



## **Gender Development Project<sup>1</sup>**

**Final Draft  
September 29, 2006**

---

<sup>1</sup> Working title.

## **1. Quick facts on the STOP AIDS NOW! gender development project**

Project Coordinator: Jennifer Bushee, Policy Officer

Project Coordination Group Chair: Ireen Dubel, Programme Manager, Gender, Women and Development, Hivos

Theme of the Project: Gender equality and the vulnerability of women and girls to HIV/AIDS

Countries of implementation: Kenya and Indonesia

Project duration: 2006-2008

Overall budget: Euro 800.000

## **2. About STOP AIDS NOW!**

STOP AIDS NOW! is the lead organisation behind the gender development project (“the Project”). Its mission is to contribute to scale up and improvement of the global response to HIV/AIDS. STOP AIDS NOW! is a partnership of five Dutch organisations: AIDS Fonds, Cordaid, Hivos, ICCO, and Oxfam-Novib.

One of the key objectives of STOP AIDS NOW! is to add value to the HIV/AIDS-focused activities of its partners. To that end, STOP AIDS NOW! implements development projects in collaboration with the local groups its partners fund (also referred to as “counterparts”). The objectives of the development projects are:

- Learning from and innovation of existing strategies and methods;
- Developing new strategies and methods; and
- Establishing new forms of cooperation and partnership.

There are currently three development projects addressing: Orphans and vulnerable children; HIV/AIDS in the workplace; and gender.

## **3. About this document**

This document explains the STOP AIDS NOW! gender development project. It describes: The structure behind the Project; the content, importance, and approach of the Project; when, where, and how it will be implemented; initial considerations on the monitoring and evaluation to be developed; and the entities responsible for decision-making. The annexes include: A log-frame that lays out the objectives and expected outcomes of the Project and a list of potential local groups that could participate in the Project. It is worth noting that, since local groups will be invited to adapt the Project to their needs and circumstances, this description should not be considered definitive. The realities of ensuring a “bottom-up” approach require allowing for flexibility in the work plan and in its conceptualization.

## **4. Introduction to the STOP AIDS NOW! gender development project**

### **Goal of the Project**

The goal of this 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. It seeks to reach this goal by bringing together community-based and non-governmental organisations focusing on HIV/AIDS, human rights and women's empowerment in Kenya and Indonesia to:

- Collaborate to adapt, implement, and evaluate individual and community level HIV prevention strategies and interventions that integrate "gender transformative" approaches developed from a women's rights perspective.
- Network together to contribute to creating an enabling social and legal environment for women and girls.

### **Relevance and advantage for STOP AIDS NOW! partners**

The Project is in line with the HIV/AIDS policies of the STOP AIDS NOW! partners. By focusing on HIV prevention and transforming gender attitudes, behaviours and norms it fits squarely in the area of risk reduction, a key aim of the STOP AIDS NOW! partners. In addition, the explicit emphasis on women's rights corresponds to and reinforces the rights-based approach of the STOP AIDS NOW! partners.

The Project bolsters the gender focus of the STOP AIDS NOW! partners by stimulating counterparts to work beyond the level of "gender sensitivity" and toward "gender transformation". In addition, it structurally integrates a women's empowerment component by inviting groups focusing on the issue to join the Project. Furthermore, although the Project ultimately targets women and girls, it specifically calls for involving men and boys in reducing the vulnerability of women and girls to HIV/AIDS.

The Project also corresponds to and strengthens the civil society building goals of STOP AIDS NOW! partners. It provides skills building and technical and financial support, and stimulates cross-sectoral collaboration. These various capacity building activities are an unequivocal investment in the scale-up and sustainability of the local response to HIV/AIDS.

Furthermore, although the content of the STOP AIDS NOW! gender development project builds from current thinking and approaches, it fills gaps in the current response to the increased vulnerability to women and girls to HIV/AIDS in various innovative ways. Indeed, it is one of the key pluses of the STOP AIDS NOW! development projects that their nature as research-oriented pilot projects allows them to be more daring and "cutting-edge" than HIV/AIDS projects are at times able to be.

