ICRW Mission Report to

Inter-Agency Working Group, HIV-DDR sub Working Group

PROJECT TITLE:
Operational field study for Integrating HIV Interventions in Disarmament, Demobilization and Reintegration

ORGANIZATION:
International Center for Research on Women (ICRW)

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January 2012

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Acronyms Used

AIDS	Acquired Immunodeficiency Syndrome
ASUdh	Action de Sécours et d'Urgence et Développement humain/ Action and Assistance for Emergencies and Human Development
AFJC	Association de Femmes Juristes de Congo/ Association of Women Lawyers of Congo
ASPK	Association Santé Pool Kinkala/ Pool Health Association of Kinkala
BCPR	Bureau for Crisis Prevention and Recovery
CAG	Community Action Group
CGDC	Comité de Gestion et Développment Communautaire/ Community Management and Development Committee
CJID	Club Jeunesse Infrastructure et Développement/ Youth Club for Infrastructure and Development
CNLS	Conseil National de Lutte Contre le SIDA/ National Council on the Fight Against AIDS
DDR	Disarmament, Demobilization and Reintegration
FAC	Forces Armées Congolaises/ Congolese Armed Forces
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender-based Violence
HCICEM	Haut Commissariat à l'Instruction Civique et à l'Éducation Morale/ High Commissioner for Civic Instruction and Moral Education
HCREC	Haut Commissariat à la Réinsertion des Ex-Combattants/ High Commission for the Reinsertion of Ex-Combatants
HIV	Human Immunodeficiency Virus
IAWG	UN Interagency Working Group on DDR
ICRW	International Center for Research on Women
IGA	Income-Generating Activity
ILO	International Labor Organization
KII	Key Informant Interview
PLHIV	People Living with HIV
PRESJAR	Projet de réintégration sociale des jeunes à risque/ Social Reintegration Project for At-Risk Youth
RENAPC	Réseau National des Associations des Positifs du Congo/ National Network of Associations of "Positives" of Congo
RoC	Republic of Congo
SRH	Sexual and Reproductive Health
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNTFHS	United Nations Trust Fund for Human Security
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1. Introduction

A. Study Background and Objectives

In line with the UN Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS) and as recognized in multiple Secretary General reports, Disarmament, Demobilization and Reintegration (DDR) programs should specifically address the gendered needs and realities of program beneficiaries, including a wide range of psychosocial, health and socio-economic needs in order to be most effective and increase sustainability of program results. Unfortunately, there remains a lack of quality information on gender-specific HIV and sexual and reproductive health (SRH) needs in post-conflict settings. As a result, HIV and SRH services have, in many cases, not been appropriately integrated into DDR programs. A number of converging factors make conflict and post-conflict settings high-risk environments for the spread of HIV and for poor sexual and reproductive health. These include large youth populations, mobility, risk-taking, attitudes and practices of former members of armed forces and groups. Women are particularly vulnerable during and after conflicts; while it remains very challenging to collect accurate data on the incidence and prevalence of gender-based violence (GBV) in the context of conflict, there is increasing anecdotal and statistical evidence of rape being used as a weapon of war.[1] Such widespread sexual violence and abuse places women who are associated with armed groups, or who live in communities affected by conflict, at higher risk for sexually-transmitted infections, including HIV/SRH, as well as unplanned pregnancies.[2] This increased vulnerability highlights the importance of ensuring that both gender and HIV considerations are an integral part of any DDR program.

The present initiative aimed to provide technical assistance to DDR from the UN Country Team (UNCT) practitioners in Republic of Congo (RoC) to help them understand program beneficiaries' gendered HIV and SRH needs and to identify promising programmatic strategies based on the social context of the country. To achieve this goal, ICRW carried out an operational field study in Brazzaville and Kinkala to identify the gendered HIV and SRH-related risks and needs of male and female ex-combatants, women and men formerly associated with armed groups, and civilians affected by the conflict. In doing so, ICRW worked in close coordination with all key DDR partners in RoC, including UNDP, UNFPA and UN Women. In addition to context-specific information, ICRW drew on the recent policy work on DDR and gender and HIV, including the relevant IDDRS modules. Through the field visit to RoC, ICRW developed recommendations for country-specific response strategies for overcoming operational gaps and challenges to meeting the gendered and HIV/SRH needs of DDR program beneficiaries. In particular, ICRW aimed to provide targeted recommendations for the integration of gender and HIV into the Joint UN Program for Peace Consolidation, Conflict Prevention and Human Security in RoC ("the Joint Program") that will be launched in 2012. Furthermore, the outcomes of the study will feed into a global tool on DDR, gender and HIV, which will advance the state of knowledge on integration and will provide operational guidance to practitioners in the field.

[1] Glass N, Ramazani P, Tosha M, Mpanano M and Cinyabuguma M (2012). A Congolese–US Participatory Action Research Partnership to Rebuild the Lives of Rape Survivors and Their Families in Eastern Democratic Republic of Congo. *Global Public Health* 7 (2):184-195.

[2] Data are limited, but such assertions are supported by anecdotal evidence and an emerging field of research. Please see the section on gender-based violence in this report (2D).

This operational research initiative was funded by resources from the European Union, which were made available through the Inter-Agency Working Group on DDR (IAWG). The overall project has been coordinated by key members from the IAWG active on DDR, gender and HIV, in particular specialists from UNDP and UNFPA.

B. Overview of DDR Programming in Republic of Congo

Violent conflict in Republic of Congo raged in multiple waves, from 1993 to 2007, with much of the instability resulting from a series of multi-party presidential elections. The war left thousands of people dead and hundreds of thousands displaced, among them the civilians caught in the cross-fire as well as members of the armed groups that waged the war. In the wake of this destruction, lives were lost and many more were put in jeopardy due to starvation, violence, social exclusion, and disease. In the Southern Pool region, which was most heavily affected by the conflict, communities are still struggling to rebuild their infrastructures and reestablish a minimum level of stability. While DDR efforts experienced some success in restoring stability in the Southern Pool region in late 1999, violence erupted there once again. These outbursts of violence, closely linked to poverty and a lack of economic opportunity, were fueled by the availability of small arms in the Southern area of the country. However, the signing of the most recent peace agreement by the rebel leader, Pastor Ntoumi, in October 2007, may finally pave the way for lasting post-conflict reconstruction and the integration of gender-responsive DDR services.

Previous DDR efforts were initiated by the Congolese government multi-lateral agencies such as the United Nations Development Program (UNDP). While the ultimate goal of all programs was to restore peace and stability, these DDR programs have varied widely; some focused on disarmament activities, such as the January 2000 weapons buy-back project (led by the Congolese Government and not supported by the UN), and the July 2000 Arms Collection and Reintegration Program, which focused its efforts on the socio-economic reintegration of ex-combatants.

The most recent DDR initiative in Republic of Congo was implemented by the government's National Program for Disarmament, Demobilization and Reintegration (PNDDR) and the UNDP/IOM Arms Collection and Reintegration Program. The plan was for the UNDP/IOM project to strengthen the government's efforts to disarm all weapons in illegal possession. While the DDR plan had clear objectives, the program unfortunately did not as clearly outline timelines, benchmarks or tangible goals. Additionally, there was a lack of communication between the donor community, international implementing organizations and the Congolese government. The result was a DDR program with emerging challenges and limited success. The program estimates that it demobilized and disarmed 478 ex-combatants. However, as a result of recent peace agreements, an estimated 5,000 ex-combatants in the Southern Pool region have now been identified as in need of reintegration assistance. The PNDDR recognizes the need for offering specific lifelong training skills, psychosocial counseling, employment orientation, and guidance to ex-combatants. As such, UNDP has been working with the Congolese government since 2000 to design and implement a series of livelihoods programs that respond to the pressing economic needs of communities in the Southern Pool region.

In response to the Government's request for additional UN support for this new target group of ex-combatants, the next phase of UN-supported DDR programming will be a Joint Program funded by the United Nations Trust Fund for Human Security. The Joint Program will be carried out by UNDP, FAO, WHO, UNICEF, UNFPA and Congolese agencies with the primary goal of fostering peace and social stability in the hardest hit communities of the Pool through: livelihoods

interventions, improved delivery of basic health and sanitation services, and the promotion of civic engagement. In order to optimize the effectiveness of this new initiative, the program must intentionally address gendered needs, and specifically those related to HIV, SRH and GBV.

C. Context of Gender and HIV in Republic of Congo

Research has shown that HIV prevalence and incidence tend to spike in areas affected by conflict. In 2006, for example, 1.8 million people, or 5.4% of HIV-positive people, were also affected by conflict or disaster.[3] A 2009 study in RoC showed similar results, with more than 12,000 men and women aged 15-49 (3.2% of the overall population) testing positive for the disease. In the Southern Pool region, 1.7% of the population aged 15-49 tested positive for HIV (1.6% of women and 1.9% of men), though it is important to note that these numbers are based on a relatively small sample size (431 women and 358 men).[4] Given the sheer number of people affected by HIV in a post-conflict setting such as RoC, the presence of a strong health care response is crucial. However, governments weakened by war are unable to sustain strong health care services, which may prevent the identification and treatment of HIV-positive persons. The number of health care providers and the quality of treatment in addition to the availability of medical provisions needed for an HIV response are also dramatically reduced in conflict settings.[5] While the relationship between HIV and conflict is complex, data indicate that there are clear linkages between the two.

One explanation for how conflict results in high numbers of new HIV infections is due to an increase in human mobility. Many of the risk-factors associated with HIV are amplified as a result of the large number of people displaced by war. Conflict causes people to move into more urban areas, which in many countries, including RoC, have higher prevalence of HIV among both men and women.[6] This, in combination with the heightened use of sexual violence as a weapon of war, significantly increases the likelihood of HIV transmission. Women are more at-risk for HIV than men at all levels, because of their biology as well as their disempowered social and economic status.[7] Factors that make women vulnerable in peace times are only amplified in a conflict or post-conflict context. The prevalence of HIV among women aged 15-49 in RoC, for example, is almost twice that among men of the same age, with 4.1% of women testing HIV-positive, compared to only 2.1% of men. The disparity in prevalence between men and women grows in urban settings, where 4.6% of women tested HIV-positive as compared to only 1.9% of men.[8] Thus, an HIV response in RoC must also take into consideration the gendered differences in HIV prevalence.

