

Feasibility/Design Study Report

Proposed International Institute

Gender Management and HIV/AIDS

Maritime Centre of Excellence for Women's Health
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Table of Contents

Acknowledgements..... 3

Synthesis 4

Introduction..... 5

Problem..... 6

Findings..... 10

Objectives 11

Fulfillment of Objectives 13

Project Design and Evaluation..... 17

Project Outputs and Dissemination..... 18

Capacity Building 19

Project Management 19

Impact 20

Overall Assessment..... 20

Recommendations to IDRC 21

References..... 22

Appendices..... 23

- List of Gender Management Systems Publications
- Final Participant List with Participant Biographies
- Workshop Programme
- Pre-Workshop Questionnaire
- Sample Daily Evaluation Form
- Compilation of Final Evaluations

Acknowledgements

In January 2002, Maritime Centre of Excellence for Women's Health (MCEWH)^{1*} carried out a Feasibility / Design Workshop focused on a proposed International Institute on Gender Management and HIV/AIDS. We are very grateful to International Development Research Centre (IDRC), Global Health Equity Program and three Canadian Institutes for Health Research (CIHR): Institute of Gender and Health; The Human Development, Child and Youth Institute; and Institute of Infection and Immunity, and the Women's Health Bureau for the lion's share of funding for this international workshop and report. MCEWH thanks its sponsors Dalhousie University, particularly the Faculty of Health Professions and Lester Pearson International, and the IWK Health Centre for their support and cooperation in this undertaking. We also appreciate the cooperation and competence of our partner, the Commonwealth Secretariat, Gender and Youth Affairs Division, for their expertise and resources in gender mainstreaming using a multi-sectoral approach that helped us begin to 'put the pieces together' in this critical puzzle of gender mainstreaming and HIV/AIDS.

Thank you very much.

And a special thanks to all our participants/presenters who made the 3-day event a success!

* As of April 1, 2002, the MCEWH changed its name to Atlantic Centre of Excellence for Women's Health (ACEWH)

Synthesis

The concept of developing an International Institute for training in Gender and HIV/AIDS was first identified in 1999 during informal discussions between the Maritime Centre of Excellence for Women's Health (MCEWH) and the Commonwealth Secretariat (Com Sec) about the severe impact of HIV/AIDS on men, women, girls and boys all over the world. Of particular concern is the disproportionately increasing rate of infection among females.

In 2000, Com Sec invited MCEWH to participate in a co-publication on Gender, Health and HIV/AIDS as part of its Gender Management Series (GMS) (see appendix for list of GMS publications). The Women's Health Bureau, Health Canada, generously provided initial funding for this initiative. The co-publication, *Gender Mainstreaming in HIV/AIDS: A Reference Manual for Government and Other Stakeholders*, will be available in April 2002.

MCEWH and its Com Sec partners, particularly policy makers in African and Caribbean Commonwealth countries, identified the need to develop a knowledge transfer mechanism for the GMS series. This would include, among other mechanisms, a set of practical training materials on gender mainstreaming and management for regional, national and international HIV/AIDS policy and program development.

MCEWH, with Com Sec as a collaborating partner, sought funding from International Development Research Centre (IDRC) and Canadian Institutes for Health Research (CIHR). IDRC's Global Health Equity Program and three CIHR Institutes approved funding. Together, IDRC and CIHR contributed financial support to host a Feasibility/Design Workshop for a proposed International Institute on Gender and HIV/AIDS, January 16-18, 2002 in Halifax, Nova Scotia, Canada.

Among the 29 workshop participants, MCEWH and Com Sec attracted representation from 9 countries, making the workshop a truly international event. The encouraging response received from participants of the Feasibility/Design Workshop in January 2002 was a clear indication of feasibility and support for further development of the International Institute on Gender Management and HIV/AIDS. Next steps will include the hosting of a Satellite Workshop session during *AIDS 2002*, World AIDS Conference, July 7 in Barcelona, Spain.

MCEWH has received a commitment from Centres of Excellence for Women's Health Contribution Program, Health Canada; the Canadian Strategy on HIV/AIDS, Health Canada; and Canadian International Development Agency (CIDA) to host the Satellite session. The purpose of the Satellite Workshop will be to increase our international network of stakeholders and to inform future development of the institute. In autumn 2002, we will host a Curriculum Design workshop with the purpose of establishing a core of training modules for the Institute and a pilot International Institute on Gender Management and HIV/AIDS is scheduled to take place in the summer of 2003.

Introduction

Many HIV/AIDS challenges are specific to girls and women because of their sex. Further, many challenges have differential impact depending on age, ethnic group and economic class. Everyone is vulnerable but poor women are the most vulnerable. In some parts of the world, the rate of infection has outstripped the rate of infection for men. Women who have not themselves been infected, are affected as principal caregivers of family members and as supporters of families where partners of daughters die of the disease (MCEWH, 2001).

HIV/AIDS is an extremely complex issue that cuts across all sectors of social and economic development. The Feasibility/Design Workshop was an opportunity to link developmental issues together and to explore underlying gender implications. Participants in the workshop spoke imploringly about the underlying gender implications in the HIV/AIDS pandemic.

