

The Big Picture



A guide for gender transformative
HIV programming

Acknowledgements

This guide was first published in 2011 and written by Sue Holden and Jennifer Bushee, with valuable assistance from partners who participated in the Gender Development Project (STOP AIDS NOW! (currently Aidsfonds), 2006-2010). None of the learning would have been possible without their skills and dedication. In 2019, Aidsfonds identified the need to update the tool with new evidence and feedback from users. This revised guide "The Big Picture: A guide for gender transformative HIV programming" is the result. It was updated by Roanna van den Oever, Nienke Westerhof and Miriam Groenhof.

Edition:

Aidsfonds, 2020

Text:

Roanna van den Oever, Nienke Westerhof,
Miriam Groenhof, Sue Holden, Jennifer Bushee

Cover photo:

Eva de Vries

Design:

De Handlangers, Utrecht

Printing:

EMP Grafimedia

Genderbread person image:

www.genderbread.org



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Introduction to this guide

What is the purpose of this guide?

We have written this guide to support organisations to develop HIV programmes to include a gender transformative approach. Our focus is on HIV prevention and treatment within the broader context of Sexual and Reproductive Health and Rights (SRHR). Gender inequality is a root cause of vulnerability to HIV and poor SRH and thus a structural driver of the epidemic. Hence, working in a gender transformative way will increase the effectiveness of your HIV programme while striving towards gender equality.

What does this guide offer?

- **This guide provides 'how-to' information for developing a gender transformative approach in HIV programming.** A gender transformative approach addresses root causes of vulnerability to HIV and seeks to reshape the beliefs, attitudes and behaviours of individuals and communities in favour of gender equality. It requires changing the policies, norms, and practices, which underlie gender inequality.
- **The information in this guide is based on experiences of organisations working with a gender transformative approach as well as up to date evidence.** It provides practical steps you can follow to analyse and design your programme, as well as profound background information to understand what a gender transformative approach entails. Finally, it captures the experiences of organisations in four case studies found in section 3.
- **The advice in this guide is not fixed and definite; please read it as providing suggestions based on the experiences of Aidsfonds and partners.** The tool gives guidance on how to think from a 'gender transformative' perspective, but it does not, for example, give step-by-step instructions for doing a gender analysis. The advice in this guide should be adapted to fit local needs and the relevant social, political, and cultural context.
- **This guide encourages readers to think differently about how to respond to HIV, using a holistic perspective, the so-called 'big picture'.** Therefore, it should be relevant for different types of interventions, beyond HIV programming.

How to use this guide?

Developing a programme is not a one-off event, neither is it a process you do in isolation. When going through this guide and the steps, we recommend you form a team of 2 to 5 members. Preferably include people with different backgrounds and different roles in your project or organisation. Together with your team you:

Take part in a mini introduction workshop –
Setting the Stage. **Page 8**

Read section 1: Why tackle HIV, gender and rights together? To understand the background information and discuss the reflective questions together. **Page 12**

Go to section 2: Address the big picture and initiate real change! Page 22 To learn about five steps to use a transformative, 'big picture', approach in HIV and SRHR programming. Follow the five steps:

- Step 1:** Analyse and map the inter-linkages among gender, HIV and rights in your context
- Step 2:** Begin thinking about your HIV work using a transformative perspective
- Step 3:** Gender Analysis
- Step 4:** Design your transformative activities.
- Step 5:** Monitor and evaluate your progress

Want to learn more? Go to section 3: Case studies. Read the different case studies and learn from others. **Page 38**

4 successful gender transformative approaches in Aidsfonds projects

1. Gender Development Project

The first Big Picture guide was based on the Gender Development Project, which ran from 2006-2010 in Kenya and Indonesia. The project partners were specialist organisations with a focus on rights, women's empowerment or HIV, as well as generalist development organisations, including faith based groups. The Gender Development Project encouraged partners to work primarily with women and girls, supporting their empowerment to address their vulnerabilities and to become agents of social change. Additionally, the project called for engaging men and boys in supporting gender equality and women's empowerment. In addition, the groups formed coalitions to take on lobbying and advocacy contributing to improving the legal and political environment for women and girls at national or sub-national levels.

2. Advocacy against forced sterilization

In 2014, ICWEA (International Community of Women Living with HIV Eastern Africa) examined SRHR violations of women living with HIV of reproductive age in HIV and SRH clinical settings, focusing on forced and coerced sterilization. Research respondents included 700 women living with HIV and service providers, opinion and district leaders, CSOs, and men. 35 young women living with HIV were trained as research assistants, which proved to be an empowering process in itself.

The research found a wide range of SRHR violations, including 24 cases of coerced or forced sterilization between 1991-2014. Women were made to believe sterilization was the best option given their HIV status, and were wrongly told it could be undone if they wanted to have children in future. Unequal power dynamics between health workers and women, and childbirth through C-section limited women's ability to make fully informed decisions.

The findings were used to advocate for policy change, challenge gender inequality, improve quality of service delivery, improve women's knowledge of their rights and help women with legal aid and psychosocial support.

3. Women's Rights Protection Committees

In Lilongwe, Malawi, Aidsfonds partners trained over 340 women living with HIV increasing their knowledge of HIV and SRHR so they could participate in community-driven accountability activities. Women's Rights Protection Committees acted as bridges between communities and health facilities. The committees helped women to know their rights in the community and the facility. The project was positively associated with, amongst others: (1) perceptions of empowerment among women who participated in HIV support groups; (2) service provider acceptance of women's accountability strategies; (3) improved patient-provider interactions within standard HIV and reproductive and maternal health consultations; and (4) increased uptake of HIV and RMNH services at participating health facilities. Also, Women's Rights Protection Committees successfully took action against cases of gender-based violence.

4. Male engagement

Male involvement is a key component in implementation of activities by WOFAK in Kenya. In order to deal with gender stereotypes and norms, WOFAK engages male participants in its trainings. During outreaches, community dialogues and conversations, men are called upon to do away with cultures that result in violation of human rights, e.g. wife beating practices and forced marriages,. Matters affecting adolescent girls and young women are discussed with key community resource persons and support is enlisted to stop malpractices. WOFAK furthermore works with religious leaders who are trained and act as SRHR champions, to change the perspectives on the SRHR of adolescent girls and young women in the communities.

Let's start! Refresher on terminology

Our **biological sex** is what we are born as — female, male or intersex

From birth, we are socialised to behave and dress as females and males according to **gender norms**. The norms vary from place to place, and can change over time. They have very powerful influences on us in many different ways. These include how we perceive ourselves and our potential, and how others view and treat us, both informally and formally such as in the law.

Most of us have a **gender identity** which matches our sex — most females feel themselves to be female, and most males feel themselves to be male. Some of us do not identify with the gender they were assigned at birth. For example, being non-binary, or people who are transgender — females who feel they are male, and males who feel they are female. There are many words that people with diverse gender identities use, and the terminology can change, as such it is important to ask the person what term they feel comfortable with.

Gender expression refers to how we express our gender to the world in our behaviour, mannerisms, interests, and appearance. When talking about gender expression we use the terms femininity or masculinity. However, we do not have to stick to this binary. **Nonbinary** is an umbrella term for any gender identity or expression that does not fit within the male/female binary.

Most of us have a heterosexual **sexual orientation** — most females are sexually attracted to males, and most males are attracted to females. Some

of us are homosexuals, attracted to the same sex — females who are attracted to females (also known as lesbians), and males who are attracted to males (also known as gays). Some of us are bisexuals — females and males who are sexually attracted to both females and males. There are many sexual and gender identities, which are represented in the LGBTQIAP+¹ acronym.

LGBTQIAP+: Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual, Pansexual, plus everything else a person may identify as. Another useful phrase is people of diverse **SOGIESC:** Sexual Orientation, Gender Identity, Expression and Sex Characteristics.

Sexism is the discrimination on the basis of sex or gender, or the belief that men are superior to women. But, discrimination is never separate from other parts of one's identity. Hence, the term **intersectionality** is very important to this guide.

Intersectionality is the understanding that a person can face oppression for multiple parts of their identity, these being for example: gender, age, disability, socioeconomic status, ethnicity, religion, sexual orientation, immigration status, class, and so on.

People who do not conform to gender norms may be stigmatised or even persecuted. Transgender people, gays, lesbians and bisexuals are particularly discriminated against, and homosexual sex is illegal in many countries.

If the terminology feels confusing, the Gender Bread Person on the next page may be a good visual aid. [The Gender Bread Person²](#) helps to

understand the terms sex, sexual orientation, gender identity, and gender expression.

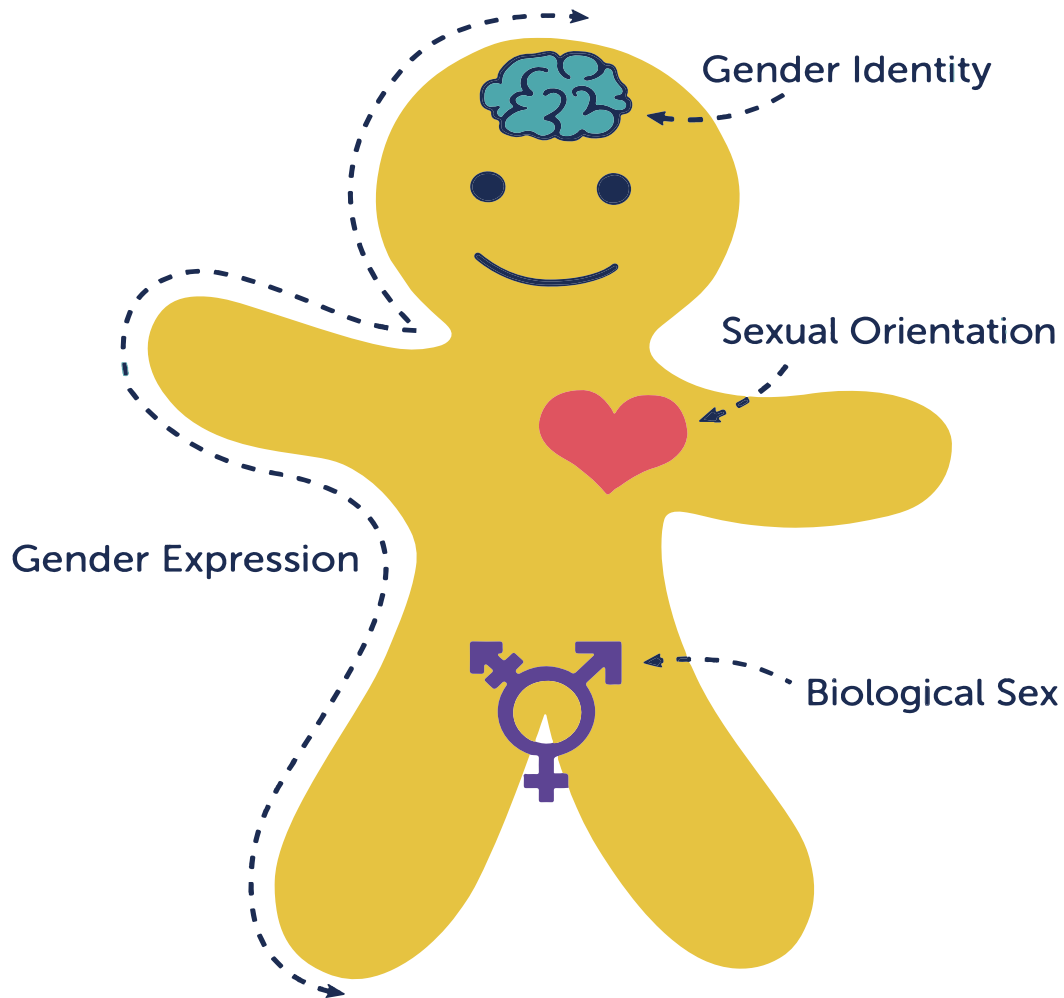


Illustration: www.genderbread.org

Get started yourself with this mini introduction workshop 'Setting the stage' (duration: 1 hour)

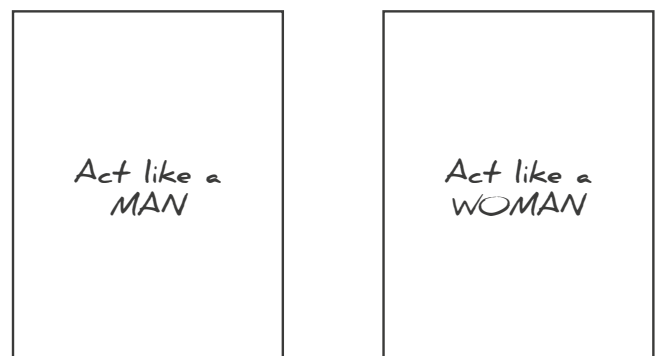
Now that we all understand the terminology, it is helpful to start by looking at your own life, values, and ideas about gender. This exercise will help you to do just that. It is best to do this together in a group. We recommend you form a team of 2 to 5 members. Preferably include people with different backgrounds and different roles in your project or organisation.

