

Operational Study on the Integration of Gender and HIV into DDR programs

Preliminary Findings and recommendations

Brazzaville, Republic of Congo
December 21, 2011

Outline

- ❖ Mission objectives
- ❖ Summary of interview participants
- ❖ Overview of findings
 - ❖ Technical considerations for HIV and Gender Integration
 - ❖ Livelihoods
 - ❖ Access to basic services
 - ❖ Civic engagement
 - ❖ Gender-based violence
 - ❖ Operational considerations for HIV and Gender Integration
 - ❖ M&E System
 - ❖ Partnership & Coordination
 - ❖ Capacity and Skills
- ❖ Next steps

ICRW's Mission

... is to empower women, advance gender equality and fight poverty in the developing world. To accomplish this, ICRW works with partners to conduct empirical research, build capacity and advocate for evidence-based, practical ways to change policies and programs.



ICRW: Who We Are



- ❖ Working on Gender & Development since 1976
- ❖ HQ in Washington, D.C.
 - Asia Regional office in India
 - East Africa Regional office in Kenya
- ❖ 100+ staff from across the world
- ❖ Research staff in the social sciences with expertise in:
 - HIV/AIDS prevention, HIV-related Stigma, Sexual and Reproductive Health, Violence Against Women, Economic Development, Women's Empowerment and Leadership

Mission objectives:

- Understand and document the gendered HIV and SRH-related needs of DDR program participants and identify the operational gaps and challenges in integrating these needs into each phase of the DDR program cycle;
- Develop context-specific response strategies for overcoming operational gaps and challenges identified throughout the operational research.

Summary of Interview Participants



- ❖ Partners- 30
 - ASUdh-4
 - HCREC-2
 - CNLS-4
 - UNFPA – 5
 - UNAIDS – 3
 - RENAPC-5 (3 Brazzaville, 2 Kinkala)
 - WHO-1
 - FAO-2
 - Association de Femmes Juristes – 4
- ❖ Beneficiaries - 34
 - Women – 24 (ASUdh, PRESJAR)
 - Men – 10 (ASUdh, PRESJAR)
- ❖ UNDP-7
 - Project Team – 5
 - Resident Coordinator
 - Gender/HIV/UNWomen Focal Point

Overview of Findings: Technical Considerations for HIV and Gender Integration



- ❖ Livelihoods
- ❖ Access to basic services
- ❖ Civic engagement
- ❖ Gender-based violence

Technical Considerations for HIV and Gender Integration: Livelihoods



- Include “family health” component in on-site training programs and curricula developed
- Include PLHIV among target beneficiaries for all livelihood initiatives (partnership with CNLS, RENAPC)
- Ensure equal promotion of income generation activities for men and women (micro loans, vocational training, cooperatives)
- Seek out new partnerships for offering vocational training (especially in Kinkala)
- Include stigma reduction activities in all livelihood initiatives (cooperatives provide particularly good opp.)

Technical Considerations for HIV and Gender Integration: Access to Basic Services



- Develop “family health” curriculum covering subjects of:
 - HIV prevention, testing and treatment, family planning, MCH, nutrition, sanitation, violence, alcohol use and abuse
- Ensure participation of men and women in WatSan trainings and educational sessions
- Adapt community sensitization efforts for VCT and other health services for post-conflict context
- Adapt VCT model for post-conflict context: include screening for emotional trauma, violence, and other injuries (partnership with RENAPC)
- Develop post-test support services with linkages to PSS and livelihood activities (partnership with RENAPC)

Technical Considerations for HIV and Gender Integration: Civic Engagement



- Expand programming provided on community radio (elaborate on content provided, ongoing education)
- Create consultative forums for community stakeholders (Community Action Groups involving key leaders, community members, UNDP staff)
- Create opportunities for community to have voice about their priorities, advocate for action
- Include health, gender equality, HIV stigma reduction, GBV reduction in leadership training (CEDPA model)

Technical Considerations for HIV and Gender Integration: Gender-Based Violence



- Include GBV prevention messages in “family health” curriculum
- Include GBV screening in adapted VCT model
- Strengthen partnership with AFJC (and others) to make linkages to advocacy opportunities at community and national levels
- Adapt/utilize community-based GBV prevention program (e.g. “Raising Voices”) to mobilize around gender equality and violence prevention
- Conduct original research to explore and document the prevalence and severity of GBV (qualitative studies and population-based studies)

Overview of Findings: Operational Considerations for HIV and Gender Integration



- ❖ M&E System
- ❖ Partnership & Coordination
- ❖ Capacity and Skills

Operational Considerations for HIV and Gender Integration: M&E System



- Reconsider key project indicators to create SMART measures that will show impact of activities:
 - Gender disaggregated data
 - Baseline and follow up measures to capture intended changes
 - Move beyond process indicators (i.e., counts of people involved and services rendered)
 - Develop measures for success of “reintegration”, “security”, and “stability”

Operational Considerations for HIV and Gender Integration: Partnership & Coordination



- Conduct a pre-launch mapping of each agency's presence, activities, and on-the-ground partners:
 - Visual mapping
 - Inventory of opportunities for leveraging technical capacity and resources
 - Develop a shared vision of the project's purpose and intended results
 - Jointly determine key measures of success

Operational Considerations for HIV and Gender Integration: Capacity and Skills



- Seek synergies with capacities and skills of other agencies and on-the-ground partners
- Offer opportunities for key staff and partners to explore integrated models of community development (general health, mental health, economic development, violence, gender equality)
- Prioritize gender-responsive M&E in recruitment of new project personnel and/or consultants
- Provide training in gender-responsive programming to ALL project staff (i.e., not just gender focal points)

Next Steps

- ❖ Drafting & sharing mission report in early January
- ❖ RoC team follow-up with BCPR about TA needs:
 - ❖ M&E system and consultant
 - ❖ Mapping exercise with partner agencies
 - ❖ Formative research on GBV

Thank You!

