

# EFFECTIVE APPROACHES TO ADDRESSING THE INTERSECTION OF VIOLENCE AGAINST WOMEN AND HIV/AIDS:

**FINDINGS FROM PROGRAMMES SUPPORTED BY THE  
UN TRUST FUND TO END VIOLENCE AGAINST WOMEN**

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses, income, and any other financial activities.

The second part of the document provides a detailed breakdown of the accounting process. It starts with the identification of the accounting period, followed by the collection and classification of data. The next steps involve the recording of transactions in the journal, the posting of these transactions to the ledger, and the preparation of financial statements.

The third part of the document focuses on the analysis and interpretation of the financial statements. It explains how to use the balance sheet, income statement, and cash flow statement to assess the financial health of the organization. It also discusses the importance of comparing the current period's performance with the previous period and with industry benchmarks.

The fourth part of the document addresses the role of the accountant in the organization. It highlights the need for the accountant to be not only a technical expert but also a strategic advisor. This involves understanding the business operations and providing insights that can help management make better decisions.

The fifth part of the document discusses the challenges of accounting in a dynamic business environment. It notes that changes in tax laws, accounting standards, and technology can all impact the accounting process. Accountants must stay up-to-date on these changes and be flexible in their approach.

The sixth part of the document provides a summary of the key points discussed in the document. It reiterates the importance of accuracy, transparency, and strategic thinking in accounting. It also offers some final thoughts on the future of the profession.

# INTRODUCTION

The twin pandemics of violence against women (VAW) and HIV/AIDS are each rooted in gender discrimination, women's subordination, disregard for women's human rights, and the power imbalances between women and men that exist in societies all over the world. Violence against women and HIV/AIDS are also inextricably intertwined and mutually reinforcing in the lives of millions of women and girls: women who are subject to violence are more likely to contract HIV than other women, and women who are HIV-positive face a heightened risk of violence.<sup>1</sup> Yet typically these issues are addressed separately at the programme and policy levels rather than in the interconnected way that affected women actually experience them in their daily lives.

In 2005, the UN Trust Fund to End Violence against Women, with support from Johnson & Johnson, opened a special funding window for the 2005-2008 programming period to address the intersection of violence against women and HIV/AIDS. Through this funding window, the UN Trust Fund made grants to a unique cohort of grantees in Asia, Africa, Latin America, and the Caribbean to support programmes aimed at reducing violence against women and its consequent risks for HIV/AIDS as well as to reduce the violence, stigma, and discrimination that women living with HIV/AIDS face.

This programme cohort was designed as a learning initiative, created with the express purpose of building the evidence base on how violence and HIV interact in the lives of women and how these issues can be effectively addressed in tandem. Though awareness of the complex relationship between violence and HIV was starting to grow when the UN Trust Fund first developed this idea in 2005, data was very scarce, and little programming had been done. At best, a project focusing chiefly on either violence or HIV might add on a component that addressed the other. As a result, little was known about either how the violence-HIV link affected different groups of women and girls or which approaches might be effective in addressing these issues holistically. The aim of the learning initiative was thus to support deliberate, concerted efforts to learn about the lived reality of women affected by violence and HIV and to assess if and how addressing these twin pandemics together might yield better results. Priority was placed on methodically documenting the cohort

experience with a view to building the evidence base, informing programming, and promoting replication and up-scaling.

The purpose of this paper is to present the findings of this initiative, in particular to explore the context in which cohort projects sought to implement integrated HIV/violence programming, to highlight promising approaches, and to make recommendations for future programming in this area.

The experience of projects in the cohort highlighted stigma, discrimination, and restrictive and inequitable norms around gender as key factors underlying women's heightened risk to both violence and HIV/AIDS. The projects generated knowledge on what works in changing attitudes, norms, and behaviors and improving service delivery. Overall, the cohort experience:

- Confirmed that the twin pandemics of HIV and violence against women are inextricably linked and require a holistic response;
- Contributed to the evidence base on what works in providing that holistic response; and
- Clearly demonstrated that progress is possible.

But just as the experience of the learning initiative programme shed light on approaches that foster attitudinal and behavioral change and identified successful models for service provision, so too did it shine a spotlight on the difficulties faced by even the best programmes when they are embedded in a social context that accepts violence against women as normal or natural. *Ending* rather than *mitigating* or *ameliorating* the dual blights of HIV and violence against women—which must be our aim—requires significant change in societies and societal institutions around the world. These changes must center on the empowerment of women and girls, the transformation of social norms around what it means to be a man, an end to tacit and explicit acceptance of violence against women, and a start to real accountability. In short, violence against women and girls must become socially as well as legally unacceptable for the impact of discrete projects, programmes, and

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**CHANGES MUST CENTER ON THE EMPOWERMENT OF WOMEN AND GIRLS, AND THE TRANSFORMATION OF SOCIAL NORMS AROUND WHAT IT MEANS TO BE A MAN.**

policies to find lasting purchase and be sustained over the long term.

### **ABOUT THE UN TRUST FUND AND THE LEARNING INITIATIVE**

The UN Trust Fund is a global multilateral grant-making mechanism that supports national and local efforts to end violence against women and girls. Since 1996, the UN Trust Fund has worked to create a just world where women and girls are safe and free, able to lead rewarding lives of dignity and equality. UN Women, the United Nations organization dedicated to gender equality and women's empowerment, manages the UN Trust Fund on behalf of the United Nations system.

The UN Trust Fund is concerned with both primary prevention—keeping violence from happening in the first place by transforming social norms, empowering women and girls at risk of violence, and supporting implementation of anti-violence laws and policies—and with expanding access to services for women and girls who are violence survivors. The projects that comprised this special programme cohort addressed both primary prevention and service provision.

This cohort, which was both conceived of and managed as a cutting-edge learning initiative (see Box 1: The Programme Cohort), included a wide range of organizations and types of interventions:

- Three projects aimed to understand and influence knowledge, attitudes, and behaviors that fuel the twin pandemics and hinder survivor access to services. They focused primarily on improving the situation of women living with HIV/AIDS and violence through empowerment and public education efforts, including media-based campaigns.
- Three set out to improve the quality of medical, legal, psychosocial, and other support services available to HIV/AIDS and VAW survivors and reduce the barriers to such services. They focused primarily on improving the capacity of health and legal service providers

to be able to respond meaningfully to the needs of women living with HIV/AIDS and VAW.

- One was an action research project that looked at the grave issue of child sexual abuse, in particular as it relates to the heightened risk adolescent girls face for HIV; in 2002 alone, an estimated 150 million girls under 18 suffered some form of sexual violence.<sup>2</sup>

In addition to funding, cohort grantees received technical assistance from the UN Trust Fund and from experts at PATH, a leading international nonprofit organization that specializes in global health. This technical assistance was directed at developing baseline studies, selecting indicators, building capacity for qualitative research, and developing monitoring and evaluation plans.