First, the Project takes a holistic and comprehensive approach, addressing various social, cultural and economic aspects of the increased vulnerability of women and girls to HIV/AIDS. Second, it seeks to challenge the gender attitudes, behaviours and norms that increase HIV-related risk. But while most of the programmes that implement this new, transformation oriented approach have focused on working exclusively with men/boys and masculinities in the context of HIV/AIDS, the STOP AIDS NOW! gender development project invites counterparts to work with both men/boys and women/girls.

## Background

### Power imbalances and the increased vulnerability of women and girls to HIV

As of 2005 approximately 17.3 million women are living with HIV in the world, a majority of them in developing countries<sup>2</sup>. This figure represents the result of an alarmingly disproportionate increase of HIV in women and girls. A number of diverse socio-economic inequalities produce and sustain the increased vulnerability of women and girls to HIV/AIDS. Gender perceptions and norms that discriminate against women, grant them lesser social value, and put them in a position of subordination lie at the root of these inequalities. They are active in nearly all spheres of life, including sexual relations, where they contribute to produce imbalances between men and women that put women at increased risk of contracting HIV. In particular, these power imbalances make it difficult for women and girls to negotiate safer sex or refuse sex, even when they are capacitated with information and could have access to tools for safer sex.

Research studies on HIV and power in sexual relationships between men and women<sup>3</sup>, have found a direct association between lower power in sexual relationships and experiences of partner violence and inconsistent condom use. Violence and condom use are both highly relevant since forced sex can be a direct means of transmission of HIV, and condom use is a predictor for HIV outcomes. A recent South African study has been able to go farther and show that intimate partner violence and high levels of male control in heterosexual relationships are associated with HIV+ status in women partners.<sup>4</sup>

### Responding to imbalances of power for HIV prevention: What is needed?

#### Transformation of gender attitudes, behaviours and norms at multiple levels

According to public health experts, it is necessary to devise and implement strategies and interventions that directly and intentionally address imbalances of power between men and women in their sexual relationships, and the obstacles they present for communication, safer sex negotiation, and HIV/AIDS risk reduction.<sup>5</sup> Research findings show that addressing gender attitudes, behaviours and norms in the context of HIV prevention can lead to improvements in reducing HIV risk, through for example, increased condom use and reduction in partner violence.<sup>6</sup>

---

<sup>2</sup> UNAIDS, "Fact Sheet: Sub-Saharan Africa," 2006.

<sup>3</sup> Pulerwitz, J., "Measuring sexual relationship power in HIV/STD research", *Sex Roles: A Journal of Research*, April 2000.

<sup>4</sup> Dunkle, K. L., *et al.*, "Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa", *The Lancet*, 2006; 363:1415-21.

<sup>5</sup> Blanc, A., "The effect of power in sexual relationships on sexual and reproductive health : An examination of the evidence", *Studies in Family Planning*, 2001; 32(3):189-213; 2001; Population Council, "Power in sexual relationships: An opening dialogue among reproductive health professionals", 2001.

<sup>6</sup> Pulerwitz, J., *et al.*, "Promoting more gender-equitable norms and behaviours among young men as an HIV/AIDS prevention strategy", 2006 ; Chege, "Interventions linking gender relations and violence with reproductive health and HIV: Rationale, effectiveness and gaps", 2005; Wingood, G. M. and DiClemente, R. J., "Partner influences and gender-related factors associated with noncondom use among young adult African American women", *American Journal of Community Psychology*, 1998 ; (26(1):29-51.

Much of the evidence on transformation of gender attitudes, behaviours and norms comes from programmes focusing on men and masculinities in relation to their role in HIV risk. These efforts have not been numerous, however, as the majority of programmes working with men on gender and HIV/AIDS have tended only to recognize gender issues rather than seek to transform them. For real change to take place, experts argue, more programmes need to work at the gender transformative levels, where attempts are made to both recognize and transform gender inequalities.<sup>7</sup> In addition few gender transformative interventions have focused on both men/boys and women/girls<sup>8</sup>.