Unless we get agreement that women are the most vulnerable, we will not be able to defeat the HIV/AIDS pandemic. Gender inequality is deadly to women. (workshop organizer - adapted from a quote by Stephen Lewis, 2001)

Poverty and social - economic exclusion are perceived as drivers of the HIV/AIDS pandemic – these development issues are seen to send women and children into risky behavior (workshop organizer)

How do we capture all the factors that are controlled by national HIV/AIDS strategies and recognize that men are not involved?! (workshop participant)

The purpose of the workshop was to discuss the feasibility of developing an International Institute for Gender Management and HIV/AIDS. We (the organisers) wanted to receive confirmation from an international audience that this is an important and viable endeavour. If received as such, we wanted to attract recommendations and develop international partnerships that would guide development of the Institute in order to ensure that the initiative is responsive to regional, national and international needs and priorities. Participants spoke of the challenges from a variety of perspectives.

Among the people of influence – political leaders, change makers and policy makers we need to educate them to address issues and lead actions to address the pandemic. This will include ways to promote HIV/AIDS and gender education among marginalized groups, between developed and developing countries re: spread, action and information. Much is known theoretically and we need to know more on the process of implementation. Understanding roles and relationships among women and men and respecting complementarity will help act on issues of access and equity to reduce the vulnerabilities. (workshop presenter)

HIV/AIDS has no borders, yet in present action some groups are left out or marginalised. Those groups include youth, men generally, and heterosexual men particularly. It is time to drop the labels and categories of sex workers, drug users, and homosexuals, etc. in understanding the spread of infection and those affected by the pandemic. (workshop participant)

Our objective is to use agricultural research to contribute toward the mitigation, spread, and negative impacts of HIV/AIDS on agriculture, food, and nutrition security. (workshop presenter)

This report will capture the expectations and outputs of the Feasibility/Design Workshop for a proposed International Institute on Gender Management and HIV/AIDS. This workshop was conducted by the Maritime Centre of Excellence for Women's Health (MCEWH) and its co-host, the Commonwealth Secretariat in Halifax, Canada, January 16-18, 2002.

Problem

HIV/AIDS

Twenty years after acquired immunodeficiency syndrome (AIDS) was first discovered, it became one of the most devastating diseases to face humankind. Since the early 1980s, more than 60 million people worldwide have been infected. HIV/AIDS is now the leading cause of death in Sub-Saharan African Countries. At the end of 2001, it was estimated that 40 million people were living with HIV globally. Of 40 million people living with HIV/AIDS, 28.1 live in Sub-Saharan Africa. In 2001, in many parts of the developing world, the majority of new infections were in young adults, especially women and approximately one third of people living with HIV/AIDS are between the ages of 15 and 24 (UNAIDS, 2001). In introducing the profile of HIV/AIDS in their regions, workshop presenters gave the following illustrative figures:

We say 20-35% of the population in Southern Africa is infected.

In India, where 4 million are infected, as in other Asian populations, 85% of the infections are among the male population.

There are 420,000 persons infected in the Caribbean. Of this number women in 'monogamous' relationships are being infected at a growing rate. Soon HIV/AIDS will take the entire health budget of small island nations.

In Central America, 190,000 adults are living with HIV/AIDS.

In Canada 50,000 people are living with AIDS, particularly women 15-19 years. Women with AIDS are on the rise and most new cases among women are coupled with determinants of health such as poverty, educational level, income, etc.

Gender and HIV/AIDS

The heightened vulnerability of women to HIV/AIDS, resulting from gender inequality, is evident across the world with approximately 50% of all new infections occurring in women. Physiological differences between men and women cause the virus to be more transferable from men to women than from women to men, however this biological disadvantage is severely compounded by social factors that maintain gender inequality across the globe. Some of the gender dimensions of the pandemic described by a Southern African participant illustrate the reality of the complex nature of HIV/AIDS infection.

Imbalances in power between women and men limit women's sexual autonomy and expand men's sexual freedom. This increases the vulnerability to HIV for the entire community.

Widespread cultural acceptance of multiple sexual partners for men undermines many HIV prevention messages.

The social expectation and family pressure of bearing children adds to the risk of transmitting HIV to the newborn baby.

Women assume greater responsibility than men do for the care of sick and dying family members.

Although condoms can effectively prevent transmission of HIV/AIDS, there are social constructions that limit women's use of condoms. There are prevalent cultural beliefs that sexual education for women promotes promiscuity, and even with sexual education and access to condoms, in many cultures, women do not have the power to negotiate condom use. Male promiscuity is much more acceptable and in some cultures encouraged, exposing men to increased risk of infection and increased chance that they will infect their partners with HIV/AIDS (UNAIDS, 2001).

In Trinidad and Tobago where the ration of infection is seven women to one man, the Government has injected 12 million dollars into the budget to focus on HIV/AIDS, yet schools preach abstinence and do not accept programs that promote condom use. From this experience, it is suggested that all national AIDS policies need to be gender sensitive and the programs monitored and evaluated in the same way. (workshop presenter)

Vulnerability for women in Africa and Asia is compounded by the encouragement of young women to have sexual encounters with older men, particularly in cultures that embrace virgin cures. In some Sub-Saharan countries, infection rates among youth 15-19 years are five times higher for females than males. Domestic violence, sexual slavery and trafficking are activities that further increase women's vulnerability to HIV/AIDS (UN AIDS, 2001).

