

REPORT: INTRODUCTORY WORKSHOP GENDER DEVELOPMENT PROJECT

**HIV prevention from a gender transformative perspective:
What does it mean? How do we do it?**

STOP AIDS NOW! Initiative

21 -23 February 2007, Jakarta, Indonesia

27 -28 February and 1 March 2007, Jayapura, Indonesia

Workshop organisers



Workshop partner organisations



Yayasan Spiritia



SAHAYOG



**Lembaga Pengkajian
Pemberdayaan Perempuan
dan Anak Papua**
Institute of Empowering Study for
Women and Child Papua

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Introduction

This document summarises the objectives, content, and outcomes of two workshops entitled, “HIV prevention from a gender transformative perspective: What does it mean? How do we do it?”, organised in Indonesia. To avoid duplicating content, it reports on both workshops at the same time, and highlights important differences that occurred in the two locations where relevant. All presentations have been included in the annex sections, as well as the results of the informal needs assessment survey done during the workshops.

The first workshop was organised with Hivos South East Asia Regional Office (Hivos SEA) in Jakarta, February 21-23, 2007, and the second was organised with Hivos SEA and Lembaga Pemberdayaan Pengkajian Perempuan dan Anak Papua (LP3A) February 27-28 and March 1, 2007 in Jayapura. Thirty-three people, representing 17 organisations, attended the workshop in Jakarta, and 21 people, representing 12 organisations, attended the workshop in Jayapura. They came from the human rights, HIV/AIDS and women’s empowerment sectors at the national, provincial and local levels.

Both workshops were similar in content and structure. This was in keeping with the objectives of the gender development project¹ and the idea to have the workshops function to introduce and launch the Project for the counterparts² of STOP AIDS NOW!. The specific objectives of the workshops were to:

- Introduce the Gender Development Project;
- Build capacity on the themes and approaches of the Project; and
- Bring Project participants together to make key joint decisions for establishing the Project locally.

The programme was divided into three groups of sessions: Introduction to the Project and the issues around the increased vulnerability of women and girls to HIV/AIDS and human rights; introduction to the concepts of “sexuality” and “gender” (how they relate to each other, and the roles they play in our live) and introduction to different approaches for challenging and changing our gender-based attitudes (referred to as “gender transformative” approaches); and establishing a framework for collaboration among Project participants.

The workshop in Jakarta opened with a round of introductions and a warm up exercise. Facilitators asked participants to pair up with a neighbour and discuss two common beliefs about the opposite gender than their own and two commonly held beliefs about HIV/AIDS. Responses included: “Lesbians and housewives aren’t at risk of HIV infection”; “men have higher libido”, “men play more roles in sexual relations”, “the responsibilities of men are obligations”, and “sex is safe at home”.



Participants and facilitators in Jakarta.

In Papua, because of fear the police might shut down the workshop due to the difficult political situation and how the Indonesian government is responding to it, the local organising organisation, LP3A informed the police of the workshop and invited the local health authorities to provide their moral support. These

¹ See the initiation document of Gender Development Project.

² counterparts are the local partners of the Dutch partners of STOP AIDS NOW!.

efforts resulted in an undisrupted workshop³ and an introductory presentation on the part of the head of the Papua Regional AIDS Commission, Drh. Constant Karma. He gave epidemiological figures for Papua that show that HIV prevalence has reached alarming levels, with HIV spreading primarily because of sexual contact, and secondarily because of perinatal transmission. The highest prevalence rate appears to be in Timika, with Merauke and Biak following behind. The age range with the highest HIV prevalence rate is 20-29 years old. He added that Indonesia is considered to be the slowest country to respond in the Asia-Pacific region.

Statistics show men have higher HIV prevalence compared to women, which according to Drh. Karma breaks the myth that HIV is caused by women and women sex workers. Men are spreading HIV, he said, specifically “mobile men with money”. These are civil servants and corporate employees. Among women, it is not sex workers that have the highest rates of HIV, but housewives. Responses to this state of affairs have included meetings with women. The outcomes of the meetings reveal the sense of defeat and distress of women in Papua in the face of HIV. Dhr. Karma told participants women in Biak said, “What should we do if our husband comes home drunk and seems to have bought sex outside? We have the marriage certificate, we hold on to that and the morals, we couldn’t do anything else.”

Other public health responses include campaigning for and distributing female condoms to nurses and midwives to help women use it. The target group is not sex workers, but housewives and women in general. Dhr. Karma appealed to participants to support the campaign for female condoms despite the protests, as have come from the Regional Ministry of Women’s Empowerment in Papua, for example. Every woman, he said, has the right to protect herself from HIV/AIDS.



Participants in Papua relaxing after a long day.

Women, Girls, Gender, HIV/AIDS and Human Rights

The first group of sessions directly addressing the increased vulnerability of women and girls to HIV/AIDS began with Jennifer Bushee’s presentation on the rationale and structure of the gender development project. Ms. Bushee coordinates the Project for STOP AIDS NOW!.

Ms. Bushee’s presentation⁴ introduced STOP AIDS NOW! and the gender development project. She spoke of the structure, objectives, and content of the Project. As part of the latter, she explained the rationale behind the Project.

HIV has risen at an alarmingly disproportionate rate among women and girls. Gender perceptions, behaviours and norms, and the power imbalances between men/boys and women/girls they help produce increase the vulnerability of women and girls to HIV/AIDS. To attack this problem it is essential to implement HIV prevention strategies and interventions that contribute to transforming gender perceptions, behaviours and norms and promote the human rights of women and girls.

³ The police came on the second day to ask questions, and once they were satisfied the workshop was only taking place at the Hotel Sentani, they left without further engaging the organisers.
⁴For this and other presentations see Annex I.

Jennifer further explained that, in light of the above and the objectives of STOP AIDS NOW! to strengthen the response to the pandemic, the gender development project seeks to add value to the HIV/AIDS and gender policies of the partners of STOP AIDS NOW!. It strives to do so by identifying promising local level strategies and interventions for HIV prevention that integrate promotion of egalitarian gender attitudes, behaviours and norms, and women's rights. The Project seeks to achieve that goal by bringing together community based and non-governmental organisations focusing on HIV/AIDS, human rights and women's empowerment to collaborate to adapt, implement and evaluate strategies at the individual and community levels, and to network together to create an enabling social environment for women and girls.

Firliana Purwanti, Programme Officer Hivos SEA, followed with a recent movie produced by Hivos that covers activities of organisations funded through Hivos's Gender, Women and Development Programme. Firli then explained Hivos's new gender policy, covering its background and content. Hivos's gender policy consists of a two-track approach: 1. Empowering women's rights and organisations; and 2. Gender mainstreaming. The first track involves supporting women's organisations to promote the rights, interests and participation of women, and the second track involves integrating the rights, interests and participation of women in all Hivos programme components.

In Jakarta, the following speakers were Hertin Setyowati and Caroline Thomas of Yayasan Spiritia. Spiritia Foundation is a support and empowerment group of and for people living with HIV and AIDS (PLWHA) in Indonesia. Ms. Setyowati presented first, giving an overview of the factors



Demonstrating the female condom.

that make women more vulnerable to HIV/AIDS. She emphasized the context most relevant to her personal experience, as a young woman who was not in a "high-risk" group but became HIV positive. She also gave a demonstration of the female condom. Some controversy followed, as some participants argued the female condom does not address the structural issues responsible for the increased vulnerability to HIV/AIDS women and girls. Others argued they appreciate the value of the female condom, but it needs to be presented in a more gender sensitive way. The facilitators took time out on Day 3 to address the concerns.

Facilitators next divided participants into five groups. They gave each a different case scenario involving human rights violations of women in clinical settings⁵, and asked them to identify five sexual and reproductive rights violated in each a case. They also gave groups an information sheet listing basic rights of women and girls and international declarations and agreements addressing women's rights, sheets they could use as reference points. This allowed the participants to start to reflect on the relationship between the reproductive and sexual health and rights (RSHR) of women and girls and their increased vulnerability to HIV/AIDS. One person from each group was then asked to read the scenario and the rights violated out loud to the other participants in the room.