In the Congo, HIV prevalence increases simultaneously with the number of sexual partners a person has had. For women, the statistics are dramatic. 1.1% of women who have had only 1 sexual partner in their lifetime report being HIV-positive, while this number jumps to 3.7% of women who have had 3-4 sexual partners and then again to 7.3% of women who have had 10

[3] Overseas Development Institute (March 2009). HIV and Emergencies: One Size Does Not Fit All. *Overseas Development Institute Briefing Paper*.
[4] Centre National de la Statistique et des Études Économiques (CNSEE) and ICF Macro (2009). Enquête de Séroprévalence et sur les Indicateurs du Sida au Congo (ESISC-I) 2009: Prévalence du VIH. *CNSEE et ICF Macro,* Calverton, Maryland, USA.
[5] UNFPA (August 2002). HIV Prevention Now Programme Briefs: No.7.-HIV Prevention in Humanitarian Settings. *UNFPA*.
[6] Centre National de la Statistique et des Études Économiques (CNSEE) and ICF Macro (2009).
[7] Overseas Development Institute (2008). HIV and AIDS in Emergency Situations. *Overseas Development Institute Synthesis Report*.
[8] Centre National de la Statistique et des Études Économiques (CNSEE) and ICF Macro (2009).

sexual partners or more. It is important to note that such statistics do not represent only the number of partners in consensual sexual relationships, and may reflect an increased prevalence among women who are survivors of sexual violence, including gang rape and other forms of gender-based violence common during war.

For both men and women in RoC HIV prevalence also increases with age, and gendered differences are seen here as well. The lowest prevalence for men is less than 1% (for men aged 15-29) while the lowest prevalence for women is almost double that at 1.9% (for women aged 15-19). For men, HIV prevalence in RoC reaches its peak at ages 40-44, with a prevalence of 5.7%; the peak for women is also 5.7%, but for a slightly older population aged 45-49.[9]

These statistics on gendered disparities, in combination with the data available about the high prevalence of HIV in other post-conflict countries, demonstrate that countries plagued by recent conflict, striving to recover stability, must focus on an integrated approach in order to achieve optimal results. While traditional responses, focused on demobilization and disarmament, are an important first step, countries cannot hope to fully reintegrate ex-combatants and stabilize their communities without also addressing context-specific HIV needs, and without doing so in a gender-responsive manner.

2. Study Methods

A. Research questions

The purpose of this study was to identify operational gaps in the integration of HIV and gender into the country's DDR programming and to identify promising strategies for integrating these elements into future new project activities. The objectives of the study, as outlined in the Terms of Reference (**Annex 1**), were as follows:

> Objective 1: 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;
>
> Objective 2: Develop context-specific response strategies for overcoming operational gaps and challenges identified throughout the operational research;

Prior to the field visit, the ICRW team conducted a review of documents in order to better understand the context of the conflict and the progress of DDR programming in RoC. These included documents provided by the RoC country office and IAWG teams, as well as a set of documents identified by the ICRW team. A full list of the documents consulted can be found in **Annex 2**.

Through this document review and the field visit, a number of critical themes were explored. These included:

- The gendered HIV needs of former members and associates of armed groups
- Current services and HIV programming available for each DDR target group
- The gendered sexual and reproductive health needs of former members and associates of armed groups
- Services available and needs related to sexual and gender-based violence

[9] Centre National de la Statistique et des Études Économiques (CNSEE) and ICF Macro (2009).

- Types and prevalence of high-risk behaviors
- Stigma and other barriers to reintegration and access to services
- Interactions between receiving communities and demobilized/reintegrated individuals
- Particular barriers to reintegration for women and youth associated with armed groups
- Livelihoods and HIV risk during conflict and in post-conflict context

B. Interview participants

The operational field study was carried out by ICRW in the Republic of Congo from December 2-13, 2011. The agenda for this field visit can be found in **Annex 3**. Through a series of meetings and Key Informant Interviews (KII) with staff from partner agencies, Focus Group Discussions (FGDs) with project beneficiaries, and working sessions with the DDR project team, ICRW explored the above themes. Over 70 individuals participated in these conversations, representing 10 national, local, and UN agencies and both male and female project beneficiaries. Representatives of the following agencies participated in meetings and/or KIIs with ICRW:

UNDP, UNFPA, UNAIDS, WHO, FAO, Haut Commissariat à la Réinsertion des Ex-Combattants (HCREC), Conseil National de Lutte Contre le SIDA (CNLS), Réseau National des Associations des Positifs du Congo (RENAPC), Association Santé Pool Kinkala (ASPK), Action de Sécours et d'Urgence et Développement humain (ASUdh), and Association de Femmes Juristes de Congo (AFJC).

A full list of participants can be found in **Annex 4**. However, for their protection this list does not include the names of the 24 female and 10 male project beneficiaries who participated in FGDs or of those beneficiaries who hosted the research team's field visit to project sites in Kinkala.

3. Findings: Technical considerations for HIV and Gender Integration

Through the methodology described above, the ICRW team learned about UNDP's previous efforts in DDR programming through the Social Reintegration Project for At-Risk Youth (PRESJAR) project, which was implemented from 2006-2011 in the Southern Pool region and in and around Brazzaville. At the core of PRESJAR were activities and reintegration support for thousands of youth affected by conflict. This contribution to the government's efforts to consolidate the peace process was later expanded to provide livelihoods support to women affected by the war and living with HIV. The next phase of DDR programming will build upon the infrastructure and systems put into place through PRESJAR and will leverage the experience and presence of four other UN Agencies (FAO, WHO, UNICEF, UNFPA) as well as the support and influence of four Congolese agencies (HCREC, HCICEM, Ministry of Planning, FAC) to foster peace and social stability in five communities in Pool. With funding from the United Nations Trust Fund for Human Security, the Joint UN Program for Peace Consolidation, Conflict Prevention and Human Security in RoC ("the Joint Program") will center on three core areas of intervention: provision of sustainable livelihoods, improved delivery of basic health and sanitation services, and the promotion of civic engagement.

The section below highlights the gaps and challenges related to gender and HIV integration identified through the document review and site visits, and provides concrete recommendations for how UNDP and its implementing partners can integrate HIV and gender elements inn order to optimize the effectiveness of the Joint Program. For a list of the selected resources and models we have suggested the implementing team consult, please see **Annex 5**.

"It's easy to bring the young men back to our communities. They're our children. We need to educate them and help them heal and bring them back into our families."
– Female FGD participant

A. Livelihoods

(i) Challenges and opportunities identified
Thus far, the PRESJAR activities have provided micro-loans to a total of 144 women living with HIV and/or affected by the conflict. The earlier initiative also supported the creation of 5 productive cooperatives in fisheries, agriculture, and animal husbandry in Kinkala, providing 150 families with a more stable source of income. This contribution is critically important to the wellbeing of families living in communities made more vulnerable by the war.

"Even before the conflict, resources were scarce. We work in the Pool Region because it was most affected by the conflict. It's best for us to concentrate there to have the greatest benefit for our program participants. Now we have to bring the focus back to sustainable development for these communities." – PRESJAR team member

"The focus of our project switched from women-only to include young men. We saw that we needed to integrate ex-combatants into our activities to try to reduce tension and address the divisions and suspicion that was common in the communities. We try to keep our focus on full reintegration for all, regardless of their role in the conflict." – PRESJAR team member

Through these cooperatives, PRESJAR is able to offer on-site training and education to participating producers. However, these training sessions represent a missed opportunity for offering a wider array of information and services. Similarly, bringing together community members into productive cooperatives creates a unique opportunity for fostering a sense of shared responsibility and social capital. Given the recency of the instability caused by the conflict, these groups present a unique opportunity to leverage this social cohesion to further other community security objectives in the new Joint Project.

"We were trained through this project how to use our money and not to touch the capital. We were vendors before, but we didn't know how to save money. Now we do, and we know how to manage our inventory." – Female FGD participant

(ii) Recommendations
Based on the field work, ICRW has identified five key recommendations for integrating gender and HIV into the livelihoods component that will be central to the new joint initiative:

<u>Offer "family health" component in on-site training</u>
As noted above, the existing livelihood initiatives offer participants learning opportunities through on-site training and educational sessions. Given that this presents the program team with a "captive audience" already committed to advancing their economic wellbeing, it is a prime opportunity to introduce some fundamental health education messages. ICRW suggests that the PRESJAR team work with the WHO and UNICEF teams responsible for the project's basic services component to offer a "family health" module as an integrated element of all on-site training in its livelihood programs. This would afford project beneficiaries with the opportunity to learn about and address health issues that may not generally be considered core components of DDR programming. The incorporation of such a module will provide program participants with a rare

opportunity to learn about healthy practices and critical preventive measures to improve the health of their families.

> *"HIV takes a back seat when a country is recovering from conflict. The focus is on pacifying the country first and so we don't focus on HIV until it's too late."*
> – National HIV Program representative

This module could cover, at a minimum, information about:

- HIV prevention, testing and treatment
- family planning
- adolescent sexual and reproductive health needs
- MCH
- Nutrition
- Sanitation
- alcohol use and abuse, and
- help seeking and services for survivors of gender-based violence.

Include PLHIV among target beneficiaries

In the current PRESJAR activities, women living with HIV are explicitly targeted as beneficiaries for repayable micro-loans. This provides much-needed income for a very vulnerable group of women. However, discussions with beneficiaries of this project revealed that, as is common in other settings, people living with HIV (PLHIV) experience stigma in their communities. This takes the form of refusal to buy products from PLHIV and wholesale isolation from social networks. Such discrimination has a direct impact on the ability of these entrepreneurs to maintain an income, and puts their health and wellbeing in jeopardy. ICRW recommends that the project intentionally target male and female PLHIV as beneficiaries for all livelihood initiatives, including but not limited to these micro-loan opportunities. By integrating PLHIV in a structured way into all activities rather than as a segregated set of beneficiaries, the project will help to contribute to stigma reduction efforts and will make strides toward stabilizing communities that are hard hit by both conflict and HIV.

