to default on medications, and avoid health services for other SRH needs. Sex work is often accompanied by substance abuse, which again creates additional layers of stigma, discrimination, and mistreatment by police and other service providers. Abuses tend not to be reported to the police for fear of secondary victimization.

A global study by the World Bank, UNFPA, and Johns Hopkins University on violence against sex workers demonstrates that the community empowerment model is cost effective.¹³

5. Transforming gender norms – Bafana Khumalo, Sonke Gender Justice

Gender challenges in the region include early marriages, virginity testing, *ukuthwala*/bride kidnapping, GBV, wife inheritance, hate crimes related to the LGBTI sector, and forced arranged marriage, among other factors.

Communities contribute to the perpetuation of these commonly held values or gender norms, by accepting them as natural, traditional, expressions of local/regional culture, or simply 'the norm'. For example, in Ethiopia 81% of women believe that violence against women is acceptable or justified when it occurs in certain circumstances.

13. Available at: www.worldbank.org/en/news/2012/11/28/increased-targeting-key-populations-can-accelerate-end-global-hiv-epidemic



A gender transformative approach builds on the work of the women's rights movement, to engage both women and men to promote the human rights of women and girls, towards the creation of a more gender equitable society.

DISCUSSION

Participants were asked, "if a small amount of money is available to implement work within the timeframe of a year, how would you prioritize spending?" Responses included:

- Work with adolescent girls to undertake comprehensive sexuality education in order to support adolescents to have safe, pleasurable sex – this will empower women in their sexual relationships
- Safe and quality schools, and access to schools for girls as well as boys
- Redefine/evaluate violence understanding
- Investment: women's rights groups and women's advocacy
- Comprehensive access to services for survivors of GBV (legal, counselling, and treatment)
- Re-politicize GBV as a women's issue (it is about women's bodies, bodies as sites of violence, women only spaces)
- Awareness campaigns for communities on the '4 Ps'(prevention, protection, participation, and programmes) on GBV issues
- Provide safe spaces for women to share, learn, and organize. Invest in networks and networking
- Invest in existing structures for young men (i.e. sports, soccer, basketball) and incorporate gender transformative approaches to address the gender dynamics and patriarchal tendencies that lead to GBV
- Involve male role models in interventions targeting boys and young men in primary schools, secondary schools, colleges, and universities including out-of-school young men and boys to champion the prevention of GBV
- Women Economic Empowerment Programme (WEEP)
- Establish a traditional tribunal involving religious, traditional and women leaders

Working with men and boys as well as women and girls ensures that GBV (among other harmful expressions of gendered power imbalances) is seen as a societal issue with negative consequences for men as well as women – and not just as a women's issue. It promotes exploration of the root causes of violence, and creates an opportunity to address attitudes and behaviours that lead to violence, such as negative or risky notions of masculinity.

Conclusions

- Addressing the GBV nexus is critical for preventing HIV acquisition.
- There is strong evidence linking violence and gender inequity in relationships to HIV vulnerability.
- Sexual practices need to be seen as flowing from gender identities, and this provides a frame for understanding why men and women behave in the ways that they do (thus masculinities and femininities). This enables reflection on the emotional and material context within which sexual behaviours are enacted, in particular the broader struggles, aspirations, desires, and needs that motivate men and women's behaviour.
- It follows that only when we understand this, will we be able to change sexual behaviours and thereby reduce the risk of HIV transmission and improve uptake and adherence to care.



- Understanding individual epidemics is critical for tailored prevention.
- Interventions need to be theory-based at different levels:
 - » Level 1: what are the risk factors or drivers of the problem
 - » Level 2: what do we seek to change (e.g. masculinities)
 - » Level 3: what drives behaviour and enables change
 - » Level 4: how to secure change (methods or approaches – their strengths and limitations)

EXPLORING THE POLICY ENVIRONMENT

1. From talk to action – Jacqueline Mangoma, Gender and Health Research Unit, Medical Research Council

In 2010, HEARD and ATHENA conducted a 20-country policy review, using the *Framework for Women, Girls and Gender Equality in National Strategic Plans on HIV and AIDS in Southern And Eastern Africa*.¹⁴ The review aimed to provide a 'snapshot' of current strengths, weaknesses, and gaps and make recommendations. By using the latest available National Strategic Plan in 2010, the review also established a baseline for comparison of second or third generation NSPs as these were reviewed and updated. Key findings were that NSPs frequently include 'headlines' for women, girls, and gender equality, but fail to follow through; most focus on women in the context of prevention of vertical transmission only; and, most NSPs focus on providing 'technical' solutions, rather than addressing structural drivers of HIV. Major gaps include failure to recognize and meaningfully programme for GBV;¹⁵ and failure to address strengthening care and support programmes. In addition, there is frequently a lack of meaningful involvement of women living with HIV and attention to their SRHR;¹⁶ a lack of attention to gender expertise; and a lack of accountability to women through costed and budgeted interventions, and gender sensitive indicators. Many NSPs do not gather sex-disaggregated data or set sex-specific targets.

RECOMMENDATIONS

- **Fostering an enabling environment that advances human rights and access to justice**
Key priority: Institutionalizing supportive and legal policy frameworks
- **Strengthening the meaningful involvement of and leadership by women living with and affected by HIV**
Key priority: Clear processes and mechanisms outlined
- **Utilizing a sexual and reproductive health and rights approach**
Key priority: Linkage of sexual and reproductive health and HIV services
- **Eliminating GBV and discrimination**
Key priority: Interventions to create supportive legal and policy frameworks
- **Strengthening care and support by and for women and girls**
Key priority: Strengthening of health systems to reduce women's unpaid care burden


14. Available at: http://supportservices.ufs.ac.za/dl/userfiles/Documents/00001/1396_eng.PDF

15. 12 out of 20 NSPs on HIV and AIDS in the region do not address the elimination of GBV and discrimination

16. Only three of the regions' NSPs on HIV and AIDS specifically 'affirm the sexual and reproductive health and rights of women living with HIV'.



GREEN-LIGHT THINKING

 Before starting to develop country action plans, delegates were invited to work in country groups to do some 'green-light thinking'.

Working backwards from the traffic light model of scoring countries on their policy environment, for example, we asked: if all your traffic lights were green, what would your country look like? The stages of planning that followed aimed to move the country towards this vision. Country teams then went on to identify roadblocks and strategies/entry points for influencing national plans and policies around HIV and GBV, and to prioritize key advocacy areas needed for achieving their vision.

2. GBV and HIV policy scan – Rose Gawaya, Independent Consultant (HEARD)

A more recent policy scan commissioned by HEARD reviewed a total of 182 policies and laws around GBV and HIV in eight countries in Southern and Eastern Africa¹⁷ against the HEARD and ATHENA collaborative Framework. Common threads among the findings included: most countries had non-discrimination principles based on gender but not on sexuality, with equality laws not always translated into reality; most countries (except Mozambique, Rwanda, and South Africa) did not recognize marital rape; and countries all had policies and laws addressing family law (i.e. divorce, child custody).

Some common key gaps include: a lack of policies around the rehabilitation of perpetrators of violence; a lack of protection of the rights of LGBTI communities; a lack of focus on women-controlled methods of HIV prevention; a lack of policies on men in HIV and GBV prevention, and care-giving; scant attention to alcohol abuse in relation to HIV; exclusion of sex workers from the policy environment, and a lack of attention to elderly and disabled people in the context of GBV and HIV.

➤ **Key discussion point.** We need to appreciate instances where language is not included in NSPs but things are still happening on the ground – even larger scale interventions. We need to explore how practice can influence policies and which policies are mandating which interventions.

3. Sonke-MenEngage Africa regional policy scan – Tim Shand, Sonke Gender Justice

In 2012, Sonke-MenEngage carried out an Africa regional policy analysis of 15 countries looking at whether policies, laws, and plans contain language relating to the proactive and progressive engagement of men and boys, focusing on the five key areas of: HIV and AIDS, GBV, SRHR, parenting, and LGBTI.