Ms. Thomas followed the group exercise with a presentation on women's human rights and how these relate to and can be brought to bear on the increased vulnerability of women and girls to HIV/AIDS. She began by reviewing a series of rights related to HIV/AIDS that are often violated, and placed special emphasis on violations related to gender biases that are more specific to the Indonesian context as well as to women living with HIV/AIDS. Like Ms. Setyowati, she brought a much-needed PLWHA perspective to her presentation, sharing her personal experience of when she was tested involuntarily abroad and subsequently quickly deported back to Indonesia. Ms. Thomas added that to work on HIV/AIDS in a way that integrates human rights, one must focus on key principles including equality, non-discrimination, participation and accountability. She argued the United Nations Convention on the Elimination of all forms of Discrimination against Women (CEDAW)⁶ is a good reference point and tool for this purpose, as Indonesia has signed and ratified the Convention. CEDAW is especially relevant for work addressing the increased vulnerability of women and girls to HIV/AIDS, since in the context of HIV/AIDS, discrimination

⁵ Handouts were provided by Ipas, and had been used in their skills building workshop at AIDS 2006 in Toronto.

⁶ Please see <http://www.un.org/womenwatch/daw/cedaw/>.

and stigmatisation form pillars for inequality.

The issue of violations of rights yielded some interesting discussion. In Jakarta, a representative of a public health organisation asked why the HIV test before marriage has not been made mandatory, since many HIV prevention organisations are operating or being started in various places, and so many people keep contracting HIV. Participants rejected this suggestion with considerable liveliness, and went beyond usual objectives to bring the issue to bear on the question of the increased vulnerability of women to HIV. Mandatory HIV testing, they argued, would be implemented in such a way as to burden and discriminate against women. Another interesting topic that arose was whether there has been an effort to lobby for regulation to address discrimination against PLWHA. Indonesian PLWHA groups, another argued, are lacking in policy/advocacy efforts. It is hoped the gender development project, by bringing different sectors together, can help address this.

The Papuan version of the two sessions on the increased vulnerability of women and girls to HIV/AIDS and on the human rights of women and girls played itself out quite similarly. It is worth mentioning that Ms. Thomas covered both presentations in Papua. Discussions, at times touching and emotional, centred more heavily on cases of discrimination against people living with HIV/AIDS, and how these play out in Papua.

Gender Transformative Approaches

Ravi Jeena and Kaushik Das of MASVAW and Naz Foundation International, respectively, facilitated all of Day 2. MASVAW stands for “Men’s Action for Stopping Violence against Women”⁷. It is a campaign based in India, and hosted by Sahayog. Naz Foundation, also involved with MASVAW and based in India, is an organisation specialized in addressing and advocating around gender issues and questions around the issue of men who have sex with men. The purpose of the day was to familiarise participants with gender transformative approaches, while sensitising and educating them more intensely on gender issues. Having Naz Foundation participate in this work allowed for more discussion on sexuality than had been the case at the workshop done in Kenya in December 2006, which duplicated the workshops described in this report.

After an initial round of introductions, Ravi Jeena launched the participants into a game of musical chairs. In the game participants are broken down into two groups, and one of them has to move with restrictions that make it difficult or nearly impossible for it to win the game. After playing this game, Ravi Jeena asked participants to relate the game to the situation confronting men and women, in which men—be they fathers, boyfriends, husbands, community leaders, or politicians—restrict women according to rules of their own creation to gain power and control women.



Musical chairs being used as a means of raising awareness and educating on gender-based inequality.

Next, Kaushik Das gave a presentation on gender, power and masculinities. He explained the concepts of gender, biological sex, gender roles, patriarchy and masculinity. He further elaborated on masculinity. He argued there are various forms of masculinity and that these are actively constructed, dynamic, contradictory, and always related to power.

⁷Other organisations working with men on gender issues are Instituto Promundo in Brazil, Sonke Gender Justice Network in South Africa, and Engender Health in the USA. These groups use different methods. Another method is “Stepping Stones”, which involves both men and women. Some methods have been able to produce a variety of positive results in relation to predictors of HIV outcomes in a short time. These include: increased condom use and communication about sex and condoms between partners, reduced acceptance of violence against women in the community, increased acceptance of more egalitarian gender based views among participants.

Participants asked for the MASVAW facilitators to explain how they engage men and boys on these themes. The facilitator explained that MASVAW involves males in self-reflection exercises and games. MASVAW works with non-governmental organisations (NGOs), trains them to do the exercises and games, and they then turn around and do them with their target groups. MASVAW also works with schools and universities to do seminars, film screenings and host discussion sessions, It also leads a road show, to pass on gender egalitarian and anti-violence messaging across the community.

Participants also asked how MASVAW is able to convince men of the benefit of gender attitude transformation. The answer was that MASVAW explains to men that it is for the benefit of society at large, and this carries weight with people. They further asked if MASVAW uses the same approaches for all social classes, pointing out that, in Indonesia, it would be difficult to coax lower class people to talk about gender and gender roles. MASVAW uses different approaches for people from different social groups. Some activities involve analyzing media products for gender bias in articles, analyzing textbooks with academics and teachers, and reviewing laws with lawyers. For illiterate men, MASVAW makes suitable materials that are not text dependent.

Some further asked whether MASVAW works to transform women’s views. The facilitators responded that MASVAW was born to complete the women’s movement and has succeeded in transforming women’s attitudes. Results of MASVAW were further discussed. One participant wanted to know how the work addresses HIV prevention positively. One of the results of the work of MASVAW has been that sex workers are now negotiating the use of male condoms with their customers. This has resulted in a decrease in the HIV prevalence among sex workers in Sonagachi area in Kolkata, India, for example. Another result has been that the media where MASVAW is implemented are more responsive in monitoring gender based violence cases. Men who are members of MASVAW have also been able to express their emotions easily and have changed their patriarchal behaviours at home.

Mr. Jeena next led a session on gender, human rights and HIV sensibility. Participants were divided into groups. He asked each group to review a series of real case studies that highlight various forms of discrimination.



Participants in Papua discussing group work.

There followed a discussion on the various cases and views of the different groups. Another group exercise followed in which participants were asked to do group work to identify different sexual behaviours related to HIV/AIDS.



Group work presentations.

Kaushik Das next gave a presentation on the theme of sexuality, and tying it into gender and gender roles. One cannot talk about HIV, after all, without talking about sex. He defined the concept, explaining that the definition of sex will differ in many cultures, but that in most cultures, the definition of sexual intercourse is vaginal sex. He explained sex exists at three levels: The individual, relationship and societal levels. There are six components to sexuality: Biological sex (physical and genetic sex); sexual orientation (to which sex one is attracted); sexual behaviour (how someone acts sexually); sexual identity (self-identification); gender identity (self-identification) and gender expression (how we “succumb” to cultural expectations on a certain gender). He next covered the different common sexual identities and posed some key questions, addressing in particular how different sexuality issues relate to HIV risk.

The facilitators then showed a film about MASVAW’s work in India (to be viewed at: http://www.stopaidsnow.nl/aidsindewereld_artikel/test). The film shows some of the activities of MASVAW including games, dialogue sessions, school trainings, public actions, and interviews with activists and MASVAW community participants. Participants next focused on developing gender equitable strategies through group work. Each group was given a case study with a problem to resolve by creating a programme that uses a gender equitable approach or strategy. Programmes developed tended to lean on empowerment strategies focusing on increasing education for women and girls, setting up support groups and integrating economic empowerment through micro-credit and cooperatives.

Day 2 in the Papua version of the workshop was quite similar. There were some noteworthy differences, however. As part of the session on gender and masculinity, there was a group discussion on how assumptions about gender roles early in life determine the gender roles we carry with us later on as adults. For example, parents give gender-specific toys to children. So, very early, we are socialized into viewing ourselves inside a “gender box”, and our environment serves to reinforce this categorization throughout our lives.

The session on sexuality in Papua also took a slightly different turn. The facilitators built more discussion into the programme, which allowed for much more interaction on the issues. Participants were asked to list sexual behaviours but to make a stronger link on the themes of HIV and women. Participants were given a small number of “types” of persons, such as a: Priest, nurse, housewife, or schoolteacher. They were then told to assign sexual behaviours they thought would correspond to the types of persons listed. It was interesting to reconfirm that we continue to bring a series of assumptions to our beliefs about sexuality and sexual behaviour based on common stereotypes. The discussion that ensued was an opportunity to break through our assumptions, driving home the fact that people’s sexual behaviours often deviate from what we expect them to be and that a savvy HIV prevention policy or communications approach will take this into account. The issue of abstinence also arose, and there was some discussion around abstinence programmes. One of the participants mentioned that in Surabaya’s Catholic churches girls who have just turned 17 are enrolled in a three-session programme to swear their abstinence until marriage. They are asked to make this vow in front a priest and God. They receive a certificate that shows they are bound to their promise.