Baseline studies as well as monitoring and evaluation efforts pointed to some of the challenges confronting organizations seeking to address the intersection of violence and HIV—challenges related to deep-seated gender discrimination and widespread violations of women's human rights, tacit or even outright acceptance of violence, capacity gaps and poor understanding among service providers, and inadequate or poorly implemented laws and policies. The cohort experience suggests ways to address these challenges.

The section that follows explores the link between violence against women and HIV. Part 2 describes the findings of baseline studies with regard to the context in which cohort programmes sought to address the twin pandemics, Part 3 highlights promising approaches, and Part 4 makes concrete recommendations to different actors based on the cohort experience.

## **AN END TO TACIT AND EXPLICIT ACCEPTANCE OF VIOLENCE AGAINST WOMEN, AND A START TO REAL ACCOUNTABILITY.**

## BOX I: THE PROGRAMME COHORT

COUNTRY, ORGANIZATION, AND PROJECT TITLE	PROJECT GOAL AND DESCRIPTION
<i>Changing knowledge, attitudes, and practices</i>	
<p><b>INDIA: Breakthrough</b>            “At the Intersection of Gender-Based Violence – Empowering Women Against HIV/AIDS, and the Stigma and Discrimination Resulting from Infection”</p>	<p>To reduce domestic violence, stigma, and discrimination faced by HIV-positive women. Key strategies included multimedia campaigns integrated with grassroots community mobilization efforts that emphasized women’s right to negotiate safer sex, women’s right to residence, the recently enacted domestic violence law, access to services, and community dialogue.</p>
<p><b>NEPAL: Equal Access</b>            “A grassroots call to action to end stigma and discrimination on Violence against Women and HIV/AIDS using the voices of affected women”            (VOICES)</p>	<p>To increase awareness and knowledge about the link between VAW and HIV/AIDS and available services as well as to promote collective action. Key activities included radio show production and broadcasting, reporter training, and the creation and dissemination of advocacy materials.</p>
<p><b>THAILAND: The Raks Thai Foundation</b>            SHAW Project, “Support for HIV-Affected women from Sexual Violence”</p>	<p>To prevent or mitigate violence against women living with HIV/AIDS (WLWHA). Key strategies included curriculum development, peer education and community outreach, and the formation of networks at the district and provincial levels to advocate for systematic national changes.</p>
<i>Improving services</i>	
<p><b>BOTSWANA: Women’s Affairs Department</b>            “Reducing the Twin Pandemics of Violence against Women and HIV/AIDS”</p>	<p>To help service providers and local authorities establish an integrated referral system for VAW and HIV/AIDS services. Key strategies included capacity-building for service providers, community conversations to raise awareness about the link between VAW and HIV, and the establishment of anti-VAW gender committees comprised of representatives from the health and legal sectors.</p>
<p><b>DOMINICAN REPUBLIC: Colectiva Mujer y Salud (The Collective for Women and Health)</b>            “Reducing the Risk and Vulnerability of Women to HIV/AIDS and Violence on the Dominican-Haitian Border”</p>	<p>To reduce women’s risk of VAW and HIV on the border between the Dominican Republic and Haiti by developing a network of health and legal service providers trained to provide integrated services. Strategies included capacity-building for service providers, public education to raise awareness and mobilize public opinion and action, and advocacy efforts to strengthen the legal and policy frameworks around VAW and HIV.</p>
<p><b>NIGERIA: The Civil Resource Development and Documentation Center</b>            “Bridges to End Gender Based Violence as Strategy for HIV/AIDS Prevention and Stigma Reduction”</p>	<p>To build the capacities of women living with HIV/AIDS as well as health and legal aid providers to use legislation to reduce discrimination and stigma. Key strategies included capacity-building, advocacy through state-level groups, networks and institutions, action research, and documentation and publication of how-to guides, fact sheets, etc.</p>
<i>Building the knowledge base through research</i>	
<p><b>TRINIDAD AND TOBAGO: The Institute for Gender and Development Studies</b>            “Breaking the Silence: Child Sexual Abuse and HIV Infection”</p>	<p>To use action-oriented research to break the silence on child sexual abuse and to empower children, parents, communities, and policy-makers with knowledge on child protection and women’s rights. A key strategy was building partnerships among researchers, NGOs, women’s networks, rape crisis centers, and policy-makers.</p>

# PART I. VIOLENCE AGAINST WOMEN AND HIV: INTERTWINED IN WOMEN'S LIVES

According to the UN Special Rapporteur on Violence against Women, HIV-positive women are nearly three times as likely as HIV-negative women to have experienced a violent episode at the hands of their partner. This rate is even higher for young HIV-positive women; they are ten times as likely as their non-infected peers to have experienced intimate partner violence.<sup>3</sup> Are these women HIV-positive because of the violence they experienced, or do they experience violence because of their HIV status? The answer differs from woman to woman, but research suggests that, on the whole, the causality works both ways.

## VIOLENCE AGAINST WOMEN FOSTERS THE SPREAD OF HIV

The connection between sexual violence and HIV risk is relatively straightforward: a woman raped by an HIV-positive man faces a heightened risk of contracting the virus. Women have a greater biological vulnerability to HIV than men do from even consensual heterosexual encounters;<sup>4</sup> when forced sex leads to genital lacerations and other injuries, disease transmission becomes still more likely. Girls and adolescents are more biologically vulnerable to HIV than adult women due to differences in the reproductive tract that increase the likelihood of genital trauma.<sup>5</sup>

**THE ABILITY TO NEGOTIATE SAFER SEX IS CRITICAL TO WOMEN'S ABILITY TO EXERCISE THEIR SEXUAL AND REPRODUCTIVE RIGHTS AND IS OF CRUCIAL IMPORTANCE FOR THE PREVENTION OF HIV/AIDS.**

In addition, and less intuitively, other forms of violence also foster the spread of HIV—for example, when a woman's ongoing experience of intimate partner violence is sufficiently intimidating to make it difficult or impossible for her to negotiate safer sex with her partner. The ability to negotiate safer sex is critical to women's ability to exercise their sexual and reproductive rights and is of crucial importance for the prevention of HIV/AIDS, especially when a woman's partner has multiple sexual relationships, pays for sex, or has sex with men. Intimidating violence includes physical and sexual violence, but also encompasses economic, social, and psychological or emotional violence, such as verbal abuse, keeping a woman from her children, excluding her from community life, forcing her from her home, or depriving her of economic resources. Both the occurrence of an act of violence (rape being the most obvious one)

and the threat of violence (and resulting climate of fear and disempowerment) heighten women's risk of contracting HIV.

Baseline findings for the UN Trust Fund programme cohort revealed that service providers and community members often understood the link between sexual violence and biological HIV transmission, but not the range of nuanced, complex factors and norms that underlie women's increased vulnerability to violence and HIV. For instance, forced sex within a marriage was often not viewed as rape. Factors that increase a woman's risk of violence and HIV were not well understood; adolescents married to older men, girls and women from marginalized groups, girls and teens living without their parents, and disabled girls and women, for instance, all face a heightened risk of violence and thus of contracting HIV. Understanding these nuances is critical to crafting effective responses.