Preliminary findings show that countries do address some links between GBV and HIV, and that about half adequately recognize the benefits of engaging men in vertical transmission of HIV programmes. The scan revealed serious gaps in the areas of engaging men in GBV prevention efforts; in addressing negative attitudes among men towards condoms; and, in encouraging men to become involved in care work. Men were also rarely targeted for voluntary counselling and testing, HIV treatment, or health seeking behaviour in general, and no countries had adequate provision for addressing the needs of marginalized men, such as men in prisons, men who inject drugs, men who have sex with men, or male refugees.

➤ **Key discussion point.** It is important to be aware of rights violations that can occur during the implementation of policies that look good on paper, such as the *Global Plan on the Elimination of New HIV Infections in Children by 2015 and Keeping their Mothers Alive*.¹⁸ There are widespread reports of violations of women's rights in relation to vertical transmission programmes, and yet the Global Plan is frequently 'counted' among gender responsive programming. Analysis of Global Fund allocations show that almost no Global Fund money has been channelled to women's rights programming.¹⁹

Women need to be encouraged to participate in processes to review and evaluate the legal and policy environment, including translation of policy into practice. Such processes are extremely difficult to access, but are important for advocacy in relation to the broader policy environment around the rights of women living with HIV.

17. Angola, Malawi, Mozambique, Rwanda, South Africa, Swaziland, Tanzania, and Zimbabwe.

18. See for example Chitembo A et al 2012: www.rhm-elsevier.com/article/S0968-8080%2812%2939638-9/fulltext

19. <http://blogs.bmj.com/bmj/2012/11/30/robin-gorna-is-an-hiv-free-generation-an-achievable-aim/>

Day 2: From concept to practice

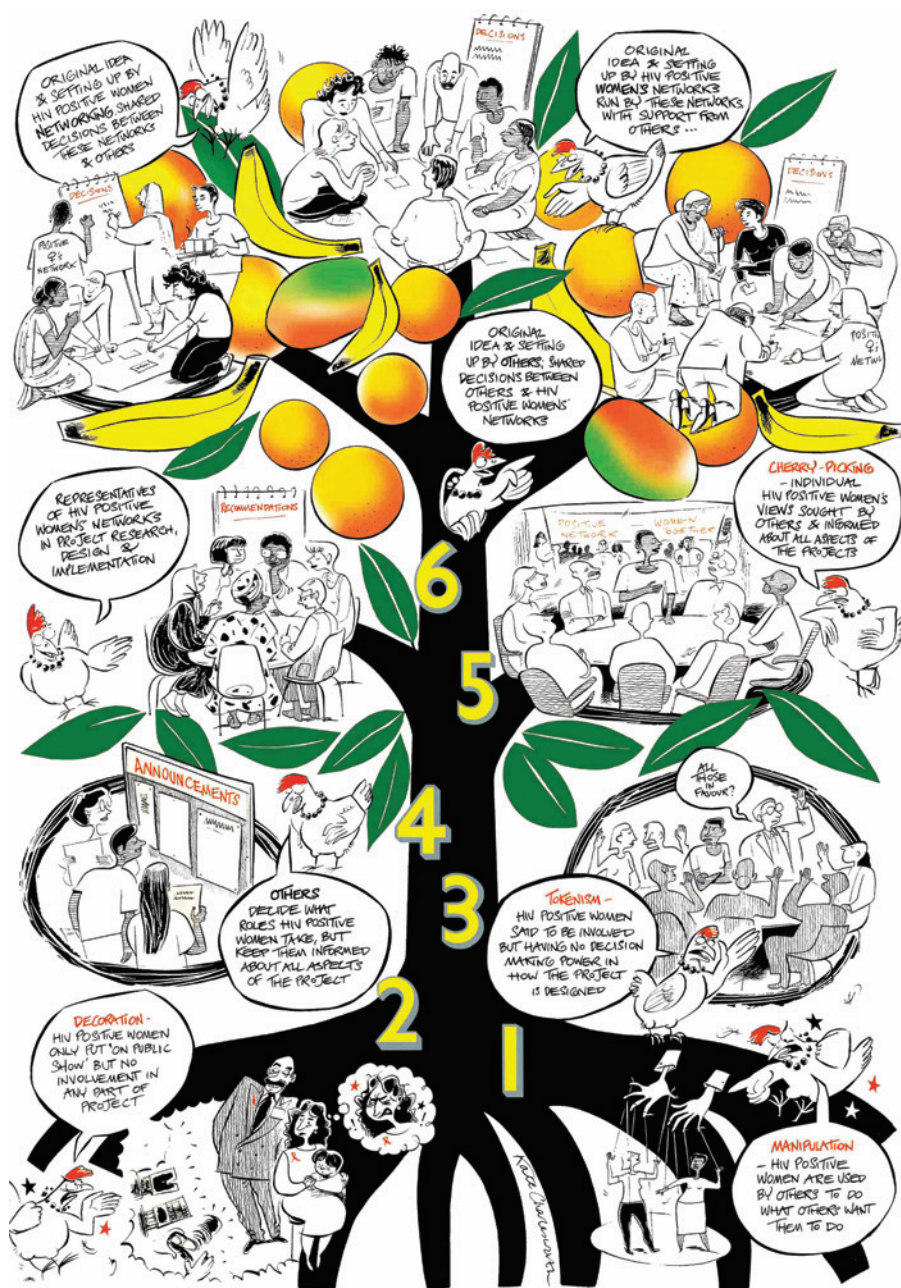


THE MEANINGFUL INVOLVEMENT OF WOMEN LIVING WITH HIV

1. Presentations from Alice Welbourn, Salamander Trust; Nono Eland, SANAC Women's Sector; and, Martha Tholanah, ICW Zimbabwe

The ICW Tree of Participation²⁰ is based on the premise that the more meaningful the level of participation, the more fruitful the results of interventions. Thus, the uppermost branches of the tree show women living with HIV working in partnership with or supported by development partners, and involved at every stage of programme development and implementation, from the original idea to the final evaluation.

"People are being made to fit into the programmes – rather than looking at us as a mother who needs to go and grow tomatoes, or as the executive director of a big organization."



20. Available at: http://www.womeneurope.net/resources/Policybriefing_ENGJuly2011.pdf



"I feel quite left out as the representative from the Global South – I am not always heard."

In South Africa, the National AIDS Council (SANAC) is actively lobbying other sectors to ensure that women and men living with HIV are represented in decision making. Advocacy by and for people living with HIV has led to successes in the field of fixed dose combination therapy treatment availability and accessibility; and, getting attention to stopping the forced and coerced sterilization of women living with HIV onto the advocacy agenda. Women living with HIV have also been critically engaged in discussions about medical male circumcision for HIV prevention and cervical cancer. Adherence clubs have been formed by people living with HIV to develop and provide tools. And outside of the National AIDS Council, women living with HIV have formed a think-tank of their own, to strengthen representation within the Council.

In Zimbabwe, women living with HIV have been at the forefront of service development and delivery. Leadership emerged through advocacy for treatment and other services tailored to women's needs. The Medical Research Council in Zimbabwe has been working with ICW to develop ethical guidelines around working with women living with HIV as participants in research, and changing the language of research from subjects to participants.

Challenges remain – women living with HIV sitting on national or international decision-making bodies still often feel isolated and unsupported to fully represent their constituency. Investment is needed not only to support women's meaningful involvement, but also to provide safe spaces for women to share and organize as women, and to build practical, analytical, and leadership skills.

With an increasing emphasis on bio-medical responses, it is vital that these spaces are maintained for community engagement and for women living with HIV to develop and lead advocacy, as well as opportunities to work in partnership with other human and women's rights defenders.