Collaboration among Organisations Working on Women’s Empowerment, Human Rights and HIV/AIDS

The first two days were intended for participants to reflect upon on how gender, human rights and HIV/AIDS issues are interlinked in relation to the increased vulnerability of women and girls to HIV/AIDS. There were also meant to give an opportunity to see the types of concrete activities that could be taken up to work in a gender transformative way and promote the rights of women and girls in the context of HIV/AIDS prevention. The third day concerned exploring how the gender development project could take more shape, and in particular, how the organisations could work together.

Organisations working on women’s empowerment, human rights and HIV/AIDS are working to reduce the increased vulnerability of women and girls, but generally, from their individual perspectives and sectors. The reality is such that insufficient collaboration exists among the organisations. Yet, we know multi-sectoral approaches to HIV/AIDS work better. For participants to see for themselves the importance of collaboration among the three civil society sectors of the gender development project, the organisers invited participants to act out a mini-play. Three people were invited to play a woman who has been raped, a police agent and a doctor. They had five minutes to develop a scenario expressing how they thought a typical rape situation would be handled in their local context.

Both mini-plays in Java and Papua showed the collaboration between the police and clinicians to be poor, and the collaboration between these two and non-governmental organisations focusing on women's rights and HIV/AIDS to be lacking. Also the police and clinicians are revealed in both workshops to work bureaucratically, yet when they follow procedures they do so incorrectly. They also both fail to fulfil their roles fully; yet at the same time tend to exceed the limits of their roles. In addition, the police are shown to be insolent to women, do not take rape claims seriously, and are highly gender insensitive. In the mini-play in Java, seeing the scarf on the woman's head, the "police officer" equates rape with promiscuity and then doubts the rape claim based on the assumption that Islamic women are not promiscuous. The workshop in Papua turned out similarly. Again, the police showed itself to be highly gender insensitive, again making inappropriate comments. This time, the "police agent" asked the "rape survivor" how the rape felt.

Participants' comments on the mini-plays included corrections on the various procedures, and an articulation of what is now possible in Indonesia. According to participants, police officers in Indonesia receive gender sensitivity training, but this is limited only to some areas. There are also "integrated violence service centres" (PKTs according to the abbreviation in Bahasa Indonesia) in hospitals in Indonesia for some time now, as well as special crisis rooms (RPKs according to the abbreviation in Bahasa Indonesia) at police stations. At RPKs, it is female officers who take reports. However, PKTs and RPKs are not widely available, and sometimes organisations that work on women's issues are not aware of them. It is worth noting that neither the scenarios nor the participants raised the issue of HIV. Indeed, post-exposure prophylaxis (PEP)⁸, given the time frames involved in the scenarios, would still have been appropriate, as the women in the fictitious scenarios were seeking help within the 72 hour



Seeking medical help.

period during which PEP can still be effective. Yet this issue did not come up, as neither did discussion on the possibilities of becoming infected with HIV. Participants agreed it is clear working together in a coordinated way on the issues of women, HIV/AIDS and rights (civil and human) is therefore essential.

Participants next discussed ways of joining forces in the gender development project and the modalities around participation in the gender development project. Ms. Bushee, who facilitated this third workshop day, explained that STOP AIDS NOW! had developed the idea of a coalition as a means of structuring the collaboration of the various organisations within the gender development project, thinking that it would facilitate efficient, collective action, and local ownership over the Project. She also explained membership in the coalition need not be limited to counterparts of STOP AIDS NOW!, but that funding for activities is.

In Jakarta, participants agreed relatively quickly to form a coalition. They thought it would be the simplest and most appropriate structure to have for collective action, and that it holds the potential to make a breakthrough for change at the national level. They also agreed the coalition needs to be governed according to participatory principles, but without setting up many structures and layers. Participants in Jakarta also felt two coalitions should be set up, one for each Project location, rather than one national coalition. This is because of practical issues. It is also because of the way HIV is playing out so differently in the two places, and the diversity between the communities in Java and those in Papua. Participants highlighted, however, that it will be important that, within the coalition, diversities be understood and there be a strong commitment to making these compliment each other. It will also be important that the coalitions not function independently from the gender development project and its participants.

Participants in Papua launched first into a discussion of their experiences with coalitions and coalition building. These stories were important for the organisers to hear, as they gave further insight into the local context. One organisation that works on bringing legal action on cases of human rights violations and that has made use of coalitions for this purpose expressed difficulties in getting women's groups involved.

⁸ According to the World Health Organisation, post exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse. Within the health sector, PEP should be provided as part of a comprehensive universal precautions package that reduces staff exposure to infectious hazards at work. See <http://www.who.int/hiv/topics/prophylaxis/en/>.

Lack of funding for coalition work was also repeatedly mentioned as a barrier to having properly functioning coalitions. But overall, participants agreed a coalition is a good way to organize collaboration across different civil society actors, and that Papua should have its own coalition. Participants thought it might be also desirable to have “mini-coalitions” at local level that would then fall under a broader coalition umbrella. This issue was put forward for consideration, and it was agreed this would be reconsidered when the Project had taken more shape in Papua, to see the relevance or need of such a finer-grained structure.

In both Java and Papua, participants were invited next to discuss the criteria for selecting the coalition coordinator. Participants were separated into groups, and each group was asked to select four important criteria for selecting the coalition coordinator. Participants shared their criteria with the whole group. Then they all worked together with the facilitator to group them and wheedle the list down to five main criteria the selection committee could take into its review of the applications receiving from organisations interested in being coalition coordinator. In Java these criteria were: 1) Verifiably active in a network (indicators: Active, communicates a lot with others, and implements participatory decision making process); 2) has internal accountability (solid internal management and processing systems); transparent and accountable to beneficiaries; 3) a formal, legal entity more than two years old; 4) basic understanding of the issues of gender, human rights and HIV/AIDS, and a robust understanding of one of these; and 5) able to act as a unifying force. In Papua these criteria were: 1.) Good management; 2.) Good comprehension on issues of human rights, gender and HIV/AIDS, and strong understanding of at least one of these; 3) transparent and honest; 4) able to lobby and advocate; 5) have a network in place; 6) have links/network with other institutions, such as government; and 7) have proper infrastructure.

In the last session, participants discussed the kinds of activities they could take up in the gender development project. Ms. Bushee explained activities should fit the framework of the Project. She reminded participants the Project aims for human rights, women’s empowerment and HIV/AIDS organisations to collaborate to adapt, implement and evaluate strategies and interventions for HIV prevention that integrate promotion of egalitarian gender-based attitudes, behaviours and norms, and women’s rights. The Project encourages participants to take up these activities at the individual and community levels, and to network together to create an enabling social environment for women and girls. She further explained that activities could be based on the current programmes of the organisations if they match the gender development project’s goals and strategies. In other cases, activities would need to be adjusted to be in line with gender transformative approaches, or organisations could link up with organisations developing activities that fit the Project.

The organisers invited volunteers from the three types of organisations to come up to the front and share how their organisations might be able to take up the sorts of HIV prevention activities described above. In Java, a women’s group indicated they would work on addressing marriage issues and work with trafficked women, using a religious and “gender transformative” approach. Another women’s group pointed out they would be interested in focusing on the vulnerability of women migrants to HIV/AIDS, using the Colombo declaration (of the Regional Summit on Foreign Migrant Domestic Workers, August 2002) to promote their rights. An organisation focusing on HIV/AIDS will enhance gender issues among female injection drug users. Another will focus on prevention of mother to child transmission of HIV (PMTCT) with sex workers. One organisation focusing on gender and sexuality will create a new programme on women and HIV/AIDS, with a focus on outreach. One women’s rights organisation focusing on political education will integrate sexuality in their women’s political leadership training module. Another will try to integrate peace and inter-faith tolerance and women’s reproductive rights.

In Papua, one organisation working on HIV/AIDS expressed they would like their organisation to target dockworkers, motorcycle drivers (“Ojek” drivers), and fishermen in HIV prevention through games and music fairs. They would also engage women in discussions through existing integrated health posts rather than in village discussions. Another group focusing on HIV argued they would like to use political issues as an entry point, since there has been a local HIV/AIDS ordinance passed that has not been socialized well. They would also like to campaign on gender and human rights. A women’s organisation said they would prefer to focus on HIV/AIDS and “domestic” violence. And a group that undertakes human rights training in villages will form focus groups around women’s rights and HIV/AIDS.