Women in sub-Saharan Africa have been deeply affected by the AIDS epidemic. There is an estimated 12 women living with HIV for every 10 men. (Workshop presenter)

Although most infections since the beginning of the pandemic have occurred among men, of the 17.5 million people who have died from AIDS, 9 million have been women. This statistic reflects the incredibly unequal access to prevention, care and treatment for females. Women perform the caring responsibilities for people with AIDS, when often they themselves are infected. This inequality continues to exist, despite the fact that when a woman gets sick or dies from AIDS, the entire society is seriously affected. In many counties, the women die from AIDS when they are young workers and mothers. When women die, their children are cared for by grandmothers who are often caring for 20 to 30 other children.

In Kenya where an estimated one million children have been orphaned by HIV/AIDS, almost 50% of the children live in households headed by grandparents. The grandparent's role as caregiver is no longer temporary, as 70% of grandparents who become guardians can expect to be saddled with the responsibility of raising children until they reach adulthood. (From "Grandmothers Called Out of Retirement" – Njoki Wane and Edna Kavuma)

In order to offset the loss of women in the economy, female children of mothers who have died are often taken out of school to work, perpetuating the lack of educated females (UNAIDS, 2001).

AIDS is causing a decline in demand for education. Fewer children need education than originally expected, over 25% less in some Commonwealth countries, since fewer children are being born and survive to school age. This exacerbates the male-female disparities in education that already exist. Girls are further disadvantaged in accessing education and women in employment opportunities as educators and administrators. (workshop presenter)

Gender inequality is fuelling the HIV/AIDS epidemic. It deprives women of the ability to say no to risky practices that lead to coerced sex and sexual violence, keeps women uninformed about prevention, puts them last in line for care and life-saving treatment, and imposes an overwhelming burden for the care of the sick and dying. These fundamental threats to women's lives, health and well-being are critical human rights issues – when women's human rights are not promoted, protected and fulfilled, gender inequality is the dangerous result. Guaranteeing women's human rights is an indispensable component of the international struggle to combat HIV/AIDS (UNAIDS, 2000).

Efforts to address women's needs with respect to HIV/AIDS require approaches that are focused on priorities that women themselves identify and upon issues that affect women most fundamentally. The "one size fits all" approach to HIV/AIDS policies and services inadequately addresses gender disparities. A gender lens can assist in the creation of gender sensitive processes, structures and mechanisms to ensure that HIV/AIDS prevention, care, treatment and support services have a positive impact on quality of life for both women and men. Employing a gender lens means considering all aspects of society through the eyes of women and men collectively. It means going beyond statistics, facts and figures, and traditional programming procedures in order to deconstruct social systems that do not respond to gender differences and often perpetuate gender inequality (MCEWH, 2001).

International Institute for Gender Management and HIV/AIDS

We can deliver messages about gender inequalities and we can produce written materials about how to address inequalities through the use of gender analysis and mainstreaming techniques. Yet such efforts are often ineffective in getting the message across. And even if the message gets across, how likely is change to occur without the necessary skills to implement change?

Seventy percent of infected people are in Africa. Why is there such prevalence in Africa and why women? Even as managers we don't understand gender and we lack the skills to do gender-based analysis. (workshop participant)

It is clear HIV/AIDS knows no geography, culture, class distinction or boundaries. Most cultures around the world share degrees of patriarchy, gender inequality, shame/blame/denial, violence against women and girls as well as social and economic exclusion of HIV infected persons. Southern Africa is the epicentre of the epidemic. With approximately 25% infected, how do we protect the 75% of the population who are healthy and prevent further infection? (workshop participant)

The International Institute on Gender Management and HIV/AIDS is proposed as a knowledge transfer mechanism to address issues of implementation missing in current HIV/AIDS strategies. It will develop the capacity of middle managers and professionals in various sectors of society to carry out gender analysis and facilitate gender mainstreaming in addressing HIV/AIDS related needs. People who attend the Institute will learn how to contribute to making their departments and agencies gender sensitive. This will be done by learning how to ensure policies, programs and services promote equal access to women and men of diverse backgrounds and situations to HIV/AIDS prevention, care, treatment and support. They will also learn how to create services that are appropriate to the diverse needs of women and men acknowledging diversity of age, ethnicity, class, etc. Participants in the workshop supported the concept of the Institute as an appropriate and needed knowledge transfer mechanism for gender mainstreaming in HIV/AIDS.