Research shows that:

- Women whose partners are violent or controlling face a heightened risk of HIV. Researchers who undertook a study of more than 1,300 women in Soweto, South Africa found that abusive men are more likely than other men to impose risky sexual behaviors, such as unprotected intercourse, on their partners.<sup>6</sup>
- Women who were victims of sexual abuse as girls face a heightened risk of contracting HIV, as they are more likely to experience early sexual debut and be in an abusive relationship as an adult.<sup>7</sup>
- During conflict situations, women and girls face an elevated risk of sexual and physical violence of all sorts, including rape, sexual slavery, and forced marriages, to name just a few, tremendously increasing their risk of contracting HIV/AIDS.<sup>8</sup> Combatants often have high HIV prevalence rates and, as a result, so do women and children associated with armed forces. In Rwanda, HIV prevalence in rural areas increased from 1 percent in 1994, when the conflict began, to 11 percent in 1997. One study found 17 percent of genocide survivors to be HIV positive, another found that two in three Rwandan rape survivors were HIV positive.<sup>9</sup>
- In addition to the risks posed by forced sex, the socioeconomic upheaval and dislocation that accompanies conflict creates situations where girls and women are more likely to engage in "survival sex"—in which sex is exchanged for necessities like

food or protection—simply to keep themselves and their families alive.

### **HIV-POSITIVE STATUS MAKES WOMEN MORE VULNERABLE TO VIOLENCE**

Cohort baseline studies as well as scholarly research show that HIV-positive women are at a heightened risk of multiple forms of violence, among them battering, being cast out of the home, being deprived of medication or income, and being ostracized and kept from their children. Knowing that violence, stigma, and social exclusion potentially await them from not only family and community members but also from the very service providers whose job it is to help them, some (though by no means all) women are reluctant to share, or even learn for themselves, their HIV status. Women who experience violence from their partners would certainly have reason to fear further violence following a disclosure that they are HIV-positive. This phenomenon keeps women from benefiting from medical treatments that would prolong their lives and fuels the spread of the virus through mother-to-child transmission as well as sexual contact. Women sometimes also fear violence at the hands of the state in the form of criminalization of HIV transmission; legislation that attempts to curb HIV transmission by criminalizing it fuels further fear among women, counterproductively making them less rather than more likely to get tested. Laws drafted broadly enough to include transmission during pregnancy and breastfeeding, intended or not, make pregnancy a criminal offence for HIV-positive women. The criminalization of HIV transmission therefore has far-reaching legal and social effects for women, and further increases the stigma and violence they face.

### **THE CRIMINALIZATION OF HIV TRANSMISSION HAS FAR-REACHING LEGAL AND SOCIAL EFFECTS FOR WOMEN, AND FURTHER INCREASES THE STIGMA AND VIOLENCE THEY FACE.**

### **HIV STATUS DISCLOSURE TO SEXUAL PARTNERS HAS A NUMBER OF POTENTIAL RISKS FOR THE INDIVIDUAL, INCLUDING LOSS OF ECONOMIC SUPPORT, BLAME, ABANDONMENT, PHYSICAL AND EMOTIONAL ABUSE, DISCRIMINATION, AND DISRUPTION OF FAMILY RELATIONSHIPS.**

A review of forty studies on HIV status disclosure<sup>10</sup> showed that in both developed and developing countries, the majority of women who reveal their

HIV status met with a positive response—kindness, understanding, acceptance, and increased support—from the people in their lives. However, for a large number of women, fear of violence is well-founded: five of the twelve studies that were conducted in the developing world reported violence as an outcome of status disclosure, with a range of 3.5 percent to 23 percent of respondents reporting violence. Researchers noted that “HIV status disclosure to sexual partners has a number of potential risks for the individual, including loss of economic support, blame, abandonment, physical and emotional abuse, discrimination, and disruption of family relationships.”<sup>11</sup> Women were at particular risk of violence when they were HIV-positive and their partners were not.

# PART 2. THE CONTEXT FOR ADDRESSING VIOLENCE AGAINST WOMEN AND HIV

The seven baseline studies undertaken as part of the learning initiative revealed a great deal about the challenging context in which those working in the fields of violence against women and HIV/AIDS must operate. The following areas are particularly consequential.

## **ENTRENCHED GENDER INEQUALITY AND WIDESPREAD ACCEPTANCE OF VIOLENCE AT ALL LEVELS**

The baseline studies underscored what other research has also found, namely that both violence against women and HIV transmission typically stem from the same cause: gender inequality and the subordination of women. Attempts to address these issues individually or together thus come up against similar barriers related to beliefs, attitudes, knowledge, and social norms. The UN Special Rapporteur writes:

Programmes aimed at the prevention and treatment of HIV/AIDS cannot succeed without challenging the structures of unequal power relations between women and men...The multiple ways in which violence against women and HIV intersect increase the risk of HIV infection among women, their differential treatment once they are infected and their stigmatization, which in turn triggers further violence. Recognizing the importance of gender inequality and its manifestations, particularly for young women, and women from minority, indigenous and other marginalized groups, is critical to stemming the spread of the disease. Multiple layers of subordination that increase women's exposure to violence, limit their sexual and reproductive rights, increase stigmatization and discrimination and constrain their access to medical care, as well as feminized poverty, are all causes and consequences of HIV.<sup>12</sup>

For service providers, a chief barrier to addressing the intersection of violence against women and HIV is that efforts to do so take place in an overall social context in which violence against women is tacitly or explicitly accepted. Service providers themselves are, after all, members of communities; they may well

share the social norms, attitudes, and beliefs of the survivors and perpetrators of violence. One-off trainings for service providers, be they teachers, doctors, or police officers, have limited impact when the institutions in which these professionals are embedded actually reinforce and reproduce discriminatory attitudes, when the media images they receive typically show women in subordinate positions, and when the communities to which they return home at night view violence against women as normal. One health worker who had undergone training as part of the Colectiva Mujer y Salud project had this to say about the results of a sensitization training: "As far as the staff is concerned, we are now much more sensitive. I used to say, "if she was done over, she must have deserved it. It's terrible, I know, but I said it. Now I am more aware and identify with these people who have suffered. Now I say, nothing justifies a woman being treated this way."<sup>13</sup>

At the community level, women's disempowerment and attitudes and social norms about gender roles, including harmful ideas about what it means to be a man (such as having many sexual partners and resolving conflicts through violence), create a climate ripe for the spread of HIV/AIDS as well as for violence against women. Widespread acceptance of and impunity for violence against women, including intimate partner violence and harmful practices like female genital mutilation, fosters the spread of the twin epidemics. Stigma, shame, and discrimination often keep survivors of both violence and HIV from seeking services, and those who do seek services often find them to be nonexistent or of poor quality. A lack of awareness about women's human rights and absence of legal protections both contributes to a culture of impunity and makes it less likely that women will seek the services available to them, or, when they are absent, to demand them as their right.