Coalition Coordinator

After the Workshop closed, the selection committee⁹ came together to select the Coalition Coordinator on the basis of the five criteria collectively defined by the participants earlier in the day. The Committee made a shortlist of the organisations that applied to be Coalition Coordinator that were thought to meet the relevant criteria. Then, committee members assigned points to each criterion. The organisation with the highest total score was Koalisi Perempuan Indonesia in Java and Foker LSM Papua in Papua.

Conclusions and Evaluation

Crucial initial steps for establishing the Project were able to take place thanks to the workshops, and the commitment and enthusiasm of the participants. In particular, structure, the coalitions, could be established for the cross-sectoral collaboration called for in the Project, and the coalition coordinators could be selected. The work of the organisations selected will help give order and form to the future management of the Project at the local level and to the functioning of the coalitions. It is also worth highlighting again that the coalition coordinators were chosen in an open, fair and participatory manner. Project participants were able to see from the workshops some of the key values that drive the gender development project.

All participants received evaluation forms to complete at the end of the workshops. Nearly all participants in Jakarta expressed the workshop had given them a new perspective; they now see how gender, HIV, vulnerability and human rights are closely interrelated. Several also thought they now saw new issues and connections on gender and sexuality. Many also highly prized the networking opportunities created through the workshop, and learning how to complement each other's work. For some it was the first time they had shared with an organisation focusing on gay issues, and they thought it was interesting and instructive to network with such an organisation. One person commented having learned a lot about working democratically. Several also expressed they liked the substance of the Project, and found it inspiring for their own organisational programming. The MASVAW activities were highly popular, and some wondered if and how the project could be replicated in Indonesia.

Some expressed they would have liked to have received a guide on how to work together in a coalition, and that it would have been nice to bring Kenyans to the workshop. In Jakarta, some expressed that the Spiritia Foundation facilitators could have delved deeper into the issues and that they should not have emphasized the female condom. One commented, however, that s/he did not care for the negative reaction of some participants to the demonstration on the female condom. Several added it would have been a good idea to map the needs for programme planning¹⁰, and some suggested there should be a follow-up workshop to go deeper into the issues.

Comments from the Papuan facilitators showed extremely similar reflections, emphasizing the positive experience of learning more about the interconnectedness of the issues and being able to be more educated on the issues of sexual identities and sexuality. They found the Spiritia Foundation presentation to be valuable as it showed anyone can be vulnerable to HIV. Suggestions for improvement from the participants in Papua include, nearly unanimously, to provide more language support through translation of resource documents.¹¹ In relation to this issue, one suggested it would have been better to have a local committee facilitate activities. And several also mentioned that reimbursement for transport costs was insufficient, reflecting the increased costs of working in Papua.

⁹ See Annex IV.

¹⁰ See Annex II for the results of the needs assessment surveys done in both locations.

¹¹ An English language summary of the policy and theme-based articles included in the resources packs delivered to participants at the workshops has since been produced, translated into Bahasa Indonesia, and disseminated to Project participants in Java and Papua.

Special Thanks

Special thanks go to Hivos SEA for their collaboration, and to Firliana Purwanti and Maesy Angelina in particular. Ms. Angelina, Junior Programme Officer at Hivos, took on key elements of the organisation of the workshops, such as budgeting and myriad logistical issues. She also contacted organisations to stimulate interest in the Projects and the workshops, and she kindly took notes at the workshop in Java and provided translation at the workshop in Papua. Ms. Purwanti also kindly provided advice and support throughout, including contacting partners to stimulate interest in the Project and the workshops. She also kindly provided support for translation in Papua. Ms. Wenny Mustikasari, of Aksanisari Language Service, provided professional translation at the workshop in Jakarta.

Special thanks also are due to Mr. Ravi Jeena, who brought much enthusiasm to his facilitation work and succeeded in motivating participants to take on gender transformative work in their efforts to address HIV/AIDS. Participants say they want to replicate MASVAW in Indonesia! Mr. Kaushik Das brought a highly important sexuality lens to gender issues and a highly important gender lens to sexuality issues. Participants appreciated the approach and insight. Thanks also go to Mr. Abhijit Das, of the Centre for Health and Social Justice in Lucknow, India, and Board member of MASVAW, for arranging for the facilitators. Spiritia Foundation's facilitation brought a much-needed PLWHA perspective to the issues, and special thanks are thus due to Caroline Thomas and Hertin Setyowati, and to Daniel Marguari, Director of Spiritia, for helpfully arranging the collaboration.

Last but certainly not least, a special thanks go to the representatives of LP3A who, not only provided note-taking support at the workshop in Papua, but applied patience and determination in negotiating with the local police and health authorities to ensure the Workshop would take place without difficulties. We are also thus grateful to Ernest van Schoffelen of Cordaid for his helpful advice on how to approach organising the Workshop in light of the political situation in Papua.

Annex I: Invited presentations

STOP AIDS NOW! and the Gender Development Project

-Presentation by Jennifer Bushee

I. About STOP AIDS NOW!

The Gender Development project is a project of STOP AIDS NOW!. STOP AIDS NOW! is a partnership of five Dutch organisations: AIDS Fonds, ICCO, Memisa (Cordaid) and Oxfam-Novib. Together, they address HIV/AIDS within a context of development cooperation. The mission of this partnership and therefore of STOP AIDS NOW! is: “Working towards a world without AIDS”.

The main objectives of STOP AIDS NOW! are to:

- Enhance the level of HIV/AIDS activities of organisations with regard to information, education, prevention, treatment and care of persons living with HIV/AIDS and strengthening civil society and;
- Improve the quality of the HIV/AIDS activities of organisations by stimulating mainstreaming, linking and learning, capacity building, and innovation.

The objectives of STOP AIDS NOW! can be captured in the phrase “more and better”.

STOP AIDS NOW! does not strive to build its own structure or network in developing countries, but seeks to support, strengthen and expand infrastructure of the five partner and the cooperation between them and their partners in the South.

Four main activities of STOP AIDS NOW! are:

- Communication and information
- Fundraising
- Advocacy and lobbying
- Development to innovate or redefine existing strategies, methods and procedures of STOP AIDS NOW! partners as well as establishing new forms of cooperation and partnership.

2. The STOP AIDS NOW! Gender Development Project

a. Context

HIV has risen at an alarmingly disproportionate rate among women and girls. Gender perceptions, behaviours and norms, and the power imbalances between men and women they help produce, make it difficult for women and girls to protect them from HIV. To attack the problem of the increased vulnerability of women and girls to HIV/AIDS, it is essential to implement HIV prevention strategies and interventions that contribute to transforming gender perceptions, behaviours and norms. Some HIV prevention projects have taken a gender transformative approach. They have been able to show a variety of positive results in relation to predictors of HIV outcomes in a short time. These include: increased condom use and communication about sex and condoms between partners, reduced acceptance of violence against women in the community, increased acceptance of more egalitarian gender based views among participants. However, most projects have focused on masculinities in the context of HIV/AIDS and not on women and girls. The realisation of the human rights of women and girls, including sexual and reproductive rights, is essential for reducing the increased vulnerability of women and girls to HIV/AIDS.

b. Goal

The goal of the gender development project is to add value to the HIV/AIDS and gender policies of the partners of STOP AIDS NOW! By identifying promising local level strategies and interventions for HIV prevention that integrate promotion of egalitarian gender attitudes, behaviours and norms, and women’s rights.

The Project seeks to achieve the goal by bringing together community based and non-governmental organisations focusing on HIV/AIDS, human rights and women’s empowerment in Kenya and Indonesia. These three types of groups correspond to the specific cross-thematic approach of the project.