> *"If people are safe and healthy, they can work and be productive. That's why we knew we needed to include some services for people with HIV in the new project."*
> – PRESJAR team member

> *"Projects should include people living with HIV in the opportunities for getting an income. That will lead to community sustainability and stability because they'll have work and will be able to take care of their families."* -NGO implementing partner

> *"People are already too occupied with the war to think about HIV, so programs don't really focus on it. People want jobs, they've lost families and need to recover. Here in Congo, there's nothing beyond 'petite commerce', but we need a stable source of income or we'll die with this project."* – Male FGD participant

Incorporate stigma reduction activities

As noted above, stigma and discrimination against PLHIV and people suspected to be living with HIV can have a damaging and lasting impact on an individual's ability to earn an income. Such stigmatizing experiences can also lead to social isolation and poor health outcomes, as PLHIV are unable or afraid to seek medical care and suffer deterioration in their health status. It is in the best interest of the project and all members of the communities it serves to reduce stigma and

provide an accepting environment for PLHIV and their family members. As such, ICRW recommends that the project incorporate stigma reduction activities into all of its components, particularly in livelihood cooperatives, which provide the most direct entry point for integrating PLHIV into cohesive and supportive groups. Stigma reduction activities should include: a) building awareness of stigma, b) reducing fear and value-driven stigma, c) promoting ownership of stigma reduction among community leaders, and d) addressing stigma through combined approaches.[10] We recommend that the project consult with national groups like RENAPC and CNLS to identify culturally appropriate and tested strategies and modules geared toward stigma reduction.

> *"There's no difference in the HIV risk profile between ex-combatants and the rest of the population because people have been re-integrated and aren't distinguished as ex-combatants or not now."* – UN stakeholder

> *"We were abandoned by our families because we have HIV. We're sick and they want us away from them, even our husbands."* – Female FGD participant

> *"There are many centers that provide services for people with HIV. But some people are still ashamed and don't seek services. There are so many women living with HIV who are afraid to tell anyone and ask for help."* – Female FGD participant

Ensure equal inclusion of men and women in IGAs

In the present project, income generating activities (IGAs) in the form of micro-loans are offered only to women, as noted above. The structure of this activity means that the benefit is limited to women who are already economically active in "petite commerce", regardless of the size and scope of these activities. As such, all men and those women with no capital to launch "petite commerce" activities are not able to benefit from these income-generating activities. As in many other contexts, vocational training opportunities in Congo are typically reserved for male beneficiaries, which affords them the opportunity to develop skills that can support a long-term income. However, the existing PRESJAR productive cooperatives offer an example of how men and women can both be equally engaged and successful in economic development initiatives supported by the project. ICRW suggests that this gender inclusive approach be applied to micro-loan programs as well as vocational training opportunities to ensure that the economic activities of female beneficiaries are not relegated to the lower status and more unstable "petite commerce" opportunities. The strategies for selecting beneficiaries for loans, determining loan repayment requirements, and identifying the most promising areas for vocational training will require market assessments as well as some trial and error. ICRW suggests that the project partners (primarily UNDP and FAO) consult with other agencies such as the ILO for guidance and recommendations based on the realities on the ground in RoC in order to determine the best design for these activities.

> *"Here in Congo, women are the beneficiaries of all the micro-credit projects. We have the same needs, so why are we marginalized?"* – Male FGD participant

> *"We're not the ones who make space for the men in the communities. It's up to the community to make space and to give them land parcels."* – PRESJAR team member

[10] Nyblade L, Hong KT, et al. (2008). Communities Confront HIV Stigma in Viet Nam: Participatory Interventions Reduce HIV Stigma in Two Provinces. *International Center for Research on Women*, Washington, DC, USA; *Institute for Social Development Studies*, Hanoi, Vietnam.

Seek out new partnerships for vocational training

The Joint Project aims to build upon the livelihoods options it already offers to beneficiaries by developing a vocational training component focused on natural resource sectors: agro-forestry, livestock, and fisheries. As this component aims to develop beneficiaries' capacity to gain more income, it will be important to ensure that the livelihoods options offered are in line with market realities on the ground. This assessment will be especially important in Kinkala, where the badly damaged infrastructure and limited economic opportunities have severely hampered communities' ability to rebuild after the conflict. This new project offers the ideal opportunity to re-assess the types and range of IGAs promoted and supported through DDR programming. ICRW suggests that the project team seek out partnerships with new actors to conduct market assessments and value chain analyses prior to embarking upon a vocational training component. These partners may include the ILO and other national and international NGOs and institutes with expertise in assessing local markets and economic development activities. As noted above, it is critical that such assessments include opportunities for both men and women to participate in the range of vocational training options available.

> *"Now we don't have problems with social connections in our community. Our young guys haven't all left their arms, though. They think that if they leave their arms, they won't be protected. We want to find a solution for these guys, so that they can have skills and work and finally leave their arms."* – Female FGD participant

> *"There aren't any companies here, so there's nobody to hire the young men who still need work. The Chinese are building a stadium here and we have young people who know nothing- not masonry, electricity, building, mechanics, nothing."*
> – Female FGD participant

> *"Our wives participate in the micro-credit project, but we want the opportunity to create our own work. I'd love to learn about IT and get training to work in this field. We need help to get training to do some work in the private sector. We need new connections."* – Male FGD participant

B. Access to basic services

(i) Challenges and opportunities identified

The proposed project aims to increase access to an array of essential basic services to promote the health and wellbeing of conflict-affected communities. These include tools and equipment to support improved quality of water and sanitation facilities, screening and treatment services for HIV, and education about hygiene and maternal and child health care. Given the breadth of health issues included in this component of the project, there is ample opportunity to ensure that gender considerations are integrated into the design and implementation of each of the planned activities, as well as to ensure that the HIV-related services are provided in a non-stigmatizing way. The present proposal does not specify how awareness raising activities and educational opportunities will be offered and the extent to which these messages will be tailored to reflect the gender and HIV-related realities of communities on the ground. And while it specifies number of men, women, boys, and girls it aims to reach with these activities, it is important to note that the simple sex-disaggregation of targets does not reach the threshold of gender responsive programming.

"We don't know how our model can be expanded in rural areas where there's nobody responsible for medical and social issues. Most of the ex-combatants are from these rural communities, so the need is great." – NGO implementing partner

(ii) Recommendations

Based on the field work, ICRW has identified five key recommendations for integrating gender into the basic services component of this new project and ensuring that HIV-related activities and services are integrated as central elements of this component:

Offer "family health" curriculum in all components

As mentioned above, the project's ability to promote stability and security in the target communities would be markedly improved by including a health curriculum that covers a breadth of key issues. These would go beyond the minimum list of topics noted in the proposal, and to include other key health topics that were not originally envisioned as central to this work. Such topics include: family planning, adolescent reproductive and sexual health needs, violence, alcohol use and abuse. ICRW recommends that the project team seek out existing modules by partner agencies (WHO, UNICEF, UNFPA, La Croix Bleue) that are already adapted to the Congolese context, and tailor these to ensure that the gendered needs of the target communities are considered in the development of a full curriculum. The incorporation of these elements into a cohesive module implemented in tandem with other project activities will promote a holistic view of health and wellbeing that will be of greater benefit to program participants than a fragmented and stand-alone curriculum, in which many participants would be unlikely to receive information for all of their health needs. A consistent concern expressed by interview participants is the difficulty in promoting and meeting the basic family planning and maternal health care needs of women in conflict-affected communities.

"Women here don't go to family planning, the family planning comes to them."
– UN stakeholder

"We need to be able to guarantee women access to kits to prevent mother to child transmission (of HIV). Only 25% of women have access to PMTCT services now."
– UN stakeholder

"Right now, only about 25% of women go for post-natal consultations. This is the best opportunity for FP counseling, but we're missing it. We need to find ways to spread messages about caring for children, family health and cohesion, and getting men to accept family planning." – UN stakeholder

Ensure gender-responsive water and sanitation activities

The proposed project aims to reach 70,000 community members with tools and equipment related to improving water quality, as well as educational sessions for school children about sanitation and drinking water. While these activities aim to reach nearly equal numbers of males and females, the project does not articulate any grounding in the gendered realities of water use in communities. ICRW recommends that the project intentionally address gendered disparities in water use, access and consumption in the development of materials for these two sets of activities. This would mean considering the ways in which water is fetched for a family's use, by whom, with what frequency, and from what distance. Basing the activities and the expressed targets on an understanding of these realities helps to ensure that the community's needs are being met in a culturally relevant way. This helps to avoid the all-too common practice of, for example, training only men to maintain and repair a water pump that is used solely by women.

Likewise, the education sessions at schools should include sanitation and hygiene messages tailored to the needs of both male and female students. For example, this could mean including messages about hand-washing after handling a feminine sanitary napkin, and messages about the safety of drinking water from sources or sites frequented by boys in the community.

Adapt community sensitization efforts for post-conflict context

A growing body of literature shows that there is a clear link between conflict and increased incidence of new HIV infections. As mentioned earlier, this link is due to a variety of factors that are exacerbated in times of conflict and during post-conflict rebuilding phases. These include: acts of sexual violence during war, an influx of commercial sex workers serving armed groups, an increase in transactional sex either as a means of meeting basic needs or to provide sexual services to armed groups, and decreased access to condoms. The present project design does not contemplate the particular HIV-related needs in communities that were destabilized by conflict, and to which many ex-combatants are now returning. Thus, ICRW recommends that the ongoing community sensitization efforts intentionally call out these sources of increased risk of HIV in order to encourage community members who may have had such high-risk experiences to seek Voluntary Counseling and Testing (VCT). It will be essential for the project team to consult with expert groups like RENAPC, CNLS, and UNAIDS to ensure that the messaging and sensitization efforts are non-stigmatizing and that they are linked to post-test services, as discussed in further detail below.

> *"HIV often takes a back seat to more immediate concerns. We need to change the mentality of people in the Pool, especially ex-combatants. We need to encourage them to get tested, so we have to find messages that will resonate with them."*
> – UN stakeholder

> *"We're looking to promote early (HIV) testing. Many people wait until their symptoms are strong and their body is failing before they get tested. Men are especially likely to wait until then. We need to get them tested sooner, convince them that this is important."* – NGO implementing partner

Adapt VCT model for post-conflict context

While VCT is provided free throughout the country, the reality is that a small percentage of Congolese men and women have been tested. This is due to social stigma surrounding HIV, challenges with accessing testing sites, as well as sensitization and outreach activities that may not reach those who are most in need of VCT. Related to the above points, the VCT model employed by WHO and other services providers in RoC needs to reflect the sources of risk to health and wellbeing that are unique to those who have survived a period of violent conflict. If the community mobilization efforts are successful in encouraging people to seek out VCT, those providers will have a rare opportunity to speak with individuals who may not generally seek out any health or social services. This is particularly important for men, who are less likely to seek health care on a regular or preventing basis. As such, ICRW recommends that the project partners adapt the current VCT model to screen for health risks and problems that may have been caused by physical violence, sexual violence, loss of loved ones, loss of property or livelihoods emotional trauma, violence, and other trauma. This screening would identify emotional and physical trauma and would provide linkages to other service providers, as possible, to provide ongoing specialized care for the health needs of individuals in the target communities. This adaptation, coupled with increased efforts to promote VCT, would serve to identify a host of previously unmet needs.