## **LACK OF AWARENESS IN SOCIETY AT LARGE AND AMONG SERVICE PROVIDERS OF THE LINKS BETWEEN VIOLENCE AND HIV AND THE MANIFESTATION OF THOSE LINKS**

Baseline surveys and formative analysis done in the context of the learning cohort projects highlighted significant differences from place to place in terms of what people understood violence against women to include. There was also great variation in people's awareness of the ways in which these other forms of

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violence increased HIV vulnerability as well as agreement around the responsibility of service providers and the community to end impunity around these forms of violence. Qualitative assessment tools in particular highlighted the role of tradition in perpetuating myths and stereotypes that impacted a community's response to domestic violence.

Baseline studies also identified specific forms of VAW experienced by HIV-positive women related to their status, including stigmatization in the community and by service providers, exclusion from activities, being fired from their jobs, blamed for bringing HIV into the home, and interference with anti-retroviral (ARV) treatments. Many of these forms of violence were unique to the area in question, and their nature or extent were not well understood by service providers or project planners prior to the baseline study. For example, Thai women faced "hidden" forms of violence linked to their HIV status, including exclusion from community activities and forced abortions. In India and Nepal, significant contradictions were found between public affirmation of HIV-positive women's rights and discriminatory attitudes towards HIV-positive women in practice; in both countries, majorities support women's legal rights, but in Nepal, people blame HIV-positive women for their status, while in India, women asserting their rights are accused of shaming their families. In Nigeria, formative research revealed regional differences in perceptions of discrimination against HIV-positive women by health providers. In Botswana, intimate partners were found to interfere with or hide ARVs as a form of violence.

### **WEAK CAPACITY FOR HOLISTIC SERVICE PROVISION**

Service providers in developing countries are typically overstretched, underfunded, and inadequately supported by government institutions and legal and policy frameworks. Baseline studies showed that these problems are particularly acute for service providers addressing the needs of those who are survivors of both violence and HIV.

Added to general capacity issues that face low-income countries across a range of sectors are the unique challenges that face those seeking to provide services in a holistic way. One challenge is that professionals from different sectors have differing

priorities and levels of understanding. Advocates and service providers focused on violence against women may perceive HIV/AIDS to be a medical issue outside their area of expertise; likewise, HIV/AIDS educators, advocates, and service providers, often coming from a medical tradition, may be reluctant to take on violence against women, which they may view as too political (in the sense of it being perceived as a feminist issue) or "cultural" for them to tackle.<sup>14</sup> Equally problematic is when either VAW or HIV experts and practitioners fail to understand the nuance and complexity of the relationship between HIV and violence. A recent evidence overview commissioned by the UK Department for International Development noted that "...regrettably, the recent influx of HIV-related funding into the violence field has led to a rapid expansion of programming aimed at changing norms, implemented by organizations with little experience in gender or violence. The result, according to some of the experts consulted, has been a proliferation of one-off, poorly implemented events, especially in Africa."<sup>15</sup> Thus these two complex issues are sometimes perceived as too difficult to address holistically by the very people best placed to do so, whereas other times, programmes are implemented without sufficient understanding.

In addition, lack of coordination mechanisms, budgets for cross-disciplinary work, and incentives for working together makes it difficult even for motivated groups and individuals from the HIV and violence communities to collaborate. Even within the HIV/AIDS and violence against women fields, service providers are more likely to focus on a single approach rather than integrated approaches, making taking on integrated anti-violence-and-HIV efforts seem daunting. In the UN Trust Fund programme cohort, most groups initially struggled with this aspect of programme implementation. For example, some had only worked with HIV-positive women to reduce violence, but not with HIV-negative women to prevent violence and

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**– Health worker in Dominican Republic**

HIV infection. This challenge was gradually overcome through the continuous monitoring that was an integral part of programme implementation.

At the institutional level, a large gap separates the rhetoric around taking a multi-sectoral approach to

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violence against women and HIV and what actually happens on the ground. For years, decision-makers have advocated addressing violence against women in a multi-sectoral way, yet the difficulties faced in addressing violence and HIV together show how little progress has actually been made. Too often what happens in practice

is that rather than earmarking resources from line ministry budgets to create change through investment in capacity building and the establishment of systems and accountability mechanisms, as one might if one were constructing a road or establishing a new agriculture extension service, individuals and programmes in a variety of sectors are expected to address the issue, in essence, in their spare time on a shoestring budget. Just as often occurs with gender mainstreaming, the people willing to do this anti-violence volunteer work are over-stretched senior women who are personally committed to the issue or equally committed junior female staff who lack organizational power. To work, multi-sectoral approaches must be accompanied by actual budget allocations not just in the sectors themselves but also for coordination and cross-sector work. Without funds to

coordinate, incentives for working together, and leadership from the top, it is difficult for the medical, legal, and law enforcement establishments to come together as they should to address the intersection of HIV and violence.

## **SUSTAINABILITY**

Sustainability is a challenge for interventions seeking to address the intersections between VAW and HIV/AIDS, as it is for many interventions aimed at broad scale transformation of social and gender norms that underlie women's vulnerability. Programmes focusing on influencing stigmatizing attitudes – at the service provider as well as the larger community level – are up against the challenge of galvanizing long term change in deeply rooted norms and behaviors. Those aimed at strengthening capacity face the issue of translating the knowledge and skills beyond one-off trainings. Success is often tied to a particularly charismatic or effective trainer or project leader, or to an unsustainable level of financial resources from a specific donor. When that leader moves on, or special funding dries up, project gains erode.

## PART 3. PATHWAYS TO CHANGE

Women survivors of both violence and HIV have specific, often urgent need for medicines and medical care, economic assistance, protection, psychosocial support, care for their children, and more; having these needs met is their human right, and doing so is the responsibility of their government and the international community as a whole. In addition, these women survivors have longer-term needs for empowerment, participation in decision-making, freedom and agency, legal protections and more—all the ingredients for them to live freely chosen lives of value and dignity. But at a more basic level, what many survivors want can be summed up in these words from a participant in the SHAW project in Thailand: “I just want an average life like others; it doesn’t matter if I’m HIV-positive or negative.” Meeting both the immediate and strategic needs survivors face is necessary for women’s short and long-term well-being and freedom, and research has shown that “...the strongest synergy is often achieved by intervening on multiple levels simultaneously, using coordinated strategies that are mutually reinforcing.”<sup>16</sup> An example of this is when media campaigns run in tandem with community-based outreach and service provision efforts, as was done in the Breakthrough project in India and the Colectiva Mujer y Salud project in the Dominican Republic.

Evidence from the UN Trust Fund programme cohort suggests that the following approaches offer the greatest promise for overcoming the challenges identified in Part 2 to address the intersection of HIV/AIDS and violence against women effectively.