Gender Box

A good way to look at your own values and norms is an exercise called the Gender Box. If you take one hour you can really set the stage; get your team on the same page; and explore how gender roles, sexism, and homophobia affect individuals and organisations. This is an interactive exercise for your group where it is important we are respectful and honest.

Together you will reflect on traditional/common gender roles in your society by naming the stereotypes we associate with someone's gender. It is important to contextualise this and to be specific, because gender roles may differ as they intersect with class, religion, ethnicity, sexual orientation, ability, and so on.

Now let's start! Draw two big boxes on flipcharts or a white/blackboard. Make sure there is enough space around them to write. Like so:



Together with your group, you start to fill each box with stereotypes and words. While some words may be offensive to some people, it is good to still mention them if you do so with respect and care. The questions you ask each other are:

What does it mean to “act like a woman/man”, what do we tell children?

What are the expectations for women/men in my context?

How are women and men supposed to be different?

What feelings is a “real man” or a “real woman” supposed to have?

How do “real men” or “real women” express their feelings?

How are “real men” or “real women” supposed to act sexually?

Once you have filled the boxes ask yourselves: what happens to people who act outside the box? Write this around the “man” and “woman” boxes. Also write down names people are called who act outside the box. While it is important to identify these words, remember that they can be offensive and harmful, so be careful and respectful as you do this exercise.

Reflection

Once both boxes are filled, reflect with your group on how these gender stereotypes, roles, and norms influence our lives. Which box would you say has more power? In which domain – does it differ from household level to the political arena?

These boxes reflect how our society has different expectations for a person depending on their gender and the repercussions if you do not

conform to the norm. Discuss as a group how this has an effect on HIV in your setting or your target population. Next, see if you can come up with ways to change these boxes.

Finally, each person can individually reflect on where they personally sit in relation to the boxes. If everyone feels comfortable they could share with the group, because taking a gender lens is also a personal exercise.



Photo: Chris de Bode

1. Why tackle HIV, gender, and rights together?

This section outlines how gender inequality and rights violations contribute to HIV transmission and increase the (negative) impact of living with HIV, as well as how HIV is related to increased gender based violence.

Gender inequality

Gender inequality, resulting in discrimination and violence, is a root cause of the HIV epidemic worldwide. Hence, taking a gender transformative approach will make HIV programming more effective because it addresses gender inequality as one of the structural drivers of the epidemic.^{3a}

Gender norms restrict women's decision making power and control over their bodies, which reduces their ability to protect their sexual health and limits their access to services. Moreover, gender-based violence (GBV) increases the risk of contracting HIV and living with HIV increases one's risk of experiencing GBV.^{3b}

Gender inequality does not only affect women and girls. Marginalised communities often face multiple, overlapping forms of discrimination, and are thus disproportionately impacted by HIV and AIDS. Not conforming to gender norms can lead to stigmatisation or even persecution, which is a fact of life for key populations such as LGBTQ+ people, women who use drugs, and sex workers. Gender inequality increases violence-related HIV infections and limits their access to services and treatment. In addition, men and boys are also imprisoned by norms around masculinity which affect HIV, as will be further discussed in the next section.

In the United Nation's Sustainable Development Goal (SDG)⁴, the world has committed to ending all forms of discrimination against all women and girls everywhere. Many organisations, including

Aidsfonds, strive to work for a gender-equitable world. Taking a 'big picture' approach will help develop HIV programming that adds to this goal.



Gender equality means equal rights and opportunities within all areas of life and valuing different behaviours, aspirations and needs equally, regardless of gender.

Links among HIV, gender, and rights

Why is it difficult to prevent HIV infection and live with HIV in the context of gender inequality and widespread unmet rights? There are many reasons, which vary from place to place.



Reflection

Before reading further see if you can answer the reflection questions:

- Why do you think it's so difficult to prevent HIV for women?
- How is it different for men and women to live with HIV?

9 Ways gender norms impact HIV

Dominant gender norms increase vulnerability to HIV infection for women, men, and transgender people, and affect people living with HIV:

1. Men may be expected to be sexually active from a young age, may gain status by having more sexual partners, and may believe sexual desires must be satisfied. An emphasis on men being self-reliant and unemotional may lead them not to seek information and help on sexual issues, and not to prioritise caring for their own health. Furthermore, economic needs and the gendered division of labour may lead to their long-term migration for work. These gender norms and attitudes act against prevention methods and health-seeking behaviour, making men and their sexual partners more susceptible to HIV infection.
2. Women may be expected to have a single sexual partner, who is usually older than them, and so more sexually experienced and with a higher likelihood of being HIV-positive. They may be expected to have sex on his demand, and without the right to refuse sex or to insist on condom use.
3. The expectation that women should be faithful to one partner contributes to making women more reluctant than men to be checked and treated for sexually transmitted infections. Untreated infections greatly increase the risk of passing or acquiring HIV.
4. In some settings female genital cutting is seen as an important part of becoming a woman.⁵ The practice increases vulnerability to HIV infection to women who have experienced such cutting in three ways: at the time of cutting (if unsterilised tools are shared); during sex (because it leads to higher likelihood of tearing and bleeding); and in terms of type of sex (less willingness and ability to easily have vaginal sex may lead to more violent sex, or anal sex).⁶
5. In their gender role of decision-makers with control over female relatives, men may use violence to discipline women and children. Women and girls in inequitable relationships and women who experience violence from their intimate partners are more likely to become HIV positive.⁷
6. The gendered division of labour, amongst other reasons, also means women are more likely to sell or trade sex as part of or for all of their livelihood. While sex work can be done safely, circumstances can lead to a higher risk of contracting HIV. For example because sex work is criminalised in many countries or due to the extremely high levels violence sex workers face.
7. Economic dependence and fear of violence may stop a woman who is HIV-positive from disclosing her status to her partner, and therefore from taking action to seek care and support or to prevent transmission to him.

8. In many settings it is important for men and women to have children, which creates the need to have unprotected sex and undermines the use of condoms. HIV programmes do not often address the sexual and reproductive needs of couples, including how couples comprising one HIV-positive and one HIV-negative person ('serodiscordant couples') can conceive and avoid HIV transmission. Moreover, parenting roles are embedded in rigid gender norms.

9. Men may be less likely to seek healthcare. Whereas women are often already in the health system for their reproductive health. In many settings men are not included in the antenatal care. This means men find out their HIV status later, which has many negative consequences. It also means that often women find out first and have to disclose first. Sometimes this leads to them being blamed for bringing HIV into the house, with potentially violent consequences.

6 Ways unequal rights impact HIV

Unequal rights make people more susceptible to HIV and affect people living with HIV:

1. Women may have fewer rights in both formal and informal law, and so face discrimination. For example, where rape within marriage is legal, or where it is illegal but rarely acted upon, women are denied the right to refuse sex or to seek justice when they have been raped by their husbands. In general, women's unequal access to justice regarding gender based violence discourages them from taking action and supports behaviours that increase their vulnerability to HIV infection.

2. Where laws and customs regarding property often mean women have less access to land and inheritance, the unequal rights make them more dependent on men. This dependence acts against women asserting themselves in many ways, including protecting themselves from HIV infection.

3. Where non-heterosexual sex is illegal or stigmatised, LGBTQ+ people receive little or no information and support regarding

HIV prevention and treatment. They are also discriminated against when seeking HIV services, and are more likely to be subjected to violence, including rape.

4. Where sex work is criminalised, sex workers face higher levels of violence, are less likely to seek HIV services, and have a weaker bargaining position when it comes to safe sex.

5. Where girls' right to an education and to choose their partner are not upheld, young girls may be forced into early marriage, at a time when they are biologically more susceptible to HIV infection. Their husbands are usually much older than them, and are more likely to be HIV positive than the girls' male peers due to the longer time in which they have been sexually active.

6. Where people's basic rights are not fulfilled — their right to health, to education, to a basic standard of living, to freedom from violence — it is difficult for them to prioritise HIV prevention and hard to deliver prevention services to them.

HIV programming and Gender

HIV prevention and treatment is not simple. As illustrated by the examples above, there are many factors affecting one's ability to prevent HIV and one's quality of life when living with HIV. These factors differ from place to place, and from person to person. They include psychological issues, gender inequality, harmful gender and cultural norms, and religious, political, historical and economic influences. A useful term to understand

the interlinking of factors is **intersectionality**. This is the understanding that a person can face oppression for multiple parts of their identity, such as: gender, age, sexuality, disability, class, socioeconomic status, ethnicity, religion, and so on. When taking a gender transformative approach, we strongly encourage looking at the intersection of factors for the target population.

If we analyse HIV programmes in terms of how they address gender issues, we see a continuum:

Gender Equality Continuum



Exploitative approaches reinforce negative gender stereotypes. For example:

- women represented as helpless victims of HIV, reinforcing the idea that they are powerless;
- posters of female sex workers as the source of HIV, increasing their stigmatisation;
- failure to include images of men caring for other people, reinforcing the idea that care is the responsibility of women alone;
- condom promotion using macho images, strengthening the notion that men are in charge and make the decisions;
- statements that reflect the stereotype that men have sex for fun while women only have sex out of duty or for money or gifts; and
- statements denying homosexuality exist, claiming LGBTQ+ people have no rights, or blaming them for HIV transmission, increasing marginalisation and discrimination against them.

Neutral/Blind programmes do not attend to gender issues. Examples of neutral programmes include prevention messages aimed at both men and women, or HIV testing that does not distinguish between the needs of men and women. Gender neutral approaches tend to be less effective, because often men and women have different needs. For example, when going for HIV testing many people would prefer to have a counsellor of their own sex, and men and women may need to attend at different times of the day due to their daily routines. Neutral programmes may even be damaging if they are disempowering.



Try it yourself!

Do you have an example of how in your work you might have (had) an exploitative or blind approach? How would you be able to make it a sensitive or transformative approach?

Sensitive/responsive approaches do take gender issues into account. For example, if women are reluctant to go to a clinic for sexually transmitted infections due to the social shame attendance might attract, the service might be integrated with family planning or other services. Another example is HIV prevention technologies over which women have more control, e.g. the female condom. However, these gender-sensitive prevention methods, while valuable, do not address the contextual norms that maintain gender inequality.

Gender sensitive prevention programmes usually focus on individual behaviour change, and do not attempt to create structural change. But individuals exist and act within networks of other people and within cultures which affect the options open to them. We must acknowledge that a school girl may want to abstain and say "no" to sex, but what if the person demanding sex is her head teacher? A woman might prefer to be faithful to one partner, but what if having sex for favours or money is her only means of obtaining a livelihood? A woman may want to use a female condom when having sex with her husband, but what if he may beat and rape her for making that suggestion?

Transformative approaches seek change at all levels, from personal and intimate relationships up to community and societal levels. Referring back to the examples in the last paragraph, a transformational approach would seek to empower the school girl to report her head teacher for sexual abuse and have the community accept her doing so, while also creating the mechanisms by which he would be disciplined. The woman reliant on trading sex as part of her livelihood would be able to access skills training, financial assistance and other resources for developing an alternative livelihood, or have the ability to use a condom in all sexual encounters if she opted to continue selling sex. And the woman and her husband would have a more equitable relationship in which they could negotiate condom use without fear, in a context in which marital rape and gender based violence are punished.

If we are to achieve higher and sustained levels of change we need to go beyond being gender sensitive. We need to transform the harmful gender norms that sustain gender inequality and lead to poorer HIV and sexual and reproductive health.

Definition of Gender Transformative Approach

Working in a transformative way requires changing the policies, norms and practices which underlie gender inequality. This means addressing gender relations, issues of power and violence, and tackling the discrimination girls and women, and LGBTQ+ persons face in terms of their opportunities, resources, services, benefits, decision-making, and influence.

It is important to engage men and boys to achieve gender equality because transformative change will only take place with and by the entire community. Additionally, gender transformative approaches can lead to increases in violence against women. When women begin to take a greater role in decision-making, and challenge how power is distributed, those with more power may feel their status is being threatened and respond with violence.⁸ This is another reason why it is important to engage men and boys in working towards gender equality.

Gender-based discrimination and inequality are complex. Therefore, gender transformative approaches are often complex, keeping in mind various intersecting factors. There is no single strategy or 'magic bullet' for promoting gender equality. For example, microfinance is sometimes considered a solution to the problems of poor women. While access to finance can make an important contribution to household finances and well-being, it does not automatically empower women.⁹ Steps 1 and 2 in the next section aim to help you think your way through the complexity.



Try it yourself!

Try to answer the following two questions together with your group:

- Where do you think your organisation's programming sits on the gender continuum?
- How would you explain to your neighbour in simple terms what a transformative approach is?