Programme H of Instituto Promundo in Brazil<sup>9</sup> is an example of a short-term programme that has taken on gender transformation successfully with young men. The six-month programme involved working with young men aged 14 to 24 living in poor neighbourhoods in two different cities in Brazil. Both groups participated in an educational set of activities that included a video and interactive group sessions (once a week for two hours). The programme also included a community-wide 'lifestyle' social marketing campaign to promote condom use, using gender equitable messages, in one of the cities.

The impact study integrated into Programme H revealed that at the end of the six months participants in both groups agreed less with gender norms associated with higher HIV risk, such as thinking that men need multiple sex partners or that it is justified to beat a woman if she deserves it. Participants reported fewer STI symptoms, higher condom use with primary sex partners, and increased communication between couples about HIV/AIDS. In addition, outcomes tended to be stronger in the group where the campaign took place. A one-year follow up showed the positive changes obtained were maintained. Furthermore, a control site that did not receive the interventions showed no changes on any of the factors studied.

The evidence from Programme H confirms that HIV/AIDS programmes focusing on transformation of gender perceptions and norms should include approaches that intervene beyond the level of the individual.<sup>10</sup> Working at the community level can provide support and sustainability for change. Community-oriented efforts can include a range of activities, from group discussions with leaders to broader level awareness raising and social marketing.<sup>11</sup>

### **Women's rights: A framework for positive change**

In many places women and girls are not able to enjoy even their most basic human rights. Not only does this reality put them at direct risk of contracting HIV, through rape, for example, it perpetuates the social devaluation of women and girls. The latter, in turn, aggravates socio-economic vulnerabilities at all levels, weakening the ability of women and girls to protect themselves from HIV. The realization of the human rights of women and girls, including their reproductive and sexual rights, is essential for reducing the increased

---

<sup>7</sup> Das, A., "Programming examples of transformative work with men and boys", presentation part of: "Engaging men in gender equity and HIV/AIDS" at AIDS 2006.

<sup>8</sup> The Inner Space, Outer Spaces (ISOFI) project of the International Center for Research on Women is a notable exception. See ICRW and CARE, "Walking the talk: Inner Spaces, Outer Faces Initiative, a gender and sexuality initiative", 2006.

<sup>9</sup> Pulerwitz, J., *et al.*, 2006.

<sup>10</sup> Blanc, A., 2001; Gupta, G. R., *et al.*, "Integrating gender in HIV/AIDS programmes: A review paper", 2001; O'Leary, A. *et al.*, "Association of negotiation strategies with consistent use of male condoms by women receiving an HIV prevention intervention in Zimbabwe", *AIDS*, 2003; 17(11): 1705-1707.

<sup>11</sup> Program H is just one of several programs working with men and HIV around the world that have shown positive results in relation to gender perceptions and norms and reducing HIV risk. Others include: Stepping Stones of Action Aid/Strategies for Hope; Men's Action for Stopping Violence Against Women (MASVAW) in India; Men Working for the Movement against AIDS in Kenya; and Engender Health's Men as Partners program. Evaluations of Stepping Stones, in particular, show that the activities have helped to reduce the acceptability and prevalence of violence in the community (See Wallace, T., "Evaluating Stepping Stones: A review of existing evaluations and ideas for future M&E work", 2006.)

vulnerability of women and girls to HIV/AIDS. Therefore, according to experts, interventions integrating gender and HIV/AIDS need to be rethought and redesigned using frameworks that promote the human rights of women and girls.<sup>12</sup>

HIV/AIDS programming targeting women and girls can draw their rights-based content from a variety of already existing international declarations and agreements. These include: the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), New York, 1979, which defines the idea of discrimination against women and sets up an agenda for national action against it; the Programme of Action of the International Conference on Population and Development, Cairo, 1994, which recognizes the structural causes behind the vulnerability of women and girls to HIV/AIDS, addresses HIV prevention from the perspective of women's vulnerability to HIV/AIDS, and provides key recommendations for addressing HIV through reproductive health services; and the Platform for Action of the Fourth World Conference on Women, Beijing, 1995, which explicitly recognizes and reaffirms the right of all women to control all aspects of their health.