### SUPPORTING LONG-TERM SOCIAL CHANGE

Entrenched gender inequality and widespread acceptance of violence at all levels was the reality all of the organizations in the cohort encountered in the implementation of their programmes. Their experience as well as evidence from other programmes<sup>17</sup> shows overwhelmingly that programmatic gains cannot be sustained if the overall societal context undermines policy and programming; “long-term interventions that address structural factors, gender inequalities and harmful gender norms are essential if one is to reduce VAW and HIV.”<sup>18</sup> The majority of projects identified deep seated stigma and discrimination against both HIV-positive women and violence survivors in the community and among service providers

as among the most salient factors contributing to women’s vulnerability to HIV/AIDS and violence and preventing them from accessing services. Violence against women and HIV/AIDS and the underlying factors that perpetuate women’s vulnerability cannot be effectively addressed in a vacuum. The cohort programmes emphasized protecting and promoting women’s human rights as well as promoting women’s social and economic empowerment as a critical programmatic nexus between HIV/AIDS and VAW.

Equally important is advocacy promoting the implementation of laws and policies that empower women, and challenge the norms that foster vulnerability. Projects in the cohort emphasized a rights based approach in their efforts to tackle violence and HIV, and preliminary evidence suggests that this strategy is effective.

- For example, The Civil Resource Development and Documentation Center project in Nigeria empowered HIV-positive women not only to report cases of violence but also to follow through on those cases with the police, health care workers, and legal aid providers. Women who participated in the training are now conducting their own advocacy activities in the community, holding local authorities and service providers accountable, and inspiring other women to come forward. HIV-positive women learned about their rights to access health care and other support services, and service providers changed their attitudes to provide those services better.
- Outreach conducted by Breakthrough raised awareness around rights enshrined in the 2005 Protection of Women from Domestic Violence Act, sensitized community members to factors contributing to violence and HIV/AIDS, and strengthened women’s confidence in articulating and claiming rights and negotiating safer sex practices with their partners. Breakthrough’s efforts resulted in greater numbers of women accessing their rights to inheritance and property, and increased action in response to domestic violence. Prevention efforts should also address gender norms, stigma and discrimination, and

**“I JUST WANT AN AVERAGE LIFE LIKE OTHERS; IT DOESN’T MATTER IF I’M HIV-POSITIVE OR NEGATIVE.”**

**– Participant in the SHAW project**

**THE STRONGEST SYNERGY IS OFTEN ACHIEVED BY INTERVENING ON MULTIPLE LEVELS SIMULTANEOUSLY, USING COORDINATED STRATEGIES THAT ARE MUTUALLY REINFORCING.**

## BOX 2: MEDIA CAMPAIGNS MAKE COMMUNITY-BASED OUTREACH MORE EFFECTIVE

Combining television and radio campaigns with community-based outreach efforts increases community awareness, decreases stigma, and galvanizes action, the cohort experience shows. The synergy between wide-ranging media campaigns and locally targeted outreach efforts has proven to be most successful in raising awareness around factors that increase women's vulnerability to HIV and violence and stimulating transformation at the community level.

In Nepal, Equal Access linked a radio program aimed at bringing marginalized women's voices to the fore with outreach activities conducted by peer educators. VOICES highlighted the day-to-day challenges and realities for women living with HIV and violence, illuminating the intersection between the two in a way that listeners could easily relate to. The radio offered a forum for women to share their experiences, using their own stories to inspire change. Linking to outreach efforts offered community members the opportunity to act on what they heard.

Sharda Devi Poudel, a woman of 43, recounted how her husband used to force her to have sex. "He never asked me whether I wanted it or not, everything happened per his wish and desire." Though she didn't like this, she never thought of opposing her husband. "Earlier I didn't

know that I also have a right to talk about sex and express my desire, but I always thought it is my husband's right to have sex with me any time he wants." While listening to the radio and discussing with her listening group, she identified this as violence from her husband. She also came to understand how violence against women increases women's risk of HIV. Her husband also began listening to the program – and she has noticed changes in his behavior.

Although the program stopped broadcasting in May 2010, it continues to be an important model for communications programmes around the world and was the winner of the "Special Award" at the One World Media Awards In June 2010. VOICES showed that radio media and outreach is a cost-effective way to reach women and men with sensitive messages that go right to the heart of the family unit. The Community Reporters, many living with HIV and/or VAW, are integral to this model - their involvement led the way for others to come forward and share their stories. Reporters became change-makers in their communities and VOICES created an open forum for targeted audiences to share their views, experiences and stories.

unequal power relations that heighten women's vulnerability to violence and HIV infection. For example, Breakthrough's interventions challenged deeply rooted community gender norms and tacit tolerance of violence against women while also fostering greater understanding of such violence as a violation of human rights. The project engaged men in transforming "masculinities" and increasing support for gender equality and partner communication.

**MARITAL RAPE, ECONOMIC AND EMOTIONAL ABUSE, THREATS OF VIOLENCE, AND THREATS TO EVICT A WOMAN FROM HER HOME OR PREVENT HER FROM SEEING HER CHILDREN ARE ALL MANIFESTATIONS OF VIOLENCE THAT INCREASE WOMEN'S VULNERABILITY TO HIV/AIDS AND MAY PREVENT THEM FROM SEEKING SERVICES OR TREATMENT.**

### **BUILDING AWARENESS OF THE WAYS IN WHICH INTIMATE PARTNER VIOLENCE INCREASES VULNERABILITY TO HIV/AIDS AND VICE-VERSA**

Baseline studies as well as the experience of programme implementation among the cohort revealed widespread lack of awareness in society at large and among service providers of the links between violence and HIV and the manifestation of those links. For example, marital rape, economic and emotional abuse, threats of violence, and threats to evict a woman from her home or prevent her from seeing her children are all manifestations of violence that increase women's vulnerability to HIV/AIDS and may prevent them from seeking services or treatment. Yet many people do not include such acts in the "violence" category (see Box 2: Media Campaigns Support Community-based Outreach).

Interventions addressing the intersections must ensure that everyone involved is working with the

### **BOX 3: DEVELOPMENT AND DISSEMINATION OF IEC MATERIALS REINFORCES TARGETED INTERVENTIONS**

A critical lesson learned from the cohort is the need to develop and disseminate clear, accessible information, education, and communication (IEC) materials in tandem with ongoing outreach and training for community members and service providers.

HIV-positive women in Nigeria were empowered to assert their rights through training that incorporated dissemination of information about anti-violence legislation with guidelines on how to use them. By combining workshops for providers in tandem with training and outreach to women, the project built capacity and confidence among women to file and follow-up on legal cases. At the same time, service providers strengthened understanding of their role and obligation to respond meaningfully to VAW especially in the context of HIV. A lawyer involved in the project recounted how a father whose daughter had been raped had located him after the step down workshop to assist in prosecuting the

offender. He helped to file the petition and the case is now in court.<sup>21</sup>

Breakthrough distributed training manuals and flyers on the right to residence under the Prevention of Domestic Violence Act, including information on obligations set forth in the law, prevention of HIV, pamphlets on Prevention of Parent-to-Child Transmission, and the right to safe motherhood for HIV-positive women. The materials were disseminated in tandem with training workshops and public outreach activities. A Breakthrough participant recounts how training empowered a girl who stood up to a person in her community who was endangering children. “Kamini with a collective of girls who had also participated in the training went to the police and demanded action. The police refused and their parents were concerned as well saying girls should not get involved. Kamini and the girls then told the police about their rights and that after the training they knew that both genders had equal rights.”

same understanding of what constitutes violence and the pathways by which various forms of violence heighten HIV risk. This is true when focusing on community level outreach as well as in work on building the capacity of service providers.

