

What does it take to achieve a gender transformative HIV response?

This guide sets out five dimensions to achieving an effective gender transformative approach in HIV programmes. It is based on the experience of the PITCH global HIV advocacy programme¹ and its key learnings.

Why is a gender transformative approach important?

Gender inequality, gender-based violence and harmful gender norms fuel the global HIV pandemic, and are in turn entrenched and exacerbated by HIV. Therefore, an effective HIV response must have gender at its centre. Gender norms influence vulnerability to HIV acquisition; access to prevention, treatment and care; and individual risk behaviours. Interventions which are gender blind risk being exploitative or harmful, as well as ineffective.

Gender transformative approaches address, challenge and ultimately transform the unequal distribution of power in society, benefitting people of all genders. Taking these approaches will help to end AIDS.

A gender transformative approach requires changing policies, norms and practices which underlie gender inequality. This means addressing unequal gender relations, issues of power and violence, and discrimination faced by girls, women, and LGBT people at all levels.

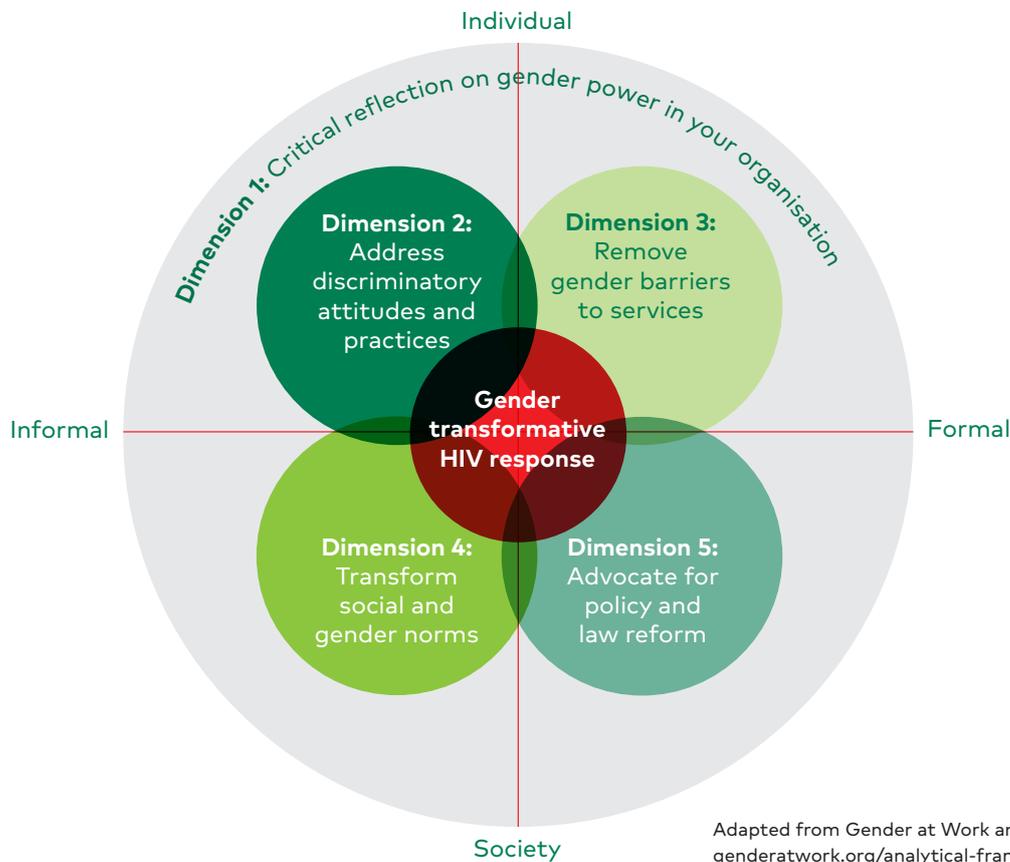
In the context of HIV, adopting a gender transformative approach involves working to transform harmful gender norms; prevent gender-based violence; remove gender barriers to services and advocate for gender equality.

What this guide offers

This guide gives HIV advocates and HIV civil society organisations valuable advice, strategies and examples for using gender transformative approaches across HIV programmes and advocacy. Using five dimensions emerging from the PITCH programme experience, it provides a framework for implementing an effective gender transformative HIV response.