To Project aims for these three types of organisations to collaborate to adapt, implement and evaluate strategies at the individual and community levels and to network together to create a enabling social environment for women and girls.

c. Activities

Activities can be broken down into three types:

- **Individual level** HIV prevention strategies and interventions that promote egalitarian gender attitudes, behaviours and norms and women's rights. These activities may include: theatre and role-playing, debates and discussions, life skills training, peer to peer counselling and, information and education.
- **Community level** HIV prevention strategies and interventions that promote egalitarian gender attitudes, behaviours and norms and women's rights. These activities may include: theatre and role playing, debates and discussions, life skills training, peer to peer education and training, advocacy and campaigning, information and education, and communications and media work.
- **Networking** to contribute creating an enabling broader social and legal environment for women and girls. Networking activities may include: Joint constituency development, alliance and coalition building, joint lobby and/or advocacy activities, and mutual capacity building.

d. Place and Time frame

The project will be implemented in Kenya (high prevalence) and Indonesia (low prevalence). The time frame of the project is mid 2006 to end of 2008, with possible extension to 2010.

e. Participation in the project

The Project calls for counterparts focusing on HIV/AIDS, human rights and women empowerment to come together and form a coalition at national level. The members of the coalition will define coalition roles and responsibilities. The coalition is responsible for developing, implementing and evaluating a local own version of the project and corresponding work plan with STOP AIDS NOW!. It is suggested one organisation be selected (by a selection committee). This organisation will be responsible for the management and implementation of the activities and function as a principle liaison with STOP AIDS NOW!. This is the Coalition Coordinator. Funding will be provided, on the basis of detailed proposals and budgets for all activities that can be shown to serve to advance the aim of the project.

HIVOS'S Gender Policy

Presentation by Firliana Purwanti

Hivos is a humanist development organisation and a partner of STOP AIDS NOW!. Hivos is lead organisation in the gender development project.

Hivos Gender Women and Development policy: Women Unlimited – Unfinished Business Gender Mainstreaming: The Double track approach

The First Track: Support to Women's Rights:

- 15% of expenditures will be allocated to the first track
- 15% of expenditures aimed at partners that specifically addressed gender issues or have target group of at least 80% women.

The Second Track: Targeting women within the other Hivos Sector programmes

Strengthening Hivos's and partners' programme:

- The Gender Trajectory
- Result of ELSAM & Hivos Human Rights Workshop 2005
- Knowledge Sharing through SATUDunia

SATUDunia.net

Satudunia is an initiative to support the use of information and communication technology (ICT) for knowledge and information sharing by Indonesian civil society organisations. Satudunia focuses on issues related to developing and strengthening civil society.

Focus: *HIV/AIDS* & Sustainable Economic Development

- Access to information and knowledge exchange on development issues (such as *HIV/AIDS*)
- Indonesia (your organisation) will be engaged in the map of international development movement

- Capacity building services to support information exchange

You are invited!

SATUDunia Grand launching

Thursday, 22.02.2007

19.00 pm

Auditorium Erasmus Huis

A Bus will be ready at 6.30 pm

Summary

Hivos Gender Policy: Double Track

The Relevance:

SAN! Gender Dev. Project strengthens The second track

SAN! Gender Dev. Project facilitates cross-sectoral approach

Advancing the result of SAN! Gender Dev. Project through SATUDunia.

Epidemiological Situation in Papua

- Presentation by Dhr. Constant Karma of the Papua Regional AIDS Commission

Due to the number of graphs, this presentation has not been included as text, but instead the file can be obtained by contacting Jennifer Bushee at jbushee@stopaidsnow.nl

Women, Gender, HIV/AIDS and Human Rights in Indonesia

- Presentations by Caroline Thomas and Hertin Setyowati, Spiritia Foundation (to avoid duplicating content, what follows is technically Caroline Thomas's presentation from the workshop in Jayapura. It combines both Ms. Setyowani's and her presentations from Jakarta).

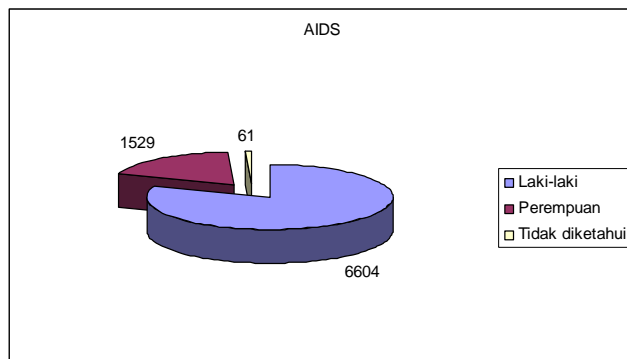
Hak Odha Perempuan

Statistik Dunia*

- Orang dengan HIV 39,5 juta
- Infeksi baru 4,3 jut
- Meninggal karena AIDS 2,9 juta

*Laporan UNAIDS: Epidemi AIDS Global, Mei 2006

Jumlah Kumulatif Kasus AIDS Menurut Jenis Kelamin*



Mengapa Perempuan berbeda?

Perbedaan fisik, sosial, psikolog

Hanya ada sedikit penelitian tentang dampaknya

- Hormon
- Berat dan bentuk badan
- Sistem reproduksi
- Haid dan mati haid
- Gaya hidup dan keadaan sosial
- Kekuasaan

Faktor meningkatnya kerentanan perempuan terhadap HIV:

- Biologis
- Sosial
- Budaya
- Ekonomi

Faktor lainnya...

- Stigma and diskriminasi
- Kemiskinan dan kurangnya sumber daya
- Beban pengasuhan keluarga

Layanan HIV & AIDS:

- Informasi dan pendidikan terkait HIV
- Layanan konseling dan tes sukarela (VCT)
- Informasi dan layanan IMS kepada remaja putri
- Layanan Pencegahan penularan dari ibu ke anak
- Kondom perempuan
- ARV
- Profilaksis Pasca Pajanan

HIV/AIDS dan HAM

- Kewajiban Internasional terhadap HAM timbul melalui dokumen-dokumen mengenai HAM yang disetujui berbagai negara
- Kewajiban negara adalah untuk melindungi, mempromosikan dan memenuhi HAM ini di dalam batas wilayahnya
- Penyebaran HIV/AIDS dan penanganan yang tepat bisa berjalan dengan baik jika HAM dilindungi

Dokumen terkait Hak Odha Perempuan:

- Convention on the Elimination of all forms of Discrimination Against Women/CEDAW (Konvensi pemberantasan semua bentuk diskriminasi terhadap wanita)—UU No 7 tahun 1984
- Pasal 1 angka 6 Undang-Undang Nomor 39 Tahun 1999 tentang Hak Asasi Manusia
- Deklarasi Universal HAM PBB (1948)
- dll

Hak Odha:

- Hak untuk hidup dan bertahan hidup
- Hak untuk kesamarataan dan tidak didiskriminasi
- Hak untuk mencapai standar kesehatan yang tertinggi
- Hak untuk mendapatkan informasi
- Hak untuk mendapatkan pendidikan
- Hak yang setara untuk mendapatkan pekerjaan
- Hak terhadap kebebasan dan keamanan pribadi
- Kebebasan untuk mengikuti kata hati (nurani)
- Hak untuk bebas dari perlakuan hak manusiawi dan yang menurunkan derajat
- Hak untuk menikah dan berkeluarga
- Hak untuk menentukan jumlah anak dan jarak kehamilan

Jender: Pencegahan HIV/AIDS

- Memecahkan kesenjangan jender.
- Menghentikan kekerasan fisik, emosional, sosial dan budaya
- Memfasilitasi hak terhadap informasi
- Membantu proses 'hak untuk memilih'
- Membantu akses yang setara terhadap hak ekonomi, sosial dan budaya

Jender: Pengelolaan HIV/AIDS

- Akses yang setara untuk sumber daya (kesehatan, pendidikan, makanan dan nutrisi, tanah, kredit)
- Akses terhadap informasi yang benar termasuk melek pengobatan

- Keterlibatan yang sama rata antara pria dan wanita dalam perencanaan dan pembuatan keputusan dalam pengelolaan HIV/AIDS

Pembuatan programme untuk pemberdayaan perempuan:

- Sudahkah masalah-masalah jender diakomodasi?
- Apakah perempuan bisa dilihat pada setiap tingkatan (perencanaan, implementasi, peninjauan kembali, dll)?
- Apakah stereotip norma-norma pria dan wanita sudah jelas?
- Apakah ada strategi untuk mengatasinya?

Menggunakan pendekatan HAM:

- Prinsip kesetaraan
- Prinsip non-diskriminasi
- Prinsip partisipasi (sumbangsih)
- Prinsip akuntabilitas

Strategi:

- Melobi
- Berjejaring
- Bernegosiasi
- Meminta
- Mendidik
- Menggunakan intervensi hukum

Apa yang dapat kita lakukan.....?

- Kita dapat membantu mereka dengan mencari informasi terkini!
- Advokasi agar ada lembaga-lembaga yang berpengetahuan mengenai AIDS pada perempuan
- Masalah dan tantangan yang dihadapi Odha perempuan sangat rumit!