### **Material support**

Women and girls consistently bear disproportionate levels of poverty, and many are economically and financially dependent on male partners. This dependence limits the degree to which they are able to exercise agency in their relationships, sometimes pushing them to stay in abusive situations. This increases their chances of exposure to HIV.<sup>13</sup> It also puts them at times in the position of needing to solve their economic problems through sex work, again increasing their HIV risk.<sup>14</sup>

Therefore, increasing the income-generating capacity of women and girls—and the ability to decide how to allocate earned resources—is an important component of HIV/AIDS programming<sup>15</sup>. This is the case even when programmes are more oriented toward changing gendered attitudes and perceptions. One should not assume a move on the part of male partners toward accepting more egalitarian ideas regarding gender or women will necessarily yield fairer distribution of income and resources for the women with whom they share their lives. Furthermore, there is little point in creating a better social environment for women to negotiate safer sex, for example, if they cannot afford to purchase key prevention tools like condoms.

## **HIV/AIDS and the position of women in Kenya and Indonesia**

### **HIV/AIDS in Kenya**

HIV prevalence in adults (15-49 years old) is approximately 6%. This percentage translates into approximately one million people living with HIV/AIDS, and represents a 3% decline in prevalence since the late 1990s.<sup>16</sup> More women are living with HIV than men, and the majority of new infections is occurring among young women 15-24 years old.<sup>17</sup>

---

<sup>12</sup> Royal Tropical Institute (KIT), "Operational guide on gender and HIV/AIDS: A rights-based approach", 2005.

<sup>13</sup> Oxaal, Z. and Baden, S., "Gender and empowerment: Definitions, approaches and implications for policy", *Report No. 40* (Bridge), 1997.

<sup>14</sup> Dunkle, et al., 2006.

<sup>15</sup> de Bruyn, M., "Women, gender and HIV/AIDS: Where are we now and where are we going?", 2005.

<sup>16</sup> Kenya National AIDS Control Council (NACC), "UNGASS 2006: Country Report – Kenya", 2006.

<sup>17</sup> Ibid.

The strongest reduction in prevalence has been among pregnant women in urban Kenya, dropping from approximately 28% in 1999 to 9% in 2003.<sup>18</sup> The decline in HIV prevalence has not been evident across the entire country, however. Prevalence at antenatal clinics in some areas, especially rural ones, ranges from 14% to 30%.<sup>19</sup>

It appears the drop in prevalence can be attributed to behaviour change. Condom use with casual partners has increased, especially among women. In 2003, almost 24% of women said they used a condom the last time they had casual sex, compared with 15% in 1998. In addition, the proportions of men and women with more than one sexual partner reduced by more than half in 1993-2003. And more young men and women are delaying sexual debut.<sup>20</sup>

### **HIV/AIDS in Indonesia**

HIV prevalence in adults is approximately 0.1%. This percentage loosely represents about 100,000 people living with HIV/AIDS. Almost five times more men than women are HIV+. Although prevalence is currently low, epidemiological modelling shows that given current circumstances another 80,000 could contract HIV in a single year. Indonesia is thus poised for a major epidemic.<sup>21</sup>

The two most affected islands are Java and Papua. The highest concentration of people living with HIV are to be found in Jakarta and Surabaya, with 60% of all new cases of HIV in these cities in young men between ages 15 and 29. Injecting drug use in the large cities of Java has become a significant transmission route. In Jakarta, between 1997 and 2001, HIV prevalence among injection drug users (IDUs) rose from zero to 47%. A majority of IDUs in Jakarta is young and sexually active, and overall condom use is very low, thought to be less than 10%. Thus, rapid sexual transmission of HIV to the wider population is likely.<sup>22</sup>