To help you do this, CARE designed a gender marker to do an assessment of your own intervention. You can find more information here:

insights.careinternational.org.uk/in-practice/care-gender-marker

You can download the form here: insights.careinternational.org.uk/images/in-practice/Gender-marker/care_gender_marker_vetting_form_english_20191.pdf

Power and empowerment

You can't do gender analysis without thinking of power. When we think of gender norms, we think of who can make decisions and who has access to resources. This depends on who has power.

We often refer to 'power' as if it were a single thing, commonly referring to the power a dominant person holds over a subordinate one. In reality, there are different kinds of power. You may want to read about four types of power many analysts use.¹⁰

It's worth noting that gaining 'power over' usually involves the dominant person holding power at the cost of the oppressed person. For example, in many contexts a man (and sometimes his mother) may acquire power over a woman when he marries her. But gaining the other three forms of power does not necessarily mean anyone loses, except perhaps in losing their 'power over'. For example, if a woman gains 'power within' through developing her own business and improving her self-esteem, her gain will not necessarily have any negative impact on others.

Types of Power

Type of power	Explanation	Example
Power over	Involves a relationship of domination and subordination, with the one person benefiting at the other's expense.	John is the household decision-maker. He is sometimes violent towards his wife, Grace.
Power within	Refers to self-awareness, self-esteem, self-identity and the ability to assert oneself.	Grace's father didn't hit her mother, and Grace doesn't think she deserves to be beaten. She knows about women's rights, and would like more say in decision-making in their household. She realises being beaten makes her vulnerable, and she wants to change this.
Power to	Having the ability to make decisions, to have authority, and to find solutions to problems. It requires knowledge and economic means.	Grace asks for support from some relatives; they agree to help her if she has to leave John or is thrown out by him. She raises the issue with John, explaining her thoughts, and how both of their lives can be better without his violence towards her.
Power with	Social or political influence which develops when people work together towards a common objective.	Grace joins a women's group that decides to do something about gender based violence. They get the support of the religious leaders and elders, who talk about the issue publicly. They talk with other women. They get non-violent men to talk about the benefits of non-violence in their homes. Some of the women train as para-legals to assist in cases of gender-based violence.

When a girl gains 'power to' by going to school, it is not to boys' disadvantage. And when people collaborate to generate 'power with' for positive social and political change, they do not do so to dominate and exercise 'power over' others. The [SASA!](#)¹¹ intervention on Gender Based Violence is a very good example of working with women and men to understand power and achieve transformative and sustainable change. Moreover, the [Hands Off!](#)¹² programme is another good example addressing power dynamics between sex workers and police. You can find the Hands Off case study at the end of this guide.

Among these different kinds of power, developing greater 'power within', through raising self-esteem, appears to be particularly important. Some theorists suggest self-esteem is determined by at least two main things.¹³ First, there is our sense of self-worth or self-liking. It is influenced by whether we have supportive relationships and whether we receive affirmation from others. Second, there is our sense of our competence. It stems mainly from whether or not we have experience of doing things successfully. Self-esteem enhancement theory suggests if we can support people to develop their self-worth and their self-competence, then they can form higher self-esteem and use it for the benefit of their health and other aspects of their lives.¹⁴ One way of supporting people in these ways is to bring women together to provide each other with support, affirmation and constructive criticism, and to enable them to achieve things together. Working together also helps them to develop their 'power with'.

We've identified four types of power, but what about empowerment? There are a lot of different definitions! Most frame empowerment as a process, rather than as a single event. [The definitions drawn from human rights and feminist perspectives generally concern disempowered people](#) developing the sense that they should be

"The most common way people give up their power is by thinking they don't have any."

– Alice Walker, African-American author and poet

able to make strategic choices about their lives, and developing the ability to make those choices.¹⁵

These definitions may also include the idea of transformation, at the personal and at the collective levels. Indeed, to achieve gender transformation women and men need to be empowered to generate change. The empowerment of women and others can be summed up as moving from a state of relative powerlessness ("I cannot") to one of shared self-confidence ("we can").¹⁶ It's about gaining the ability to control their own destiny. To do this they need more 'power to', in the form of better capabilities (grown through better education and health) and better access to resources and opportunities (such as land and employment). They also need the agency or 'power within' to make strategic choices, and the 'power with' of collective action to change laws, create new systems, and to transform norms, attitudes and behaviours.¹⁷ When women and men are empowered, they can recognise, challenge and shift the inequality within gender relations together.

The role of rights

Where do rights fit in? Human rights define the rationale underpinning the goal of gender equality: girls and women have the same rights as boys and men as do LGBTQ+ people. This is set out in the [Universal Declaration of Human Rights](#)¹⁸; we should all be treated the same way.



Photo: Marreke van der Velden

How can raising awareness about rights help people to achieve their rights? Where it is culturally accepted that women have fewer rights than men, awakening people to the notion of equal rights is a necessary first step towards achieving change. Sometimes women themselves also believe they are, for example, weaker, further from God, their husband's property, or not deserving of the same opportunities as men.

Women can also reinforce inequitable gender norms, for example, in the way they raise their own children. Discovering they have the same rights as men and that it is possible to change gender norms can have a big effect on their sense of self-worth and self-esteem. Supporting girls and women to know and think about their rights is part of supporting them to develop their personal 'power within'.

Learning about rights also links directly to developing 'power to'. People cannot claim their rights if they do not know them. And women and men cannot take responsibility for protecting the rights of other people if they believe the others have fewer rights. Where women explore the issue of rights together they can develop 'power with' through collective action.

Finally, it is useful for those who hold 'power over' to learn about and consider equal rights. Men who have followed the gender role of being more dominant and seeing women as inferior may change how they feel and how they behave. People in institutions responsible for upholding rights — for example, the police, religious and cultural leaders — can benefit from reflecting on their own attitudes and having up to date information about laws concerning the equal treatment of citizens.



Reflection

Have you ever thought about the power you have?

7 Tips for strengthening your background knowledge

1. Understand the concept of gender and how it differs from the concept of sex.
2. Understand how vulnerability to HIV is linked to gender inequality and failure to respect rights.
3. Appreciate the complexity of that vulnerability, including how gender inequality and failure to respect rights intersect with ethnicity, sexuality, economic status, and so on.
4. Appreciate the complexity of power and empowerment at different levels such as household, family, community, institutions, and society.
5. Apply your understanding of that complexity to analysis of HIV programming, starting with where it currently sits on the continuum.
6. Understand the concept of power and its various personal and social manifestations; how it is present in all things and can be a negative as well as a positive force you can harness to create change.
7. Grasp how 'rights' are an intrinsic or innate feature of all human beings, but also how society vests its institutions and its leaders to support and promote human rights.

Photo: Mariëke van der Velden

Associação
Coalção da Juventude Moçambicana
Promovendo
o Protagonismo Juvenil

"At around the age of twelve, girls undergo an initiation rite. We need to teach these girls about sexual health and rights. This initiation rite does not mean you are ready to have sex."

– Silvio Makuane, Coalizão, Mozambique

2. Address the big picture and initiate real change!

If we are to roll back the HIV epidemic we need to respond to the 'big picture'. This means we need to address structural drivers of HIV, including the gender based discrimination and rights violations that make people vulnerable to contracting HIV and affect people living with HIV. From a clearer appreciation of human rights and gender issues, we can develop strategies that address key root causes of vulnerability to HIV infection and to the impact of living with HIV.

The 'big picture' approach gives you a wider scope for doing holistic HIV programming. It allows you to integrate HIV work in other work on gender and rights. It also allows you to respond more closely to the felt needs of girls and women in all their diversity. Crucially, the 'big picture' approach, allows you to work in a 'transformative'

way. This means it supports people to transform gender norms and relations in ways that are beneficial to all.

In this section we set out five steps to developing a gender transformative approach to HIV programming.

Step 1: Analyse and map the inter-linkages among gender, HIV and rights in your context

Figure 2 places HIV programming within the wider scope of human rights-based work for gender equality. The key aims of HIV programmes are in the circle at the centre. The next circle features some key aims of gender programmes. The outermost circle contains various human rights, all of which are indirectly related to HIV. Responding to the big picture means also taking into account the gender and rights levels in your HIV programming.

Context

While Figure 2 is relatively comprehensive, you could adapt it further to fit the specific context of your work. For example, if you live in an area where the existence of girls is less valued than the existence of boys, you might want to include aims such as 'reduce sex selective abortion', or 'promote equal nutrition and healthcare for boys and girls' in the middle oval. When analysing the

links between HIV, gender and rights, you try to assess who benefits and who is at disadvantage of the specific gender norms in your context.



Try it yourself!

Look at figure 2. Discuss the linkages with your group and decide on the aims of your programme on the three levels.

Aims of the programme:

HIV

Gender

Rights

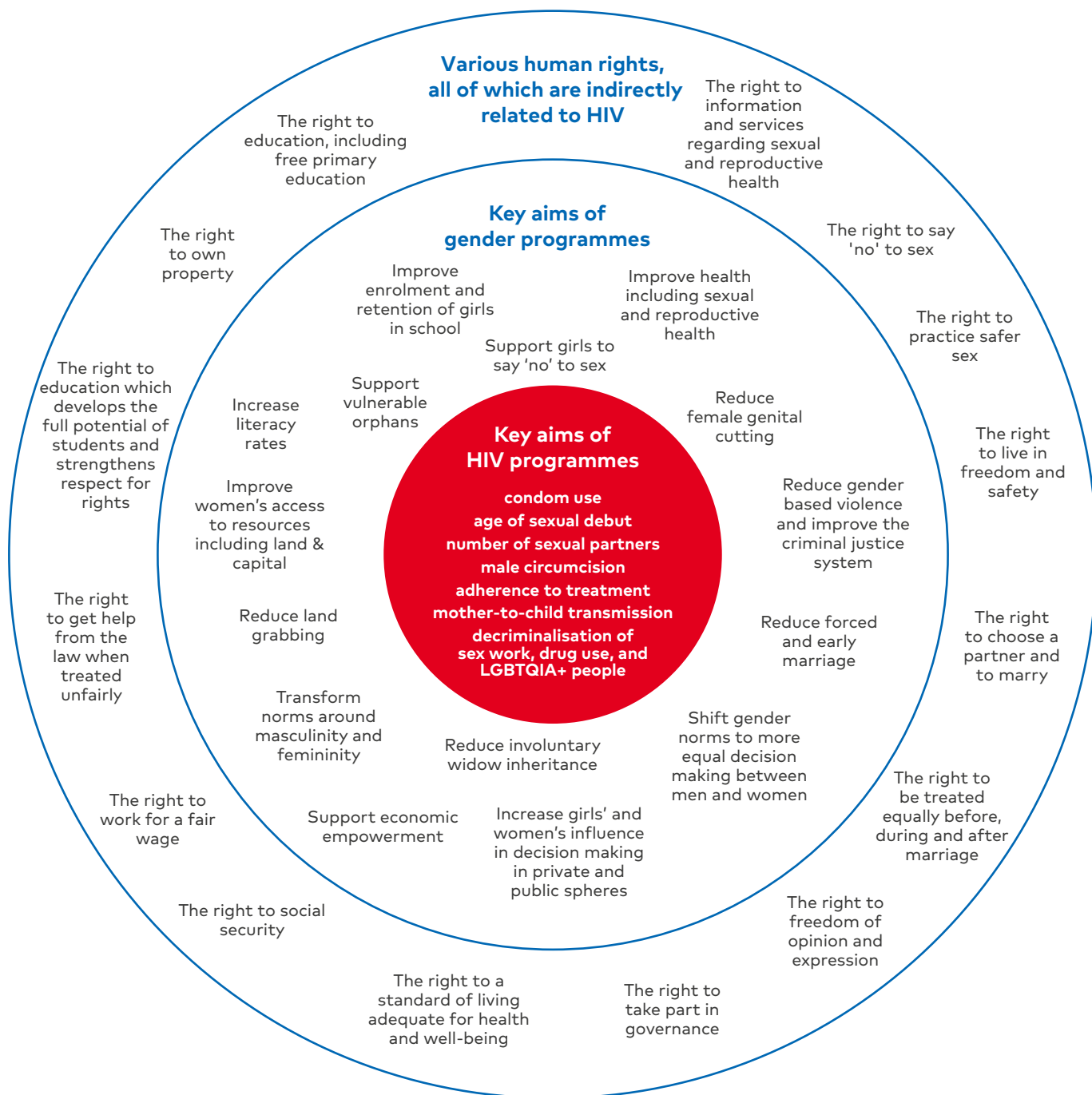


Figure 2: The Big Picture of HIV programmes, Gender Equality and Human Rights

Step 2: Begin thinking about your HIV work using a transformative perspective

Working on the 'big picture' means enabling people to think differently about gender and the position of women and gender non-conforming people, with the aim of **empowering community members to transform harmful gender norms and claim their rights**. This is very different from the more familiar strategy of aiming to 'educate' or 'raise awareness' about HIV and behaviour change.