Gender Transformative Approaches

- Presentations and exercises by Ravi Jeena and Kaushik Das of Sahayog and Naz Foundation International, respectively

Gender and Masculinities: An overview

- Presentation by Kaushik Das

What is sex?

Sex as biology: Male, Female or inter-sexed

Sex as gender: Man, woman or transgender

Gender

A term used to describe:

- What sex we are born - as female, male, inter-sexed
- How society treats us from birth
- What rules apply as a result - social, legal, economic, cultural - at society level in organisations and families
- How we dress, behave, work, play, have sex, etc.
- Gender includes differences in the way we are treated by society, based on whether we are men, women, or transgender
- Gender is about culture and society, and not just individual identity - it is a system.

Difference between biological sex and gender:

- Sex is natural and biological. It refers to visible differences in genitalia and related differences in procreative function
- Gender is socio-cultural and it refers to masculine and feminine qualities, behaviour, pattern, roles and responsibilities
- Sex is constant, it remains the same in everywhere
- Gender is variable, it changes from time to time, culture to culture and even person to person

“Gender is a matter of culture, it refers to the social classification of men and women into ‘masculine’ and ‘feminine’...gender has no biological origin, that the connections between sex and gender are not really ‘natural’ at all.” *Ann Oakley*

What is Patriarchy?

It is used to refer:

- Male domination
- Power relationships by which men dominates women
- A system where women are kept subordinate in a number of ways

It is both a social structure and ideology (religious!!)

Patriarchal control over women

Gender/Patriarchy system also manifest in control over different aspects over women’s lives, such as:

- Women’s productive or labour power
- Women’s reproduction
- Women’s mobility
- Property and other economic resources
- Social, cultural and political institutions
- Women’s sexuality

What is masculinity?

Some dominant understandings. Men are expected to be:

- Physically strong
- Emotionally robust
- Daring
- Risk takers
- Bread owner

Can any of these qualities be present in women?

Some key questions?

- Whose definitions are we talking about?
- One masculinity or many?
- Do masculinities share common features?
- How do masculinities change over time?
- Do masculinities oppress men as well as women?
- Are all masculinities equally oppressive?

Masculinities are...

- Plural
- Collective
- Actively constructed
- Embodied
- Dynamic
- Linked to hierarchy and hegemony
- Contradictory

Importance of power and resistance

- Masculinities are linked to power
- Exercise of power always generates resistance
- Hence, there are
 - Hegemonic (dominant/oppressive) masculinities
 - Oppositional (resistant) masculinities (attempt to change gender orders)
 - Alternative masculinities (win space within existing gender relations)

Challenging hegemonic masculinity

Involves:

- Changing the way boys are brought up
- Working with young and older men

Key components

- Breaking the silence about men, masculinity and 'maleness'
- Promoting self and collective care
- Developing more gender equitable programmes

Breaking the silence!!

- Talk more openly about gender, sex and masculinity (within context)
- Talk more openly about alcohol, drug use and its links to certain forms of masculinity
- Talk more openly about different relationships of males with females, children and males

Sexuality

- Presentation by Kaushik Das, Naz Foundation International

What is sex?

- Sex as biology: Male, Female or inter-sexed
- Sex as gender: Man, woman or transgender
- Sex as behaviour: Doing sex or having sex

Sex as behaviour

- In many cultures, what is defined as sex will differ.
- Different people will have different understandings of the word sex.
- Also people will define sexual activity according to the meaning and significance they give to it. Further social values will also be relevant.

Thus, for many, sexual intercourse means only vaginal sex. Anything else, such as oral sex, or anal sex, or thigh sex will not be significant or meaningful enough to be defined as sex!

Example

- In some parts of South Asia, husbands define sex with their wives as DUTY
- While wives define sex with their husbands as WORK
- While non-vaginal sex is defined as PLAY/MISCHIEF

However, in terms of HIV and AIDS, we need to focus on high-risk sexual activities

Sexuality:

A term to describe a number of things:

- Sex of a person (male, female, inter-sexed)
- Sexual orientation/desire (same sex, other sex, both sex)
- Sex acts (what we do when we have sex)
- Sexual attraction (types of partners)
- Sexual interests (monogamy, sex outside, etc.)
- Sexual rules and laws
- Cultural and historical influences

How we see ourselves as a sexual being.

Thinking about sexuality:

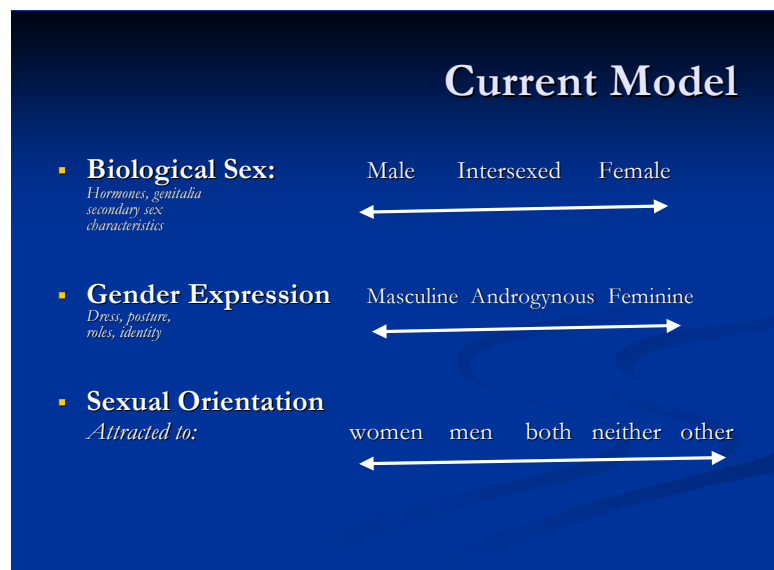
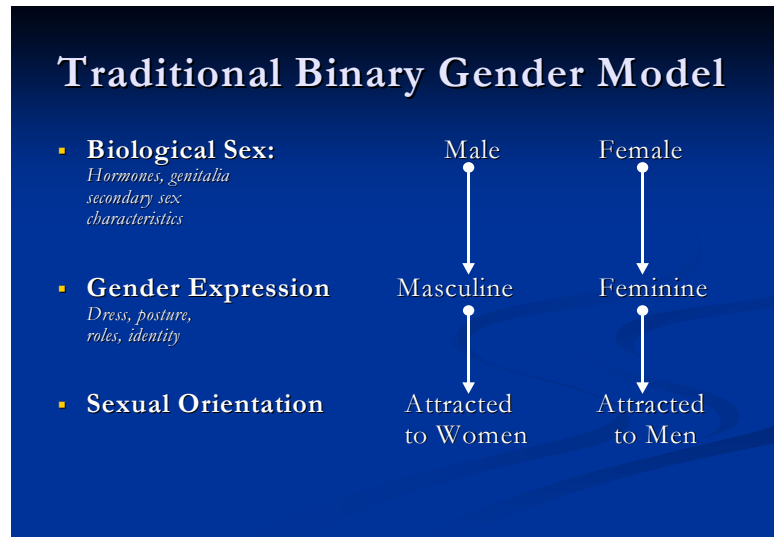
Sexualities act on three levels

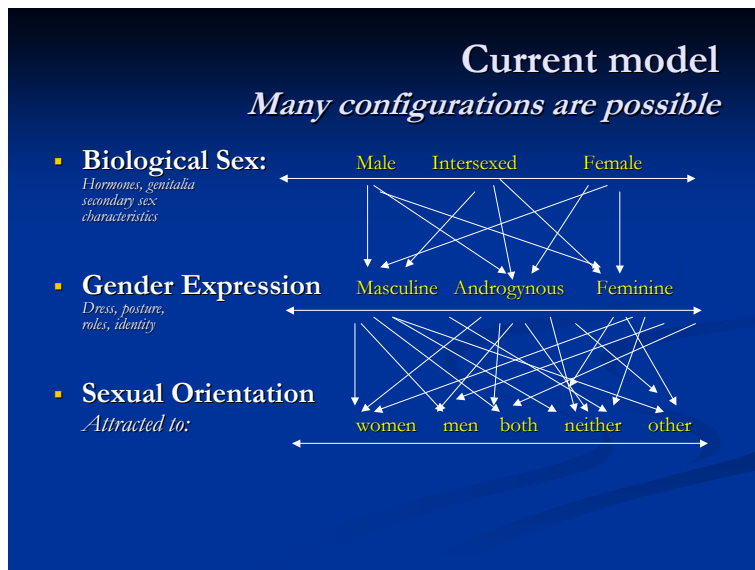
- Individual: What we like and do in sex, what we want sexually, whom we want sexually, what our bodies can do sexually
- Relationships: Us and our partners, how our relationships happen, what we enjoy sexually with others together, what risks we face in sex with others
- Society: What is 'okay' or 'not okay' sexually, how vulnerable we are in sex as a result of society's rules and ideas

To a significant extent, gender, masculinity and sexuality are framed by performance. We also need to think in pluralities: ender variance, masculinities and sexualities (also femininities).