¹ The Partnership to Inspire, Transform and Connect the HIV Response (PITCH), is a strategic partnership between Aidsfonds, Frontline AIDS, and the Dutch Ministry of Foreign Affairs. It aims to build the capacity of community-led organisations representing people living with and most affected by HIV to advocate for HIV prevention, human rights and sexual and reproductive health and rights (SRHR). PITCH supports advocacy in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. For more information visit aidsfonds.org or fronlineaids.org

Five dimensions of a gender transformative HIV response



1. Critically reflect on how gender norms, attitudes and beliefs are shaping interactions, work places and programme activities. Review internal policies, processes and structures to reflect on how social and cultural norms are influencing power and decision-making in the workplace. Conduct gender trainings with staff, board members and volunteers.

2. Address internalised harmful norms and discriminatory attitudes held by individuals and communities most affected by HIV. Provide gender, sexual and reproductive health and rights (SRHR), and human rights literacy and awareness, peer-led safe spaces and support, and interventions to address self-stigma.

3. Remove gender barriers to services. Deliver interventions to sensitise health care workers, police and service providers to the rights of people from key populations. Strengthen mechanisms to report and seek redress for

gender-based violence, discrimination or abuse. Provide access to legal aid and post-violence care and support.

4. Transform social and gender norms in communities and society. Adopt whole-community approaches, and engage men and boys to redefine harmful gender norms and attitudes. Work with different forms of media and peer educators to reach and engage people and communities in all their diversity.

5. Advocate to change and reform laws, policies and resource allocations to achieve gender equality. To ensure the rights and priorities of those most affected are mainstreamed, support leadership and advocacy by young women and people from key populations, and provide community data collection and monitoring.

In the following sections we delve deeper into each dimension providing valuable strategies and examples.

Shifting power

Transforming gender norms and ending gender inequality will directly benefit those most affected by HIV. The process of gender transformation has to start with strategies that challenge and change power relations at all levels - from the individual to society as a whole and from informal attitudes, beliefs and practices to formal policies, laws and structures, starting with internal reflection (see Dimension 1).

Empowering individuals requires exercising **voice, choice and agency**: increasing 'power to' through changes in both informal and formal dimensions so that individuals have greater access to and control over resources (see Dimensions 2 and 3).

Building the collective power of marginalised communities is about increasing their **representation, visibility and movement-building**: building 'power with' by transforming harmful gender norms and practices and effectively redistributing power through formal mechanisms such as policies and laws (see Dimensions 4 and 5).

Each dimension below focuses on these different levels of power shift that are required for gender transformation.



Dimension 1: Critically reflect on how gender norms, attitudes and beliefs are shaping interactions, workplaces and programme activities.

This dimension focuses on structures of power within the workplace. Achieving a gender transformative HIV response starts with recognising and addressing gender power distribution within our own organisations and programmes. This could include training and sensitising staff on attitudes and internal biases around gender; reviewing or ensuring that policies are gender equal and socially inclusive; addressing gender inequality and gender based violence in organisational strategies; conducting gender assessments to inform programmes and so on. PITCH partner organisations critically reflected on the influence of gender on their internal systems and structures, then pursued organisational changes. Examples include:

- **Diversifying work environments:** in Kenya, LGBT organisation MAAYGO has employed cisgender² and transgender people to diversify their workforce and address inequalities. The Indonesian sex workers network, OPSI, ensures people of all genders are involved in its activities through gender balance in management teams and involvement in capacity strengthening and community legal services. For example, OPSI employs six transgender coordinators across 20 provinces and seven of their 22 paralegals are transgender sex workers.
- **Strengthening capacity to address gender-based violence:** in Vietnam, SCDI arranged a learning visit to Australia to strengthen their organisational response to gender-based violence in the context of developing harm reduction programmes that would respond better to the needs of women who use drugs.

- **Addressing gender in activities and resourcing:** in Nigeria, LGBT organisation TIERs restructured their paralegal programme, which had been funded to recruit only men who have sex with men as paralegals. This reduced the number of cases reported by lesbian bisexual and queer women. TIERs took the opportunity to seek more flexible funding and restructured the programme to include 70% more women. Staff at YouthRise, a harm reduction organisation also in Nigeria, have participated in a workshop on gender transformative action, to build their capacity on gender issues and enhance advocacy for gender responsive policies. The training has led to renewed commitment within the organisation to prioritise women who use drugs and develop interventions to address harmful gender norms.
- **Mainstreaming gender:** partners have reflected and learned through the PITCH implementation period and have taken action to address the under-resourcing of gender at the outset of the project. By introducing a properly resourced gender working group, a gender transformative approach has been elevated and mainstreamed.