All too often, meaningful involvement of women living with HIV (MIWA) is also understood through a heteronormative lens, whereby lesbian women, and other marginalized women, including girls, young women, elderly, or disabled women are excluded from dialogues. Efforts to promote MIWA need to make space for women living with HIV in all our diversity.

ENGAGING MEN AND BOYS TO ADVANCE GENDER EQUALITY

Presentations from MenEngage: Tim Shand, Sonke Gender Justice; Celma Menezes, Fanelo Ya Mina: Nakai Nengomasha, Padare: and, Marcel Chisi, Men for Gender Equality Now!

Engaging men and boys as gender equality activists involves 'supply side' and 'demand side' investment. Health and other service providers should be made more aware of men's needs as clients and partners, and offer services tailored to their needs; at the same time, men should be encouraged through information, media, and outreach to seek services and be more involved in the health and well-being of their partners and children.

Fanelo Ya Mina (Mozambique) was created in 2010 to engage men in the advancement of gender equality and women's rights. Fanelo Ya Mina works with (primarily) young men age 17–35 to encourage critical self-reflection on personal values around gender and power dynamics; attitude and behaviour change; and uptake of healthy sexual behaviours and SRHR/HIV services. The transformative process takes place through 'basket tournaments' combining thematically-focused workshop activities with basketball matches (programme adapted from EngenderHealth/Promundo). Thematic areas include gender and power; sexuality; men's health; substance abuse; healthy relationships; HIV; and violence.



SONKE GENDER JUSTICE

Flagship activity: One Man Can

One Man Can works at a community level to bring men and women together to look at the role men can play in ending violence against women, and promoting health and equitable relationships. The programme uses the Stepping Stones model of sex disaggregated groups for discussion, then coming together to share insights. The action-focused programme interrogates men's behaviour and encourages them to be more equitable. Men challenge other men to step up.

Media campaign: Brothers for Life

National media and community mobilization targets men age 30 years+ on a number of risk factors around HIV. Messages include 'Real men' will use condoms and won't use violence.

Evaluations of both programmes show self-reported behaviour change in terms of accessing services and increased use of condoms.

Padare (Zimbabwe) takes the starting point that all men are potential activists if exposed to the right messages and encouragement. To nurture this potential, men need safe spaces and support to discuss their issues with other men, and to avoid 'relapse'. A core strategy has been to approach men as 'facilitators of change' rather than as oppressors or perpetrators. Padare works with traditional leaders, men living openly with HIV, and male care-givers to challenge norms around gender roles, HIV disclosure, and health seeking behaviour.

Men for Gender Equality Now! (Malawi) *"Transformation is not an event it's a process – challenging the things people have learnt and internalised throughout their lives."*

Examples of positive male engagement include:

- Establishment of community men-to-men action groups in 18 districts of Malawi
- 'Rapid response teams' where men are trained to intervene/engage with men in high risk homes to address the issue before harm is meted out
- Capacity building so that men are able to articulate issues
- Community awareness to engage men in sustained dialogue around gender and GBV
- Advocacy and policy engagement – men can be strategically engaged to speak to male parliamentarians and address prejudice against gender-related laws often seen by men as 'women's laws'; similarly men can be strategically 'planted' as role models in male dominated environments or professions
- 'Husband schools' to counsel men prior to marriage about how to have safe and satisfying sex with their wife
- 'Campfire conferences'
- Training for men in promotion of SRHR (especially female condoms)



FROM STEPPING STONES ...

Before the Stepping Stones training, condom use was a bone of contention between Martin and his wife, Beatrice. Beatrice always insisted on condom use, while Martin did not see the need. The Stepping Stones training has helped Martin to realise the importance of using a condom and to see that he was violating the rights of his wife by insisting on not using condoms against her wish. Since the training was concluded, “we have always used condoms and arguments arising from use of condoms no longer happen,” he said.

2. Stepping Stones – Alice Welbourn, Salamander Trust, and Annie Banda, Malawi Coalition of Women Living with HIV and AIDS (COWLHA)

Stepping Stones²¹ is a gender transformative and behaviour change communication package aiming to challenge prevailing gender norms in relation to HIV and GBV. It was conceived and developed by Alice Welbourn after she was diagnosed with HIV in 1992. Originally developed for use in Western Uganda, where the main route of HIV transmission was heterosexual sex, the package has been adapted for use in many different contexts including by and for people who use drugs, sex workers, and LGBTI communities. For example, in Angola it has been used with male migrant workers (soldiers). Alice showed an extract from a film about this Angolan adaptation.²²

The Malawi Coalition of Women Living with HIV and AIDS (COWLHA) has been using Stepping Stones in 13 districts of Malawi among women living with HIV in either sero-discordant relationships or where both partners are living with HIV. The programme is supported by UNDP and the UN Trust Fund to End Violence Against Women. The project trained 132 trainers of trainers, of whom 61 were men, who went on to serve as champions of women’s rights among their communities. The focus of the programme lies in encouraging couples to talk to one another more openly about their sexual and reproductive needs and desires, including their sex lives and their feelings about whether or not to have (more) children. It also helps couples to discuss safer sex practices more openly, with the result that men are more prepared to use condoms.

TOGETHER FOR GIRLS INITIATIVE

Presentation by Lauren Rumble, UNICEF Together for Girls is a global initiative of multilateral, government, and private sector partners (CDC, WHO, UNICEF, UNAIDS, UNFPA, UN WOMEN, USAID, and the Nduna Foundation, among others) to end sexual violence against girls. The programme aims to conduct national prevalence studies on violence against girls in selected countries, develop multi-sectoral response frameworks, and increase global advocacy and awareness around the issue of violence against girls. Data collection uses retrospective and current interviews of lifetime experiences of emotional, sexual, and physical violence. Results emerging from Tanzania and Zimbabwe show that over 30% of girls experience sexual violence before their 18th birthday, but that only 2% report it. Uptake of services is low across the board – between 2–12%. Response plans, deriving from national prevalence data, are usually multivariate in nature to address hyper-epidemic contexts characterized by poverty, HIV, and gender inequality. They aim to be age and context sensitive responses (e.g. focus on young adolescents), costed, targeted, and linked to other national strategies, policies, and laws (gender, HIV, GBV, social protection).



21. For more information visit: www.steppingstonesfeedback.org

22. Available at: <http://vimeo.com/13184545>



INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE HIV RESPONSE

1. Presentation by Alice Welbourn, Salamander Trust, and Promise Mthembu, Her Rights Initiative

Linkages between HIV and GBV traditionally focused on GBV as a cause of HIV without the recognition that being HIV positive exposed women to other forms and degrees of violence.

While violence happens in many places, health services have emerged as a particular site of institutionalized violence against women living with HIV. Violence also manifests in different ways, but for women living with HIV one form is born from the attitude that women with HIV shouldn't reproduce – resulting in forced and coerced sterilization. *The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive* was cited as an important policy initiative with good intentions, but that uses stigmatizing language (i.e. 'elimination', 'infection') and omits any language of rights, including the rights to confidentiality, voluntary HIV testing, and informed consent for women.

"Violence against positive women is any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV."²³

NAMIBIA

Forced and coerced sterilization among women living with HIV is increasingly being documented around the world. Promise Mthembu has been writing about this issue since 1997. In 2008, cases of forced and coerced sterilization were presented by women living with HIV to policy makers in Namibia who denied the possibility that it was true and demanded evidence. This led to further documentation by women living with HIV and human rights lawyers, and the pursuit of strategic litigation. A partial victory in court resulted: the court acknowledged that consent was not given, but not that it was on the basis of HIV status. In South Africa, documentation is being collected by Her Rights Initiative, HEARD, and other partners. Documentation of coerced and forced sterilization has been undertaken in Kenya and following the Namibia ruling, the Kenyan government has been proactive in looking for out-of-court settlements.²⁴

KEY POPULATIONS: SEX WORKERS AND LGBTI COMMUNITIES

1. Presentations by Susana Fried, UNDP: John Mkandawire, Wits Reproductive Health and HIV Institute (WRHI); and, Steve Letsike, SANAC Civil Society Forum

Key populations, including sex workers, LGBTI communities, and people who inject drugs, continue to be made vulnerable by marginalization, criminalization, societal norms, and institutions – including religion and culture – and lack of access to human rights, social justice, and services. Policy and programme makers recognise that "in order to prevent and control the spread of HIV, we must protect and promote the human rights of those most vulnerable, typically marginalized," yet reported expenditure from 38 countries in 2008 on services tailored to these groups accounted for less than 4% of all HIV prevention services.