Six components of sexuality

1. Biological sex – physical and genetic sex (That is, born with which genitalia?)
2. Sexual orientation – To which sex one is sexually attracted to?
3. Sexual behaviour: With whom (male, female or both) one has sex with?
4. Sexual identity: How one identify him/herself in relation to their sexual orientation/behaviour?
5. Gender identity – Whether one identify as man or woman?
6. Gender expression – adherence to the cultural expectations for ‘feminine’ or ‘masculine’ behaviour





Common sexual identities

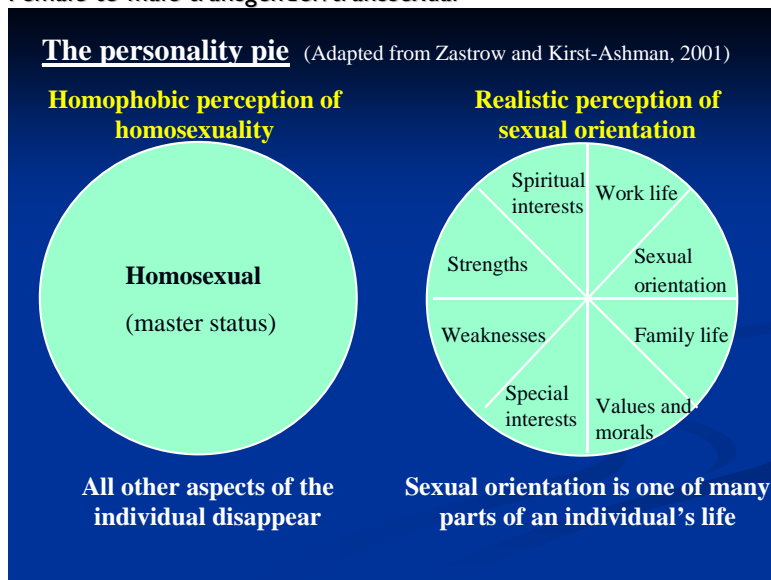
- Heterosexual: Attracted to opposite sex (straight)
- Homosexual: Attracted to same sex (gay, lesbian)
- Bisexual: Attracted to both sexes

Common sexual identities

- Transgender: Individual whose gender identity is that of the opposite gender
- Transsexual: Individual who goes sex reassignment surgery to change his/her biological sex (genitals and other related organs)

Male to female transgender/transsexual

Female to male transgender/transsexual



Key questions?

- Should we talk about different types of sexuality (within context) in our programme?
- If we prefer not to talk, what problem(s) our society at large can face?
Who are the most vulnerable to HIV in Indonesia in terms of gender, sexuality and sexual behaviour? What really needs to be done?

Annex II: Needs Assessment

This is a record of the needs identified through an informal written survey of participants completed during the workshops. Needs have been combined for both locations to avoid repetitiveness, where a need was specific for one location it is indicated as such.

Java and Papua

Education and Communication

- Information on HIV/AIDS that can be widely accessible and useful
- IEC materials adjusted to local tradition (Papua)
- Wide socialization on the issues
- Communication among various institutions and networks
- Trainings for religious leaders (e.g., Islam).
- Hotline services
- Involvement of women and girls in the development of materials and other IEC related matters
- More research on education and communications programmes
- Multi-sectoral approach
- Gender and human rights based education
- Promotion on gender and HIV issues at hospitals and with the police

Prevention

- Awareness building in educational and religious institutions
- Socialization of HIV prevention methods
- VCT
- STI clinics
- Field workers
- Peer group education
- Life skills building
- Policy and cultural advocacy
- More access to condoms and contraception

HIV care, management and treatment

- Social analysis to formulate well targeted strategies
- National standard that refers to international standards on hospital management of HIV/AIDS
- Access to medication for HIV/AIDS
- Address discrimination in the health care sector
- Referral hospitals
- Community crisis posts for CST
- Institutional networks
- Training for NGO and hospital workers and system of collaboration
- Training for women living with HIV/AIDS
- Access to reproductive health programmes
- Gender sensitivity and equity in care and treatment

Lobby and Advocacy

- Strong network and support
- Address various layers in society both formally and informally
- Multi-organisation advocacy team
- Training on effective lobby and advocacy techniques
- Lobby National AIDS Commission for more gender sensitive programmes
- Lobby for a gender sensitive health law/act revision
- Lobby religious leaders
- Lobby for a national assessment of gender and HIV-related vulnerability among women and girls
- Map activities conducted and create an action plan for lobbying and advocacy

Capacity Building

- Trainings on HIV/AIDS
- Data on HIV/STI cases—demographic, behavioural, and on service providers
- English language training
- Cross-country comparative studies on HIV prevention and HIV/AIDS management
- Increase communication between human rights, HIV/AIDS and women's groups
- Build further capacity on gender, women and HIV/AIDS issues
- Improved PME
- Networking skills
- Local resource persons for capacity building
- Income generation skills

Socio-cultural empowerment/change

- Shift from viewing people with HIV/AIDS as cursed
- Partnership creation with different institutions with common goals and vision
- Socialization of community and religious leaders
- More equal relations between men and women
- Redefinition of the roles of men and women
- Knowledge of reproductive health in the family
- Involvement of journalists
- Good assessment and understanding about local traditions and culture (Papua)

Economic empowerment/change

- Marketing networks on services and goods
- Economic strengthening activities
- Data on economic status, employment rates, occupations of people
- Regulation to prevent dismissal of workers living with HIV
- Business capital for PLWHA
- Training for women and income generation programmes for women
- Link to other economic stakeholders (e.g., banks)

Paradigm shifts

- Change assumption that “prostitutes” only are vulnerable to HIV but that all women are vulnerable
- Gender equality and gender equity
- Uniting liberal and radical paradigms
- Involving men and boys in gender campaigns
- Give women voice
- Move away from viewing HIV/AIDS as a disease
- Work on masculinities
- Gender development
- Identify new targets/partners; i.e., involve men and boys, female IDUs and female partners of IDUs

Civil society building

- Data on economic status, employment rates, occupations of people
- Networking, support and thorough information on HIV/AIDS
- Education and socialization to eliminate misperceptions
- Gender sensitivity training
- Synergy between civil society movements
- Knowledge transfer across communities
- Build platforms to coordinate advocacy work

Other

- Regulation to prevent dismissal of workers living with HIV
- Programmes for women in conflict areas
- Access particularly marginalized groups, such as prison inmates
- Business capital for PLWHA
- Training for women and income generation programmes for women
- Link to other economic stakeholders (e.g., banks)

Annex III: Participants list

**Attendance list gender development project workshop
STOP AIDS NOW!
Hotel Cemara, Jakarta, 21-23 Februari 2007**

No	Organisation	Thematic focus	Name of Delegate	Job Position	Address	Telephone	E-mail
1	Yayasan Rahima	Women's empowerment	AD Eridani	Direktur	Jl. Pancoran Timur II A No. 10 Perdatam, Jakarta selatan	(021) 7984165	Rahima2000@cbn.net.id
			Maman Abrurrahman	Asisten koordinator bidang strategis			
2	Solidaritas Perempuan	Women's empowerment	Salma Safitri Rahayaan	Ketua Badan Eksekutif Nasional	Jl Jatipadang Raya Gang Wahid no. 64 Jakarta 12540	(021) 7826008 HP 0812 9500898	salmasafitri@yahoo.co.id
			Thaufiek Zulfahary	Koordinator Divisi Advokasi Kebijakan		HP 0812 1934205	soliper@centrin.net.id
3	GAYa NUSANTARA	HIV/AIDS	Ko Budijanto	Ketua	Jl. Mojo Kidul I no 11A	(031) 591 4668	gayanusantara@gmail.com
			Maria Mustika	Sekretaris			gayanusantara@indo.net.id
4	LBK-UB	Human Rights	Gus Dody Sugiartoto	Programme Officer	Jl. SOSEBO Km 1,5 Boyolali	(0276) 3293329	agusdody@yahoo.com
			Simon Julianto	Direktur			(0276) 3293329
5	Yayasan Jurnal Perempuan	Women's empowerment	Joko Sulistyo	Staff INDOK	Jl. Tebet Barat VIII No. 27 Jakarta Selatan	021-83702005 021-83702005 021-93724301 0858-80369195	joko@jurnalperempuan.com
			Kamilia Manaf	Jurnalis			kamel@jurnalperempuan.com
6	YAYASAN KITA (YAKITA)	HIV/AIDS	Salina Abigail	Programme Manager	Jl. Ciasin No. 21, Desa Bendungan, Ciawi – Bogor, Jawa Barat	0251-243069, 244375	salina.abigail@gmail.com
			Rico Gustav	General Manager			rico.gustav@gmail.com