² Cisgender: people whose gender identity aligns with the sex they have been assigned at birth (e.g. a person who identifies as a woman, who at birth was designated female on the basis of their sex characteristics).

Dimension 2: Address internalised harmful norms and discriminatory attitudes held by individuals and communities most affected by HIV.

This dimension focuses on the empowerment of individuals and communities to know their rights. It builds individuals' voice, choice and agency to claim rights, including sexual and reproductive rights, and report abuses, including gender based violence and discrimination.

Strategies
<p>Human rights literacy</p> <p>Improve human rights literacy and awareness through targeted training and information, education and communications materials to inform people about their rights and how to claim them.</p>
<p>Peer-led safe spaces</p> <p>Provide peer-led and other safe spaces and support groups to share experiences, learn from others, and benefit from mutual support.</p>
<p>Address self-stigma</p> <p>Internalising harmful norms and discriminatory beliefs can lead to self-stigma, which impedes progress in transforming gender and other harmful social norms, and is detrimental to the wellbeing of individuals. Targeted activities to address self-stigma can lead to a transformation in self-worth and wellbeing, as well as challenging stigmatising attitudes in the wider society.</p>



PITCH in action
<p>Myanmar</p> <p>Positive Women's Network has trained 240 adolescent girls and young women and a small number of men, in eight regions across Myanmar, about sexual and reproductive health and rights and gender-based violence. Participants are now more informed about their rights and able to claim redress if their rights are violated.</p>
<p>Mozambique</p> <p>LAMBDA Mozambique has trained 15 trans women and sex workers on human rights, gender equality and citizenship. Recognising the intersecting discrimination they face, the workshop promoted individual autonomy, rights, collective solidarity and mutual support.</p>
<p>Nigeria</p> <p>WHER has led workshops looking at internal attitudes and bias for LGBT women to build awareness of gender norms, stereotypes and harmful practices. The workshops are designed to support GBT women to recognise and resist societal expectations and pressures.</p>
<p>Uganda</p> <p>In Uganda, UNYPA organises an annual beauty pageant for and by HIV positive youth to address HIV-related stigma and discrimination, including self-stigma. The King and Queen are chosen, not for their looks, but for their openness and advocacy work. Participants have greater confidence through meeting peers and becoming advocates.</p>

Dimension 3: Remove gender barriers to services.

This dimension focuses on addressing structural and institutional barriers based on harmful gender norms, expectations and stereotypes. Removing gender barriers enables individuals to access and utilise services and other goods and resources.

Strategies

Sensitise police, health workers and other service providers

Addressing harmful gender attitudes held by power-holders is critical to preventing discrimination and protecting the rights of people from key populations, who often face criminalisation and marginalisation. It also helps ensure that adolescent girls and young women can access appropriate services.

Access to legal aid

Strengthen mechanisms for reporting cases of gender-based violence, and improve access to legal aid. Providing those who have experienced discrimination or abuse with access to legal aid can ensure redress, and potentially lead to prevention of similar violations in future.

Post-violence care and support

Providing care and support to people who have experienced violence is critical to ensuring wellbeing and challenges punitive attitudes towards marginalised populations.

Participatory research

Evidence, both qualitative and quantitative, underpins effective advocacy and services to promote gender equality, change harmful gender norms and end gender-based violence. Meaningful participation of affected people in research processes produces evidence that is shaped by and responds to the lived experiences of those most affected, their priorities and solutions.

PITCH in action

Mozambique

Pathfinder has held debates and regular meetings between sex workers and the police about violence and health, including HIV. As a result, the police are now willing to charge police officers who are accused of violence against sex workers.

Kenya

HOYMAS has set up gender-based violence desks in two police stations where male sex workers support peers to report cases of abuse. Sensitisation forums on working with male sex workers were also held at the police station, engaging police, Ministry of Health officials and community leaders.

Zimbabwe

Sexual Rights Centre have set up a 'rapid response' programme, ensuring sex workers have quick access to legal representation, documenting their cases. They have used this evidence to produce a report on the high incidence of violence against sex workers to advocate with policy makers.