"We had only 82 people accept HIV testing out of 9,000. Most of these were men- they see themselves as more at risk because of their activities during the conflict. If we began the project again, we'd need to give messages to help women understand their own risk too." – National DDR Program representative

"Most of our participants and beneficiaries are women. This represents the feminization of the (HIV) epidemic. We don't have any program focused on ex-combatants but we have participants who are ex-combatants and women who believe they were infected because of rape during the events." – NGO implementing partner

Develop linkages with local service providers

ICRW recognizes that the project is limited in its reach and, as such, will not be able to directly provide the many basic services needed by the communities in Kinkala. Even with the involvement of WHO as an implementing partner, it will not be possible for this joint initiative to provide the array of social and medical services its target population requires. In order to bridge this gap between identifying needs and addressing them, ICRW recommends that the project team develop linkages to local service providers that can provide support to beneficiaries' needs for psychosocial, livelihoods, physical health, legal protection, and nutrition. Such linkages can be readily promoted through service provision sites, including VCT and MCH clinics, as well as on-site training programs supported by the project. The full range of potential partners can be identified in the mapping activity discussed in greater detail below. However, some obvious partners will include: RENAPC and its local affiliates (e.g., ASPK), the Association of Female Lawyers of Congo, local clinics and pharmacies, religious groups, and existing productive cooperatives.

"HIV treatment is free but so many people don't have food at home so they're not able to stay healthy even with their meds. We had to also add a social aide component to our work to help address their needs." – NGO implementing partner

"We are looking to develop a new community-based model in which the communities take on the role of providing and managing drugs (ARVs). They would be responsible for delivering this to the patients. This would be most useful in the Pool, because access to the communities is so limited." – NGO implementing partner

C. Civic engagement

(i) Challenges and opportunities identified

This third component of the proposed project is centered on activities that aim to "support community empowerment processes and promote a culture of peaceful coexistence between and among the five participating communities." These activities include trainings for community leaders, sports and cultural events with peace building themes, and awareness raising sessions on rights and GBV. While the GBV component is proposed as a sub-set of activities within this component, we have included a separate set of recommendations related to the integration of GBV in the section D below. The remaining activities in this component will be led by UNDP. It is unclear the extent to which these activities will be linked together or implemented as a cohesive set that builds on and refers to the other elements of the civic engagement work. There are also multiple opportunities for the project to leverage existing PRESJAR activities (e.g., community radio) and those of potential partners to enhance the civic engagement objectives and have greater influence on the peace building efforts.

"Young people who weren't combatants may feel resentful of those who were and are now seen to be receiving rewards for their violence by getting jobs and opportunities for income generation. This creates some tension in the communities."
– National DDR Program representative

(ii) Recommendations
Based on the field work and review of the project proposal, ICRW has identified four key recommendations for ensuring the meaningful integrating of HIV and gender considerations into the civic engagement component of this new project:

Expand community radio programming
The community radio developed by the PRESJAR project is an effective tool for reaching the communities of Kinkala with important information about activities, events, and reintegration efforts. ICRW recommends that the new project continue to develop this line of activity to further its community mobilization and civic engagement efforts as well as to complement the activities under the livelihoods and basic services components. We suggest that this medium be used to provide information, discussion forums, and ongoing education about a wider array of issues relevant to the communities' recovery and wellbeing, including HIV prevention and testing, sexual and reproductive health, GBV, alcohol use, water and sanitation, and the other topics suggested in the family health sections above. By elaborating on the existing content, the radio will attract a wider audience and cement its position as a trusted source of information in the participating communities. This tool can also be used to stimulate a shared sense of urgency and responsibility regarding the priority threats to peace and empowerment in the communities, including continued violence, drug use, HIV-related stigma, poverty, and poor infrastructure.

"Our community radio project is a powerful means of communication in the participating communities. We use it to promote messages about HIV, GBV, and other important issues." – PRESJAR team member

Create consultative forums for community stakeholders
ICRW recommends that the project build upon the momentum created in the previous phases of implementation by promoting the establishment of Community Action Groups (CAG). These groups would involve male and female community members, official and informal local leaders, project staff, and other service providers in the targeted communities. Building upon the proposed Community Management and Development Committees (CGDC), these groups would take ownership not only of issues related to the environment in local schools, but would address a wider range of social issues. The key distinction we make here is that the CAG would be a tool by and for the community for identifying and addressing priority issues. These groups might, for example, identify the lack of a support group for PLHIV, limited livelihoods opportunities for ex-combatants, lack of medical and legal support for survivors of violence, or pockets of insecurity within their communities. The CAG, with support from the project, would mobilize a response that is appropriate in the local context and led by members of the communities themselves.

"We use the same approach with ex-combatants as with everyone else. We prefer that no distinction be made between them so we can avoid stigma. We try to orient them toward another paradigm, without violence." – UN stakeholder

Promote community advocacy
As with the proposed CAG, the project will have greater impact on the stability in the communities if it focuses efforts not only on established leaders but also on community members.

ICRW suggests that, the project intentionally create opportunities for civilian and lay members of the community to advocate about their priorities. This can be done through the use of the community radio, establishment of CAGs, and the array of proposed community-based events. By giving a voice to all members of the community, the responses and interventions implemented by and in tandem with this project will reflect the most pressing concerns and daily challenges faced by men and women living in the communities.

> *"What we have to aim to do with this project is help people restart their normal lives. We have to do this in conversations with the communities to understand what their priorities are when it comes to livelihoods and economic reinsertion."*
> – UN stakeholder

Offer interdisciplinary leadership training model

The proposed project will offer training to community leaders on reconciliation, leadership, and the design of community-based activities to promote peace building. ICRW recommends that this training have a broader, more inter-disciplinary focus and that it be offered not only to formal or elected leaders but also to men, women, and adolescents in the community who are influential, respected, and/or show an enthusiasm for grassroots leadership. Other components of this expanded training should focus on education about key issues related to health, gender equality, and advocacy. In order to meet the needs of some of the communities' most vulnerable populations, the training should also integrate lessons on community-based prevention and response to GBV, prevention of HIV and HIV-related stigma, promotion of family planning and child protection mechanisms. We recommend that the training draw on successful models such as that developed by CEDPA.

D. Gender-based violence

(i) Challenges and opportunities identified

The PRESJAR team recognizes that in RoC, as in many other societies that have experienced prolonged conflict, gender-based violence is all-too frequently used as a weapon of war. Further, in the post-conflict period, physical and sexual violence may continue to be used as a means of exerting control, authority, or a new and more violent conception of masculinity. Based on this knowledge, the proposed project includes three sets of activities related to the prevention of GBV. The first focuses on the national legal framework, the second is a set of awareness-raising sessions and trainings for community leaders, and the third comprises sessions for male ex-combatants, police officers, and members of the RoC Armed Forces. Though these elements were conceived of as part of the civic engagement component, this structure effectively relegates GBV as a social issue and does not address the psychological, interpersonal, physical, legal, and health dimensions of GBV for survivors and perpetrators alike.

> *"Sexual violence is used as a weapon of humiliation. Young boys are forced at gunpoint to have sex with their mothers. There are mass rapes in conflict. Women who are raped won't press charges because they're afraid of being rejected by their families."* – National HIV Program representative

> *"We believe that domestic violence is even higher after the war. Men are jealous, violent and controlling, it's part of our culture. But it's worse after the war, even for men who weren't armed."* – NGO implementing partner

(ii) Recommendations

Based on conversations with current and potential implementing partners as well as PRESJAR project beneficiaries, ICRW identified five key recommendations for integrating gender-based violence into the new joint program:

Fully integrate GBV in "family health" curriculum

As mentioned in the sections above, ICRW strongly suggests a comprehensive family health curriculum be offered at all program sites and to all targeted beneficiary groups. It is essential that information and education related to prevention of GBV be integrated into this curriculum. It will also be critical to include information about the legal protections and the response mechanisms in place to support survivors of GBV. Documentation of the services already available on the ground should be a core element of the mapping exercise discussed in section 4 below.

> *"We know that many women were raped during the war. Rape became common after the war, too. Maybe it's because men were traumatized by the war. They might feel weak now that they have no arms. They used to impose themselves easily with weapons and now they don't know how to communicate."*
> – NGO implementing partner

Include GBV screening in adapted VCT model

ICRW recommends that screening for GBV be included in the adapted VCT and health care models discussed in section B above. This should include screening for current and recent violence as well as violence experienced during the conflict so that the survivor's full range of needs can be addressed. This recommendation assumes that appropriate linkages to services will be made for those clients who are identified as survivors of gender-based violence, as discussed further in the section below.

> *"Violence humiliates the woman and reduces her empowerment. There's a direct link between this and her risk of HIV."* – UN stakeholder

> *"We see violence as a factor in HIV infection, not just in cases of torture. There's also emotional violence, and a lot of cases of violence because of stigma and rejection of women living with HIV."* – NGO implementing partner

Make linkages to GBV advocacy groups

Again, we recognize that despite its large multi-sectoral partnerships, the Joint Project will not be able to provide all the services and activities outlined in these recommendations. However there are a number of local and national groups that already provide advocacy, prevention, and support services for gender-based violence. ICRW recommends that the project create strong linkages with these groups so that survivors of GBV identified through the project or its related activities can be referred to services providers for support. These linkages will be indispensable if the Joint Project implements the above recommendations for integrating GBV screening and awareness throughout all components. One such group with which we recommend the project build a relationship is the Association of Women Lawyers of Congo, which is in the process of founding a chapter in Kinkala and is already providing much-needed legal and psychosocial support in and around Brazzaville. Another group that is already working to reduce violence against women in girls in Kinkala is Club Jeunesse Infrastructure et Développement (CJID). This group uses educational sessions to sensitize female soldiers and policewomen about violence against women. CJID also provides basic computer skills and internet training for survivors of violence and houses

a "listening space". The video testimonials from survivors of violence and other sensitization efforts by CJID can be incorporated into the Joint Project's activities and promoted through community radio.