We are working successfully with methods and participatory tools in several countries in Asia and Africa. Our goal is to link local, regional and national realities concerning gender and HIV/AIDS using non-threatening tools that can be adapted cross-culturally. One main tool is a survey questionnaire that looks at what people know about the HIV/AIDS epidemic and the gender response. Using the survey, we present questions about AIDS with multiple choice answers. We ask for thoughtful responses and then give the correct information. This helps to begin the process of breaking down stereotypes. The survey uses credible data and sources so that people can use the information afterwards. From this a wide range of pertinent issues surface for discussion – family relations, sexuality, gender, human rights, parent to child transmission, breast-feeding, discrimination and so on. This was only one example of many tools UNIFEM is finding very rewarding to use in their work to mainstream gender in HIV/AIDS. (workshop presenter)

A gender lens would make national policies on HIV/AIDS more inclusive. It would also get at root causes so that policies would address disparities. A more inclusive strategy would address the needs of both women and men individually and structurally using a multi-sectoral approach. Each approach should be tailored to consider diversity and equity re: race, class, religion, intermarriages, regional disparities and inequities. Fundamentally the eradication of HIV/AIDS lies in the lives of women and men. Here we look at power and control issues, vulnerability, poverty, reproductivity and productivity, and social injustice causes. Thus policy must address social injustice and gender inequalities in HIV/AIDS programming. (workshop group report)

Findings

Feasibility/Design Workshop for a proposed International Institute on Gender Management and HIV/AIDS

In January 2002, MCEWH and Com Sec hosted a 3-day workshop to assess the feasibility and design of a proposed International Institute on Gender Management and HIV/AIDS.

Overall goals of the workshop were:

1. To discuss the context and feasibility of a proposed International Institute on Gender Management and HIV/AIDS.
2. To generate recommendations for a proposed International Institute on Gender Management and HIV/AIDS.*

* The proposed annual institute will provide middle level managers and professionals from public and non-governmental (NGO) sectors from Commonwealth nations (priority on African countries) with knowledge and skills necessary to integrate a gender framework into national HIV/AIDS policy and programme planning.

In addition to feasibility and international response to the concept of the Institute, success of the workshop would result from the ability of the group (workshop organizers and participants) to effectively assess and evaluate the concept of the Institute and to generate ideas and recommendations for its development. With these measures of success for the workshop, MCEWH and Com Sec recognized the importance of ensuring true international participation, and in order to make the links across developmental societal structures, representation from a wide range of sectors was required.

We believe the linkages between health and agriculture are important in getting to the heart of the spread and prevention of HIV/AIDS. As an agronomist, people find it strange that I work on HIV/AIDS. Yet I clearly see the link. Rural people are in agriculture and in Africa agriculture depends on people for labour. In agricultural research we want to identify the factors that expose people to risk of HIV/AIDS infection. Misconceptions, stigma and denial continue the spread of the disease. Investments that improve livelihoods, mitigate the impacts, increase food security give reason for agricultural researchers to be working on linkages between HIV/AIDS, agriculture and livelihood systems. There is a need to find tools and processes to get to the heart of issues and ensure national governments and other organisations are growing the political will and resources toward accurately understanding what is happening in rural areas and create policies and programs that are cross-cutting and link institutions. (workshop presenter)

Together, MCEWH and Com Sec developed a highly diverse, international list of organizations and individuals to be invited to the workshop. The positive response to invitations to attend the workshop, including those who were unable to participate was an early indication of feasibility and support for development of the proposed International Institute on Gender Management and HIV/AIDS. Among the 29 workshop participants, we managed to secure representation from

governmental organizations, international funding agencies, non-governmental organizations, and persons with HIV/AIDS. The presenter/participants came from 9 countries in Africa, Latin America, the Caribbean, North America, Asia and the United Kingdom (see Appendix for Participant List with Biographies). Given our success in attracting such an international group of participants with varying backgrounds and experience and the complexity of the issues discussed, the workshop was named: ‘Gender and HIV/AIDS: Putting the Pieces Together’.

There was a profoundly positive response by participants to the proposed International Institute on Gender Management and HIV/AIDS. This positive response enabled the focus of the workshop to progress rapidly from discussions of “feasibility” to conceptualizing the institute and seeking recommendations for its development. Along with the fact that Com Sec and its partners are looking for a knowledge transfer mechanism for its Gender Mainstreaming Series, participants also encouraged MCEWH to move forward on its proposal.

I work in policy development using a gender and diversity lens. I am concerned that gender tools have become the focus rather than the use of the tools to help us look deeper into the reasons for gender inequalities in society. From this deeper analysis, goals and expected outcomes of gender work can become clearer. The status quo, jargon and quantity of initiatives results in varying degrees of quality and impact in gender work. This International Institute must look for strategic opportunities, cultivate enrollment of people and organisations that share the same commitment and acknowledge that to shift attitudes takes time and an enabling environment. It is important for the International Institute to consider what will be the best way to promote what it offers and what will be the real costs of doing this work. It will require an assessment of the Institute’s model between what is conceptually clear and what is practical. (workshop presenter)

Workshop outputs will be discussed through analysis of workshop objectives in the section below.