Indonesia

The Community Legal Service Programme has made it easier for sex workers to report cases of violence; and OPSI has trained sex workers to become paralegals, which has increased reporting rates.

Ukraine

Convictus has co-founded the only shelter in Kyiv Oblast for women who use drugs experiencing domestic or gender-based violence. The shelter welcomes women from marginalised groups and creates a safe space to access support.

Ukraine

Hope and Trust, has produced a summary of survey responses on SRHR and access to health services among women who use drugs. 75% of respondents reported experiencing violations of their rights, stigma, or discrimination from medical personnel, social workers, and national police. And 36% of respondents had experienced denial of medical aid because they use(d) drugs. They also conducted a study among women who use drugs to identify barriers to health services and harm reduction programmes, and this data has been used to inform advocacy and sensitisation activities with stakeholders.

Dimension 4: Transform social and gender norms in communities and societies.

This dimension focuses on community-wide processes to challenge and change harmful gender norms, attitudes and practices. It both creates an enabling environment for, and is accelerated by representation, visibility and movement-building of under-served groups.

Strategies

Harmful masculinity

Sensitise men and boys on gender norms and harmful masculinity. Achieving gender transformation requires working with men and boys to address harmful gender norms, beliefs and practices associated with masculinity. This can help reduce negative impacts of gender norms on men and boys themselves, and mitigate the risk of gender-based violence and gender inequality.



Engaging the media

Harnessing the media, both traditional and social, enables work to address gender norms and gender inequality to reach a wider audience, and can play an important role in shifting social attitudes and norms.



PITCH in action

Zimbabwe

ZY+ has sensitised adolescents and young men living with HIV to masculinity issues. They focused on redefining masculinity into a positive identity that does not rely on the subjugation of women. Young men were equipped to challenge oppressive gender norms in their communities by addressing prevalent attitudes and views about women and about masculinity, and discussing actions that men can take to promote mutual respect and equality. It has educated young men about how to use masculinity as a force for good, promoting gender equality, eliminating stereotypes, and fighting gender-based violence.

Nigeria

Education as Vaccine, EVA, in Nigeria has run a concerted social media campaign to raise awareness on sexual and gender-based violence affecting adolescent girls and young women. Using survivor stories, the campaign has brought attention to the prevalence and impact of gender-based violence. The campaign has also promoted a new Sexual Harassment Bill and called on decision-makers to strengthen laws and policies on sexual and gender-based violence.

Myanmar

Alliance Myanmar created a social media campaign as part of the 16 Days of Activism Against Gender-Based Violence in 2019, sharing the stories of women who use drugs and highlighting the links between HIV and gender-based violence. These messages were also shared in a World AIDS Day event where the Alliance Myanmar held a talk show with film directors, reaching the general public and political stakeholders.

Ukraine

Convictus has worked with the Museum of Women's and Gender History in Kharkiv, to run a "Know Your Rights" training for women who use drugs. The museum now disseminates information about women who use drugs, particularly issues of stigma and discrimination, and has proposed further activities including an installation about 'invisible women' to increase the visibility of this community to the general public.

Strategies

Peer education

Peer-led interventions are often an effective strategy to reach out to marginalised groups and transform norms from within.