23. Hale and Vazquez (2011). Violence Against Women Living With HIV/AIDS: A Background Paper, p.13. Available at: <http://salamandertrust.net/resources/VAPositiveWomenBkgrdPaperMarch2011.pdf>

24. Available at: www.youtube.com/watch?v=TObwGI5xFfI



FINDINGS AND RECOMMENDATIONS OF THE COMMISSION ON THE STATUS OF HIV AND THE LAW²⁵

Findings

1. Essential for key populations to have access to HIV prevention, treatment, health services, commodities and information
2. Yet, there is under investment by donors and governments in inexpensive commodities that can stop HIV transmission or programmes to promote and distribute them
3. Some governments criminalize possession of commodities, and behaviours, and practices.

Recommendations

Call countries to:

- Prohibit police violence against key populations
- Support programmes that reduce stigma and discrimination against key populations and protect their rights.

➤ **Key discussion point.** How can we change our personal attitudes against sexual minorities in order to work on the issue? (and yes, we can!) This work is a process, but it has to become a lifestyle as well. Change starts at home. We have to find a way of ensuring that we preach against GBV in all contexts.

During the past year, important advances have been made in the promotion and protection of the human rights of men who have sex with men and transgender people either through legislative and judicial action, with many of the advances in the Asia Pacific region – e.g. India, Nepal, Pakistan, Fiji. However, human rights violations continue to undermine efforts to prevent HIV acquisition. These are experienced most acutely by marginalized populations such as men who have sex with men and transgender people. Globally, more than 30 countries have enacted HIV-specific laws that criminalize HIV transmission or exposure, and more than 24 countries have used non-HIV-specific laws to prosecute individuals on similar grounds.

Even as a growing body of data has documented elevated HIV prevalence among men who have sex with men in all regions, a number of countries have undermined effective HIV prevention for them by either enacting or considering legislation to criminalize same-sex sexual conduct. Such punitive measures, which are underpinned by stigma and homophobia, are both counterproductive from a public health perspective and antithetical to the human rights basis of effective HIV responses.

The 2010 progress report of the United Nations Secretary General²⁶ tells us in no uncertain terms that in the efforts to halt transmission, provide care, treatment and support, we all must commit to leaving behind no one, especially – men who have sex with men, transgender people, sex workers and people who use drugs.

The benefits of human rights protection and promotion in the HIV response are clear – protecting and promoting the rights of those most vulnerable and improving their access to essential services benefits those who are marginalized and excluded and consequently benefits communities and countries, and benefits us all.

25. Available at: www.hivlawcommission.org/index.php/report

26. Available at: www.unaids.org/en/resources/presscentre/featurestories/2010/june/20100609gaidsreview/



THE WITS REPRODUCTIVE HEALTH AND HIV INSTITUTE SEX WORKER PROGRAMME

The programme aims to reduce the rate of STIs and HIV transmission by providing HIV prevention services and care for related diseases to sex workers and their clients.

The programme comprises: a static clinic tailored to the health needs of sex workers; brothel-based SRH outreach services operating in 22 brothels; sexual health education and condom distribution to male and female sex workers; and mobile outreach services to street-based sex workers, including SRHR and peer education. The project team includes 2 nurses, 4 community healthcare workers (including 1 male community healthcare worker), 2 mobile outreach vans, and 10 peer educators.

Peer educators are current or former sex workers who undergo intensive training on HIV, STIs, TB, and other health issues. They work both on an one-to-one basis and in groups, to provide HIV prevention outreach (information, counselling, and condom distribution) and encourage service uptake. They also make referrals to legal assistance centres where needed. Mobile vans service hard-to-reach street-based sex workers. They have built-in medical consultation/examination and counselling rooms, and are also used to carry supplies to brothels.

The programme provides services to 400 sex workers, and has initiated 90 sex workers onto NiMART. They also help build friendly relationships with police, and collaborate with other sex worker rights organizations, including Sisonke and SWEAT.

UNDP GENDER ROADMAP

"Getting to work for gender equality: a roadmap to mainstream women, girls and gender in national HIV and AIDS strategic plans"

The *Gender Roadmap* is a practical process-oriented tool for integrating gender into NSPs, 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 *Gender Roadmap* and companion *Compendium of Knowledge Tools* are available at: www.livelifeslowly.net/genderinghiv



Day 3: Country action plans

Action plans were developed by each of the country delegations for implementation on return home.²⁷ After framing the issues, and exploring the policy environment for the region, a ‘green-light thinking’ exercise was used to encourage meeting participants to visualize an ideal scenario at country level with both policy and practice upholding and protecting the rights of women in all their diversity. In line with this ideal scenario, delegates identified priority strengths and gaps in their existing policy environment, priority areas for advocacy and engagement, and strategic entry points. Each of the ‘from concept to practice’ sessions then incorporated an action-planning session, focusing on practical ways of addressing GBV within each strategic area: meaningful involvement of women living with HIV (MIWA); engaging men and boys for gender equality; sexual and reproductive health and rights and HIV linkages; and, addressing GBV among key populations, especially LGBTI communities and sex workers. In each section, delegates were encouraged to identify partners, and to set time-frames and budgets.

27. Note: in the case of Mozambique and Angola, the country teams comprised of only 1 and 2 persons respectively, making it challenging for them to develop plans for implementation without sharing the same with a broader group of actors for authorization and approval.



Angola



Green-light thinking for addressing GBV in the context of HIV

Increase the understanding of GBV in order to address and eliminate GBV in Angola

Gaps in national policies and plans

- No national curriculum in schools to include GBV, gender equality or HIV/AIDS
- No local languages used in advocacy campaigns
- Legal assistance for victims (men and women)
- Engagement of men and boys

Priority areas for advocacy around national policies and plans

- Include GBV and HIV prevention as part of school curriculum (starting in middle school)
- Advocacy campaign in communities (in local language/dialects)
- Legal assistance for victims (men and women)
- More engagement of men and boys

Entry points to influencing national GBV/HIV policies and plans

- Work with Ministry of Family and Gender (MINFAMU) gender focal point
- Work with media to promote understanding of GBV/HIV
- Create working groups to create dialogue on local level with people living with HIV and those engaged in the advocacy campaign on national level and at the provincial level

STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET ²⁸	PARTNERSHIPS
1. Meaningful involvement of women living with HIV (MIWA)	<ul style="list-style-type: none"> ➤ In teams working on HIV issues, have a mandatory chair of one person living with HIV ➤ Create spaces in the media to give voice to women living with HIV 	The timeframe for all key actions will depend on the schedule for meetings and how soon actions can be taken	35,000 USD	<ul style="list-style-type: none"> ➤ MINFAMU ➤ INLS ➤ Rede WENHU ANASO (network of women living with HIV) ➤ Ministry of Communication ➤ National radio ➤ Forum of Women Journalists
2. Engaging men and boys for gender equality	<ul style="list-style-type: none"> ➤ Advocacy: working with men in strategic roles to engage policy, i.e. police, magistrates, religious leaders, to teach them about GBV and gender equality ➤ Create dialogue, through workshops led by a facilitator trained on GBV and gender equality 	See above	45,000 USD	<ul style="list-style-type: none"> ➤ Ministry of Health ➤ Gender focal point at the Ministry of Family
3. SRHR-HIV linkages (addressing institutional GBV)	<ul style="list-style-type: none"> ➤ Train public health workers to understand HIV and the link with GBV ➤ Support groups in clinics with people with HIV to gain information (resources, answers) and understanding GBV 	See above	80,000 USD	<ul style="list-style-type: none"> ➤ Public and private hospitals ➤ Ministry of Health ➤ Ministry of Planning ➤ MINFAMU ➤ UNAIDS Angola ➤ WHO Angola
4. Key populations	<ul style="list-style-type: none"> ➤ Mobile clinics to support sex workers ➤ Pilot project in Luanda before rolling-out to the provinces ➤ Study of impact of HIV on the LGBTI community in Angola ➤ Study necessary because there is no clear data on this key population 	See above	85,000 USD 60,000 USD	<ul style="list-style-type: none"> ➤ Ministry of Health ➤ MINFAMU ➤ Public and private hospitals ➤ National Institute for the Fight Against HIV/AIDS ➤ UNDP (for the study) ➤ UNAIDS (general support)

28. The budget for these projects is very high as it is very expensive to work in Angola. For example, to conduct a study costs between 50,000-80,000 USD.



Malawi

Green-light thinking for addressing GBV in the context of HIV

Vision of a GBV-free Malawi

Gaps in national policies and plans

- Policies exclusively addressing issues of women and girls only
- Lack of addressing systems and structures that perpetuate GBV, e.g. government structures, family, peers groups, cultural and traditional systems
- Inadequate resources for interventions that address GBV and HIV

Priority areas for advocacy around national policies and plans

- Policies to engage men and boys, in addition to existing policies that exclusively address issues of women and girls
- Policies to incorporate principles to address systems and structures that perpetrate GBV including advancing MIWA
- Improve access and uptake HIV and AIDS related services including SRH
- Improve resource mobilization including the implementation of Gender Responsive Budgeting (GRB)

Entry points to influencing national GBV/HIV policies and plans

- National response to combat Gender-Based Violence 2008–2013
- National HIV and AIDS Strategic Plan 2012–2016 and Implementation Plan
- Draft National AIDS Commission Strategic planning process
- HIV and AIDS legislation process
- National HIV and AIDS Policy
- National Gender Policy
- Men for Gender Equality Now country strategy
- National Youth Policy
- Review of the Prevention of Domestic Violence Act No 5 of 2006
- National Technical Working Group on GBV
- National Steering Committee on Gender
- Development Assistance Group On Gender (DAGG)

STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
Immediate and preliminary activities	<ul style="list-style-type: none"> ➤ Back-to-office briefing by individuals who attended the workshop ➤ Collective de-briefing to the GBV National Technical Working Group and presentation of the Country Plan 	December 2012	5,000 USD	<ul style="list-style-type: none"> ➤ Ministry of Gender ➤ National AIDS Commission ➤ COWHLA ➤ NGOCCN ➤ MEGEN ➤ MHRRC ➤ UNFPA ➤ UNDP ➤ UNAIDS ➤ UNICEF ➤ WHO ➤ Action Aid ➤ Oxfam ➤ DfID ➤ EU ➤ AYISE ➤ NYCOM



STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
1. Meaningful involvement of women living with HIV (MIWA)	<ul style="list-style-type: none"> ➤ Meaningful involvement of and leadership by women living with and affected by HIV <ul style="list-style-type: none"> – NSP has advanced women's leadership and MIWA, young women, home-based care givers and women from marginalized communities 		20,000 USD	See above
	<ul style="list-style-type: none"> ➤ Policies to incorporate principles to address systems and structures that perpetrate GBV ➤ Enabling environment: advancing human rights and access to justice <ul style="list-style-type: none"> – Supportive legal and policy frameworks – Strategies to reduce women's economic dependence on men (involve men to support women in the economic empowerment processes) – Alleviate stigma and discrimination on the basis of HIV status, gender and sexual orientation – 'Know your rights' and campaigns to empower and educate women and men, including boys and girls, on human rights in gender and women's rights in particular. 		50,000 USD	
2. Engaging men and boys for gender equality	<ul style="list-style-type: none"> ➤ Review the NSP to ensure priority strategies (enabling environment; advancing human rights and access to justice; preventing HIV transmission among women and girls; strengthening care and support for women and girls and reducing their unpaid burden of care; meaningful involvement of and leadership by women living with and affected by HIV; eliminating GBV and discrimination; ensuring accountability in budgeting, monitoring, research and gender expertise; utilizing a SRHR approach; increasing access to and uptake of treatment for women and girls; meaningful engagement of men and boys) ➤ Develop a national strategy for working with men and boys 	Quarter 1, 2013	100,000 USD	See above



STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
	<ul style="list-style-type: none"> ➤ Strengthening care and support for women and girls <ul style="list-style-type: none"> – Strengthening male involvement in care work ➤ Eliminating GBV and discrimination <ul style="list-style-type: none"> – Recognition of gender inequality as a fundamental driver of GBV with attention to addressing GBV as both a cause and consequences of HIV transmission – Address GBV in all its forms, e.g. IPV, structural violence – Primary prevention of GBV, e.g. sexuality education for all women, men, girls and boys – HIV in Malawian cities (Blantyre, Lilongwe pilot of above in DDPs and DIPs) and how they are engaging men, women, boys and girls ➤ Increasing access to and uptake of treatment for women and girls <ul style="list-style-type: none"> – Voluntary testing and counselling as an entry point into services – Advocacy on support from men regarding access and uptake of treatment 	Quarters 2–4 2013		
3. SRHR-HIV linkages (addressing institutional GBV)	<ul style="list-style-type: none"> ➤ Utilizing a SRHR approach <ul style="list-style-type: none"> – NSP has advanced a SRHR approach to the response ➤ Preventing HIV transmission among women and girls <ul style="list-style-type: none"> – NSP has reduced vulnerability to HIV and address the structural determinants of HIV transmission for women and girls – Reduce HIV transmission to women and girls (in all their diversity) through specific interventions ➤ Implement Gender Responsive Budgeting <ul style="list-style-type: none"> – Advocacy and lobbying on resource allocation towards GBV and HIV interventions ➤ Accountability, budgeting, monitoring, research and gender expertise. <ul style="list-style-type: none"> – Advocacy and lobbying on resource allocation towards GBV and HIV interventions 		100,000 USD	



Mozambique



Green-light thinking for addressing GBV in the context of HIV

Gender transformative, continuum of change (ecological model), synchronized approaches

Gaps in national policies and plans

- Narrow conceptualization of GBV thus poor integration of the subject across national official framework
- Lack of a male involvement approach across all levels of GBV programming
- Focus on symptoms rather than the cultural, patriarchal and gender issues underpinning violence
- One-dimensional treatment of men, based on prevailing hegemonic masculinity, thus men treated as perpetrators
- Emphasis on punitive measures towards perpetrators and little regard for education
- Lack of comprehensive care to victims including post-exposure prophylactic (PEP)

Priority areas for advocacy around national policies and plans

- Male involvement (looking at men not only as part of the problem but also as part of solution)
- Shift from symptoms to the root causes of problem
- Shift from sensitive to transformative perspective
- LGBTI and other marginalized groups
- PEP for victims of rape

Entry points to influencing national GBV/HIV policies and plans

Policies

- The Mozambican Constitution
- Guide of Integrated Care for Victims of Violence
- Law on Domestic Violence against Women, Law 29/2009
- The 2008–2012 National Action Plan for the Prevention and Fighting Violence against Women
- Handbook of Integrated Care of Victims of violence
- National Plan for the Advancement of Women
- The 2008 Gender Policy and Implementation Strategy
- The Strategy for Responding to HIV and AIDS in the Public Service
- The Law n° 12/2009 on the Rights and Obligations of PLWHA
- Ministerial Diploma n° 201/2009
- Regulation of CT on HIV and AIDS for users of the National Health Service
- Ministerial Diploma n° 183-A/2001 of 18 December
- The 2008 Strategy to Accelerate Prevention of HIV Infection
- The Gender and HIV and AIDS plan
- The 2010–2014 National Strategic Plan for HIV and AIDS
- The National Operational Plan to fight AIDS 2012
- The National Research Programme on HIV and AIDS