> *"The needs of women who have experienced violence are great. We have to make links to psychologists and professionals who can help with cases of violence. This is important even once the immediate term has passed, and is especially hard after the conflict. The challenge we have is helping them to resocialize and get on their feet again."* – NGO implementing partner

> *"A new law from June 3, 2011 provides more protection against violence. This needs to be disseminated among the general public as well as journalists, medical professionals, and legal professionals."* – NGO implementing partner

Mobilize community around GBV prevention

As part of the project's efforts to mobilize communities and promote meaningful civic engagement on pressing issues, we see prevention of and response to GBV as a critical component. The CAGs we suggested would be in the ideal position to advocate and educate their neighbors on these issues. ICRW suggests that the project team, in collaboration with national partners and CAGs, implement a community-based GBV prevention model. One such model is the "SASA!" model developed by Raising Voices, which has been used elsewhere in Africa to mobilize communities around gender equality and violence prevention.

> *"Women don't know their rights and that they can seek justice for violence committed against them. The acceptance of violence against women is high in Congo, even among women. Now it's changing, though, because they are learning to protect themselves."*
> – UN stakeholder

Conduct original research on GBV

Our final recommendation for the technical components of the new Joint Project is based upon an acknowledgment by interview participants and executing partners that the data on GBV in RoC is virtually non-existent. While the most recent DHS report provides some information about women's attitudes toward and support for wife beating, there is no source of data on the attitudes of men or on the prevalence of emotional, physical, or sexual violence. Without this information, it is not possible to design effective prevention efforts and response services. Similarly, if the project intends to show a decrease in GBV in the participating communities, it will need to have a baseline measure of its occurrence. ICRW recommends that the project help to fill these glaring voids by supporting the conduct of original research on GBV. Rather than an academic exercise, this research effort would aim to document the magnitude of GBV and the prevalence of attitudes, practices and norms that increase risk of GBV. Depending on the financial and human resources available for this research, it could take the form of qualitative studies (focus groups, in-depth interviews, participatory exercises) or quantitative studies (a population-based survey).

> *"We don't know about the prevalence of GBV here because there are no figures to show this. But we know that many women were raped. One hospital survey found 712 cases of violence in 3 years, mostly among young girls who were gang raped."*
> – NGO implementing partner

"We need a national study to show the situation of violence. It would help with awareness-raising and give us a better starting point for advocacy if we have data to support what we're saying." – NGO implementing partner

4. Findings: Operational considerations for HIV and Gender Integration

Based on a thorough document review and a series of in-depth discussions with the various UNCT partners (UNDP and UNFPA in particular), ICRW identified important gaps in the operational structure of the Joint Program. The key gaps identified and discussed below are those that would inhibit the project partners from implementing the proposed activities effectively and efficiently and would make it difficult to demonstrate the impact of the project on the participating communities. The three key areas discussed below are: the project's monitoring and evaluation framework, the coordination of all implementing agencies, and the capacity and skills of the project team. The section below highlights these gaps and provides concrete recommendations for how the Joint Program's implementing partners can address these to maximize the efficiency and impact of the proposed new initiative while integrating gender and HIV in its measurement framework.

A. Monitoring and evaluation framework

(i) Challenges and opportunities identified
The proposed project and logical framework has already taken a step toward more gender-responsive programming by ensuring that all the targets and indicators are disaggregated by the sex of the participants. However, this is a bare minimum requirement for implementing programming that responds to the particular needs of both men and women. While the inclusion of sex-disaggregated data brings the project in compliance with new UN system requirements, this project offer an opportunity to go beyond this minimum and to integrate gender in a meaningful way in its measurement and evaluation system. A larger concern was identified about the proposed framework's fundamental inability to measure and demonstrate project impact.

(ii) Recommendations
Based on the assessment and gaps highlighted above, ICRW offers three key recommendations for integrating gender into the monitoring and evaluation (M&E) framework of the Joint Project, but also addresses basic issues about the project's proposed indicators. For all of the recommendations related to the M&E system, ICRW suggests that the project team contract a consultant with expertise in monitoring and evaluation, indicator development, and gender-responsive programming.

<u>Reconsider key project indicators</u>
The project's first goal is to "ensure personal and community security through completion of the ex-combatants' reintegration process through sustainable livelihoods in five communities." Two objectively verifiable indicators are assigned as measures of the performance toward this goal. Unfortunately, these indicators are merely a count of the number of communities that benefit and a percentage of people benefiting from the project. There is no clarity on how the project will measure the key concepts it aspires to achieve- "personal and community security", "reintegration" and "sustainable" economic activities. The same disconnect appears throughout the entire logical framework, with large concepts representing success being measured as simple counts of people reached and services rendered.

In order to effectively monitor the project's performance toward its goals, ICRW recommends that the team reconsider the key indicators and replace them with SMART[11] measures that are truly possible to verify objectively and to measure consistently across communities and beneficiaries. As these indicators are redeveloped, it will be important to consider the previous recommendations of targeting men and women and people living with HIV for all the components of the project and counting these targets both as an aggregate and as separate groups. ICRW recommends that the process of redefining project indicators be an integral component of the project launch and coordination activity suggested below.

> *"Women play multiple roles in conflict, but there are no data to show these roles or to show how many women are involved and how or whether they're reached by programs."* – UN stakeholder

Develop baseline and follow up measures

Just as critical to the logical framework having SMART indicators to reflect the progress toward the project's stated goals, is the collection of baseline measures to show the starting point from which such progress has been made. If, for example, the objective is for ex-combatants, youth, women affected by conflict and other vulnerable groups to gain access to counseling and screening services for HIV, it is important to know who currently accesses these services and what proportion of these are new users as a result of the project. Similarly, the project's success in reducing GBV in 1,000 households cannot be measured by counting the number of awareness sessions held. A reduction could be measured only if a baseline measure were available against which to compare the occurrence of GBV at the end of the project. By developing both baseline and follow-up measures at the design phase, the project will be able to demonstrate the changes it has effectuated and the impact of its activities. ICRW recommends that the restructuring of the project's logical framework take place prior to launching activities as part of the coordination activity discussed in further detail below.

> *"M&E is important for measuring success and keeping track of progress. We want to have a coherent M&E framework for our project to show the impact we're having on the beneficiaries' daily lives."* – PRESJAR team member

Move beyond process indicators

Closely related to the need to develop SMART indicators and to collect baseline information about these, is the importance of capturing change that represents progress toward the ultimate security and stability goals. This will mean reconceptualizing what the logical framework aims to measure and how the project data are collected and analyzed. ICRW recommends that the logical framework place less emphasis on process indicators (i.e., the number of sessions held, the number of documents issued) and more emphasis on the changes that resulted from the project activities. While process indicators are often required for reporting back to donors and for cross-comparison with other UN projects, they do not convey the extent to which the project met previously unmet needs or impacted the quality of life of its beneficiaries. We suggest replacing some process indicators (if possible) with such indicators that will help to measure, for example: changes in a beneficiary's economic stability; an increase in knowledge about key health issues; the quality of counseling and other services provided; and a decrease in the incidence of GBV. These data should of course be disaggregated by both sex and age to the extent possible. As noted above, this is not sufficient for ensuring gender-responsive programming, but it is the first step toward doing so.

[11] SMART: Specific, Measurable, Achievable, Relevant, Time-Bound

"We always integrate gender in our programs. We count and disaggregate our data and set targets by gender. We try to go beyond just the numbers, and incorporate gender as a theme and include it in the selection of activities." – UN stakeholder

B. Partnership and coordination

(i) Challenges and opportunities identified

This project represents the first joint DDR initiative planned among UN agencies in RoC and, as such, it presents a unique opportunity to set the standard for coordination and partnership. However, through meetings with the agencies that are named as implementing partners for the new Joint Project as well as with the PRESJAR team, ICRW identified a gap related to the partnership and coordination of the project. Principal among these was an apparent lack of ownership and involvement on behalf of the partners beyond the UNDP PRESJAR team. Key staff at the other agencies were either entirely unaware of the project or aware of it but unfamiliar with the role they were expected to play in it. It was thus clear that the implementation plan, indicators, and strategy had been decided upon without input from those actors who will be held responsible for the project's success. While UNDP is responsible for management of the project, UNDP, FAO, WHO, UNICEF and UNFPA are all assigned and expected to take the lead on implementing activities in each of the project's components. Unfortunately, it appeared that the in-country staff at these agencies had not been consulted regarding their capacity to implement new activities or on the work for which they would be held accountable.

(ii) Recommendations

Based on the assessment above, ICRW recommends a series of pre-launch coordination sessions that will bring all implementing agencies together prior to the beginning of project activities. Our suggestions for the content and purpose of these sessions are discussed below:

Conduct a mapping exercise

One fundamental element of ensuring strong coordination among the implementing agencies is to understand the existing presence and service provision of each partner. As such, ICRW recommends that the project team conduct a mapping exercise with the proposed partners prior to beginning activities under this joint initiative. This exercise would include an actual visual mapping of each agency's presence, activities, and on-the-ground partners in the proposed zone of intervention. This map would be accompanied by a listing of the resources currently available for relevant programming and service provision as well as existing and potential linkages to other agencies and groups. The combination of this mapping and list will provide a complete inventory of opportunities for leveraging the technical capacity and resources of both the project's implementing partners and other potential partners on the ground in the targeted communities. ICRW recognizes that the project itself will not be able to implement all of the HIV and gender-related services recommended in this report. This comprehensive mapping exercise will help the project team to identify opportunities for building synergies among the partners in order to meet the various HIV and gender-related needs of project beneficiaries. We recommend that this exercise be facilitated by someone outside of the project team but with adequate knowledge of the internal workings of the UN system and the RoC programming in particular.