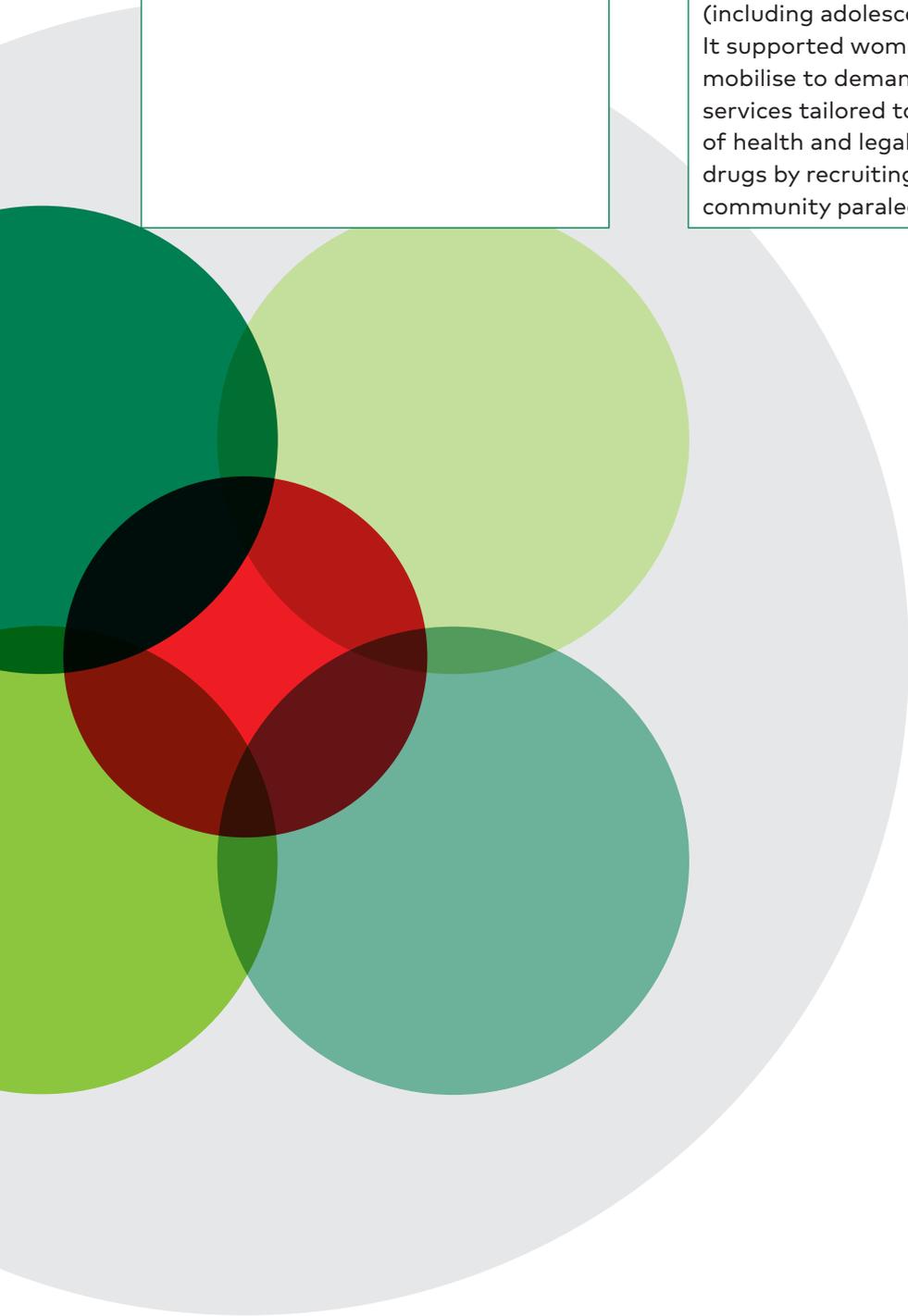
PITCH in action

Kenya

In Kenya, HOYMAS has worked with peer educators to address gender norms and gender-based violence through online engagement, and to deliver educational materials on personal safety and security of men who have sex with men.

Uganda

UHRN in Kampala, Uganda used a participatory photography training, 'Photovoice', and peer approaches to strengthen the rights of women who use drugs (including adolescent girls and young women). It supported women who use drugs to collectively mobilise to demand SRHR, HIV and harm reduction services tailored to their needs. They increased take up of health and legal services among women who use drugs by recruiting some as peer educators and community paralegals.



Dimension 5: Advocate to change and reform laws, policies and resource allocations to achieve gender equality

This dimension focuses on building and supporting collective power and leadership to advocate for the redistribution of gendered power through laws, policies and resource allocations.

Strategies

Young women's leadership

Young women are disproportionately impacted by HIV, but are often excluded from decision-making spaces and lack opportunities to be heard. Supporting the leadership of young women is a core element of gender transformative approaches, overturning gender norms and ensuring that young women can participate in the decisions that affect their lives.

Community and key population-led advocacy

Laws, policies and resource allocation can negatively impact on key populations and communities. Advocacy to ensure that gender equality is promoted through these formal mechanisms is a critical part of gender transformation, and is most effective when led by those who are best-placed to understand the impact of negative laws, policies and resource allocations and to determine what improvements are needed.

Community data collection and monitoring

There is often a lack of data on key populations and sensitive issues, such as gender-based violence. Gathering information through community monitoring is an important strategy to provide valuable evidence for advocacy.