We can think of 'educational' and 'transformative' approaches with regard to HIV programming. Not as conflicting approaches but as different ends of a range. Figure 3 is a simplified illustration of this range. It presents two starting points from

which you can view your organisation's approach and theory of change. It then gives examples of the types of activities you might do, depending on the starting point. Use it to consider where your organisation currently is, and how it can move towards a transformative approach.



Try it yourself!

What is your starting point when looking at figure 3? Formulate your responses together with your team. Thinking of where on this range your work takes place will help in the next steps.

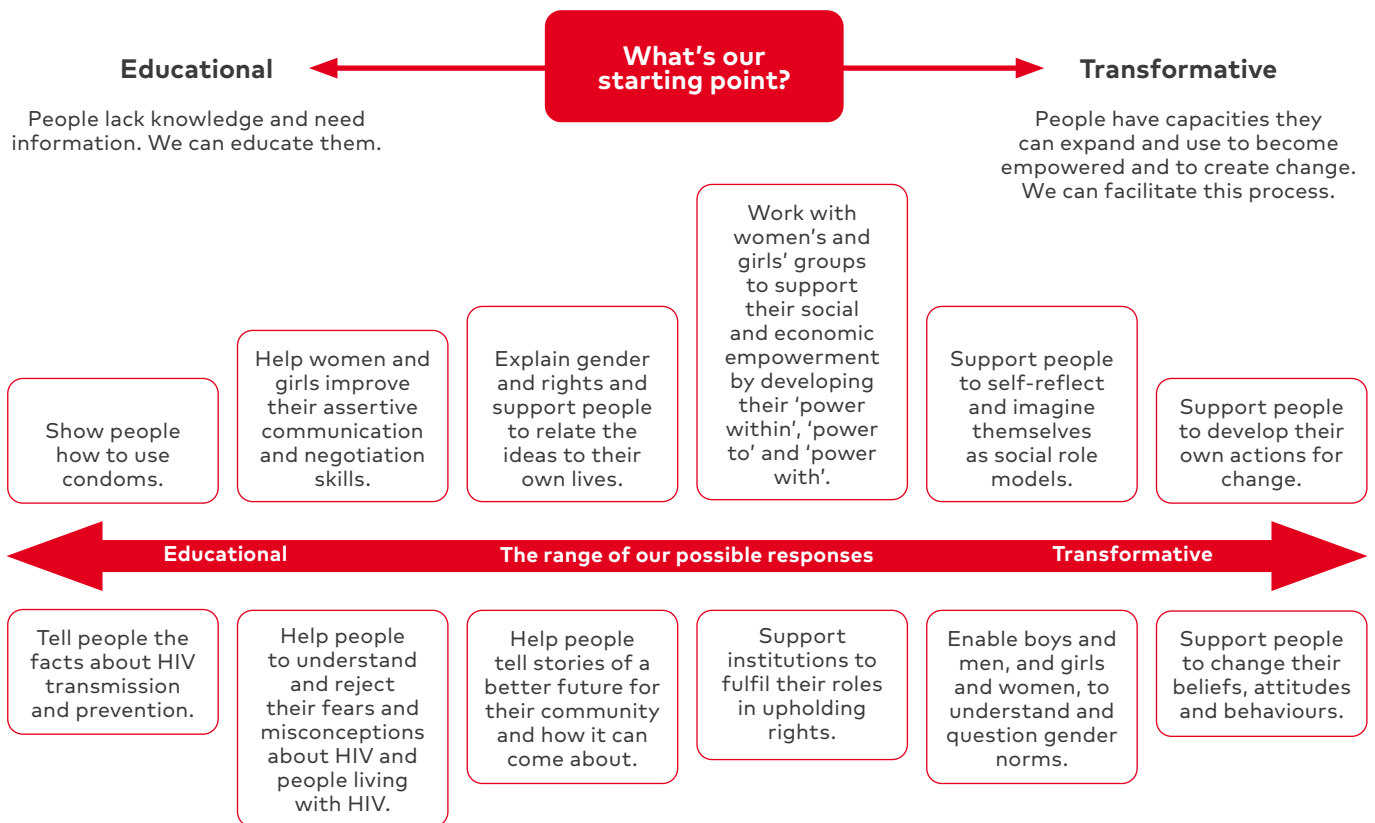


Figure 3: From Educational to Transformative Approaches

Tips for shifting your thinking towards a transformative approach

1. Look for the positive potential in each person and situation. Support people to see what is good in their community and in themselves, and build from there.
2. Avoid defining a situation as a problem, with a certain group to blame for it. Instead, see situations as challenges or opportunities. Help people explore complexity, and look for outcomes which benefit all.
3. Help people explore their inequitable norms, rather than rejecting the norms as 'wrong'.
4. Discuss sensitive issues within groups of similar people, to enable participants to share experiences and build their confidence.
5. Encourage self-reflection at all levels.
6. Treat all people equally.
7. Trust that change is happening and that working together makes a difference, even if progress seems slow.

Recognise that you should not control the process: you have responsibilities as a facilitator, but you cannot change people's norms for them. Significant and durable change can only come from people themselves, within themselves, and within their communities.

Step 3: Gender analysis

When we do a gender analysis we ask ourselves what gender-related factors most affect the groups we are working with, when preventing or living with HIV? A gender analysis can identify gaps in service provision, especially for women and key populations, as well as reveal opportunities to improve this. It should identify beliefs, practices and assumptions related to gender that lie at the root of high HIV acquisition, low service uptake, and increased violence. As such, a gender analysis can make HIV prevention, care and treatment programming more effective.

Let's apply this in a practical way. Figure 4 illustrates the analytic process of this step.

What?

You begin by agreeing on the change you seek (in other words, the overall aim of a project) and work backwards from that aim.

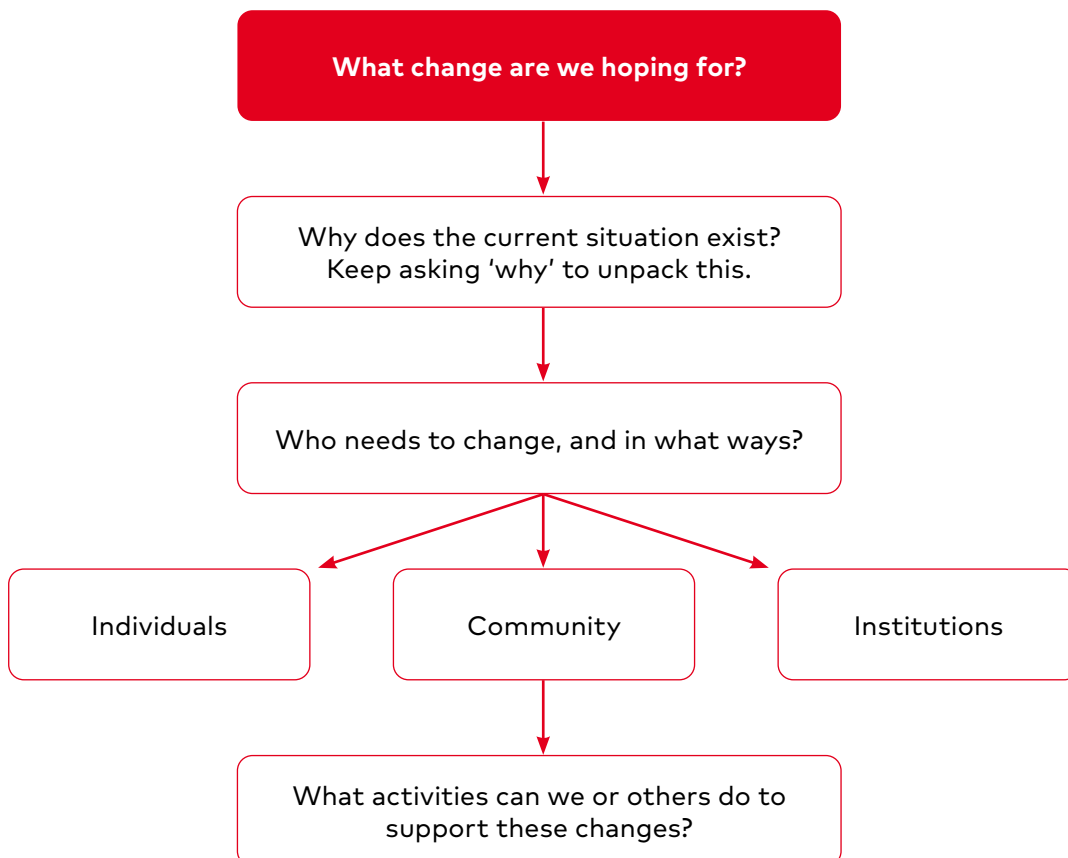
Figure 4: Analysing Who to Work with to Achieve Change

Why?

Consider why the current situation exists, instead of the better situation which you want to create. To go deeper into the analysis, keep asking 'why?'. After asking 'why?' three or four times, you should be reaching the root of the problem. Try to identify which beliefs, practices, and assumptions affect men and women differently and thus lie at the root of the unequal situation. It is important to use sex and age disaggregated data in this analysis.

Who?

You may wonder why it is important to emphasise 'who' rather than 'what' needs to change. Transformation begins with people. Situations change because people change their minds, their behaviour, and the physical circumstances. Aside from natural events, situations do not change themselves; people change situations. Internalising that idea is a big part of working in a transformative way. It is strongly recommended to do this analysis together with the people it is about because they will have a deeper understanding of the issue at hand.



How?

Finally, think about what your programme could do to support the different groups of people you've identified to enact change. How can it address the gender barriers that are maintaining the unequal situation, for example which leads to higher HIV incidence amongst adolescent girls and young women. This takes us to the next step.



Reflection

When doing a gender analysis intersectionality is important, especially for key populations. For example, how can you make this analysis specific for the [nexus of HIV and gender for men who have sex with men](#)¹⁹ in urban Kenya?

Look at the [linkages](#)²⁰ website for more examples.

Engaging men and boys

When working with women and girls, they themselves can indicate when it is the best time to engage men and boys, and whom to invite. It is often important to first create a safe space for women to feel empowered and secure. There are several reasons why it makes sense to work with men and boys as well as with women and girls:

- Working with both sexes can create greater potential for change if they have been reflecting on the same issues, for example, girls and boys learning about the right to say 'no' to sex.
- The lives of boys and men are often negatively affected by gender norms of what it means to be masculine; they can benefit from changes to those norms.^{21, 22}
- Engaging the men who are the partners or family members of the female participants helps the women and girls to attend activities. Partners in the Gender Development Project observed this in Kenya and Indonesia; when they engaged men, the men understood the benefit of their relatives' participation, and encouraged them to attend meetings regularly.

- Working with men and women can create more collaboration, seeking change to benefit all. This may reduce the 'men versus women' friction which can occur. In the Gender Development Project, partners found that by involving men in thinking about gender and rights, the men became more supportive of women's property rights.
- Some men are highly vulnerable to gender based violence and abuse and need support to become empowered.

Big picture

Furthermore, supporting a marginalised group to achieve the change they want usually involves getting others in the wider community to change too. To achieve cultural change it may also be necessary to work with 'gatekeepers' such as local leaders, school head teachers, religious leaders, or the police.

[Promundo](#)²³ and the [Men Engage Alliance](#)²⁴ have very good resources to help you do this.

Tips for broadening the scope of who you work with (since you usually can't work with everyone)

1. Link up with other organisations with relevant expertise to share the workload and integrate the right kind of expertise.
2. Use a phased approach. For example, first work intensively with women and girls, and then support them to influence the wider community and institutions.
3. Run fewer projects but do them more holistically, so that it becomes possible to work on the big picture with more of the relevant people in each project.

Step 4: Design your transformative activities

Working on the Big Picture means taking a transformative and holistic approach. In order to create a gender transformative HIV programme we recommend considering the following activities:

- A. Discussion sessions
- B. Raise community awareness to create a gender equitable environment
- C. Develop mechanisms to respond to experiences of discrimination and rights violations
- D. Support women to support themselves economically
- E. Prioritise community ownership
- F. Join forces with others!

A. Discussion sessions

The key technique Gender Development Project partners used in their transformative approach was discussion groups. The purpose was to enable participants to understand how they have been socialised on gender, to see how cultural beliefs and practices affect their lives, and to become empowered to think and act differently. Sessions to do sensitisation on gender can be held with everyone in the community, including: women, men, girls, boys, community cultural gatekeepers, teachers, religious leaders, caretakers, and so on. In other words, in discussion sessions participants engage in a relatively intensive process of self-reflection. Through the women's groups, women were able to build trust, explore ideas, change their own attitudes and behaviour, and launch into other empowering activities.