In Papua, HIV is more closely related to poverty and migration, and the sex work industry associated with both. Papua's mining industry provides employment for young men throughout Indonesia, and a lucrative pool of clients for sex workers from Papua and other islands. The jobs in the mining industry tend to be short term, however, causing young men to come and go, thus facilitating HIV spread.<sup>23</sup>

Sex work in Indonesia is not limited to Papua, however. There are an estimated 190,000-270,000 female sex workers in Indonesia and clients of sex workers number approximately seven to 10 million. Current sex work conditions are certain to be a key factor in the spread of HIV in Indonesia given the low level of condom use. The low rate of condom use is in part due to the fact that sex workers are afraid to carry them, as police sometimes view them as evidence of prostitution.<sup>24</sup>

### **Position of women in Kenya**

According to traditional culture, some argue, "by and large, women are still seen as property".<sup>25</sup> This view of women facilitates practices such as wife inheritance and widow cleansing, both of which have been cited as contributing factors to high HIV transmission. Wife inheritance is the practice of giving a widow in marriage to her deceased husband's

---

<sup>18</sup> Ibid.

<sup>19</sup> UNAIDS/WHO, "Kenya: Epidemiological fact sheet – 2004 update", 2004.

<sup>20</sup> Kenya NACC, 2006.

<sup>21</sup> UNAIDS/WHO, "Indonesia: Epidemiological fact sheet – 2004 update", 2004.

<sup>22</sup> UNAIDS/WHO, "AIDS epidemic update", 2005.

<sup>23</sup> Jones, R., "West Papua, the forgotten story of a people in crisis", February 3, 2006 (see <http://www.awid.org>).

<sup>24</sup> YouandAIDS, The HIV/AIDS Portal for Asia-Pacific, "Indonesia at a glance", 2005 (see <http://www.youandaids.org>).

<sup>25</sup> IRIN Africa, "Kenya, cultural traditions fuel the spread of HIV/AIDS", November 30, 2005.

brother or other close relative. Widow cleansing is a practice that dictates that widows, who are considered "unclean", should to have sex with a male relative of their deceased husband to purify themselves.<sup>26</sup>

The view of women as property also facilitates violence against women. According to recent figures more than 90% of all violence in Kenya is committed against women.<sup>27</sup> Violence in the home is a serious problem. Figures from 2003 show at least half of all Kenyan women have experienced violence since the age of 15, with close family members among the perpetrators.<sup>28</sup> Rape cases are steadily increasing, with one in every four women aged between 12 and 24 having sex for the first time through force.<sup>29</sup>

The response to violence is weak: Fear, inhibitions about discussing sexual matters, and discrimination on the part of the police keep women from reporting incidents; courts are ineffective; and facilities where abused women could seek assistance are largely unavailable, especially for women in rural areas.<sup>30</sup>

President Kibaki recently signed a new bill into law that provides for rape victims to receive free medical care and counselling in public institutions. It also broadens the definition of a sex crime, setting the minimum and maximum rape sentence at ten years and life imprisonment, respectively. The new Sexual Offences Bill is a mixed blessing, however, as it includes a penalty of at least 15 years for "deliberate" transmission of HIV.<sup>31</sup> Given the blame oft cast upon women for supposedly "bringing HIV into the community", it is possible that such a law would only serve to increase HIV/AIDS-related discrimination and violence against women. Furthermore, a new bill meant to provide for the elimination of inequalities in Kenya, including between men and women, was published for parliamentary debate at the end of 2005.<sup>32</sup>

There has been no improvement in the legal climate for women at the constitutional level, however. A new constitution that would have provided for some positive changes in respect to discrimination against women was rejected by a referendum at the end of November 2005.<sup>33</sup> The current Kenyan constitution forbids discrimination on the basis of sex, but allows for discrimination in the area of family matters. For example, the Kenyan constitution accords equal status to four systems of marriage: Civil, Hindu, customary, and Islamic. These last two permit polygamous marriage and allow for very early marriage for girls. Under Islamic law, a marriage contract may be concluded by a guardian on behalf of a child below the age of puberty.<sup>34</sup>