Develop a shared vision

Given that the proposed project was developed with the intention of having it implemented as a joint initiative by several UN agencies, the mapping exercise suggested above will provide an important first step toward ensuring coordination among all the partners. However, this will not

be sufficient for promoting a sense of ownership of the project objectives and outcomes among the agencies that did not actively participate in designing the project proposal. ICRW thus recommends that the project team also conduct pre-launch activities to develop a shared vision for the project's success among all proposed partners. This set of activities could be conducted in conjunction with the mapping exercise and the review of the M&E framework discussed above, and would include discussion of the project's purpose and intended results (as above). This would provide a critical opportunity for the project team to jointly determine key measures of success rather than have a set of indicators and measures imposed upon them. Such an exercise will help to identify core indicators and activities that fit most appropriately within each partner's existing reporting mechanisms and streams of work, and will stimulate a greater sense of ownership and commitment to achieving these targeted results. ICRW recommends that the project team contract a national consultant to facilitate this process as an immediate next step.

C. Capacity and skills

(i) Challenges and opportunities identified

It was evident from the interviews and meetings with the PRESJAR team and project partners that they possess a high level of expertise and capacity in their own technical areas. However, only the PRESJAR team was familiar with the precepts of DDR programming and the particular challenges faced in the reintegration process. Similarly, the expertise for integrating or considering gender issues within a program is not shared by the wider team but rather only by those designated as gender focal points. None of the designated team members appears to have a high degree of comfort with programming for HIV prevention or for PLHIV. For the success of this project to be achieved, it will be critical for the entire time to have at least a basic understanding of the key issues and the priority areas of work.

(ii) Recommendations

In response limitations in shared knowledge and expertise, ICRW identified four key recommendations for optimizing the capacity of the team that will be responsible for the new Joint Project. These recommendations link to some of the ideas presented above and are centered on filling gaps in the current team's skills as well as taking advantage of the diversity of expertise and experience represented by this team.

Seek synergies with capacities and skills of other agencies

While the project team comprises partners with an array of technical knowledge, there are other on-the-ground partners with the additional expertise needed for effectively delivering key services to the target populations. ICRW recommends that the project team seek and develop synergies with these groups to make implementation more efficient and effective. We have mentioned several such groups throughout this set of recommendations, including AFJC, RENAPC, CNLS, and CJID. Some of these groups may already be contemplated as (potential) additional partners for the project, and some may need to be sought out as the project moves forward. We suggest that these opportunities for collaboration be identified as part of the mapping exercise discussed above.

Offer skill development opportunities

As noted above, the inter-agency project team possesses a wide array of technical expertise related to the implementation of the project's core components. However, as currently proposed, the activities will be implemented in silos by each partner, with no apparent mechanisms for collaboration or cross-learning. ICRW recommends that the project team intentionally offer

opportunities for key project staff to develop their technical expertise in areas outside of their current assignment, as this will deepen their ability to implement the proposed multi-sectoral project. The team could offer periodic workshops and training opportunities for key staff and partners to explore, for example, integrated models of community development, which would include an overview of programming and services for general health, mental health, economic development, violence prevention, and promotion of gender equality. Such training and cross-learning events will allow the technical team to gain a less superficial understanding of the many technical components upon which this project is centered and the ways in which they intersect and influence each other. The team should also identify external opportunities for project staff to build upon their existing skills, many of which are offered within the UN system. One such training opportunity that would greatly benefit the team is the national resource management workshop that will be offered in Geneva in late February.

Provide training in gender-responsive programming

One fundamental area in which all project staff should receive a minimum level of training is in designing gender-responsive programming. ICRW recommends that this training be required not just for gender focal points but also for all technical and programmatic staff. Such a training would demonstrate the ways in which gender inequalities and gendered realities affect the context in which their programming takes place, and would provide a road map for building in gender-responsive strategies to the new joint initiative. This training should include a variety of interactive exercises that allow staff from each technical area to identify the gender issues that are most relevant to their area of programming and to design solutions to minimizing challenges identified. While these solutions should go beyond allocating a proportion of project budgets to a vague "gender" line item, gender-responsive budgeting is an important component on which project teams could also be trained. Some tools that could be used in these sessions are included in the list in **Annex 5**.

Prioritize gender-responsiveness in recruitment

Finally, as has been highlighted in the sections above, the importance of integrating gender into the project's design and evaluation system cannot be understated. By doing so, the project will hold all implementing partners accountable to taking gender into consideration as they develop activities, provide services and report on their achievements. ICRW therefore recommends that the team prioritize experience with gender-responsive programming and evaluation in its recruitment for new project personnel and/or consultants, particularly those who will be directly involved with the M&E system.

5. Conclusions and Next Steps

The purpose of ICRW's field visit to RoC was to identify operational gaps and challenges related to integrating gender and HIV into ongoing DDR efforts. This study identified a number of key challenges that, if not addressed, will hamper the project's ability to effectively serve the needs of men and women in communities still struggling to rebuild in the wake of the country's civil war. We have outlined a set of recommendations for integrating gender and HIV considerations throughout the technical components as well as the operational elements of the project.

ICRW recommends that the PRESJAR team follow up with BCPR and IAWG to put a plan in place for addressing three priority issues in the immediate term. We strongly suggest that the project launch take place only after these three gaps have been adequately addressed:

-Completing a mapping and coordination exercise with all partners (**see section 4 above**)
-Revising the M&E system and indicators (**see section 4 above**)
-Conducting formative research on GBV (**see section 3 above**)

ICRW would be happy to discuss options for providing further support to the country office, through BCPR and the IAWG in the coming months.

ANNEXES

Annex 1:
Terms of Reference for Republic of Congo field research

Building on the recent work on implementing Gender and HIV into DDR programs, including the IDDRS and the UN's gender sensitive DDR policies, UNFPA and UNDP, in collaboration with members of the Gender, HIV-DDR sub working group, have commissioned the International Center for Research on Women (ICRW) to carry out an operational field study to inform integrated programming on HIV for male and female ex-combatants, their dependants, and women and men formerly associated with armed forces and groups.

1. **Objectives of the study:**

To be most effective, HIV prevention programs in post-conflict environments must intentionally address the gendered needs and realities of the individuals they serve. Furthermore, such efforts must make multi-sectoral linkages to identify needs and provide services in response to sexual and gender-based violence, community security and livelihoods. The present project aims to provide technical assistance to DDR practitioners to help them understand their clients' needs and to identify promising strategies for implementation based on the particular country's social and conflict contexts. Through this collaboration with ICRW, the country team will be better able to implement DDR programs that incorporate HIV and SRH into interventions for ex-combatants, those associated with armed groups, and affected families and receiving communities.

The operational field study will be carried out by ICRW in the Republic of Congo, with a field visit proposed for December 2-13, 2011. The objectives of this operations research are to:

> Objective 1: 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;
>
> Objective 2: Develop context-specific response strategies for overcoming operational gaps and challenges identified throughout the operational research;

2. **ICRW's role and proposed work**

In order to achieve these objectives, the ICRW project team proposes a three-phased strategy centered on a field visit to Republic of Congo (RoC). The first phase will comprise a rapid desk review of relevant documents highlighting the DDR program's focal activities, strengths and challenges in RoC. The desk review will be followed by a field visit to the DDR program (second phase), culminating in a validation workshop and capacity building opportunity for the RoC team. The third phase of this project will be the synthesis of learning from this field work in a final report prepared by ICRW for the IAWG and Country Office teams.

Prior to field visit: Desk research and first round of key informant interviews

The first phase of research will center on pre-travel research that will include a review of literature and documentation relevant to the conflict and DDR program in RoC. The aim of this desk review will be to identify key issues, major initiatives and key stakeholders (individuals, groups, agencies, and institutions) involved in the relevant areas of work and intervention. The resources we anticipate reviewing at this phase include UNDP's previous work on the Gender Dimensions of

Violence in DDR, the Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS) as well as country-specific documents, as available:

- DDR program strategy documents and work plans
- DDR program operational and status reports
- DDR program evaluations
- Relevant country assessments by UN partners or in-country Ministries
- UNAIDS Statistics for HIV in Humanitarian Situations
- UN Peacekeeping Mission Online Country Overview
- WHO Summary Country Profiles
- Demographic and Health Survey reports

In this initial phase, the project team will collaborate with the IAWG Gender, HIV-DDR sub working group and the UNDP Country Office team in RoC to compile a library of relevant documents for this desk review. Prior to the field visit, ICRW will prepare a summary of the desk review findings for comment and discussion with the Country Office team. This summary will inform the focus of the field assessment and final country report. As proposed in the time line below, ICRW will convene teleconferences prior to the field visit to discuss the planned operational study and desk review findings with the Country Office team. Based on feedback from the teleconference participants, the approach and research questions will be revisited in order to ensure that they are appropriate for and tailored to the RoC country context.

During the field visit

The second phase comprises the in-country data collection activities, which will include a series of in-depth interviews (IDIs) and focus group discussions (FGDs) with key informants who work or participate in DDR programming, as well as members of communities affected by conflict and reintegration efforts. A semi-structured discussion guide will be used as the foundation for all interviews and discussions, and will be adapted, as described above, through consultation with the IAWG and the Country Office. To the extent possible, the topics covered by the research tools will be consistent with those prioritized in the IDDRS, particularly modules 5.10 (Women, Gender and DDR), 5.60 (HIV/AIDS and DDR), and 5.70 (Health and DDR). The major themes that will be explored in each of these discussions and interviews will include:

- The gendered HIV needs of former members and associates of armed groups
- Current services and HIV programming available for each DDR target group
- The gendered sexual and reproductive health needs of former members and associates of armed groups
- Services available and needs related to sexual and gender-based violence
- Types and prevalence of high-risk behaviors
- Stigma and other barriers to reintegration and access to services
- Interactions between receiving communities and demobilized/reintegrated individuals
- Particular barriers to reintegration for women and children associated with armed groups
- Livelihoods and HIV risk during conflict and in post-conflict context

The aim is to conduct as many interviews and consultations with those engaged in DDR and HIV interventions. Semi-structured interviews and focus group discussion (FGD) techniques will be utilized. To the extent possible, we will utilize participatory appraisals techniques in the FGDs (using exercises to engage communities and adhere to their educational levels (reading, understanding and writing). ICRW will:

- Carry out **10-12 key informant interviews** (with key UN partners, key INGOs and NGOs, key government officials involved in DDR, health, gender, HIV, GBV, Children's Affairs, RH).