7	PKBI DIY (Yogyakarta_	HIV/AIDS	Mukhotib MD	Direktur	Jl. Tentara Rakyat Mataram JT 1/705 Yogyakarta	0274 586767	office@pkbi-diy.info mukhotibmd@gmail.com
			Supri Tjahyono	Manajer Programme			
8	Medecins du Monde (MDM) – Dokter Dunia	HIV/AIDS	Riri Indriyanti	Medical Doctor	Jl. Dharmawangsa XII/10, Kebayoran Baru, JakSel	021-7260354 Fax : (021) 7225042	mdmjakarta5@yahoo.fr
			Dwi E.A. Kartini L.	Nurse			
9	Syarikat Yogyakarta	HIV/AIDS	Kusnul Hidayati	Manager Programme	Perum. Demakan Baru TR III/757 Yogya	0274-620247, 085649005421 08122732063, 0274 7871965	kusnulsyariat@yahoo.co.id
			Anantosulistyo	Kepala Kantor			antok@syariat.org
10	PKBI Semarang	HIV/AIDS	Adi khuntoro	Wakil Ketua PKBI Kota Semarang	Jl. Kedung Mundu Raya 200 / 200 KB Semarang	08122932611 08122963982	pkbismg@mail.com
			Bambang Darmawan	Ketua PKBI Kota Semarang			pkbismg@mail.com
11	PKBI Jakarta	HIV/AIDS	Edi Sugiarto	Direktur PKBI Jakarta	Jl. Pisangan Baru Timur No. 2A, Jakarta Timur	021-85909885	pkbidki@cbn.net.id
12	PKBI Pusat	HIV/AIDS	Lucy	-	Jl. Hang Jebat III/F3, Kebayoran Baru Jakarta 12120	021-7207372	ippa@pkbi.or.id
13	PLIP Mitra Wacana	Women's empowerment	Wahyu Tanoto	Informasi dan Dokumentasi	Jl. Sidikan Gang Perdana Tegalsari 114 B / UH VI Yogyakarta	0274-388326	plip_mitrawacana@yahoo.com
			Nurmalia Ika Widiasari	Riset, Studi, dan Pendidikan Publik			
			Ifa	-			
14	Koalisi Perempuan Indonesia	Women's empowerment	Masruchah	Sekretaris Jendral	Jl. Siaga I No. 28, Pejaten Barat, Pasar Minggu Jakarta Selatan 12520	021-79183444	koalisp1@yahoo.com masruchah@koalisperempuan.or.id agustine@koalisperempuan.or.id
			Agustine	Koordinator Divisi Informasi & Dokumentasi			

15	Lembaga Gemawan	HIV/AIDS	Uray Endang Kusumajaya	Ketua	-	0813 45990 988	dirayma@gmail.com
			Muslimah	Staf Programme Perempuan		0561-586891	gemawan_borneo@yahoo.com
16	IPPI (Ikatan Perempuan Indonesia)	HIV/AIDS	Shanty	-	-	0813 8222 4413	ippi.indonesia@yahoo.com
			Puji Astuti	-		0813 1555 0208	tary_angga@yahoo.com
17	Yayasan PITA	HIV/AIDS	L.A. Rika	-	Jl. Administrasi Negara I No. 22, Pejompongan, Jakarta Pusat 10210	021-70783528 0815 800 6584	yayasan.pita@gmail.com nadikara@yahoo.com
			Fransisca Putri	-		0856 785 9798	rh33ka@yahoo.com

**Attendance list gender development project workshop
STOP AIDS NOW!
Hotel Sentani Indah, Jayapura, 27 February – 1 March 2007**

No	Organisation	Thematic focus	Name of Delegate	Job Position	Address	Telephone	E-mail
1	Aliansi Demokrasi untuk Papua (ALDP)	Human rights	Latifah Anum Siregar	Ketua	Jl. Raya Sentani (Depan Asrama Manokwari) Padangbulan Sosial distrik Abepura	0967-587890	aldepe@telkom.net
			Nuriaty	Staf Programme			
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3	Lembaga Data dan Informasi Pembangunan (LDIP)	HIV/AIDS	Yoso Bumantoro	Direktur	Jl. Pertanian – Wosi Dalam (Kompleks Belakang SD Inpres), Manokwari, Irian Jaya Barat	0852 444 14214	ybumantoro@lycos.com
			Stevanus Ronsumbre	Programme Coordinator		0986-211439	Ldip_mkw@yahoo.com
4	Mitra Perempuan Papua	Women's empowerment	Bata Rumadas	Staf data	Jl. Toba Sanggeng No. 8182 Komp. Perikanan Laut Manokwari, Papua	0986-214185	young_bata@yahoo.com
			Since Bandi	Koordinator Pengorganisasian Perempuan			mitraperempuanpapua@yahoo.com
5	Primari	HIV/AIDS	Yudi Mariani	Programme Manager	Jl. Pipit – Girmulyo PO BOX 138, Nabire, Papua	0984-24286	primaripapua@yahoo.co.id
6	Medecins du Monde-France Papua Program	HIV/AIDS	Grace K Candra	Koordinator assitant	Komp. Bak Air No. 29 Jl. Angkasa Indah Jayapura Utara Papua 99113	0813 441 154 76	romteryo@yahoo.co.id
7	Yayasan Pengembangan Kesehatan Masyarakat (YPKM) Papua	HIV/AIDS	Tahi Gyang Butar-butur	Direktur	Jl. Durian No. 3, Polimak IV, Jayapura, Indonesia	0967-532239	ypkm_papua@yahoo.com
			Joiz Erlely	staf			tbutarpapua@yahoo.com
8	Yayasan Lingkungan Hidup Humeibou	Human rights and women's empowerment	Anike	Direktur	Jl. Gunung Salju 18, Fanindi – Bengkel Tan PO BOX 105 Manokwari 98313	0986-213185	yalhimo@yahoo.com

	(Yalhimo) Manokwari		Ramina Sawasemarai	Anggota jaringan perempuan Anak Papua'	-		
9	LP3AP (Lembaga Pengkajian Pemberdayaan Perempuan dan Anak Papua)	Women's empowerment	Timei Wompere	Koordinator Pendampingan Korban	Jln Perkutut (depan Diklat Pemda Provinsi Papua) kotaraja dalam, Distrik Jayapura Selatan, Kota Jayapura	0967- 582577	lp3a-p@jayapura.wasantara.net.id lp3a_p@yahoo.com
			Virginius	Kordinator Pendidikan dan Penyadaran Publik			
10	PTPS Manokwari	HIV/AIDS	Mateus Marisan	Direktur Eksekutif	Jl Trikora Wosi Pantai Manokwari	0986- 211645	ptps-mkw@yahoo.com
			Sahat Saragih	Manager programme			
11	SKP-KAM	Human rights and Women's empowerment	Oliva Berenun	Divisi Adokasi	Jl. Kimaam No.2 Merauke Papua Susteran PBHK jl. Raya Mandala Merauke No. 26	0971- 326614 0971- 321517	berenun-skpkam@yahoo.com mariana_angwarmase@yahoo.com
			Sr. Mariana	Mitra SKP Lembaga Bunda Kasih			
12	Yayasan ST Antonius (YASANTO)	HIV/AIDS	Beatriks A.m Rahawarin, SP	Programme Manager	Jl Martadinata-Merauke	0971- 325371	shanny-yasanto@plasa.com

Annex IV: Selection Committees

Java

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Papua

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