---

<sup>26</sup> Human Rights Watch, "Q&A: Women's property rights in sub-Saharan Africa", 2006 (see [www.hrw.org/campaigns/women/property/qna.htm](http://www.hrw.org/campaigns/women/property/qna.htm)); Buckley, S., "Deadly dowry: Inheriting AIDS in Kenya", *Washington Post*, 11/08/1997; LaFraniere, S., "AIDS now compels Africa to challenge widows' 'cleansing'", *The New York Times*, May 11, 2005.

<sup>27</sup> Mulama, J., "Int'l Women's Day: Sexual violence on the rise in Kenya", July 19, 2006.

<sup>28</sup> IRIN Africa, "Kenya: Sexual and domestic violence prevalent", July 19, 2006.

<sup>29</sup> Muthaka, B. and Gathura, G., "Rising Aids cases linked to violence", *The Nation (Nairobi)*, June 21, 2006.

<sup>30</sup> AFROL, "Gender Profile-Kenya", 2006 ([www.afrol.com](http://www.afrol.com)); Amnesty International, "Women in Kenya: Women's days, women's lives", *The Wire*, March 2002; Muthaka, B. and Gathura, G., 2006.

<sup>31</sup> IRIN Africa, "Changing the law in Kenya to protect survivors, HIV-positive people", July 10, 2006 (see [www.irinnews.org](http://www.irinnews.org)).

<sup>32</sup> Okello, R. and Omale, J., "Equality Bill should translate into practical needs", September 3, 2005.

<sup>33</sup> IRIN Africa, "Kenya: New constitution rejected in referendum", November 22, 2005.

<sup>34</sup> Mucai-Kattambo, V.W., *et al.*, "Law and the status of women in Kenya" in Macharai-Kabeberi, J., ed., "Women, laws, customs and practices in East Africa – Laying the foundation", *Nairobi: Women & Law in East Africa*, 1995.

The Constitution also stipulates that under certain conditions, civil law does not govern inheritance of agricultural land, crops or livestock. Under customary law, some communities do not grant wives and daughters ownership over land or livestock. As a result, women rarely inherit land, livestock and other property in rural areas.<sup>35</sup> Indeed, In Kenya overall, women own only five percent of land. Yet many more women than men are (subsistence) farmers.<sup>36</sup>

### Position of women in Indonesia

Despite variation in women's status across different areas of Indonesia, in general, Indonesian traditions place women in the role of homemaker and caregiver.<sup>37</sup> This view of women is explicitly mentioned in the country's constitution, and in the government's main development policy. This policy states that women's participation in the development process must not conflict with their role in improving family welfare and the education of the younger generation, and it includes the role as wife and mother among the duties of women.<sup>38</sup>

Overall, violence against women is on the rise. The National Commission on Violence Against Women, established after the mass rape of Chinese Indonesian women in Jakarta in May 1998<sup>39</sup>, reported 14,020 cases of violence against women of various kinds in 2005. This is nearly double the figure reported in 2004.<sup>40</sup> In addition, the response to violence against women is poor at various levels: Discrimination against women exists throughout the justice system; violence at home is considered a family affair, with women keeping silent for the sake of family honour; and women lack knowledge of their legal rights.<sup>41</sup>

A law was passed in 2004 that provides a framework for government, police and community responses to domestic violence, and criminalizes marital rape. Nationwide, the police operate "special crisis rooms" or "women's desks" where female officers can receive criminal reports from victims of violence and where victims can find temporary shelter.<sup>42</sup> In addition, the Indonesian government recently announced a policy of 'zero tolerance' of violence against women, which is supposed to result in educational programmes, campaigns and legislative reform.<sup>43</sup>

The Indonesian constitution provides for protection from discrimination to all, but it allows for civil law, customary, and religious marriages to coexist, and therefore monogamy and polygamy. In addition, according to Indonesian Islamic laws in certain states, a guardian may give a daughter or granddaughter in marriage who is under 16 (the civil law marriage age for girls) without her consent if she is a "virgin".<sup>44</sup>

---

<sup>35</sup> Ibid.