Photo: Chris de Bode

Tips for successful discussion groups

1. Have many and **regular sessions** with the same participants. A WHO review²⁵ of programmes working with men and boys echoes this. The review found that, although a single well designed session can lead to changes in participants' attitudes and behaviour, a series of 10 or more sessions of around 2 hours seems to be the most effective strategy.
2. Give participants **enough time** (2 or 3 weeks) between sessions to reflect on what they've talked about, and to apply it to real life.
3. Have a **small group** of 10-20 participants, so discussions can involve everyone and be intensive. This helps participants become agents for change in their own lives and in their communities.
4. Make sure the sessions are **peer-led** (in other words, not run by an outsider with little in common with the participants). Facilitators may need training, and also need to have reflected on the issues themselves. Where facilitators lack technical expertise, invite resource persons from other organisations.
5. Use **community issues** of relevance to gender, rights and HIV as starting points to ensure the discussions relate closely to participants' lives and experiences.
6. Include relevant facts and information, without becoming 'information-only' sessions.
7. Include opportunities to **develop skills**, for example, using role play to improve communication skills.
8. Have **systems** – for example, linking participants to micro-finance institutions and providing referrals for medical, legal, and psycho-social support – so you can deal with issues that emerge in the discussions.
9. Use **participatory** action theatre methods to stimulate lively discussion and broach sensitive issues. Integrate different participatory techniques, like role plays, in your sessions so messages are communicated in different forms (this facilitates learning), and participants are actively engaged and stay interested.

If you would like to use discussion groups to support transformation, you could use an existing manual as a starting point. In appendix 1 we have included a list of manuals you could use.

B. Raise community awareness to create a gender equitable environment

Working at the broader community level — so, beyond your target group — can provide support and sustainability for change. Research shows that attitudes and behaviour change is greater where community level campaigning is done in addition to discussion groups.²⁶

There are a variety of ways to work at the broader community level. As learned through the Gender Development Project, there are three principal mutually compatible ways of doing so. One way is to give visibility to the issues of HIV, gender and women's rights at public events at your church or mosque, or at community council or chief's meetings. Organise a theatre piece, ask to give a speech or presentation, or opportunistically take speaking time at a relevant moment.

Another way is to organise a campaign that might include a march or 'road show', handing out informative brochures, a petition to address a specific problem, giving away t-shirts with key messages, and handing out male and/or female condoms.

The third is to invite municipal, opinion, or religious leaders to participate at your own events. These might include your regular discussion sessions on HIV, gender and women's rights with your clients, a training workshop, a strategic planning meeting of your organisation, or a special advocacy event. Inviting leaders to participate in your activities helps secure the cooperation and support of key stakeholders.

Engaging and securing the cooperation of stakeholders such as local government officials and community leaders reduces the potential for gatekeepers to frustrate your work. More positively, by being involved and themselves having some ownership of the project, influential people are better able to help create change²⁷.

If you are not sure how to engage with your broader community or which leaders you should

target, re-read, 'Step 3: Gender analysis'. Information in Step 3 is relevant to both developing transformative activities with direct beneficiaries or clients and for engaging the broader community, including leaders. Also, be sure to read the case studies for further inspiration.

C. Develop mechanisms to respond to experiences of discrimination and rights violations

In the discussion sessions participants may share lots of experiences of neglect and abuse. As participants gained 'power within', shifting their self-identities from people who accept abuses to people who know they deserve better, they demanded assistance and support for redress in response to these experiences. Hence, it is important to build mechanism to address this.

A key strategy you will find in the case studies of Hands Off! and the Gender Development Project was to train group members to be paralegals or advocates. This response enabled those group members to attain greater knowledge of legal systems and rights, and further enhance their self-esteem, thus creating local systems of support. The existence of paralegals in the community, either working door-to-door, staffing legal desks in local organisations, or responding to cases as they arose, meant women and girls in the community had someone to go to for advice and assistance.

Systematic support is crucial in order to shift cultural norms and stop rights violations sustainably. For example, higher dissatisfaction among women about domestic violence may not necessarily lead to positive change. They may continue to suffer in silence. But if women who are subjected to violence know there are people who will support them, and help them to seek fair treatment, then they are more likely to take action. In this way, a problem which was mostly hidden becomes exposed, talked about, and can be mitigated.

The local groups that developed the strongest support mechanisms also worked with other relevant institutions. These included the police and other officials with regard to legal issues, the Ministry of Health, and providers of medical and psycho-social support. The Hands Off! programme is a great example of this.

D. Support women to support themselves economically

Empowerment is only sustainable if women can act on it in practical ways. Economic empowerment is an important way to achieve this.²⁸ For women with low incomes their priority is to find ways to make money and to develop greater livelihood security. Some partners in the Gender Development Project helped women to access savings and credit, and gave technical help to start businesses. The process of developing businesses also resulted in greater self-esteem among participants, and more 'power with' in groups that had successful collective enterprises. It also helped some women to reduce their vulnerability to HIV infection, as they created alternatives to selling sex or trading sex for favours. Importantly, the economic empowerment work was always integrated with the work on HIV prevention and promotion of gender equality and women's rights.

In your HIV programme you can work with other organisations with more expertise in providing economic empowerment services, for example by referring women to them.

Tips for developing support mechanisms

- 1.** Invest in the skills and knowledge of group members to provide practical support for the gender, HIV and rights issues that emerge from the group.
- 2.** Be sure to develop the necessary range of support mechanisms, from psychological to legal to financial, depending on the needs assessed.
- 3.** Make sure the peer advisors are located where the women can reach them, are in a place where they are able to maintain confidentiality, and are available at convenient times.
- 4.** Link to relevant institutions for cooperation and their provision of support. This is especially important, as it is highly likely your organisation cannot provide all the necessary support mechanisms.
- 5.** Include support for economic empowerment. This can at least be referring participants to organisations specialised in income generation or micro-finance.



Photo: Marijke van der Velden

E. Prioritise community ownership

For transformative projects to work they need to be run by local organisations genuinely active at community level. In addition to working closely with communities, the Gender Development Project partners used two main strategies to create community ownership.

1. Invest in communities as agents for change

Organisations worked with existing community groups and invested in the skills and knowledge of their members. In doing so, they supported the development of 'power within', 'power to' and 'power with' among those community members. Those groups of individuals were then able to assist and influence others as change agents. These advocates help others to discuss

and reflect on the gender and rights issues most important to them, and to decide what to do. External 'experts' were involved in activities for strategic reasons, such as building higher level political support and providing technical advice on HIV.

In some contexts religious leaders have a lot of influence over gender norms. Where conservative views enforce gender inequality it is important but very challenging to reach and influence religious leaders. In Indonesia, Rahima's approach was to work intensively with female teachers of Islam (ustadzahs). This had direct effects on the teachers' attitudes and practices, with spill-over effects for their pupils by improving the sexual health sessions that they teach. The ustadzahs are also able to include the topics of gender and

rights in their preaching to Koran recital groups and in certain forums, such as after-prayer meetings. It is Rahima's hope the teachers are now also better placed to influence male religious leaders within the local councils.

This approach is very practical in terms of cost, but more importantly in terms of appropriateness and sustainability. Community members are well placed to know which changes are achievable within their context, and how best to seek them. There is also little danger of the cultural misunderstandings which occur when outsiders are involved. There is also less resistance within the community, because the people proposing change are themselves community members.

2. Address local priorities

The 'big picture' approach of gender, rights and HIV allows organisations to respond to local issues, rather than adhere to a distant donor's focus on HIV alone. The training the partners gave on rights, gender and HIV ensured local organisations and change agents gave attention to those themes, but with the freedom to respond to community priorities and to particular cases as they arose. This meant their work could be relevant and responsive. For example, some groups of widows living with HIV set up their own income generating projects in order to improve their quality of life, as well as improve their self-esteem and standing in the community. Why? Because that was their priority.

Being responsive can be challenging. Some faith-based organisations found themselves caught between their church's position on condoms and demands from women for them. They initially opted to refer the women to nearby health facilities which were giving out condoms, but then started stocking supplies which women could access. One of them started actively distributing condoms. Being responsive also meant dealing with a wider range of issues. For example, one local group successfully intervened to protect a first born male twin who, according to tradition, should be killed. A gender and rights issue, but not of the type we anticipated.

Addressing local priorities did not mean local groups could not tackle 'taboo' topics (which by their nature are not much talked about). On the contrary, their participation in dialogue groups, allowed such issues to surface and be discussed. Local groups – having learned about sexual rights and knowing that sexual abuse was prevalent but not spoken of – were able to proceed based on their knowledge of the local context. In Java, Rahima's work with ustadzahs led to the women opening up to each other and to Rahima facilitators about their experiences within their marriages, including domestic violence. This in turn enabled some of them to speak more publicly about such issues, for example, by including them in discussions with their students.

F. Join forces with others!

Creating a pro-woman/pro-girl, gender equitable environment means working for broader, structural change, for example, by improving local, provincial or national level policy, law and implementation of the law. No individual or organisation can do this alone; you need to join forces with others organisations with different skills and areas of influence. You may already be collaborating with similar organisations to your own, however, that will not likely be sufficient to create a gender equal environment for women and girls, boys and men, and LGBTQ+ people. You may need to reach out to human rights groups, pro-democracy groups, or religious organisations, for example. It all depends on the circumstances in your community, district, province and/or country. In any event, do bear in mind that multisectoral and holistic responses to HIV tend to be more successful.

In the Gender Development Project, partners in each country formed a coalition. Partners used the coalitions to lobby and advocate for a better legal and political environment for women and girls at national or sub-national levels. Joining forces can also be particularly useful for networking and facilitating mutual learning and capacity building.



Try it yourself!

Throughout the designing process it is important to keep applying a gender lens. Naila Kabeer has developed a set of questions to aid you in doing this.²⁹ Together with your team, you can go through these questions and critically assess your planned HIV programme on gender.

- 1.** What are the goals of the intervention? Are they shared by both women and men? Equally by all women and men? Remember intersectionality. Whose needs or potentials are being addressed through the proposed intervention? Who identified and prioritised them and who was consulted in designing implementation strategies?
- 2.** Who is being targeted by the proposed interventions? Is the targeted group defined in generic, abstract terms, in gender specific or gender inclusive terms? As household units or as individuals? How is the target group being conceptualised: as producers, consumers, experts, agents, victims, clients, participants, and beneficiaries?
- 3.** What assumptions are being made by the intervention about the gender division of resources and responsibilities? What evidence is there that these assumptions are well informed?
- 4.** What resources are being made available through this intervention? Who is likely to have access to these resources, who is likely to manage them, and who is likely to control them? If extra responsibilities are entailed, are extra resources being made available to match them?
- 5.** What benefits or gains flow from this intervention? Who is likely to have access to them, who is likely to manage them, and who is likely to control them? Who is likely to lose from this intervention (which men and which women)?
- 6.** Does this intervention address women's strategic gender interests? Does it have the potential to do so and how can such potential be realised? What kind of resistances is it likely to meet and how can they be dealt with?

Step 5: Monitor and evaluate your progress

Monitoring and evaluation are important if we are to measure and learn about the impact of our work, and have evidence to share with others of effective strategies and ones which have not worked.³⁰ Moreover, gathering and sharing data on our work on HIV and gender is relevant for advocacy and fundraising efforts in the HIV response.

You can apply your existing knowledge on designing a monitoring and evaluation plan for your gender transformative HIV programme. In order to guarantee you also measure the effects on gender, it is crucial to disaggregate your data on gender and age.³¹ Furthermore, Naila Kabeer³² has developed a set of questions about the anticipated effects of an intervention on gender norms, relations, and power. These are a useful aid when developing the programme goals and indicators.



Try it yourself!

Together with your team, address the following questions³³ asking: what are the effects of the programme activities in terms of:

1. Changes in the gender division of labour and workload reduction for women.
2. Increased access to and control over resources for women as compared to men (including increased mobility).
3. Increased access to and control over benefits of own or project/programme activities (including increased mobility).
4. Increased influence in decision-making at household, community and society levels for women (as compared to men).
5. Increased organisational capacity for women and representation of women's interests in women only and mixed organisations.
6. Increased self-esteem by women and positive changes in the images of women in society.
7. Decreased violence against women (including safe mobility).
8. Increased self-determination of women over their body, reproduction and sexuality.
9. Different effects for people with intersecting identities: e.g. mothers who use drugs or transgender women who do sex work

Your gender transformative HIV programme does not have to work on all nine factors. When your team identifies which aspects it does work on, you can consider how to measure that. You can consider both quantitative or qualitative methods.

Lessons learned from the Gender Development Project

In the Gender Development Project we used four monitoring and evaluation elements: a baseline and endline study; yearly retrospective reports from the coordinating organisation; a midterm review; and a results assessment. Here, we share with you some of the do's and don'ts from our experience.