Objectives

The objectives listed in the funding proposal that was submitted to IDRC on September 14, 2001 were outlined as follows:

- to validate and elaborate the need for the International Institute on Gender Management and HIV/AIDS
- to explore appropriate organizational models
- to identify an African partner institution
- to identify resource persons for an Advisory Committee and for faculty
- to estimate costs and identify revenue sources
- to discuss curriculum and learning approaches
- to design a pilot project and perform a search for funds to support it

After close inspection of the objectives listed above, the organizing team felt that although these objectives will be integral to the further development of the Institute, they were not deemed unsuitable for the purposes of this Feasibility/Design workshop, particularly given time constraints of a 3-day workshop. In addition to the assumptions of feasibility and support for the proposed Institute, it was felt that these objectives assumed a degree of familiarity with the subject matter, and ignored experiential differences among participants. Although most participants were experts in either gender or HIV/AIDS, very few were familiar with the relationship between gender and HIV/AIDS, the interconnectedness between and across sectors, and the scope of HIV/AIDS as a global developmental issue.

Everyone was a learner during the workshop. Some key learning moments happened for people around understanding the issues and possibilities exposed during the tasks groups that explored these in depth. The issues brought together gender and HIV/AIDS from various sector perspectives. Agriculture is a good example in African culture. The eye-opening perspectives offered by participants were key learning moments for some. The gender mainstreaming, multi-sectoral approach, male perspectives regarding HIV/AIDS and gender, analysis and research methods of UNIFEM in India and the First Nations' in Canada concept of seven genders, all broadened participants view of the gap that the Institute would be filling. (workshop facilitator)

In sum, it was decided that the original objectives made too many assumptions. The following workshop objectives were developed in an effort to maximize the opportunity to share information and the diverse experience of the workshop participants. In addition, the revised objectives would permit the workshop activities to move through a logical process from general international information with respect to gender and HIV/AIDS to assessing feasibility of the Institute, to conceptualization and generation of ideas for development of the Institute.

Day 1 Gender and HIV/AIDS: International Perspectives and Regional Challenges

- 1.0 To understand international perspectives of gender and HIV/AIDS
- 1.1 To hear about regional challenges related to gender and HIV/AIDS
- 1.2 To explore the relationship between gender and HIV/AIDS

Day 2 Lessons learned, Core Curriculum and Support

- 2.0 To hear about other experiences (lessons learned)
- 2.1 To identify core components for the Institute
- 2.2 To identify program and institutional support for the Institute

Day 3 Visions, Recommendations and Commitments

- 3.0 To establish a shared vision for the Institute
- 3.1 To generate recommendations for next phase of development of the Institute
- 3.2 To identify commitments to development and/or implementation of the Institute

Fulfillment of Objectives

Participants were viewed as the experts hence the programme was designed around panel presentations that were delivered by workshop participants (see Appendix for Workshop Programme).

Day 1

1.0 International Perspectives were presented by Com Sec; United Development Fund for Women (UNIFEM); Canadian Aboriginal AIDS Network (CAAN); Southern African AIDS Training Program (SAT); and Canadian International Development Agency (CIDA).

1.1 Regional Challenges were presented by United Nations Economic Commission for Africa (UN-ECA); La Leche League, Academy for Educational Development (AED); International Affairs Directorate, Health Canada; and the National AIDS Programme, Ministry of Health, Trinidad and Tobago.

From these presentations, participants built a common understanding of the perspectives and challenges regarding gender management and HIV/AIDS in various regions around the world. Key messages within the presentations included:

HIV/AIDS is not just a health issue. Community organisations and people living with HIV/AIDS have guided our response. We need to focus on community and women's organisations.

The first, second and third challenge is prevention, prevention and prevention, not the Western perspective that is to search for the magic bullet.

The global economy has sped HIV/AIDS on its way – global transportation, tourism, trade and economic policies.

We need to focus on the role of heterosexual men and on young women and men of the next generation. There is a need for the life skills, education at very early ages to build self-esteem and reduce vulnerability.

From a gender perspective, women's issues share certain common denominators – men's issues are more diverse. Not all interventions aimed at men are concerned about equality.

Policies that lead to gender inequality and vulnerability of certain populations increase HIV incidence.

Using a gender lens as a tool creates a more multi-sectoral response. The gender lens can look at power relationships and address policies around care giving. We need exercises to compare various policies with and without gender lens.

1.2 Gender and HIV/AIDS

One of the key points that arose from discussions about gender and HIV/AIDS was the need to establish a common understanding of what is meant by such concepts as gender, gender analysis,

and gender mainstreaming. There was concern expressed about the fact that gender is often automatically assumed to mean women, so one of the challenges was how gender and the concept of an International Institute on Gender Management and HIV/AIDS can be presented in such a way that it attracts and involves men.

Gender was defined as:

- a set of socially constructed characteristics, roles and behavior patterns that distinguish women from men
- a web of cultural symbols that are based on masculine and feminine roles
- social relations of power between women and men (workshop presenter)

Gender Management was described as

- an assessment of the implications for women and men of any planned action, including legislation, policies and programmes in all areas and at all levels (Personal Communication, UN-ECA)

Gender Mainstreaming was defined as

- the current international approach to promoting equality and equity between women and men (workshop presenter)

Day 2

Male Perspectives

In response to discussions from the previous day that contained concerns regarding the involvement of men in the Institute, three workshop participants were invited to deliver presentations on male perspectives on gender and HIV/AIDS.