<sup>36</sup> Government of Kenya, "Kenya Interim Poverty Strategy Reduction Paper 2000-2003", 2000.

<sup>37</sup> Hulupi, M. E., "Indonesian NGO works to stop violence against women in providing shelter, raising awareness and taking perpetrators to court", *UNFPA: News*, March 18, 2005.

<sup>38</sup> Wahidah Zein, B. S., "Feminism in Indonesia: A movement between the West and the Muslim society", *Jurnal Studi Indonesia*, 8(2), 1998; Zulminarni, N., "Indonesia: In the middle of unsolved crisis", *National Reports: Indonesia*, 2001 (see [www.onlinepolitics.org](http://www.onlinepolitics.org))

<sup>39</sup> UNIFEM, <http://www.unifem-eseasia.org/projects/evaw/vawngo/vamindo.htm#five>, 2001.

<sup>40</sup> Diani, H., "Domestic violence law 'still ineffective'", *The Jakarta Post*, November 25, 2005.

<sup>41</sup> Ibid; Hulupi, M. E., 2005; Hussain, R., "Looking into causes of violence against women", *The Jakarta Post*, June 24, 2006.

<sup>42</sup> Bureau of Democracy, Human Rights, and Labor, U.S. Department of State, "Indonesia: Country reports on human rights practices", 2005.

<sup>43</sup> Asian Development Bank, "Indonesia: Workshop on Violence Against Women for Grassroots Women Groups, Centre for Women's Resources Development – PPSW", 2006 (see <http://www.adb.org/gender/working/ino002.asp>).

<sup>44</sup> Asian Development Bank, "Sociolegal status of women in Indonesia, Malaysia, Philippines, and Thailand", 2002.

Recent developments in the status of Indonesian women include a new draft law against pornography and “pornoaction”. This law, specifically directed against women, provides strict guidelines for clothing, behaviour and mobility. It would, for example, declare bus stations off-limits to women after sundown. Some argue this is a veiled renewed attempt to oblige the State to enforce *shariah*.<sup>45</sup>

The incidence of poverty in Indonesia is significantly higher among female-headed households. Women have fewer opportunities to participate in economic activities. When they are able to work they tend to have more precarious job situations, being relegated to lower paying, lower level jobs, and being hired as day labourers rather than full time permanent employees in manufacturing. In addition they are regularly paid less than men for the same work.<sup>46</sup>

## 5. Gender Project Description

### Content

The Project focuses on HIV prevention to respond to the alarming spread of HIV among women and girls all over the world, but also to ensure the project is sufficiently focused and able to be implemented. The Project assumes a comprehensive concept of HIV prevention, however. This translates into a view of prevention that finds its place on the prevention, care and treatment continuum, and that pays serious attention to sexual and reproductive health and rights.<sup>47</sup>

The Project responds to rising HIV infections in women and girls by attacking the problem of their increased vulnerability to HIV/AIDS at its roots. It does so by seeking change away from non-egalitarian gender attitudes, behaviours and norms and toward rights-based ones. The Project recognizes men and women can both hold and mutually reinforce beliefs and social rules that put women and girls at increased risk of contracting HIV. This is a key reason why it calls for participating groups to work with both men/boys and women/girls. Thus the Project shifts away from a blame-oriented view toward one that accepts both men and women as potential agents of social change.