Do learn from what others have done

When designing our monitoring and evaluation methods, we looked at what other organisations working on gender transformation had done. For its Program H, Promundo had begun by learning about the attitudes and behaviours of young men in the communities who were already relatively gender-equitable.³⁴ This helped to define outcomes which were realistic, because they were based on what some young men were already doing. Promundo also talked to girls and women about the outcomes they wanted if boys and men were to change. Through this process they identified four ways young men could behave that would be desirable as outcomes for the program:

- to seek relationships with women based on equality and intimacy, rather than sexual conquest;
- to seek to be involved fathers;
- to assume some responsibility for reproductive health and prevention; and
- to oppose violence against women.

From these key behaviours, Promundo developed a 'Gender Equitable Male Scale':³⁵ a questionnaire containing 35 statements, such as 'There are times when a woman deserves to be beaten' and 'A man and a woman should decide together what kind of contraceptive to use'. Respondents answered using a scale to show how much they agreed with each statement.

Another useful tool is the Sexual Relationship Power Scale, which looks at two dimensions of relationship power: relationship control and decision-making dominance.³⁶ This scale includes

23 items, such as 'My partner always wants to know where I am' and 'Who usually has more to say about whether you have sex?'

We used both these tried-and-tested tools to create our own survey, with the following six initially defined indicators:

1. Gender-based attitudes, perceptions and beliefs.
2. Sexual and/or romantic relationship power.
3. Presence of violence in sexual and/or romantic relationships.
4. Intentional or actual condom use.
5. HIV/AIDS knowledge.
6. Communication about sexual matters and condom use.³⁷

Do collect qualitative data

Surveys give us quantitative data (numbers and percentages), but it is also good to use qualitative methods to find out more from participants and other stakeholders, ideally in a way that you can compare what they say before and after the project.

Focus group discussions and in-depth interviews can be used to gather qualitative data. Many of the lessons learned in this guide are derived from qualitative data from the endline research the results assessments.

The qualitative research in the Gender Development Project provided much more textured information on partners' and participants' feelings and experiences, and helped corroborate the quantitative findings of the endline survey. However, it also presented a couple of challenges such as:

- sometimes the recording of focus groups failed, and researchers had to take notes instead;
- there was some loss of data in some cases in the translation process; and
- in one instance, insufficient trust between female respondents and a male researcher led to inaccurate data, as the women did not feel safe to express themselves.



Photo: Mariela del Risco Gallegos

Don't try to do everything you want with too little funding

Cater for the true costs of monitoring and evaluation, both for implementing partners and any external researchers. It is important to bear in mind that with small grant sizes, it is easy for the cost of monitoring and evaluation activities to exceed the costs of project activities.

Don't misalign your M&E planning with your project planning

Develop clear and realistic research outcomes and take into account potential delays in conducting surveys or research, as well as in the project implementation.

Do improvise if necessary

During the Gender Development Project, the election violence in Kenya happened. This led to the displacement of participants and to changes in the target groups, which prevented researchers from having the same group of people participate in the baseline and in the endline. So, instead,

the researchers did a cross-sectional analysis of the endline data, comparing people who had participated in the project with people who had not.

Do consider women's lived realities

In your evaluation, consider women in all their diversity keeping in mind intersectionality. Focus on measuring change in their lived realities using the [AWID resource](#).³⁸

3. Case studies

This section contains case studies from three organisations that participated in the Gender Development Project – one in Java, Indonesia, and two in Kenya – and worked from a transformative perspective. It also contains one case study from the Hands Off! programme in South Africa, which runs from 2015 - 2024. The four examples include the context of work of the organisations, a description of their activities and a summary of the outcomes they achieved.

We have included the case studies to provide a more complete picture of how an organisation can work on HIV from a gender transformative perspective. They are meant, in particular, for those of you who have at least gone through steps 1-4 above and are looking to fill gaps for conceptualising an overall programme or coherent set of activities.



Photo: Loes Magnin & Marijke van der Velden

Women who use drugs build a 'Junkies' brand

The context

Indonesia had the fastest growing HIV epidemic in Asia, with shared use of injecting drug equipment being a major mode of HIV transmission³⁹. In parts of Indonesia, over half of injecting drug users were living with HIV⁴⁰, but as only a minority of injecting drug users are women, they and their specific needs have received less attention. Their rate of infection is slightly higher than for men⁴¹, as they are more likely to provide sex in exchange for drugs, have lower capacity to negotiate safer injection practices and safer sex, and suffer from high levels of violence and rape. Women who inject drugs are stigmatised both for injecting drugs and for violating traditional gender roles, leading to discrimination and their isolation.



Women who are not drug users but who are partners of injecting drug users also experience discrimination and narrowed social support networks. Their vulnerability to HIV infection is increased by their partners' high risk behaviour, their capacity to negotiate safer sex, and their dependency on their partners. In household contexts of drug addiction and insecure livelihoods, many women affected by drug use fall into a cycle of depression and self-blaming, made worse if they are also living with HIV.

YAKITA's response

YAKITA is a community-based organisation that seeks to improve the quality of life of people addicted to illegal drugs. It recognised that women affected by drug use need specific support, and started a comprehensive project in Bogor, called Empowering Female Addicts and Female Partners of Addicts. At the heart of this

was the formation of the Bogor Female Support group, or BFS.

The primary beneficiaries were the BFS members, a group of twenty women drug users, former users and/or partners of users aged between 20 and 35 years old. Some of them were living with HIV, all were affected by HIV. They generally had low self-esteem, and devalued themselves as mere 'junkies' (a slang term for injecting drug users). The secondary beneficiaries were their partners, extended family members, and the broader community.

The main activities were:

- BFS group meetings twice a month for two years. The participants were heavily involved in organising these discussions, and sometimes invited nurses or human rights workers to provide expertise. Themes were tailored to the needs and interests of participants, and centred on three issues: sex and STI and HIV prevention;

gender roles; and addiction, recovery, and co-dependency. The sessions on STIs and HIV included condom negotiation, and health seeking behaviour, and the programme made condoms freely available to the women.

- Support to develop income generating activities, leading to training on how to make and sell sandals. The BFS members worked together twice a month, and marketed the sandals under the 'JUNKIES' brand. The profits were shared among the beneficiaries and the YAKITA programme.
- Training to improve skills for formal employment. They were trained on computer skills and accessed a twice-weekly English language course.
- Women living with HIV and their families attended a family support group. Ten of the participating families have a child who is living with HIV. The sessions helped the families understand HIV and its treatment, and to develop mutual support for taking care of themselves and for avoiding stigma (including self-stigma) and discrimination.

Results of YAKITA's work

YAKITA witnessed the women experience an empowerment process, both individually and collectively. They first moved from a starting point of depression and low self-esteem to greater acceptance of their reality, and then progressed to developing a greater sense of self-worth. Once their self-confidence was strengthened they started sharing information and networking with others, and developed a sense of solidarity with each other. This helped them react against being depressed and to improve their self-esteem, including developing the courage to negotiate safer sex and to talk about stigma and self-stigma. The economic skills they gained also gave them hope and assurance that life is possible without having to depend on others.

Within the family support group sessions, the HIV positive women won greater acceptance and understanding from their relatives, though gaining acceptance from others remained a challenge.

This empowerment process indirectly supported women to prevent HIV transmission (both to themselves or to their partners) and to improve how they cope with living with HIV. The training sessions on condom negotiation directly served HIV prevention purposes. Initially, some of the women viewed condoms only as a tool to prevent pregnancy. Through the discussions they learned that condoms also prevent STI and HIV transmission, and that women who buy condoms are not necessarily 'prostitutes' or cheating on their partners. As more of the women managed to negotiate condom use with their partners, YAKITA noticed that it no longer needed to offer condoms to the participants, as the women were proactively asking for them. As one woman explained in a focus group discussion to assess the programme,

"After getting involved actively in YAKITA, I started to grow courage to negotiate and force my husband to wear a condom, otherwise no sex at all."

YAKITA also observed improved health seeking behaviour among the women, including higher uptake of their three-monthly health check-ups.

Gender desks on the beach

The context

In Nyanza, the poorest province in Kenya, life has become harder for the men and women involved in the fish trade since fish stocks have reduced. Smaller catches have heightened competition among women to get fish to sell, forcing them to participate in the jaboya system. 'Jaboya' originally meant 'customer', but now refers to the exchange of sex for fish; women forming sexual relationships with fishermen in exchange for wholesale fish. Individual fishermen and fish sellers may have more than one jaboya relationship at a time, in addition to their long term partners. Some older fish sellers use their daughters and nieces in the system. Furthermore, there is fierce competition to get fish transported quickly and cheaply to market, so some fish sellers trade sex with mini-bus drivers in exchange for transport.

At the national survey in 2007⁴², Nyanza Province had the highest rates of infection for HSV-2 (genital herpes) and syphilis. It also had the highest HIV prevalence, with 14.9% of adults (17.2% of women and 11.6% of men) being HIV-positive, compared to the national average of 7.1%. HIV infection is more common in Nyanza's fishing communities, where prevalence is estimated to be around 30%⁴³. Among the youthful and mobile population of the fishing communities there are high levels of sexual networking and low levels of consistent condom use. Nyanza also has higher than average rates of gender based violence, with as many as 60% of women having experienced it since the age of 15.⁴⁴



C-MEDA's response

C-MEDA's approach is one of holistic and community-driven development. From its base in Kisumu, C-MEDA works with the most vulnerable community members through projects on food security, health, gender and rights.

As part of its participation in the Gender Development Project, C-MEDA aimed to respond to the problems faced by women who are vulnerable to HIV and AIDS and in a weak socio-economic position.

C-MEDA focused on four strategies:

1. Empower the women to know and understand their rights, why they are violated, and how these issues link to HIV;
2. Support women and girls to claim their rights and take action against violations;
3. Provide the women with alternatives for earning an income in order to gain greater independence and reduce the risk of HIV transmission;
4. Persuade the broader community of the importance for community survival of achieving gender equality in the face of the HIV epidemic.

The main activities were:

- Approximately eighty intensive discussion sessions per year with members of community based women's groups, many of whom were HIV-positive. Over the four years of the project, the number of women taking part rose from around 150 to 200. The discussions were facilitated by women from the groups, and topics included antiretrovirals and living positively, gender-based violence, widow inheritance, property succession rights, and sexual negotiation.
- Through the discussion groups, members also received advice on income generating activities,

and were linked with microfinance providers. The resource people for these sessions included peers who had managed to develop alternative livelihood strategies and so leave the *jaboya* system.

- Sixty local women became 'focal points', receiving two sessions of specialised paralegal and conflict mediation training. The focal points then established and staffed three 'gender desks' in chiefs' offices and five on beaches. These gender desks are places where women and girls can bring forward cases of gender based violence and other rights violations, with the focal points providing counselling and referral for legal or medical assistance as well as social support. Around five hundred women received support from the gender desks. Training was also given to the Beach Management Unit leaders (pre-existing government organisations in each fishing community) to improve their support to the focal points and the gender desks.
- Sensitisation of the broader community, reaching about 600 community members and 20 community leaders. C-MEDA supported the performance of plays and staging of dialogue forums about HIV, women's rights and gender equality at chiefs' *barazas*⁴⁵ and on beaches. The plays had been developed in a different project involving 60 members of women's groups and 80 boys and girls from schools, and were also performed as 'ice-breakers' during the small group discussion sessions.

Results of C-MEDA's work:

C-MEDA's activities are nested, working outwards, starting with the individuals in the support groups, going to the wider community of women on the beaches, and then to the broader community. This approach enables social change processes to build on and strengthen each other.

The discussion group participants reported feeling empowered to speak about sex more openly, and to negotiate sexual relations and condom use thanks to the sessions. At the beginning of the project, during general discussion sessions about HIV, rights and gender, around 5% of the women were able to speak about their experiences of gender based violence. However, towards the conclusion of the project this had risen to half of the women. This shows partly how C-MEDA succeeded in building trust through the small group discussions, using stories from the community, to support women to open up about 'taboo' subjects such as sex and gender based violence. It is a significant sign of their growing sense of power that so many of them were able to speak out about this issue.

The other factor which enabled the women participants and other women to come forward about gender based violence was the support provided through the gender desks. The focal points gave concrete assistance and psychological support to women who had experienced gender based violence, giving them more reason to speak up about the violation of their rights. As one group member stated:

"Ogal Beach Support Group reported a case where a young girl was raped by a known offender in the area and their persistent follow-up of the case with the local chief and the police led to the arrest of the culprit. This has served as a warning to others."

Furthermore, the gender desks did not focus only on gender based violence; taking a holistic approach, they also succeeded in stimulating increased uptake of HIV testing among the women of the beach communities.

With regard to economic empowerment, 60 women successfully moved from the jaboya system to growing food to eat and food to sell such as melons, as well as working on farms irrigating fields. Thirty of them accessed microfinance support (as provided by another partner of the Gender Development Project, the Women in the Fishing Industries Project) to develop their fish commerce independently from the jaboya system.