Government bodies

- Gender Task Group at MWSA
- Working Groups at the National Aids Council
- Focal points across Government departments



STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
1. Meaningful involvement of women living with HIV (MIWA)	<ul style="list-style-type: none"> ➤ Full engagement of women's organizations catering for the needs of women living with HIV ➤ Fostering coordination among stakeholders working for women living with HIV ➤ Engage in creative and persistent efforts to mobilize resources to advance MIWA 			<ul style="list-style-type: none"> ➤ Key stakeholders: Government, civil society, developmental agencies, UN agencies, etc.
2. Engaging men and boys for gender equality	<ul style="list-style-type: none"> ➤ Use the findings of the policy analysis to strengthen men's engagement across national policies and plans ➤ Strengthen collaboration with existing men's engagement networks 			<ul style="list-style-type: none"> ➤ Government (MOH, Ministry of Women and Social Action, National AIDS Council, etc) ➤ UN agencies ➤ Developmental agencies ➤ Civil society organizations
3. SRHR-HIV linkages (addressing institutional GBV)	<ul style="list-style-type: none"> ➤ Review existing policies and procedures regarding inheritance practices ➤ Review of treatment package of care towards rape victims (PEP) 			See above
4. Key populations	<ul style="list-style-type: none"> ➤ Increase access to HIV prevention services and uptake 			See above



South Africa



Green-light thinking for addressing GBV in the context of HIV

A South Africa that implements all the progressive anti-GBV and HIV policies and plans; where the Constitution is practically the supreme law and is known (in-and-out) by each and every citizen

Gaps in national policies and plans

- Decriminalization of sex work
- Amendments to the Criminal Act, SOA and others, to be inclusive of hate crimes
- Policies and plans for men who have sex with men and people who use drugs
- The implementation of the progressive GBV policies and plans already available in South Africa

Priority areas for advocacy around national policies and plans

- Advocacy for implementation of existing anti-GBV policies and plans
- Resourcing for implementation of the plans especially for civil society organizations
- Mechanism for holding leadership accountable for implementation
- Advocacy towards SAPS and criminal justice system

Entry points to influencing national GBV/HIV policies and plans

- Social mobilization: 'know your rights' campaigns; translation of GBV plans and policies into language that is accessible for all communities
- Political championship: advocacy by political leaders (they appear silent yet hold so much power)
- Media: is the media promoting or contributing to prevention of GBV? Conduct a media assessment
- Culture: conduct an assessment of cultural practices to assess which ones violate human rights and in turn promote GBV and which ones could be protective
- School system: support the implementation of the Integrated Schools Health Programme to address GBV in schools

STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
1. Meaningful involvement of women living with HIV (MIWA)	<ul style="list-style-type: none"> ➤ Build leadership and technical capacity on the ground; interaction of women living with HIV in SANAC ➤ Mobilize funding for MIWA: representation ➤ Engage young people and young women living with HIV ➤ HIV positive women's organizations having their own representation in structures ➤ Engage Department of Women to prioritize HIV positive women ➤ Ensure an effective role for women living with HIV in the new GBV council ➤ HIV positive women's organizations given access to resources, and in their own space separate from the men's sector ➤ HIV positive men's sector encouraged to be less comparative/competitive with HIV positive women's issues as it is non-progressive, and results in a less coordinated response 	NSP 2012–2016		<ul style="list-style-type: none"> ➤ SANAC sectors ➤ Networks of people living with HIV ➤ Men Engage SA network ➤ Women's organizations ➤ Development partners ➤ Researchers ➤ Civil society ➤ House of traditional leaders



STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
	<ul style="list-style-type: none"> ➤ Caution and consideration for effects on women living with HIV, when promoting medical male circumcision (MMC), traditional law, etc. ➤ Research is important to understand the effects of MMC and this law on HIV positive women in particular ➤ Recognize the diversity of women living with HIV (disabled, lesbian, transgender, intersexed, low socio-economic status, etc.) in the promotion of women's participation; and be more directed in addressing their different needs ➤ Learn ways of attracting and sustaining funding; address questions about sharing resources with other sectors ➤ Explore options of joint funding with other sectors ➤ HIV positive women's organizations need to engage donors on the significant actions that require funding 			
2. Engaging men and boys for gender equality	<ul style="list-style-type: none"> ➤ Programmes for young boys on values and positive behavioural norms (e.g. respect, accountability for actions, <i>ubuntu</i>) must be prioritized ➤ Explore joint funding opportunities with women's organizations ➤ Explore the direct gains for women from working to engage men and boys – what do the evaluations yield? ➤ Broaden HIV and AIDS care and support to include men ➤ Include men in GBV prevention 	See above		See above





Tanzania

Gaps in national policies and plans

- Access to SRHR to marginalized communities, women and girls
- Strengthening care and support for women and girls and reducing their burden of care
- GBV is not adequately integrated in MDAs, LGAs and NSAs HIV plans and budgets
- Policies and plans are not incorporating the engagement of men and boys in transforming gender norms
- Involvement of women living with HIV in decision making structures and fora at all levels

Priority areas for advocacy around national policies and plans

- Strengthen coordination of existing women living with HIV networks and groups
- Integration of GBV into National Multi-sectoral Strategic Framework (111) and other national policies and plans and ensure engagement of men and boys
- Increased budget allocation for addressing GBV and advancement of gender equality at national and LGA levels.

Entry points to influencing national GBV/HIV policies and plans

- Review National Gender Operational Plan for HIV and AIDS (2010–2012) to integrate Men Engage
- Draft National Multi-sectoral Strategic Framework for HIV and AIDS (III) process
- New HIV and AIDS Policy 2011
- Tanzania Parliamentarian Standing Committee on HIV and AIDS meetings
- GBV committees at the Ministry of Community Development Gender and Children and Men Engage network
- NMSF Technical Working Committees
- Draft National Gender Policy
- Tanzania Commission for AIDS and National Council of People Living with HIV

STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
1. Meaningful involvement of women living with HIV (MIWA)	<ul style="list-style-type: none"> ➤ Strengthen coordination of women living with HIV through capacity building for HIV positive women's networks and groups <ul style="list-style-type: none"> – TACAIDS, NACOPHA and women living with HIV networks meetings – Trainings for women living with HIV networks and groups on GBV and advancement of gender equality 		100,000 USD	<ul style="list-style-type: none"> ➤ TACAIDS ➤ NACOPHA ➤ MoCDGC
	<ul style="list-style-type: none"> ➤ Review the Draft NMSF (III) to ensure incorporation of meaningful involvement of and leadership by women living with and affected by HIV, eliminating GBV and discrimination and protection of human rights including SRHR 		30,000 USD	
	<ul style="list-style-type: none"> ➤ De-briefing to the GBV National Technical Working Group and presentation of the Country plan to TACAIDS and the Ministry of Community Development, Gender and Children 		15,000 USD	

STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
2. Engaging men and boys for gender equality	<ul style="list-style-type: none"> ➤ Strengthen collaboration with Men Engage network ➤ Increase awareness among community on HIV, GBV and men's engagement by using SASA tools (to be implemented in the lake zone) <ul style="list-style-type: none"> - Study tour to Raising Voices in Uganda ➤ To strengthen focus on engaging men within national policies and plans using SONKE analysis on NMSF III and National Gender Operational Plan for HIV and AIDS 		5,000 USD 45,000 USD	<ul style="list-style-type: none"> ➤ TACAIDS ➤ Engender Health ➤ Raising Voices ➤ Civil society organizations
3. SRHR-HIV linkages (addressing institutional GBV)	<ul style="list-style-type: none"> ➤ To support the development of IEC materials on SRHR for women and adolescents living with HIV 		45,000 USD	<ul style="list-style-type: none"> ➤ TACAIDS ➤ MoH RCH ➤ Civil society organizations
4. Key populations	<ul style="list-style-type: none"> ➤ To integrate key population needs into the national policies and plans ➤ Study visit to Malawi for key population interventions (men who have sex with men, sex workers and people who use drugs) 		20,000 USD	<ul style="list-style-type: none"> ➤ TACAIDS ➤ Civil society organizations



Zimbabwe

Green-light thinking for addressing GBV in the context of HIV

1. Policy on social and economic protection
2. Engaging men and boys as agencies of social change

Gaps in national policies and plans

- Mental health not in the GBV strategy, e.g. post-natal depression
- Violence at point of care, e.g. girl-child verbal abuse and blame from health service providers
- Other service providers to include GBV and HIV management in their curriculum
- Lack of consultation with service users on medication adherence, leading to loss of follow-up

Priority areas for advocacy around national policies and plans

- Outline supportive roles of men and boys to address social justice
- Contextualize men's engagement strategy, e.g. commemoration of Women's Day
- Economic empowerment
- Domestic regional agreements
- Policies to be implemented, e.g. stiffer sentences
- Awareness and social empowerment

Entry points to influencing national GBV-HIV policies and plans

- Review the national GBV policy
- Review of the national GBV strategy
- National strategy on working with men and boys to achieve gender equality
- Harmonization of the national HIV strategy and the GBV strategy

STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
1. Meaningful involvement of women living with HIV (MIWA)	<ul style="list-style-type: none"> ➤ Involve service users to develop adherence systems and train service providers on management of the adherence system ➤ Introduce emergency supply ➤ Involve ordinary service users who receive service from the ART Health Committees at national and sub-national level to sit in Committees in line with MIWA, who will ensure mechanisms for accountability to their constituent 	<p>In progress 1st draft completed</p> <p>June 2013</p>		<ul style="list-style-type: none"> ➤ ZNNP+ ➤ ICW ➤ ZHAAU ➤ Ministry of Health ➤ NatPham ➤ NAC ➤ Unicef ➤ MWGCD ➤ MoHCW ➤ Musasa Project ➤ Padare
2. Engaging men and boys for gender equality	<ul style="list-style-type: none"> ➤ Develop a national strategy of engaging men and boys and link it with the National GBV strategy ➤ Strengthen and operationalize national level country networks and organizations that work with men and boys ➤ Mobilization of men and boys to form men's groups that support issues of gender equality ➤ Use policy analysis results to strengthen men and boys' engagement in Zimbabwe 			<ul style="list-style-type: none"> ➤ MWGCD and the networks ➤ Padare ➤ Musasa Project ➤ ZWLA ➤ WILSA ➤ Unicef



STRATEGY	KEY ACTIONS	TIMEFRAME	ESTIMATED BUDGET	PARTNERSHIPS
3. SRHR-HIV linkages (addressing institutional GBV)	<ul style="list-style-type: none"> ➤ Intensify treatment literacy for every patient ➤ Increase human resources capacity through innovative funding and advocacy solutions ➤ Training of nurses, council roll-out on forensic capacity ➤ Ensure availability and distribution of PEP at all accessible centres ➤ Strengthen of the referral system, e.g. free access to legal service ➤ Increase community engagement to create community demand ➤ Operationalize work place and colleges – gender and HIV policy ➤ Develop and operationalize anti-bullying policies ➤ Capacitate chiefs' wives to deal with community GBV ➤ Engage and capacitate traditional and faith healers to protect patients' health 			<ul style="list-style-type: none"> ➤ NAC ➤ MHSCW ➤ Unicef ➤ Musasa Project ➤ Padare ➤ ZNNP+ ➤ ICW ➤ ZHA AU ➤ MWGCD ➤ MoHCW
4. Key populations	<ul style="list-style-type: none"> ➤ Champion community-based acceptance and tolerance ➤ Support specific key population programming 			

Annex 1

Evaluation: consolidated responses

SECTION 1: GENERAL COMMENTS

1.1 What were up to three most useful areas of learning for you personally in the workshop?

- ✓ Men and boys engagement on GBV and HIV prevention x 7
- ✓ MIWA/The participation tree x 6
- ✓ Stepping Stones approach x 5
- ✓ SASA! approach x 4
- ✓ Engaging key populations/sexual minorities x 3
- ✓ Integrating GBV in policies and NSPs x 3
- ✓ Tools for assessing NSPs on gender issues x 2
- ✓ Gender transformative norms
- ✓ Linking up with civil society partners and activists
- ✓ Sharing information on social norms programming
- ✓ The impact of violence and discrimination on LGBTI movements
- ✓ Analysis of targeting women in their diversity
- ✓ Mobile services for sex workers
- ✓ Working with sex workers
- ✓ How to link up with funding
- ✓ God is Love
- ✓ GBV policy scan
- ✓ Issues that came out from the side walk (power walk) were very touching
- ✓ HEARD documentation and dashboard for NSPs
- ✓ Evidence linking GBV and HIV
- ✓ Country presentations for engaging men and boys, women and girls in the HIV response

1.2 What do you think was most useful for your country delegation?

- ✓ The issue of engaging men and boys in our initiatives x 4
- ✓ MIWA ("MIWA was very useful and we have the idea to reach out to country network of women living with HIV on gender equality and GBV") x 3
- ✓ Engaging key populations x 2
- ✓ Evaluating existing policies and looking at gaps and forwarding new interaction x 2
- ✓ SASA!
- ✓ Stepping Stones model
- ✓ Open learning and discussions
- ✓ Understand the work UNICEF is doing for girls
- ✓ Experience sharing
- ✓ Coordinated plan development
- ✓ The evidence presented which will inform decision-making, planning and implementation
- ✓ Analysis of NSP and identification of gaps
- ✓ Evidence of research brought out by the presenters on GBV
- ✓ Work (action) planning for something tangible
- ✓ Integration of GBV in policy documents/NSPs



1.3 What would you have liked to see more of?

- ✓ More time for robust discussion x 4
- ✓ Male engagement
- ✓ A donor representative (Global Fund) would have been ideal
- ✓ More time to learn more about LGBTI movements, as the more we know the more we will be out of our discriminatory behaviours
- ✓ The actual integration of services
- ✓ More collaborations – sharing costs
- ✓ National strategies of engaging men and boys
- ✓ Best practice/good practice where GBV has been adequately addressed
- ✓ More of such meetings
- ✓ Gender budgeting, resource mobilization and possible funding sources
- ✓ Elimination of GBV incidences
- ✓ Mainstreaming GBV into prevention, care and support

1.4. What would you have liked to see done differently?

- ✓ Less issues and more time to discuss key issues x 2
- ✓ More country interaction
- ✓ Collaboration of men's groups and the women's movement
- ✓ It would have been helpful to delve into one of the toolkits
- ✓ Brief presentations from each country
- ✓ Was good as is but more time for discussions
- ✓ Gender equity
- ✓ From concept to real practice

1.5 What types of follow-up (e.g. technical assistance including additional information) would be helpful to you?

- ✓ Exchange visits/study tours (e.g. to learn from the Malawi experience on men and boys' engagement) x 2
- ✓ Access to the documents and resources in addition to a focal point we can contact for specific needs/questions x 2
- ✓ Follow up support in using tools that address GBV, gender equity and HIV
- ✓ Make sure that our operational plans are fully supported
- ✓ Policy analysis
- ✓ SASA! approach
- ✓ Technical assistance in coming up with integrated processes
- ✓ Practical integration of GBV into HIV policies and plans
- ✓ How to use analysis tools
- ✓ More M&E visits
- ✓ Websites of participating organizations in this work
- ✓ Building stronger partnerships at national levels
- ✓ Technical support on MIWA and SASA!
- ✓ Resource mobilization to implement the plan



SECTION 2: PLEASE RATE HOW WELL EACH OF THE WORKSHOP OBJECTIVES WAS MET.