One issue that was common to the three presentations was the fact that gender is largely viewed as a “women’s thing”. Gender often seems to set women against men and in fact, women working in gender are often perceived as women trying to become men. One participant suggested that when gender and HIV/AIDS is presented in the context of men’s own personal lives and family relationships it can evoke an emotional response and instill responsibility for HIV/AIDS. It was identified however that this will be extremely difficult in cultures in which women are blamed for HIV/AIDS, fighting for women’s rights and equality is viewed as wrong, and men are chastised for openly siding with women. These cultural challenges create the need for a more gender-oriented response to HIV/AIDS.

Some participants working in HIV/AIDS shared how little they really understood about gender and the concepts of gender equity, equality and gender mainstreaming strategies. As well, others who were more involved in gender became aware of the impact of gender inequalities in the spread of HIV/AIDS and the increasing vulnerabilities of women and girls. Efforts to prevent the spread of HIV/AIDS would mean un-learning and internalising what gender and HIV/AIDS really means to women and men everywhere in all walks of life.
(Workshop participant)

2.0 Lessons from Other Experiences included presentations by UNIFEM; Commonwealth of Learning (COL); Interministerial Women’s Secretariat, Health Canada; and West African Rice Development Association (WARDA), Consultative Group on International Agricultural Research (CGIAR). Lessons from the experience of participants included:

The objectives should focus on assisting governments, strengthening capacity, and creating an enabling environment.

Choices are made at the level of political will and resources.

We (people working in gender) became enthralled with the toolbox and not its purpose.

Next steps will include deconstructing the jargon and stereotypes.

Equity is also about access.

A key point of intervention is to reduce the impact of HIV/AIDS on livelihood systems supported by agriculture. There is a need to unite agriculture and health.

It will be necessary to revisit old beliefs before learning new values.

2.1 Institute Curriculum and Components

In order to stimulate discussion about core curriculum and components for the institute, participants joined discussions in one of three brainstorming groups. The first group (pre-Institute) was asked to consider the planning involved in attracting and working with middle managers as well as people from public and non-governmental sectors. The second group (Institute) was asked to consider implementation of the institute and key principles that might be incorporated in building the program. The third group (post-Institute) was asked to consider methods for evaluating the institute and following-up with Institute participants and measuring shifts and changes that have occurred within their organizations. The three groups reported the following key points back to the larger group.

Pre-Institute

The pre-institute group emphasized the necessity for clearly defined Institute objectives, learning outcomes and target audience. A process by which participants will be nominated to attend the Institute must be developed and must include criteria that will ensure commitment from participants and their organizations to implement change. There was a suggestion that the Institute enroll participants from a range of positions, possibly from within the same organization as a way of ensuring organizational ownership and commitment to change. As well, the Institute must be packaged in such a way that it will ensure global participation, attract an equal representation of male and female participants from a variety of sectors. Where regional and intergovernmental organizations exist they will be important contributors to furthering the efforts of the Institute.

Institute

Similar to the first group, the Institute group struggled with who the target audience would be and cautioned that “middle management” may not be the most effective conduit to promote

organisational change. With a multi-sectoral approach, it was suggested that the Institute might want to attract champions in gender approaches to HIV/AIDS work, train the trainer types or a mentoring approach. The decision on the target audience will influence the choice of curriculum and methods. This group also drew attention to the importance of cultural appropriateness, diversity, and language. Suggested guiding principles for the Institute included diversity, sharing, respect and participatory. Finally, it was suggested that development phases remain flexible in terms of structure and organization. In other words, organizers were encouraged to “think outside the box”.

Pedagogical approaches should build dynamism and flexibility into the content of the Institute. Case studies are as an excellent means of sharing information and building thoughtful responses to gender and HIV/AIDS in diverse cultural settings. Examples of hands-on success stories to prevent the spread of HIV – from a gender specific perspective would be very helpful in the building awareness of the issues and how a gender lens reveals a wide range of factors otherwise not considered.

The deconstruction of gender using culturally specific examples and participant experiences would help un-learn old beliefs and internalise new awareness and understanding of gender in the HIV/AIDS pandemic. There should be an emphasis on interactive sessions on the context of how gender impacts HIV/AIDS and bring that to context of each person’s situation. (Group report)

Post-Institute

The Post-Institute group emphasized the need for short and long term methods of evaluation and suggested the incorporation of activities specific to participants’ own area within their own organizations. Follow-up, post-institute activities should be developed as training activities, not academic exercises. This group also mentioned the need for commitment from participants’ organizations. Thus the Institute would be expected to building learning-oriented relationships with organisations and networks from which the individual participants come.

2.2 Program and Institutional Support

A brainstorming session was conducted in order to identify resources and potential partners. Examples of organizations included Caribbean Epidemiology Centre (CAREC); Southern African Development Community (SADC); United Nations High Commission for Refugees (UNHCR); Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Fund for Women (UNIFEM); Pan American Health Organization (PAHO), Consultative Group on International Agricultural Research (CGIAR); International Labour Organization (ILO); Commonwealth of Learning (COL); World Health Organization (WHO); and Caribbean Association for Feminist Research and Action (CAFRA).