There were two particularly noteworthy outcomes regarding the wider community and improving the environment for women and girls in and around Kisumu. First, there were some positive shifts among the community leaders. For example, they demonstrated more support for women's rights and gender equality by calling for cases of rape to be handled through the court system rather than through the traditional family compensation approach⁴⁶. They also called for widowed women to have the right to decide whether to be inherited, and advocated that those who opted for it should know their inheritor's HIV status and should expect a condom to be used as part of the sexual rites. Second, some of the women who participated in the discussion sessions have taken on the role of change agents in their communities. More specifically, three groups with around 25 members each have gone on to organise their own discussion sessions with new participants even though the project has ended. As C-MEDA reported:

"Cases of wife battering have reduced because the women groups have been trained and have in turn trained others."

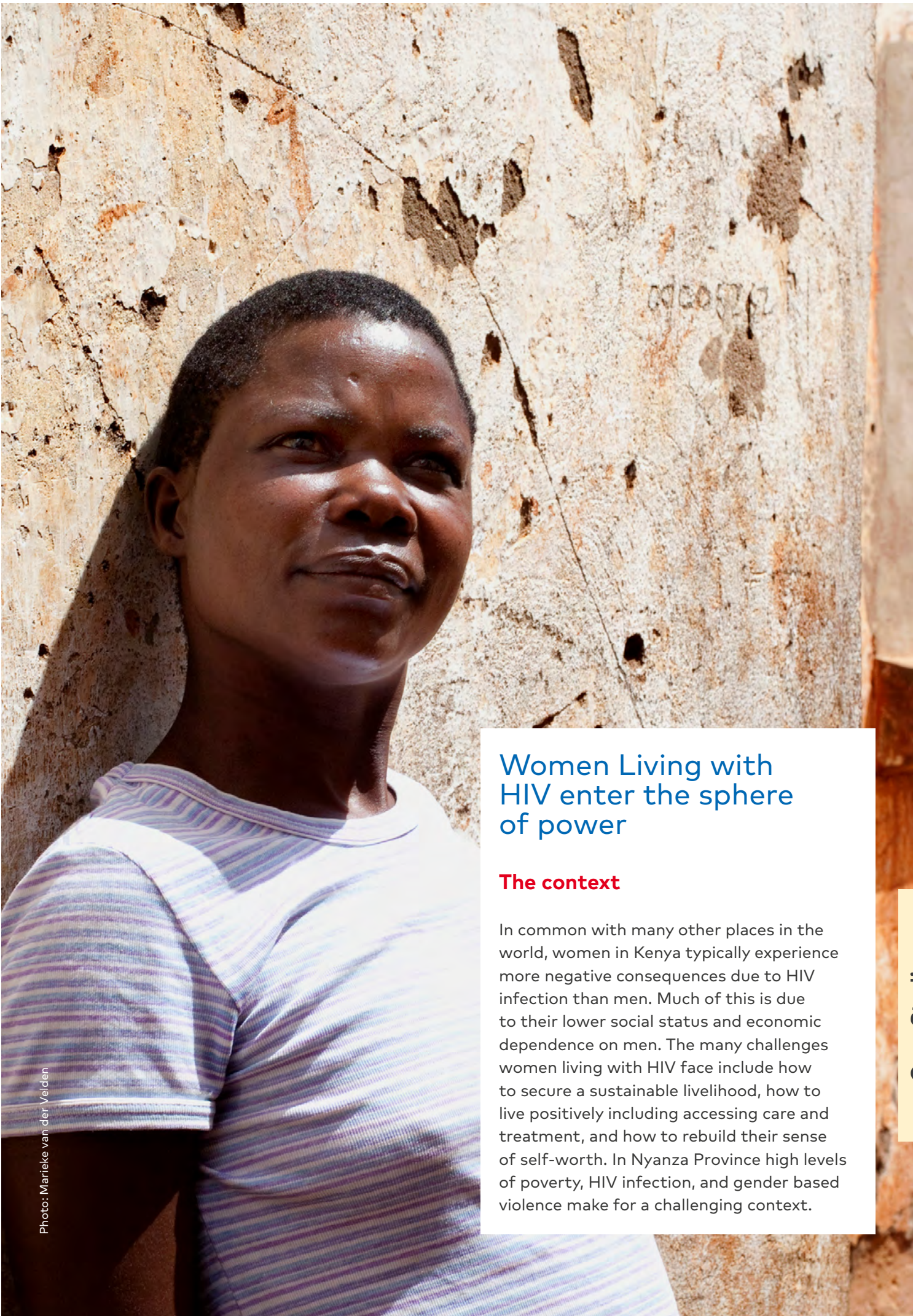


Photo: Marijke van der Velden

Women Living with HIV enter the sphere of power

The context

In common with many other places in the world, women in Kenya typically experience more negative consequences due to HIV infection than men. Much of this is due to their lower social status and economic dependence on men. The many challenges women living with HIV face include how to secure a sustainable livelihood, how to live positively including accessing care and treatment, and how to rebuild their sense of self-worth. In Nyanza Province high levels of poverty, HIV infection, and gender based violence make for a challenging context.

WOFAK Bumala's response

Women fighting AIDS in Kenya (WOFAK) runs seven centres. They provide comprehensive care and support to women and children living with and affected by HIV/AIDS. In addition to coordinating the Gender Development Project in Kenya, WOFAK also ran field activities through its centre in Bumala in Nyanza Province.

WOFAK responded to the high levels of poverty, gender based violence and related stigma and discrimination that affect women living with HIV by training and empowering them to become 'Human Rights Champions'. WOFAK trained a core group of women living with HIV as champions, with the role of educating others on issues including: the right to inherit and own property; the right to education, training, and employment; the right to have children; and addressing harmful cultural practices. They also covered health issues such as living with HIV positively, and prevention of mother-to-child transmission of HIV.

The Human Rights Champions also engaged in community advocacy on gender, HIV and women's rights, targeting men and youths. They led discussions at Chiefs' *barazas* (public meetings) and at support group meetings of people living with HIV. They also made emergency home visits to address violations or threats of violations to the human rights of women living with HIV. Through their advocacy work, the Human Rights Champions became a point of reference to community members on HIV, gender and rights issues. In collaboration with other organisations (including FIDA, Kenyatta Hospital, Rural Education and Economic Enhancement Programme and the Kenya Red Cross), they also handled referrals for women in need of legal, medical or social assistance in response to rights violations.

The main activities were:

- An introductory two-day workshop for ten members at each of the three project locations (Siamia, Busia and Siaya districts) and in collaboration with the Ministry of Health and TAPWAK. This was to train the members as Human Rights Champions.
- Monthly rights and empowerment sessions took place in each location. They covered issues like widow cleansing, property inheritance, and stigma and discrimination. These sessions were run in collaboration with the local administration, Ministry of Health and other HIV/AIDS organisations. Participants include women from the community and the Human Rights Champions.
- The Human Rights Champions took part in community meetings of around 200 participants every two weeks, and advocated for the rights of people living with and affected by HIV/AIDS.
- WOFAK Field Officers provided collaborative support to the Human Rights Champions' advocacy work, visiting them to discuss the issues that had arisen.

Results of WOFAK Bumala's work

WOFAK witnessed an empowerment process taking place among women living with HIV. For example, some women chose for themselves whether they wanted to be 'inherited' or not. Others sought action on violations of their property rights, both for current threats to remove them from their homes or take property from them and for seeking redress for past property rights violations. The empowerment sessions raised the self-esteem of the women, helping them see themselves as human beings with rights rather than as movable property. In addition, more women became involved in community development committees. Prior to the Gender Development Project activities,



Photo: Sabrina Ern 

women were not encouraged to participate in such spheres of power in the community. Women were not viewed as sufficiently competent decision makers. Since the project, women are not only welcome in these committees, some of them have sought and obtained positions of leadership within them.

The women were supported to act on their new attitude because there were also changes in the broader community. A large percentage of the community now feels that, despite men being custodians and heads of families, women deserve a chance to make decisions previously only left to men. In addition, more girls have been able to go on to secondary school without the resistance which community members had previously shown. Shifts were also seen in gender roles in terms of men becoming more involved in caring for people who are ill. And, with regard to family planning and HIV prevention, WOFAK saw greater appreciation and condom use among men.

There were also specific outcomes related to the direct intervention of the Human Rights

Champions in situations where women's rights were being threatened or violated. In one case, direct intervention and requests for help from the elder in the community resulted in a woman being allowed to keep property which had belonged to her deceased husband. The information spread within the locality and served as a deterrent to similar cases.

WOFAK attributes the successes to targeting advocacy to the people in a position to bring about change, such as elders, cultural custodians, opinion leaders, and local administrators. Involving men during sensitization sessions and having them reverse gender roles during role plays also proved useful, as it allowed them to understand better what women go through. WOFAK also worked with the police and government officials to improve follow-up on rights violations, such as cases of rape. As with C-MEDA, the fact that the Human Rights Champions ensured follow-up and referral of cases doubtless contributed to the positive impact. Women living with HIV saw that breaking the silence on rights violations could benefit them directly.



When sex workers and police cooperate

The context

Sex work is criminalised in South Africa, which contributes to violence against sex workers.^{47, 48} Criminalising laws stigmatise sex workers and negatively influence social norms and values on sex work. As a result, sex workers face high levels of violence by police, who often believe that violence and abuse are socially justified.⁴⁹ In this context, police officers wield tremendous power over sex workers through arrest and forced detention⁵⁰. Police officers rape, bribe and request (unprotected) sexual favours in exchange for release. The need to avoid arrest means that street-based sex workers move to secluded areas where violence is more prevalent. This also makes outreach work by peers more difficult. On top of that, criminalisation reduces sex workers' access to legal support and justice. Sex workers who seek justice can face police inaction and resistance to take a case, which creates conditions of impunity that perpetuate abuse. Lastly, perverse incentives for police officers, such as low salaries that encourage bribing, as well as arrest quotas increase the risk of violence against sex workers.

Hands Off! carried out a needs assessment under 519 male, female and transgender sex workers. This showed that 39% experienced gender-based and sexual violence by police officers.⁵¹ Almost half of respondents, 48%, reported they had sex with a police officer to prevent arrest. Criminalisation and violence make sex workers more vulnerable to HIV and AIDS and undermines HIV prevention efforts.^{52, 53}

Hands Off approach

Sex worker-led organisation Sisonke, SWEAT (Sex workers Advocacy Taskforce), the Asijiki coalition, SAPS (South African Police Service), and COC Netherlands worked together taking a **participatory approach**: sex workers were closely involved in the design, implementation and evaluation of the Hands Off programme. At the start, a Theory of Change workshop was held with all partners. As such, the programme was developed with sex worker-led organisations and service providers. Moreover, in order to better identify gaps and challenges in South Africa, a participatory qualitative and quantitative needs assessment amongst 519 sex workers was conducted. As well as a qualitative needs assessment amongst SAPS officers. Finally, various South African scholars specialised in human rights, sexuality and gender, policing, lawyers and criminal justice, completed a context analysis for the programme.

The main activities were:

- Conduct a participatory needs assessment. Sex workers were trained as research assistants, and identified different forms of violence by police strengthening the evidence base.
- Set up a community-led rapid response system, increasing sex workers' access to legal support and justice. The paralegals provided rights literacy trainings and made sex workers aware of their own rights, escorted them to police stations to report a case, and supported them in finding justice. This also helped to develop a sex worker movement with strong rights awareness.
- Advocate for policy and legal reform. A coalition for decriminalisation consisting of 105 organisations and 150 individual members was set up, which advocated and lobbied for the decriminalisation of sex work in South Africa.
- Develop a training manual for SAPS at national level. The manual was written in a participatory

way with police, key populations, and experts who shared material and experiences. The manual appealed to police's interests, for example by pointing out safety and health benefits for the police service, as well as the public health benefits of protecting the health and human rights of key populations. LGBTQ+ and PWUD were added to the manual, which prevented duplication of efforts and led to a more efficient and effective process. Lastly, police champions were used to increase buy-in and transfer knowledge to other officers. The trainers were both SAPS and key populations, which meant they could share experiences during trainings to create mutual understanding and changed attitude towards each other.

- Foster police accountability at local and national level. The Positive Policing Partnership (PPP) was set up, involving key population organisations and the SAPS. The PPP's mandate is to establish collaborations between civil society and police, and to keep the police accountable.
- SWEAT South Africa buildt relationships with the police at community level to speed up the process of gaining buy-in and affecting change.
- Intensive relationship building took place to get buy-in from SAPS and generate an internal lobby. Lobbying and advocating for change within police was crucial.

Results of Hands Off! work

The Hands Off end evaluation found a better environment and less violence towards sex workers at places with sensitised police.⁵⁴ Not only has police violence reduced but sex workers also feel more protected and confident to prevent violence. The evaluation showed that where effective police engagement took place and rights literacy of sex workers was increased, police protection services for sex workers had improved and sex workers reported being more

able to report cases to the police and resist police abuse. This is an empowered sex workers community that is aware of their rights.