Conducting formative assessments and participatory situational analyses offers a way for practitioners to more fully understand the context and environment. Formative studies and participatory monitoring are not typically considered programme strategies or interventions. However, they are important tools for programs to deepen understanding of the complex and context-specific ways HIV and violence are linked in the places in which interventions will be implemented. Such an understanding is critical as the basis for programmatic planning.

Participatory, qualitative methodologies, including focus group discussions and the “most significant change”<sup>19</sup> technique, were helpful in developing nuanced views of perceptions and practices around VAW, HIV/AIDS, and the intersection between the two. Such methods get at the heart of the barriers and day-to-day realities for women living with violence

and HIV as well as offer a deeper understanding of attitudes, perceptions and practices in the community and among service providers. For example, one important consideration that emerged during a focus group discussion was that violence survivors and HIV-positive women may not wish to be identified solely on the basis of their HIV status or experience of violence. Discussions with the Botswana Network of People Living with AIDS highlighted the issue of stigma related to HIV testing requirements for pregnant women as well as women’s concern with perceptions that they brought HIV into the home. Consultations with support groups for people living with HIV/AIDS are critical for identifying similar concerns and experiences with violence.

#### **BUILDING CAPACITY AMONG SERVICE PROVIDERS FOR INTEGRATED SERVICE PROVISION ADDRESSING BOTH HIV/AIDS AND VIOLENCE AGAINST WOMEN**

In the baseline studies, weak capacity for holistic service provision was identified as a key bottleneck to progress against violence and HIV. Service-provider capacity is a key ingredient in addressing HIV and

## BOX 4: STRATEGIC PARTNERSHIPS AND NETWORKS: AN ESSENTIAL MECHANISM

The majority of interventions in the cohort recognized the importance of establishing partnerships at the local and national level in addressing the intersection between HIV/AIDS and VAW in a meaningful, long-term, holistic manner. Such partnerships are essential in highlighting stigma and discrimination, building momentum for long-term community-wide transformation, strengthening understanding of the HIV/VAW intersection and developing a framework for multi-sectoral, integrated efforts to decrease women's vulnerability to both.

The Mutapola framework for training in Nigeria involved partnerships between legal and health care providers with the aim of building capacity for identifying, referring and following up on cases of VAW. CIRDOCC noted that trained providers now see the need for attitudinal change towards WLWHA. They no longer discriminate but now interact freely with them. Partnerships were established to strengthen referrals of VAW cases for treatment, prosecution or counseling. Such partnerships are especially critical in the context of the pervasive stigmatization faced by survivors.

Breakthrough's national and local-level partnerships with government agencies, United Nations entities, private sector actors, and civil society were crucial in addressing stigma and discrimination, women's access to services and property, violence against girls, and discrimination as a result of HIV status. The partnerships offered information, resources, and support that empower communities to address the HIV/VAW intersection in a sustainable, holistic way, and provide women survivors access to legal, counseling and medical care services.

The Ministry of Women's Affairs in Botswana initiated consultations with the Ministry of Health, the Police Service, the Men's Sector of the National AIDS Coordinating Agency and district level commissioners and AIDS coordinators, and engaged organizations including BONELA (Botswana Network on Ethics, Law and HIV/AIDS) and BONEPWA (Botswana Network of People Living with HIV/AIDS) as an integral part of their efforts to strengthen coordination for a multi-sectoral approach and develop a framework for a national referral network and deepen understanding of the nuanced ways VAW and HIV/AIDS interact.

### **WEAK CAPACITY FOR HOLISTIC SERVICE PROVISION WAS IDENTIFIED AS A KEY BOTTLENECK TO PROGRESS AGAINST VIOLENCE AND HIV.**

violence. All organizations and individuals engaged in interventions need to be able to reflect on their own beliefs and behaviors and how they may affect

interactions with community members, and ultimately impact project outcomes. Capacity and knowledge around the intersections need to be strengthened at the organizational level before commencing with interventions.

This is especially important because of the potential for projects to further stigmatization, discrimination, or harm among the people they engage with.

In addition, service providers should be trained to recognize and address potential as well as disclosed violence among women and girls, including providing referrals and confidential, non-judgmental counseling. As a first step, all service providers should be cognizant of their obligations and be held accountable for meeting their responsibilities under the law. For example, Colectiva Mujer opened up training for support staff who are often the first people users

meet when they come to care units or access services. Their strategy promoted capacity building among a wide, diverse range of actors at all levels, improving the quality of service delivery.

In addition to addressing the attitudes and beliefs of service providers, there is also the need to build capacity for cross-sectoral (i.e., addressing both HIV and violence) as well as multilayered (e.g., engaging in service provision as well as advocacy with the wider community) initiatives.

Many projects in the cohort focused on one strategy, such as advocating for implementation of laws and policies on the intersections, improving access to and quality of integrated services, or awareness-raising through media or community mobilization for prevention of either VAW or HIV/AIDS. There is increasing understanding that tackling the problem simultaneously on multiple levels is more effective<sup>20</sup> (see box 3: Development and dissemination of IEC materials reinforces targeted interventions); however, doing this is difficult, especially for small

## **BOX 5: PEER-TO-PEER SUPPORT GROUPS PROVIDE STRENGTH IN NUMBERS**

A number of projects utilized peer-to-peer outreach and support networks as effective tools for galvanizing awareness in the community, empowering women living with HIV and violence, monitoring progress, and holding service providers accountable for their obligations with respect to protecting and promoting rights. Strategies that explore opportunities for integrating HIV/AIDS or violence against women into existing networks, organizations, or peer groups appear to be the most successful in promoting a holistic understanding of the intersection between the two.

The SHAW (Support for HIV-Affected Women from Sexual Violence) project in Thailand worked with existing community-based groups and networks of HIV-positive women. The strategy created synergy, strengthened referral systems, and encouraged other stakeholders to consider the intersection between violence and HIV/AIDS. Community networks became an effective local monitoring and surveillance mechanism for identifying and reporting cases of violence. Working with peer educators empowered women survivors and increased their sense of ownership. Networks of peer educators

became effective tools for raising awareness and changing attitudes in the community, as well as empowering women to seek services.