According to workshop participants, the best training programs and/or world leaders in gender and HIV/AIDS at this time include KIT Royal Tropical Institute, Tanzania Gender Networking Program (TGNP), UNIFEM, UNAIDS, Southern African AIDS Training Program and the International Centre for Research on Women. When asked who should be involved in the further development of the Institute, beneficiaries (men women and youth with HIV/AIDS), participants from this workshop, donor organizations, policy makers, practitioners, educators, and men were among those mentioned.

Day 3

3.0 Shared Vision

Participants arrived at a shared vision for the International Institute on Gender Management and HIV/AIDS. *It will be one of the world's leading International Institute of Excellence on Gender and HIV/AIDS issues focusing on transformational global change in the creation of a gender equal society for the prevention of HIV/AIDS as well as care, treatment and support of people with HIV/AIDS.* The Institute will be built upon principles of human rights, global equity, social justice, and transformational learning. The following characteristics are examples of those listed by participants that will assist in evaluating overall success of the Institute: flexibility, fluidity, sustainability, cultural diversity, mutual respect, dynamism, equality, and synergy.

3.1 Recommendations for Development of the Institute

The general recommendation was to proceed with subsequent phases of development of the International Institute on Gender Management and HIV/AIDS as proposed, including the hosting of a Curriculum Design Workshop in September 2002 and a pilot Institute in the summer of 2003. In addition, it was recommended that we continue to establish partnerships and grow our international network of stakeholders in Commonwealth countries, and focus on attracting and securing funding in order to ensure sustainability of the Institute.

3.2 Commitments to development and/or implementation of the Institute

When participants were asked to share personal and/or organizational commitments to the development and implementation of the International Institute on Gender Management and HIV/AIDS, all participants committed to sharing and promoting the concept of the Institute with their international colleagues and partners and several expressed a commitment to identify potential attendees (individuals and organizations) for the Institute. Nova Scotian and Canadian participants committed to attracting local support and involvement of this initiative. Some commitments were specific to participants' areas of expertise, such as educational training methods, promotion and marketing of the Institute. At this preliminary stage in the development of the institute, definitive financial partnerships have not been established.

Project Design and Evaluation

Six months prior to the workshop, a project coordinator was hired to work closely with MCEWH's Executive and Deputy Directors to prepare, send and follow up on invitations in order to ensure appropriate representation at the workshop. With significant support from two administrative personnel, the coordinator was also responsible for organizing logistical details for the workshop and arranging travel for eight sponsored participants.

Development of the workshop programme was a cooperative effort on the part of MCEWH, Com Sec, and the workshop facilitator with feedback from workshop participants. In order to accommodate potential programme alterations, such as or clarification/ elaboration of particular ideas, the programme was loosely structured.

After several drafts, the final programme proved to be a useful guide for the workshop. With the valuable assistance of a skilled facilitator, the workshop moved through a logical progression from the sharing of international and regional experiences and challenges relating to gender and HIV/AIDS through to the conceptualization and generation of recommendations for future development of the International Institute on Gender Management and HIV/AIDS.

Participants were sent a pre-workshop questionnaire that gathered information about participants' experience in gender and HIV/AIDS and expectations of participants for the workshop (see Appendix for Pre-Workshop Questionnaire). The workshop facilitator developed and circulated daily evaluation forms for each of the three days as well as a final evaluation form in order to retrieve participants' perceptions of the workshop in terms of effectiveness and success in meeting workshop objectives. Daily evaluations were reviewed at the conclusion of each day and where possible, suggestions and requests were incorporated into remaining workshop time. Among other things, these evaluative measures ensured that the content maintained a level of interest for workshop participants.

Project Outputs and Dissemination

Since the conclusion of the Feasibility/Design Workshop in January, a series of events and activities have raised further awareness of this initiative. The first of these activities included the preparation of a funding proposal that was submitted to and approved by the Centres of Excellence for Women's Health Contribution Program, Health Canada; the Canadian Strategy for HIV/AIDS, Health Canada; and Canadian International Development Agency (CIDA), to support the hosting of a Satellite Session at *AIDS 2002*, Barcelona in July. The purpose of the Satellite Workshop will be to inform people of this initiative, to increase our network of international stakeholders, and to seek information that will guide subsequent phases of development of the Institute.

A gender and HIV listserv has been established in order to maintain communication and enhance information sharing among workshop participants and other project stakeholders. There are currently 30 people/organizations subscribed to the listserv and a one-page description of events surrounding the development of the International Institute on Gender and HIV/AIDS, including the Feasibility/Design Workshop, has been added to the MCEWH website:

www.medicine.dal.ca/mcewh.

Workshop participants have requested permission to share information about this initiative with their international colleagues and partners at conferences, meetings, forums, etc. Once it has been printed, a hard copy of this final report will be distributed to all workshop participants and invitees who were unable to attend the workshop as well as international stakeholders, including government and non-governmental organizations, funding/donor agencies, international research groups, etc.