“Support of sex workers outside court and [...] inside court gives so much courage to challenge the law on their rights... People report the violence now.”

– Sex worker, South Africa⁵⁵

By 2018, Hands Off trained twenty-eight police officers as trainers, who trained over 400 police officers on the contents of the manual.^{56, 57}

SAPS has recognised its role in South Africa’s public health approach. The endorsement of the training by high level brigadiers and major generals has led to the embedding of the training in the Global Fund 2019-2021 grant and in the curricula of police in-service training. As a result, 153,000 SAPS operational officers will undergo training under the SAPS in-service training.⁵⁸ Standardising and registering of the manual in police systems will guarantee competency-based training and ensure that the training is part of performance management systems. This is a major achievement for sustainability and scale. Some district police stations even included the Dignity, Diversity and Policing training in their yearly plans and allocated funds on their own accord.

The end evaluation further showed a transformation in police attitude. This has resulted in a turnaround from police as major perpetrators, to police as recourse to justice in case of client or public abuse. Additionally, within SAPS, an increasingly open and supportive environment is emerging to respect sexual diversity and dignity of sex workers, as well as, Lesbian, Gay, Bisexual,

Transgender & Intersex (LGBTI) people and PWUD. During training sessions and meetings police officers disclosed their sexual orientation and gender identity, showing an increased openness and shift in attitude.⁵⁹

“They won’t lock us up anymore. They won’t swear at us anymore... they actually do respect sex workers now when they see you in the street.”

– Sex worker, South Africa⁶⁰

Finally, as a result of our lobby for decriminalisation of sex work, high ranking officials speaking for decriminalisation of sex work. Deputy Police Minister Bongani Mkhongi says:

“South Africa has lots of crime, very heavy crime. Rather than us raiding people and taking condoms as evidence to court, we are tired of this thing, so we must change the law. And the President, who was deputy president then, we’ve raised this issue with him.”⁶¹



Appendix 1: manuals for community dialogues

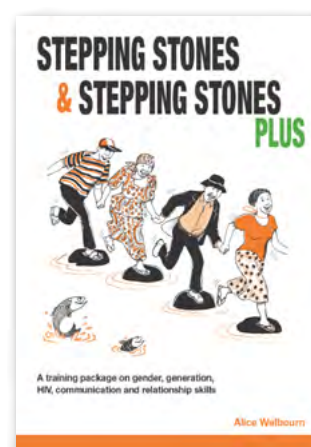
If you would like to use discussion groups to support transformation, you could use an existing manual as a starting point. You may need to adapt the activities to suit your context, but all these materials contain outlines of interactive sessions which enable participants to reflect and learn.



Rutgers developed an innovative and comprehensive toolkit for implementing GTA, which has proven to lead to better SRHR outcomes. It aims to end gender inequality, which is ingrained in the norms and values of all people. This toolkit is used in programmes to engage girls and women, boys and men, and people with diverse gender and sexual identities to improve SRHR and prevent GBV. You can get a free copy at: www.rutgers.international/sites/rutgersorg/files/PDF/web_Rutgers%20GTA%20manual-module1-16.9.18.pdf



The Gender Development Project partners in Kenya developed a manual based on their experiences and other materials. It's called *Healthy Woman, Healthy Man, Healthy Family*. It comes with a CD containing all the handouts. You can request a free copy by sending an e-mail to Charissa van der Vlies at STOP AIDS NOW! (CvanderVlies@aidsfonds.nl)



The *Stepping Stones* manuals and materials are available here: www.steppingstonesfeedback.org/. The French version is called *Parcours* and the Portuguese is *Caminhando de Mãos Dadas*.



You can download *Keep the Best, Change the Rest: participatory tools for working with communities on gender and sexuality*. You can download it for free online. This manual provides a series of activities to do with communities, from exploring gender and vulnerability, sex and relationships, and sexual violence, to thinking about working together and then making a plan. The HIV AIDS Alliance is now Frontline AIDS: <https://frontlineaids.org/>



Project H: Working with Young Men Series was developed in Brazil, followed by *Working with Young Women: Empowerment, Rights and Health*. These manuals are both available for free download (or purchase a hard copy) in English and Portuguese from promundoglobal.org/. The one for working with young men is also available in Spanish.

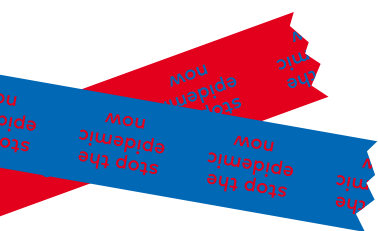


One Man Can: working with men and boys to reduce the spread and impact of HIV and AIDS is part of the larger One Man Can campaign in South Africa. You can download various tools and manuals in English and French for free from www.genderjustice.org.za. You'll also find other campaign materials there, including One Man Can posters and videos, and other information from the Sonke Gender Justice Network, which focuses on HIV/AIDS, gender equality and human rights.

Appendix 2: footnotes

- 1 LGBTQIAP+: Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual, Pansexual, plus everything else a person may identify as. Another useful phrase is people of diverse SOGIESC: Sexual Orientation, Gender Identity, Expression and Sex Characteristics.
- 2 You can find other free resources on <https://www.genderbread.org/>. The copyright information is: <https://www.itpronouncedmetrosexual.com/2013/11/uncopyright/>
- 3a UNAIDS Gender Assessment Tool, Towards a gender-transformative HIV response https://www.unaids.org/sites/default/files/media_asset/unaids-gender-assessment-tool_en.pdf
- 3b You can look at UNAIDS' pages on gender to better understand the link between HIV and gender inequality <https://www.unaids.org/en/topic/gender>
- 4 <https://sustainabledevelopment.un.org/sdg5> on the website for SDG5 you can find data on the many ways in which women and girls are affected by gender inequality.
- 5 Data under SDG5 shows that progress has been made in reducing the practice of female genital cutting <https://www.un.org/sustainabledevelopment/gender-equality/>
- 6 While little research has been done on the topic, it is suspected that cutting (particularly the most severe form, infibulation) causes a higher risk of mother-to-child transmission of HIV during delivery, due to contact with blood. Women who have experienced infibulation also have higher risks of haemorrhaging, and thus of dying during birth.
- 7 In a study of 1,099 young HIV-negative women in South Africa between 2002 and 2006, 8.5% of those reporting low relationship power equity became HIV-positive, compared to 5.5% among those reporting medium or high relationship power equity. The incidence rate among women who at baseline had reported more than one incidence of violence from their intimate partner was 9.6%, compared to 5.2% for those reporting one or no cases of intimate partner violence—see Jewkes R (2010): 'Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study', *The Lancet*, Volume 376, Issue 9734, Pages 41 – 48. The Lancet's articles are available free at www.thelancet.com. You just have to create a login to access them.
- 8 WOMANKIND Worldwide (2008): *Speaking Out: Promoting Women as Decision-makers Worldwide*, WOMANKIND Worldwide, London <https://onlinelibrary.wiley.com/doi/abs/10.1002/jid.1500>
- 9 Kabeer, N (2005): 'Is Microfinance a "Magic Bullet" for Women's Empowerment?: Analysis of Findings from South Asia', *Economic and Political Weekly*, 29 October. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/12753/How_does_economic.pdf?sequence=1
- 10 For example, see Commission on Women and Development (2007): *The Women Empowerment Approach: A Methodological Guide*, and Kabeer N (1994): *Reversed Realities: Gender Hierarchies in Development Thought*, Verso
- 11 <http://raisingvoices.org/sasa/>
- 12 <https://www.aidsfonds.org/work/hands-off-reducing-violence-against-sex-workers>
- 13 Tafarodi RW & WB Swann (1995): 'Self-Liking and Self-Competence as Dimensions of Global Self-Esteem: Initial Validation of a Measure', *Journal of Personality Assessment*, 65(2), pages 322-342
- 14 DuBois DL, BR Flay and MC Fagen (2009): 'Self-esteem Enhancement Theory: Promoting Health Across the Lifespan', pages 97-130 in *Emerging Theories in Health Promotion Practice and Research* edited by RJ DiClemente, RA Crosby and MC Kegler.
- 15 If you would like to read more about women's empowerment, there's a list of key texts, with a summary of each, at <http://www.bridge.ids.ac.uk/reports/bb14.pdf>.
- 16 Kabeer N (1994): *Reversed Realities: Gender Hierarchies in Development Thought*, Verso
- 17 Grown C, G Rao Gupta & A Kes (2005): *Taking Action: Achieving Gender Equality and Empowering Women*, UN Millennium Project Task Force for Gender Equality,
- 18 <https://www.un.org/en/universal-declaration-human-rights/>
- 19 <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-kenya-msm-gender-analysis-2016.pdf>
- 20 <https://www.fhi360.org/resource/linkages-across-continuum-hiv-services-key-populations-affected-hiv-linkages-country>
- 21 Promundo works on healthy masculinity, read more on: <https://promundoglobal.org/>
- 22 The Men Engage programme works on the SRHR of men and boys, you can read more about this on: <http://menengage.org/>
- 23 <https://promundoglobal.org/>
- 24 <http://menengage.org/>
- 25 WHO (2007): *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*, Geneva
- 26 See the Program H trial aimed to change young men's attitudes and behaviours. Pulerwitz J et al (2006): *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy*, Horizons Final Report, Population Council, Washington DC, available for free download at: <https://promundoglobal.org/>
- 27 For example, as a result of the Gender Development Project, some village chiefs began speaking out on issues such as domestic violence for the first time.
- 28 A large majority of the partners in the Gender Development Project initiated economic empowerment activities after they had themselves become more aware of gender-based issues and inequality. They realized how important financial independence was for the women participants to exercise their agency. The partners explained that they had learned to appreciate that empowerment could only be sustainable if women could act in practical ways on the basis of it. Also, the partners reported that the participants experienced the same realization, and so themselves expressed the need for more economic empowerment activities.
- 29 Naila Kabeer (1994). *Reversed Realities, Gender Hierarchies in Development Thought*, pp. 302-303.
- 30 A useful resource for developing M&E activities is this guide: *STOP AIDS NOW! (2011), Are you on the right track? Six steps to measure the effects of your programme activities*. You can download it at: <https://www.aidsfonds.org/resource/are-you-on-the-right-track-six-steps-to-measure-the-effects-of-your-programme-activities>
- 31 A useful resource on developing indicators on gender and gender based violence is the ALIV[H]E framework: <https://salamandertrust.net/resources/alivhe-framework/>
- 32 Naila Kabeer (1994). *Reversed Realities, Gender Hierarchies in Development Thought*, pp. 302-303.
- 33 Naila Kabeer (1994). *Reversed Realities, Gender Hierarchies in Development Thought*, pp. 302-303.
- 34 Barker G et al (2004): *How do we know if men have changed? Promoting and measuring attitude change with young men: lessons from Program H in Latin America*, download from <https://promundoglobal.org/>
- 35 <https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/>
- 36 Pulerwitz J, S Gortmaker & W DeJong W (2000): 'Measuring sexual relationship power in HIV/STD research', *Sex Roles* 42(7/8): 637–660. This article is not available for free on the internet, but there is a summary of the Sexual Relationship Power Scale here <http://www.c-changeprogram.org/content/gender-scales-compendium/sexual.html>
- 37 You may also be able to adapt and use other organisations' surveys: <http://www.c-changeprogram.org/content/gender-scales-compendium/index.html> gives eight relevant scales you could use or modify.
- 38 https://www.awid.org/sites/default/files/atoms/files/capturing_change_in_womens_realities.pdf
- 39 HIV and AIDS in Asia, Avert webpage <http://www.avert.org/aids-asia.htm>
- 40 UNAIDS (2010) *Global Report*, UNAIDS, Geneva (p35) http://www.unaids.org/globalreport/Global_report.htm

- 41 UNODC Indonesia Report https://www.unodc.org/documents/indonesia//publication/2017/UNODC_Country_Programme_2017_-_2020.pdf
- 42 NCAPD & PRB (2007): Kenya AIDS Indicator Survey (KAIS) Data Sheet, <http://www.prb.org/pdf09/kaiskenyadatasheet.pdf>
- 43 Kenya National AIDS Control Council (2009): Kenya Analysis of HIV Prevention Response and Modes of HIV Transmission Study, <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/KenyaMOT22March09Final.pdf>
- 44 World Bank (2006): Republic of Kenya, Country Social Analysis, http://siteresources.worldbank.org/BOLIVIA/Resources/Republic_of_Kenya-CSA.pdf
- 45 Barazas are public meetings involving the Chief and elders, intended to address community problems and issues.
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More information

We hope this guide has helped you develop your ideas and activities to respond to HIV and attend to issues of gender inequality and rights. Please contact Roanna van den Oever, rvandenoever@aidsfonds.nl to provide us with your feedback and experiences of using this guide. We thank all our partners for their willingness to engage with the big picture, and hope that their promising practices inspire further progress towards a more just and gender equitable world.