According to Raks Thai, “the obvious change that we can see in the peer educator is their self confidence, their understanding on the issues. They have demonstrated it through their work as peer educators and counselors. Many positive people have reflected that they are now able to talk with their partner about safe sex.” Raks Thai also noted that peer-to-peer discussions with WLWHA brought to light that tradition and culture prevent Thai women from discussing issues related to sex or violence openly. “Peer educators ease their fear and help the women to speak about their problems comfortably. Peer educators take time getting to know the women and allow the women to feel comfortable with them and gain their trust. The peer educators learn to discuss other problems first and gradually steer the discussions toward more sensitive topics including sex, violence and abuse, HIV, and etc. Changing the attitude of the women takes time and patience.”<sup>22</sup>

organizations traditionally focused on one issue or another. Creating strategic partnerships is one way to address this capacity barrier (see box 4: Strategic partnerships and networks: an essential mechanism).

The capacity to integrate service provision and prevention is particularly critical. For most violence survivors, violence is not a one-off event, but an ongoing crisis; women living with violence usually face multiple incidents of abuse and increased HIV risk. Thus responding to one violent episode creates an opportunity to prevent the next one. For example, Colectiva Mujer’s work showcases the role that service providers can play in empowering women to make informed decisions that could protect them from HIV infection and acts of violence. Research shows, and the Colectiva Mujer experience confirms, that providers can have a tremendously powerful impact on prevention if they offer non-judgmental, non-stigmatizing, holistic services and referrals.

### **BUILDING MECHANISMS TO ENSURE SUSTAINABILITY**

According to the baseline studies, sustainability is a common challenge for efforts to address violence and HIV. Sustainability requires, in addition to social change, concrete institutional mechanisms built into the intervention to keep momentum and success alive. Sustainability is critical not just to efforts aimed at galvanizing long-term transformation of entrenched norms but also to institutionalizing system-wide capacity beyond provider training. The cohort provides good examples of how this can be done:

- In Nigeria and Botswana, community based anti-violence and gender equality committees comprising leaders and influencers strengthened action and support for HIV-positive women and violence survivors and demanded greater accountability from service providers.
- Breakthrough’s partnerships with government, the private sector, the UN, and civil society offered ongoing access to the resources and support necessary

to empower communities to address VAW and HIV holistically.

- The Ministry of Women's Affairs in Botswana engaged a wide range of stakeholders, including the police service, the Ministry of Health, and the Botswana Network of People Living with HIV, in developing a national referral network for survivors.
- Colectiva Mujer's strategy prioritized sustainability of their training and mobilization efforts. The programme recognized that capacity-building and awareness-raising may not be adequate for galvanizing long-term change. Colectiva Mujer therefore introduced monitoring networks and ongoing training opportunities for providers as well as administrative and support staff who work with affected women. Community-level networks of solidarity increased the long-term impact of activities beyond workshops and campaigns and developed social capital and support.

#### **ENGAGING WOMEN LIVING WITH HIV AND WOMEN SURVIVORS OF VIOLENCE IN ALL ASPECTS OF PROGRAMMING AND POLICY-MAKING**

Violence survivors and HIV-positive women are the experts on their own lived experience; engaging them in all aspects of awareness-raising and capacity-building, formative assessment, implementation, monitoring, and evaluation is critical to the success of interventions as well as inherently empowering for

the women themselves. Letting their voices guide interventions and recognizing the fullness of their lives in their communities keeps violence survivors and HIV-positive women from being viewed and treated as, or feeling like, victims or beneficiaries rather than agents of change in their own lives.

The experience of the UN Trust Fund cohort highlights the importance of this approach. The strategies adapted by the Voices project implemented by Equal Access in Nepal, for example, empowered women to speak in their own voices. Its radio program and listener groups encouraged and supported women to articulate and demand their rights in their families and in the community. Similarly, sharing their experiences in peer-to-peer support groups convened by Raks Thai's SHAW project in Thailand inspired violence survivors and HIV-positive women to take action against stigma and discrimination in their communities (see box 5: Peer-to-peer support groups provide strength in numbers). Engaging affected women as equal partners in the project promoted dignity, self-esteem, and confidence.

**VIOLENCE SURVIVORS AND HIV-POSITIVE WOMEN ARE THE EXPERTS ON THEIR OWN LIVED EXPERIENCE; ENGAGING THEM IN ALL ASPECTS OF AWARENESS-RAISING AND CAPACITY-BUILDING, FORMATIVE ASSESSMENT, IMPLEMENTATION, MONITORING, AND EVALUATION IS CRITICAL TO THE SUCCESS OF INTERVENTIONS AS WELL AS INHERENTLY EMPOWERING FOR THE WOMEN THEMSELVES.**



# PART 4: RECOMMENDATIONS

Different actors have different obligations and opportunities with regard to ending violence against women and addressing the VAW-HIV intersection. Though we all share moral and ethical obligations to contribute to the eradication of these twin pandemics, those best placed to make a difference on the scale necessary are policy-makers, women's rights advocates, service providers, and the media. This section first describes in general terms the role these key actors can play in promoting nonviolence and improving understanding of and support for women living with HIV and violence. It then lists, in tabular form, concrete actions that each should take to support social change, build awareness, build capacity for integrated service provision, create mechanisms for sustainability, and involve women living with HIV and violence in creating solutions (see Box 6: Recommendations for key actors). These recommendations are based on the experience of the programme cohort.

## **POLICY-MAKERS**

In human rights language, government policy-makers at the local and national levels are “duty bearers,” representatives of governments that are signatories to international human rights conventions (most states are) and thus obligated to respect, protect, and fulfill women's human rights to bodily integrity, health, non-discrimination, freedom from violence, and life itself.

## **WOMEN'S RIGHTS DEFENDERS AND HIV ADVOCATES AND ORGANIZATIONS**

Advocates for the rights of women and people living with HIV should continue to apply pressure on elected officials, to raise awareness of women's rights, and to show how costly failure to address the violence/HIV intersection is not just to women and girls but to communities and countries. Without the evidence of their experience, their advocacy and awareness-raising, and their steady pressure on governments, the issue can easily languish.

## **SERVICE PROVIDERS**

Those charged with providing services (legal, medical, protection, etc.) to women living with HIV and survivors of violence should understand and respond to the needs of their constituencies with sensitivity and without judgment.

## **MEDIA**

News media are responsible for reporting the news with accuracy and without bias; countering misleading stereotypes and beliefs about HIV transmission and violence against women is thus part of their job, as is informing the public of laws and policies that uphold women's rights. In addition, a strong argument can be made that news as well as entertainment media have both a social responsibility and a unique platform to promote equality and nonviolence, to use their power and influence to support nonviolent norms and images, and to stop reproducing harmful stereotypes that glorify male dominance and female subordination. Entertainment media should build partnerships with NGOs to create entertainment education, or “edutainment,” the wrapping of a public health, social justice, or development message in an entertaining package.