Use a scale from 1 to 5, with 1 being the lowest and 5 being the highest. If you would like to add comments, please do so.

- 2.1 Accelerate the inclusion and implementation of policies and programmes around GBV and HIV in Eastern and Southern Africa.
1. ____ 2. ____ 3. ✓✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓
- 2.2 Explore 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 GBV-leads-to-HIV-leads-to-GBV cycle.
1. ✓ 2. ____ 3. ____ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓
- 2.3 Identify opportunities within national HIV strategies, National Strategic Plans on HIV, and other national policies and their related operational or implementation plans to address the GBV crisis, and consider effective ways to engage men and boys on these issues.
1. ____ 2. ✓ 3. ✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓✓✓
- 2.4 Consolidate and build on on-going in-country work supporting governments, UN, and civil society collaboration around GBV and HIV.
1. ____ 2. ✓✓✓ 3. ✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓
- 2.5 Strengthen partnerships and synergies across key government officials, women's rights advocates, networks of women living with HIV, entities engaging men and boys for gender equality, and the UN family.
1. ____ 2. ✓ 3. ✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓

SECTION 3: PLEASE RATE THE USEFULNESS OF EACH MEETING COMPONENT OR SESSION.

Use a scale from 1 to 5, with 1 being the lowest and 5 being the highest. If you would like to add comments, please do so.

- 3.1 Welcome dinner
1. ____ 2. ____ 3. ✓ 4. ✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓✓✓✓✓
- 3.2 Overview of concepts underlying gender dynamics, norms and drivers of the HIV epidemic (evidence and practice)
1. ____ 2. ____ 3. ✓✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓✓✓✓✓
- 3.3 Presentation of tools, including the Gender Roadmap, The Gender Assessment Tool, Gender indicators compendium, etc.
1. ____ 2. ✓ 3. ✓✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓✓✓
- 3.4 Exploring the regional policy environment
1. ____ 2. ____ 3. ✓✓✓✓✓✓✓✓✓✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓



➤ 3.5 Concepts and practice around the meaningful involvement of women living with HIV (MIWA)

1. ____ 2. ____ 3. ✓✓ 4. ✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓

➤ 3.6 Concepts and practice around engaging men and boys for gender equality

1. ____ 2. ____ 3. ✓✓ 4. ✓✓✓✓✓✓✓✓ 5. ✓✓✓✓✓✓✓✓

➤ 3.7 Concepts and practice around addressing SRHR and HIV linkages within the context of GBV

1. ____ 2. ✓ 3. ✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓✓✓ 5. ✓

➤ 3.8 Concepts and practice around key affected populations, in particular LGBTI communities

1. ✓ 2. ____ 3. ✓✓✓✓ 4. ✓✓✓✓✓✓ 5. ✓✓✓✓✓✓

➤ 3.9 Good practice models: Stepping Stones and the Together for Girls Initiative

1. ____ 2. ____ 3. ✓✓ 4. ✓✓✓✓✓ 5. ✓✓✓✓✓✓✓✓✓✓

➤ 3.10 Use of the 'Learning Journey' and developing action plans

1. ____ 2. ____ 3. ✓✓ 4. ✓✓✓✓✓✓✓✓✓✓ 5. ✓✓✓✓

➤ 3.11 'Any Questions' panel

1. ____ 2. ____ 3. ✓✓✓✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓ 5. ✓

➤ 3.12 'Market Place'

1. ____ 2. ✓✓ 3. ✓✓✓✓ 4. ✓✓✓✓✓✓✓✓✓✓ 5. ✓

Annex 2

Overview agenda

Monday 3rd December	19.00	Registration and drinks
	19.30	Welcoming remarks
	20.00	Welcome dinner
Tuesday 4th December	8.30	Welcome and introductions Background of meeting Overview of meeting Introductions Objectives and expectations Security briefing Ground rules and logistics
	10.00	Power Walk exercise
	10.30	Break
	10.45	Framing the issues: GBV and HIV Evidence Practice Gender transformative norms Discussion
	12.15	Presentation of tools to support learning journey Gender Roadmap Gender Assessment Tool Gender Indicators Compendium Framework and policy analysis tools for integrating women, girls and gender equality into national strategic plans on HIV
	13.00	Lunch
	14.00	Exploring the policy environment 'From Talk to Action': review of NSPs in the region GBV policy scan
	15.15	Break
	15.30	Strengths and gaps: prioritization of key issues
	16.15	Roadblocks and strategies for engagement and influence
	16.45	Review and close



Wednesday 5th December	8.30	Welcome and recap
	8.45	From concept to practice 1: The meaningful involvement of women living with HIV (MIWA)
	10.15	Break
	10.30	From concept to practice 2: Engaging men and boys for gender equality: Part A) MenEngage Alliance
	12.00	From concept to practice 2: Engaging men and boys for gender equality: Part B) exploring the Stepping Stones model
	12.45	Lunch
	13.45	From concept to practice 3: Together for Girls Initiative
	14.15	From concept to practice 3: SRHR and HIV linkages within the context of GBV
	15.15	Break
	15.30	From concept to practice 4: Key affected populations: LGBTI
	16.15	Action planning
	16.45	Review and close
Thursday 6th December	8.30	Welcome and recap
	8.45	Finalize and share country action plans
	10.00	Break
	10.15	'Any Questions' radio-style panel discussion
	11.15	Next steps, follow-up and evaluation
	12.00	Closing remarks
	12.30	Lunch

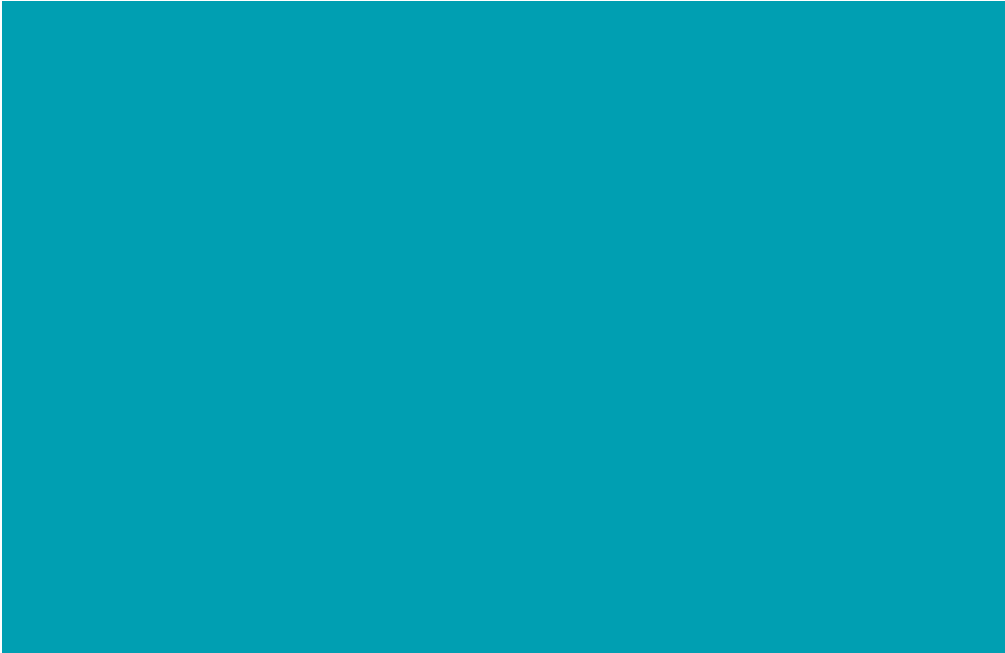
Annex 3

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