- Carry out **4** sex and age stratified **focus group discussions with ex-combatants** (1 group for adult men, 1 for adult women, 1 for young women, and 1 for young men X 2). (Adolescents are from 10 – 19 years of age. Young people include up to age 24.)
- Carry out **4** sex and age stratified **focus group discussions with receiving communities** (these would be community members who are receiving the combatants back) (1 group for adult men, 1 for adult women, 1 for young women, and 1 for young men X 2).
- **Conduct sex and age stratified individual in-depth interviews with ex-combatants** (at least **2** interviews per each category: adult men, young men, adult women, young women).
- **Conduct sex and age stratified individual in-depth interviews with "resilient/positively coping" ex-combatants**. To probe for factors that seem to lead to positive coping and resilience among ex-combatants, ICRW would seek to identify and interview at least **4-5** ex-combatants who show higher coping abilities. Those interviews would be useful to tease out coping/resilience. This might include individuals who are living with HIV/AIDS and have been able to seek and acquire services, if it is ethically and culturally appropriate for such individuals to identify themselves and they agree to be interviewed.
- Conduct **individual in-depth interviews** that look at HIV-related barriers to re-integration. Risk taking and other self-destructive behaviors will also be considered.

The topic of HIV will be nested within a discussion of other pressing issues faced by DDR program participants. While the number of interviews and FGDs conducted will depend on several context-specific variables to be explored as well as ethical, and logistical considerations, approximately **80 individuals** will be recruited for participation in these targeted discussions. In-depth interviews will be conducted with key stakeholders such as representatives of the UN agencies, international NGOs and local NGOs and CBOs working with DDR and/or HIV programs, government officials working in health, gender, HIV and RH programming. These IDIs will aim to understand the pressing needs and the challenges they face in program implementation. To the extent possible, the project team will aim to achieve gender and age balance in the sample. In order to triangulate the data collected across DDR program participants, communities, and program implementers, every effort will be made to engage with ex-combatants, community leaders, and community members of both sexes and from a wide age spectrum. As such, the data collected will reflect a wide range of opinions and experiences and will, thus, be of great utility for informing the validation workshop and final report.

In order to have a positive impact on the quality and relevance of DDR programs in RoC, ICRW will build the capacity of program managers and DDR practitioners to design and implement activities that effectively meet the needs of the populations they serve with respect to HIV and SRH. Critical to the success of this initiative will be the identification and active engagement of the relevant organizations and community-level actors responsible for DDR activities. These include a variety of groups, such as:

- UN agencies (UNICEF, UNFPA, UNIFEM, OCHA, others) and relevant peacekeeping missions
- UN DDR units
- State security (police, and local police services)
- Local authorities
- Justice and detention services
- Health and educational officials
- National media/local journalists
- National and international NGOs active on the issues of violence

- Community leaders/religious leaders
- National DDR and HIV Commissions

With the assistance of the IAWG and the Country Office team, ICRW will include representatives of these groups as active participants in a validation workshop that will occur at the end the field visit. This validation workshop will have the primary goal of sharing the results of the research and vetting concrete strategies and suggestions based on the research findings with practitioners and program staff. In order to make the findings more immediately applicable, the workshops will be implemented through participatory exercises that encourage active learning and promote commitment to gender-responsive strategies.

It will be critical to have established translators in place and male and female facilitators for focus group discussions and for interviews. The UN partners have committed to ensuring that qualified translators are identified and contracted in advance of the field visit.

After the field visit

After the close of the field visit, the ICRW team will write a report reflecting the findings from the interviews, focus group discussions, literature review, and consultations with the UN partners described above. This report will identify the ongoing challenges and operational gaps and will provide recommendations for addressing them within RoC's DDR programming. These reports will include descriptive information from the background review as well as analysis based on the field work. The outline of each report will be consistent with that presented in the RFP but will include an additional targeted analysis of the different gendered needs and challenges discovered through the field research. Central to the report will be a set of recommendations for improving the responsiveness of that DDR program to the HIV and SRH needs of its targeted participants. In addition to the interviews with program teams and communities, these context-specific response strategies will be informed in large part by interviews with "positive deviants". The final report will be drafted and shared with the Country Office teams and other relevant stakeholders, as determined by ICRW and the IAWG HIV-DDR sub working group and according to the proposed time line below.

3. Contributions from the Country Office:

The UNDP RoC Country Office will work closely with focal points from all partner agencies and national counterparts to organize the field research. The Country Office team will be responsible for:

a. Facilitating the work of the researchers where necessary (providing technical guidance, logistics, organizing meetings and consultations etc.)
b. Hiring two local consultants, and translators
c. Arranging logistics, transport, and where necessary, security arrangements
d. Suggesting relevant parties to whom the researchers should talk, and assisting the researchers in gaining access to these individuals
e. Facilitating in arranging schedules and locations for interviews and focus groups for researchers
f. Making available all relevant documentation where required.

4. Contributions from UNDP/UNFPA Headquarters:

The participating teams at UNDP/UNFPA Headquarters will be responsible for facilitating and overseeing the mission, holding bi-lateral and joint consultations with their agencies in-country

to further implement recommendations of the initiative and fostering strengthened partnerships between all partners concerned (UNICEF, UN Women, and DPKO). The 2 agencies will also be closely involved in preparations for the field mission and reviewing the draft reports/literature analyses, and facilitating the arrangements between the researchers and the field team by:

a. Ensuring buy-in and cooperation from the country office
b. Sending a representative to the field mission to facilitate technical consultations, assist with the operational activities, and assist the team in the research study activities as needed.

Time line for Republic of Congo research

Signing of contract	1 Nov 2011
Teleconference with the RoC team to discuss dates and logistics for ICRW's visit	2 Dec 2011
RoC team's focal points make key documents and data available to ICRW	10 Dec 2011
Field study conducted by ICRW	**12** December to **21** December 2011
Draft of RoC study report submitted to IAWG	**09** January 2012
IAWG provides comments to ICRW	**12** January 2012
Final RoC study report submitted to IAWG	**31** January 2012

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Annex 3:
Mission Agenda for Republic of Congo Field Research

Day 1	Arrival of mission team to Brazzaville
Day 2	9:00 In-brief with UNDP DDR team 10:00 Meeting with UN Resident Coordinator 11:30 Meeting with ASUdh 1:00 Meeting with HCREC 3:00 Meeting with CNLS
Day 3	8:00 Meeting with UNDP DDR team 11:00 Security Briefing 12:00 Meeting with UNFPA 3:00 Meetings with PRESJAR team members
Day 4	9:00 Meeting with UNDP HIV/Gender/UNWOMEN focal point 11:30 Focus groups with ASUdh program participants 1:30 KII with ASUdh staff 3:00 Meeting with UNAIDS
Day 5	9:00 Meeting with RENAPC 1:00 Meeting with WHO 3:00 Meeting with FAO
Day 6	11:00 Meeting with AFJC
Day 7	(Sunday- FREE)
Day 8	9:00 FGDs with program beneficiaries in Kinkala 12:00 Meeting with ASPK 2:00 Visits to PRESJAR project sites in Kinkala
Day 9	2:30 Focus groups with ASUdh program participants (A2V group)
Day 10	9:30 Validation workshop with DDR team 2:00 Out-brief with country team

Annex 4:
Participants and stakeholders interviewed

PRESJAR Team/Reintegration and Community Development Unit
Mr. Guy Saizonou, Senior Technical Advisor
Ms. Claude-Angella Mabassy, Gender Associate
Mr. Cyprien Balaya, Senior Project Associate
Mr. Massamba Louzolo Avel Sidné, Database Associate
Mr. Eric Esta Ebana Community Support Associate

Action de Sécours et d'Urgence et Développement humain (ASUdh)
Mr. Jean Didier Damido, Officer in Charge
Doctor Thomas Dandou, National Chairman of ADUdh
Doctor Etienne Ngoudiabantou, Doctor of the HIV Program
Nkodia Julien, Manager of the Health Center of Mayangui

Association de Femmes Juristes de Congo
Ms. Galiba Henriette, President of Brazzaville Section
Ms. Amaïcool Mpombo, Treasurer of Brazzaville Section
Ms. Odile Mayeye, General Secretary/Brazzaville Section
Ms. Patricia Malanda, Member of Brazzaville Section

Association Santé Pool Kinkala (ASPK)
Mr. Ivon Tsouba, President
Mr. Marcel Miadelakana, Accountant

Conseil National de Lutte Contre le SIDA (CNLS)
Dr. Edmond Malalou, National Coordinator
Mr. Alexis Itou

Food and Agriculture Organization of the United Nations (FAO)
Mr. Marius Saya-Maba, Assistant Representative, Program Officer
Ms. Renatou Traoré-Sama, National Consultant

Haut Commissariat à la Réinsertion des Ex-Combattants (HCREC)
Colonel Francois Bouesse, Special Advisor to the President
Mrs. Antoinette Nkebi, Director of Cabinet of the High Commissioner
Mr. Anatole Bantsimba, Coordinator of Vulnerable Group PNDDR

Réseau National des Associations des Positifs du Congo (RENAPC)
Mr. Stève Moukendi, Executive Director
Mr. Aubert Makaya

Joint United Nations Program on HIV/AIDS (UNAIDS)
Dr. Louis Ponzio, Country Coordinator
Mrs. Ramatou Sarasoro, Program and Partnership Advisor
Mr. Roland Bemba, Finance and Administration Officer

United Nations Development Program (UNDP)
Mr. Lamin Manneh, Resident Representative
Ms. Nadège Zoula, Gender/HIV/UNWomen Focal Point, UNDP Program Advisor

United Nations Population Fund (UNFPA)
Dr. Roger Laly, Reproductive Commodity Security Specialist
Ms. Celine Lemmel, Junior Program Officer in Reproductive Health
Ms. Constance Mathurine Mafoukila, Gender and Human Rights Program Advisor
Mr. Benoit Libali, Representative Assistant, NPO Population and Development
Ms. Elizabeth Gueye, Gender Program Analyst

World Health Organization (WHO)
Dr. Mbemba Moutounou Guy Michel, Advisor for Safe Motherhood

Annex 5:
Selected Resources Recommended for Consultation

Gender Integration Resources

- ICRW: Gender Mainstreaming: Making it Happen
http://www.icrw.org/publications/gender-mainstreaming-making-it-happen

Gender mainstreaming was designed to bring gender equality issues into the core of development activities. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated.