## BOX 6: RECOMMENDATIONS FOR KEY ACTORS

	<b>SUPPORT SOCIAL CHANGE</b>	<b>BUILD AWARENESS OF THE LINKS BETWEEN VIOLENCE AND HIV</b>
<i>What policy-makers should do</i>	<p>Use public platforms to denounce violence against women and discrimination against those living with HIV.</p> <p>End impunity for acts of violence against women by putting into place anti-violence and anti-discrimination laws and polices with teeth.</p> <p>Implement existing laws and policies aimed at promoting and protecting the rights of women living with HIV and survivors of violence meaningfully and consistently.</p> <p>Amend discriminatory laws and policies to support gender equality and women’s human rights.</p> <p>Make nonviolence curricula mandatory in the primary and secondary educational system.</p> <p>Do not criminalize HIV transmission.</p>	<p>Make curricula on the links between violence and HIV mandatory for secondary school students.</p> <p>Provide mandatory training for government health workers, law enforcement personnel, and staff of the judiciary on the links between violence and HIV, particularly poorly understood issues at the intersection, such as marital rape, forced marriage, and men who have sex with men.</p> <p>Hold workshops for high-level officials on the links between violence and HIV.</p>
<i>What women’s rights advocates should do</i>	<p>Emphasize the promotion and protection of rights as the entry point for community mobilization. HIV and VAW cannot be programmatically addressed in a vacuum.</p> <p>Partner with media on entertainment/education (“edutainment”) campaigns that target harmful social norms, beliefs, and practices.</p> <p>Strategically engage traditional leaders as allies in the fight against violence and discrimination.</p> <p>Create alliances with men’s organizations and clubs as well as boys’ sports teams and school-based groups to combat harmful norms and behaviors.</p> <p>Incorporate a deep understanding of challenges faced by the local community when developing appropriate, culturally resonant messages.</p> <p>Prioritize the safety and confidentiality of everyone engaging in outreach.</p>	<p>Engage community members in a comprehensive, intensive manner, offering a range of fora for hearing and digesting messages. This strategy promotes comfort and familiarity with the issues and creates an enabling environment for questioning and action.</p> <p>Develop and disseminate clear, accessible information, education, and communication materials in tandem with ongoing outreach and training for community members and service providers.</p> <p>Partner with media organizations to create edutainment highlighting the links between violence and HIV.</p>

	<b>BUILD CAPACITY FOR INTEGRATED SERVICE PROVISION</b>	<b>CREATE MECHANISMS FOR SUSTAINABILITY</b>	<b>INVOLVE SURVIVORS IN ALL ASPECTS OF PROGRAMME AND POLICY PLANNING AND IMPLEMENTATION</b>
<i>What policy-makers should do (cont.)</i>	<p>Ensure adequate resourcing for integrated, multi-sectoral services for VAW and HIV.</p> <p>Recognize that providing services in an integrated way will not happen automatically but requires capacity building support of various sorts, such as institutional structures, referral and coordination systems, incentives, and training.</p>	<p>Ministers of planning, finance, and health must join together to take responsibility for resourcing long-term integrated, multi-sectoral services for VAW and HIV, including ongoing capacity-development activities; networking and cooperation (including but going beyond coordination) are necessary to address violence and HIV in an integrated and effective way.</p> <p>Establish concrete, publicly available monitoring, evaluation, and accountability mechanisms that ensure that violence and HIV become and remain part of the national and community agendas.</p>	<p>Hold hearings and fact-finding missions that allow survivors to tell decision-makers their stories.</p> <p>Ensure that women survivors are represented on working groups drafting laws and policies and designing service provision models.</p>
<i>What women's rights advocates should do (cont.)</i>	<p>Engage in evidence-based advocacy on the effectiveness of integrated service provision with policy-makers and service providers.</p>	<p>Work with traditional leaders and structures as an inroad for sustained change beyond the life of a specific project through skills building and materials provision.</p> <p>Promote the political empowerment of girls and women.</p>	<p>Engage survivors of violence and people living with HIV in advocacy campaigns.</p> <p>Develop peer-to-peer outreach and support networks; they are effective tools for galvanizing awareness in the community, empowering women living with HIV and violence, monitoring progress, and holding service providers accountable.</p> <p>Provide leadership and literacy trainings to survivors of violence and WLWHA</p> <p>Support the political participation of survivors at all levels.</p>

Table continues on the following page

**BOX 6: RECOMMENDATIONS FOR KEY ACTORS (CONTINUED)**

	<p><b>SUPPORT SOCIAL CHANGE</b></p>	<p><b>BUILD AWARENESS OF THE LINKS BETWEEN VIOLENCE AND HIV</b></p>
<p><i>What service providers should do</i></p>	<p>Address the stigmatizing attitudes and practices of service provision personnel themselves through training and dialogue.</p>	<p>Provide training to all staff on the links between violence and HIV.</p> <p>Share information with clients and patients on the links between violence and HIV.</p>
<p><i>What media should do</i></p>	<p>Use edutainment to tackle harmful stereotypes and support the development of new social norms.</p> <p>Use well-known and respected men (athletes, actors, musicians, business men, popular politicians) as ambassadors of messages of nonviolence and acceptance of those living with HIV.</p> <p>Stop reproducing harmful stereotypes that glorify male dominance and female subordination.</p> <p>In editorials, promote an end to violence against women and support for people living with HIV, condemn acts of violence, and challenge those who identify violence against women as “normal.”</p>	<p>Treat violence against women as newsworthy crime rather than a family matter, and tell the stories of violence against women and HIV rather than being complicit through silence (being careful to respect the confidentiality of survivors if that is their wish).</p> <p>Use edutainment to educate viewers about HIV and violence against women. Combining television and radio campaigns with community-based outreach efforts increases community awareness, decreases stigma, and galvanizes action.</p>

	<b>BUILD CAPACITY FOR INTEGRATED SERVICE PROVISION</b>	<b>CREATE MECHANISMS FOR SUSTAINABILITY</b>	<b>INVOLVE SURVIVORS IN ALL ASPECTS OF PROGRAMME AND POLICY PLANNING AND IMPLEMENTATION</b>
<i>What service providers should do (cont.)</i>	<p>Establish partnerships and effective referral systems among health, legal, and social service actors, government, NGOs, CBOs and other organizations addressing HIV and VAW.</p> <p>Involve survivor networks as partners in capacity building.</p> <p>Combine workshops for service providers focusing on their obligations under law with legal literacy training for WLWHA and VAW and the broader community.</p> <p>Integrate capacity building of service providers with outreach efforts aimed at decreasing stigma, strengthening understanding of the challenges faced by survivors, and empowering providers to provide meaningful care and decrease vulnerability.</p> <p>Conduct staff training to recognize and address potential as well as undisclosed violence among women and girls, including providing referrals and confidential, non-judgmental counseling that promotes agency and helps them survive.</p> <p>Prioritize capacity-building to integrate service provision and violence-and-HIV prevention.</p>	<p>Ensure budgetary allocations for cross-sectoral work.</p> <p>Explore opportunities for integrating HIV and VAW into existing networks and peer groups as a means of promoting a holistic and sustainable approach.</p>	<p>Include women survivors on boards of directors, steering committees, and other direction-setting bodies.</p> <p>Train survivors as peer counselors and outreach workers.</p>
<i>What media should do (cont.)</i>			<p>Give a platform to women living with HIV and violence: highlight their voices and inspiring stories as a way of decreasing stigma.</p>

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