Capacity Building

In terms of the capacity building for the development of the International Institute on Gender Management and HIV/AIDS, this Feasibility/Design Workshop was a crucial event. The Workshop provided an opportunity to draw people together to discuss linkages and develop partnerships with a number of international organizations. The relationships that were built, the positive response to the workshop and the verbal commitment on the part of the participants was evidence of the level of support for the concept of the Institute and will be of significant value to subsequent phases of its development. This type of support and commitment would have been difficult to establish without a face-to-face interactive environment.

We have already experienced positive results from success of the workshop and relationships developed during the workshop, as they were instrumental in securing funding to host the Satellite Session at *AIDS 2002*. In addition, there are a number of participants who have expressed interest in becoming involved in the preparation and delivery of the Satellite Session in Barcelona, and other phases of development, another sign of international commitment, interest and support for the Institute.

Their extremely competent administrative staff has given the Centre a reputation for its superb event coordination, and this workshop was no exception. This was the second international workshop hosted by MCEWH but the first international event for which coordination was entirely the work of the Centre without assistance from an external coordinator. MCEWH excelled in their response to the additional challenges that are involved in hosting an international event such as international correspondence, particularly with Africa, and assisting participants in their travel requirements to visit Canada.

Despite geographic distance between MCEWH and Com Sec, Com Sec fulfilled their role as co-hosts of the event and the partnership between the two organizations strengthened throughout the planning and implementation process. As mentioned earlier, Com Sec was very helpful in identifying people and organizations that ought be invited to the workshop, they provided meaningful insight during preparation of the workshop programme, and they assumed a shared position of leadership with MCEWH during the workshop itself.

Project Management

MCEWH provided an institutional base and infrastructure from which the project was managed. International correspondence made the invitation process and the arrival at a confirmed list of workshop participants significantly longer than anticipated. The delay in receiving confirmation of attendance from participants did not allow for mailing of information to participants. Some information was sent electronically, however the organizers agreed with feedback received from several workshop participants who noted that they would have felt better prepared if they had been sent more preparatory reading materials and background information prior to the day of the workshop. In the future, this invitation process will be initiated sooner in order to expedite the planning process.

Impact

This project has already demonstrated significant impact by MCEWH's receipt of funding to host a Satellite Workshop at AIDS 2002 on July 7 in Barcelona, Spain. The sponsors of the Satellite session (Centres of Excellence for Women's Health Contribution Program, Health Canada; Canadian Strategy on HIV/AIDS, Health Canada; and Canadian International Development Agency) have provided additional funding to help offset the cost of preparing three documents/deliverables that will assist with subsequent phases of development of the International Institute on Gender Management and HIV/AIDS.

The first the three deliverables will be an annotated bibliography of international development and academic literature on gender and HIV/AIDS. The second will be a synthesis of selected training initiatives and institutes, including gender and HIV/AIDS with a view to identify models and curricula components that will serve as a resource for the Curriculum Design Workshop to be hosted in September 2002. The third will be a work plan and critical path time line for the International Institute on Gender Management and HIV/AIDS.

Overall Assessment

The encouraging response to the workshop and the concept of the Institute were reinforced with positive feedback provided by participants in their final evaluations of the workshop (see Appendix for compilation of final evaluations). Overall, the workshop was rated very good to excellent.

Among suggested improvements and considerations for subsequent workshops were more time, greater involvement from the HIV/AIDS community in Nova Scotia, greater participation of international organizations/partners, more input from the Caribbean, and more diverse sectoral involvement.

Participants expressed appreciation for the quality of workshop planning and structure and the strong, creative facilitation of the workshop. As well they were pleased with the networking and sharing of information that resulted from the workshop, the diversity and expertise of all workshop participants, and the clarification and illustration of links between gender and HIV/AIDS and the multi-sectoral impact of HIV/AIDS on development.

Some of the remaining questions for participants included answers to issues such as funding, collaboration and support for the Institute, associated costs and span of resources that will be required for development of the Institute, timelines for development and implementation of the Institute, as well as the establishment of a model that will guide development, curriculum content, and target audience.

Recommendations to IDRC

MCEWH and Com Sec were successful in attracting an esteemed group of experts to assess feasibility and discuss the concept of an International Institute on Gender Management and HIV/AIDS. The concept of the Institute has been well received. Commitment that was expressed by participants during the workshop has already been demonstrated. Given the success experienced in this stage of development of the International Institute on Gender Management and HIV/AIDS, we expect future phases of project development will be of significant value to any donor agency.

The impact and outcomes from the Feasibility/Design workshop have and will continue to contribute to the work of MCEWH and IDRC's Global Health Equity Program. A continued working relationship between MCEWH and IDRC is recommended in order to ensure that this important project will come to fruition.

References

Maritime Centre of Excellence for Women's Health (MCEWH), 2001. *Feasibility design study International Summer Institute on Gender Management and HIV/AIDS*. MCEWH.

UNAIDS, 2001. *Epidemic Update*. <http://www.unaids.org>

Appendices

List of Gender Management Systems Publications
Final Participant List with Participant Biographies
Workshop Programme
Pre-Workshop Questionnaire
Sample Daily Evaluation Form
Compilation of Final Evaluations