This paper examines what it will take to effectively implement gender mainstreaming and argues that from the perspective of a development agency, the most critical element of mainstreaming – mainstreaming in operations – has not yet been seriously attempted.

- UNESCO Gender-Responsive Budgeting
http://unesdoc.unesco.org/images/0021/002121/212103e.pdf

As gender mainstreaming is one of UNESCO's main priorities, the UNESCO Office in Kathmandu supported this study to understand the situation of Gender-Responsive Budgeting (GRB) in the country's education sector. This study looks at the planning/budgeting process of the Nepali Ministry of Finance with the specific focus on school education and literacy programs and suggests how GRB could be linked to them, so that GRB process becomes practical and related to the institutional outputs and outcomes of the education sector. The findings of the study are useful to integrate a gender perspective into all steps of the budget process, including planning, implementing, and evaluating. It also contributes to address the global agenda of attaining gender equality, ensuring equal rights and opportunities for both women and men. (Document Code: KAT/2011/PI/H/3)

HIV-related Programming Resources

- ICRW: Understanding and Challenging HIV Stigma: Toolkit for Action

http://www.icrw.org/publications/understanding-and-challenging-hiv-stigma-toolkit-action

Evidence from an ICRW-led multi-country study in Ethiopia, Tanzania, Vietnam and Zambia shows that the key causes and consequences of HIV/AIDS-related stigma have many more similarities than differences across contexts. Using research findings and lessons learned, ICRW worked with various partners to create a stigma-reduction toolkit.

The original toolkit, developed by ICRW and the CHANGE project, is a collection of participatory educational exercises to raise awareness and promote action to challenge HIV stigma. Trainers can select from the exercises to plan their own courses for different target groups, including AIDS professionals and community groups. The aim is to help people at all levels understand stigma and develop strategies to challenge stigma and discrimination. A revised edition builds on the

original toolkit and includes the experience of the International HIV/AIDS Alliance's Regional Stigma Training Project. New modules address stigma as it relates to treatment, children and youth, and men who have sex with men.

- ICRW: Communities Confront HIV Stigma in Vietnam

http://www.icrw.org/publications/communities-confront-hiv-stigma-vietnam

Since 2002, the Institute for Social Development Studies (ISDS) and ICRW have been working with the Communist Party of Viet Nam to fill knowledge gaps about stigma, build stigma-reduction capacity among community service providers and leaders, and provide concrete tools and recommendations to communities and their leaders for tackling stigma. This report highlights the community interventions and results from the latest phase of the project (2005-2007), which involved work with community leaders and members in two provinces to increase their understanding of stigma and build capacity to reduce it.

- ICRW: Moving Forward: Tackling Stigma in a Tanzanian Community

http://www.icrw.org/publications/moving-forward-tackling-stigma-tanzanian-community

Although there are a growing number of programs working to reduce stigma, few of these programs have been evaluated, particularly at the community level. Documentation and evaluation of these pioneering efforts is essential so that successful program elements can be replicated and scaled up. To help fill this gap, ICRW, the Muhimbili University College of the Health Sciences (MUCHS), the Horizons Program of Population Council, and Family Health International (FHI) conducted an evaluation of a community-based effort to reduce stigma in a peri-urban community in Tanzania.

- ICRW: Implementing Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa

http://www.icrw.org/publications/implementing-multiple-gender-strategies-improve-hiv-and-aids-interventions

Gender norms strongly influence HIV vulnerability and how women and men respond to the epidemic. There is growing recognition that using multiple approaches in HIV programs to address gender-based vulnerabilities is more effective than single strategies. These gender approaches include reducing violence against women, increasing legal protection for women, engaging men and boys, and creating income opportunities for women.

This compendium describes how 31 programs in Africa are using gender strategies to improve HIV services and reduce vulnerability to HIV infection. It provides examples of how strategies are combined, where gaps exist, lessons learned, and common experiences across programs. The compendium was prepared by the AIDSTAR-One project. As an AIDSTAR-One partner organization, ICRW provided technical oversight on this publication. An online, interactive version of this compendium is available at AIDSTAR-One.

Gender & Economic Development Resources

- ICRW: Understanding and Measuring Women's Economic Empowerment: Definition, Framework, and Indicators

http://www.icrw.org/publications/understanding-and-measuring-womens-economic-empowerment

Economically empowering women is essential both to realize women's rights and to achieve broader development goals such as economic growth, poverty reduction, health, education and welfare. But women's economic empowerment is a multifaceted concept so how can practitioners, researchers and donors design effective, measurable interventions?

This brief report lays out fundamental concepts including a definition of women's economic empowerment; a measurement framework that can guide the design, implementation and evaluation of programs to economically empower women; and a set of illustrative indicators that can serve as concrete examples for developing meaningful metrics for success.

- ICRW: Innovation for Women's Empowerment and Gender Equality

http://www.icrw.org/publications/innovation-womens-empowerment-and-gender-equality

Innovation and women's empowerment are rarely discussed in the same context but each has essential value for human progress. This research is the first scholarly assessment of its kind to understand how innovations have improved women's well-being, empowered women and advanced gender equality. We examine eight catalytic innovations in three domains that intersect areas with the greatest need and most creative entry points for realizing women's empowerment: (1) technology use (2) social norm change and (3) economic resilience. Through this analysis, we identify seven core levers essential for innovation to catalyze meaningful change for women in developing countries.

- FAO: Linking livelihoods and gender analysis for achieving gender transformative change

ftp://ftp.fao.org/docrep/fao/009/ah623e/ah623e00.pdf

This paper is one of a series which addresses livelihood issues in access to natural resources. It reviews the key elements of livelihoods and gender perspectives and their "fit" with each other. It draws attention to the challenge of addressing gender issues within natural resource-based development programs using a livelihoods perspective. The paper emphasizes the need to go beyond gender role analysis and proposes some generic questions to help analyze changing gender relations. The paper also looks ahead towards ways in which the gender project might be framed in the future, and advocates for more support to non-farm natural resource-based interventions for building livelihoods, especially the livelihoods of rural women.

Gender & Civic Engagement Resources

- ICRW: Gender in Community Development and Resource Management: An Overview

http://www.icrw.org/publications/gender-community-development-and-resource-management

For over thirty years, ICRW has examined the role of women in increasing agricultural production and sustainably managing natural resources. These historic publications present ICRW's groundbreaking research and analysis in examining the role of women as economic agents of change in agriculture systems. *Gender in Community Development and Resource Management: An Overview* outlines women's roles in natural resource management and economic development, as well as socioeconomic, institutional, policy, and program constraints on women and their participation in projects aimed at improving resource management and alleviating poverty.

- ICRW: Promoting Gender Equity in the Democratic Process: Women's Paths to Political Participation and Decision-Making

http://www.icrw.org/publications/promoting-gender-equity-democratic-process

This paper is one of several analytical documents synthesizing the findings across Promoting Women in Development (PROWID) projects and their implications within the various theme areas. As detailed in this synthesis paper, the full involvement of women in political and economic arenas is gaining ground as a legitimate goal, as well as a litmus test of the degree to which democracy has been attained.

- ICRW: Gender Equity and Peace Building: From Rhetoric to Reality

http://www.icrw.org/publications/gender-equity-and-peace-building-rhetoric-reality

This paper is the product of a review of literature on issues of gender in the context of conflict and post-conflict reconstruction. It was prepared as background material for an international workshop on gender equity and peace building jointly convened by ICRW and the International Development Research Centre (IDRC). Key findings and research questions are presented in relation to the effective integration of gender concerns into policies and programs that shape post-conflict societies.

- CEDPA Leadership and Advocacy Training

http://www.cedpa.org/section/training/aids_leadership

Advancing Women's Leadership and Advocacy for AIDS Action is an initiative to equip and empower a cadre of women from around the world with the knowledge and skills to strengthen and lead the global response to AIDS. Funded by the Ford Foundation, it brings together leading global agencies including CEDPA and the International Center for Research on Women (ICRW), International Community of Women Living with HIV/AIDS (ICW), National Minority AIDS Council (NMAC) and UNAIDS-led Global Coalition on Women and AIDS. The initiative includes: 1) a training component led by CEDPA and its partners; and 2) a small grants program led by the Global Coalition on Women and AIDS.

- CEDPA WomenLead Training

http://www.cedpa.org/section/training/womenlead

WomenLead is CEDPA's flagship training program. It builds leadership abilities, technical expertise and program management skills of women dedicated to making a difference on a range

of critical issues. *WomenLead* participants are early to mid-career women from civil society, government, and political bodies who are currently working to ensure access to gender-sensitive, quality FP/RH services at national, sub-national or community levels.

Gender-Based Violence Resources

- ICRW: Exploring Dimensions of Masculinity and Violence

http://www.icrw.org/publications/exploring-dimensions-masculinity-and-violence

Working toward the reduction and elimination of gender-based violence, ICRW partnered with CARE Balkans and CARE International to implement a groundbreaking program working directly with young men between the ages of 13 and 19 to deconstruct masculinity in their cultures and determine how gender norms and male socialization lead to inequitable attitudes and behaviors toward women and girls.

- ICRW: Gender, Sexuality and Violence in the context of HIV and AIDS: A Call to Action

http://www.icrw.org/publications/gender-sexuality-and-violence-context-hiv-and-aids-call-action

Violence contributes to HIV and AIDS vulnerability but little has been done to address this relationship at the policy level in India. ICRW and Oxfam GB sponsored a national level "Call to Action" consultation in 2007 to convene experts and explore the extent and scope of the problem, as well as identify concrete directions to address violence based on community-driven approaches that work.

- Raising Voices: SASA!

http://www.raisingvoices.org/sasa/approach.php

SASA! is a new methodology for addressing the link between violence against women and HIV/AIDS. Documented in a user-friendly Activist Kit, it is meant to inspire, enable and structure effective community mobilization to prevent violence against women and HIV/AIDS. *SASA!* is an exploration of **power**—what it is, who has it, how it is used, how it is abused and how power dynamics between women and men can change for the better. *SASA!* demonstrates how understanding power and its effects can help us prevent violence against women and HIV/AIDS.

Women and men can and should be able to exercise their own power—hold their own beliefs, make their own decisions, express themselves as they prefer, become what they want to become—as long as this does not include using their power over another person. By changing the imbalance of power between women and men, we can prevent violence against women and its connection to HIV/AIDS.