PITCH in action

Uganda

ICWEA, with UNYPA and AWAC, have started implementing a programme to hold the government of Uganda to account in developing and implementing laws, policies and programmes to promote gender equality and end gender-based violence, and uphold the SRHR of marginalised women and girls. The programme works through women's movement building, and has trained 161 women and girls in leadership, including adolescent girls and young women living with HIV.

Indonesia

In Indonesia, in 2017 the Ministry of Health issued a new policy on minimum service standards in health services that excluded sex workers and LGBT people. OPSI successfully advocated to ensure their inclusion.

Uganda

In Uganda, ICWEA led a PITCH coalition campaign to reverse the decision to prevent women of reproductive age from accessing the antiretroviral medication Dolutegravir, unless they are using long-acting contraceptives. This decision removed informed choice, agency, and bodily autonomy from women. As a result, Uganda's consolidated treatment guidelines have been revised, allowing all women living with HIV to make an informed choice to access Dolutegravir, if they are using a reliable contraceptive method.

Kenya

In Kenya, LVCT Health runs a toll-free hotline for women to report cases of violence. They use the information gathered to engage different counties in addressing violence against adolescent girls and young women.

In summary

The PITCH experience demonstrates that taking a gender transformative approach leads to more effective and inclusive HIV programming with better outcomes for people of all genders. It involves working to transform harmful gender norms, prevent gender-based violence, and promote gender equality. Starting by critically reflecting on how gender norms and inequalities influence our own workplaces and interventions creates opportunities to diversify work environments, mainstream gender in activities and increase capacity to implement gender transformative approaches in our programmes.

Implementing these five dimensions of gender transformation will gradually shift social norms and power relations, while recognising that key populations most affected by HIV are impacted by intersectional vulnerabilities, harmful norms and discrimination. A gender transformative approach can promote the voice, choice and agency of people and communities most affected by HIV and gender inequality, and strengthen representation, visibility and movement-building. Adopting strategies to make changes at all levels - from individual to society - and in both informal and formal spaces, will work towards bringing gender transformation closer, and in turn create a fairer, more effective and impactful HIV response.



Organisations by country

Indonesia	OPSI, www.opsi-network.org , Organisasi Perubahan Sosial Indonesia (sex workers)
Kenya	HOYMAS, Health Options for Young Men on HIV/AIDS/STI (male sex workers, men who have sex with men) LVCT Health, www.lvcthealth.org/ (people living with HIV) MAAYGO, Men Against Aids YOUTH Group, www.maaygo.org/ (men who have sex with men, male sex workers)
Myanmar	MPWN, Myanmar Positive Women's Network Alliance Myanmar (people living with HIV)
Mozambique	LAMBDA – Mozambique Association for Sexual Minority Rights (LGBT) Pathfinder International, www.pathfinder.org/countries/mozambique/ (people living with HIV)
Nigeria	TIERs, www.theinitiativeforequalrights.org/ The Initiative for Equal Rights (LGBT) YouthRise, www.youthriseng.org/ (Harm reduction, people who use drugs) WHER, www.whernigeria.org/ , Womens Health and Equal Rights Initiative (LGBT) EVA, www.evanigeria.org/ , Education as a Vaccine against AIDS (adolescent girls and young women)
Uganda	UNYPA, www.unypa.org/ , Uganda's Network of Young People living with HIV UHRN, www.ugandaharmreduction.org/ , Uganda Harm Reduction Network (people who use drugs) ICWEA, www.icwea.org/nodes/uganda/ International Community of Women living with HIV Eastern Africa (women living with HIV) AWAC, www.awacuganda.wordpress.com/ , Alliance of Women Advocating for Change (sex workers) HRAPF, www.hrapf.org/ , Human Rights Awareness and Promotion Forum (people who use drugs)
Ukraine	Convictus, www.convictus.org.ua/en/ (people who use drugs) Hope and Trust, www.hopeandtrust.org.ua/en/ (women who use drugs)
Vietnam	SCDI, www.scdi.org.vn/en/ , Supporting Community Development Initiatives (people who use drugs, sex workers, people living with HIV, adolescent girls and young women)
Zimbabwe	SRC, www.sexualrightcentre.org/ Sexual Rights Centre, Sex Workers, LGBT ZY+, www.zimbabweyoungpositives.org/ Zimbabwe Young Positives (young people living with HIV)



PITCH Partnership to Inspire, Transform
and Connect the HIV response