### Strategy

The strategy of this project is best characterized as one involving collective action and local ownership. The Project calls for counterparts working in the areas of HIV/AIDS, human rights and women’s empowerment to collaborate as closely as possible through coalition-building and joint implementation of activities. The women’s empowerment category is intentionally broad to create space for different types of groups focusing on improving the situation of women, such as groups focusing on gender based violence, micro-finance groups with projects specifically oriented toward women, and groups that teach life and leadership skills to girls. It is also important to note the three categories are not meant to be strict. This is the case for three main reasons: Not all STOP AIDS NOW! partners classify their counterparts the same way; there is potential for overlap in content across different types of organisations; and the Project leans strongly toward inclusiveness to stimulate a cross- and multi-sectoral approach.

---

<sup>45</sup> Witoelar, W., “The Soeharto issues and the porn laws – dark clouds above Indonesia”, May 24, 2006; Fitri, E., “Porn bill dividing people down faith lines”, *The Jakarta Post*, March 21, 2006; and Cochrane, J., “Taliban-style Islamic police terrorizing Indonesia’s Aceh”, *Challenging Fundamentalisms: A Web Resource for Women’s Human Rights*, March 21, 2006.

<sup>46</sup> Bureau of Democracy, Human Rights, and Labor, U.S. Department of State, 2005

<sup>47</sup> UNAIDS, “Intensifying HIV prevention: UNAIDS policy position paper”, 2005.

It is not expected that all counterparts will or should participate in the Project in the same way. A core group of active participants consisting of organisations with stronger experience working on HIV/AIDS and gender issues is likely to develop, with other groups contributing at different levels and in their own ways depending on their focus and capacity. Groups less experienced in the central themes of the Project, such as organisations focusing on economic empowerment, could contribute by mobilizing and supporting their constituencies to take part in the individual and community level activities of the core groups. They could also participate in the trainings and learning sessions offered by the core groups, enabling them to increase their exposure to and knowledge of the issues. In addition, they could share their resources and technical expertise on matters other than HIV/AIDS and gender to help improve the implementation of the activities of the core groups. Groups that contributed in all these ways—but did not actually take on direct activities at the individual and community levels—would nevertheless be viewed as providing a solid contribution to the realization, breadth, and sustainability of the Project.

The strategy of the Project integrates the GIPA (the Greater Involvement of People of People Living with HIV/AIDS) principle. The Project highly values the meaningful involvement of women living with HIV/AIDS. Due to their immediate and unique knowledge and experience of HIV/AIDS, HIV positive women can contribute to improving the content, development, implementation, management, and evaluation of HIV/AIDS programmes focusing on women and girls. Therefore, this Project will seek to stimulate their meaningful engagement at all levels as much as possible.

## **Implementation**

### **Location**

The Project will be implemented in Kenya and Indonesia. These two countries have been chosen because: 1. STOP AIDS NOW! development projects must be implemented in countries where all STOP AIDS NOW! partners have partners; and 2. Implementing the gender project in a high prevalence country and a low prevalence country provides for opportunities for cross-regional analysis and comparison. This second reason facilitates the linking and learning function of the Project, and provides for the possibility of replicating in the low prevalence country the good practices discovered in the high prevalence country.

The Project will take place in the two areas in Indonesia with the highest HIV prevalence and where the increase in HIV prevalence is likely to be highest. These are Java and Papua. In addition, the practical possibilities for a unified national project are limited. There is considerable cultural and religious diversity across Indonesia, and distances are large between the areas most affected by HIV/AIDS.

## Local versions of the Project

The Project calls for counterparts focusing on HIV/AIDS, human rights and women's empowerment interested in participating in the Project to come together and form a coalition at national level, and in the case of Indonesia at sub-national level (Java and Papua). The members of each coalition will define coalition roles and responsibilities. It is intended, however, that each coalition will at least be responsible for developing, implementing and evaluating its own version of the Project and corresponding work plan. Since no one counterpart organisation can take on all the work within the Project each coalition will also be responsible for dividing tasks and responsibilities across its individual members, with individual members being responsible for implementing small, manageable sets of activities. Groups will receive financing for these individual sets of activities.

Counterparts will be encouraged to select a local organisation to implement and manage the activities of the coalition and to function as a principle liaison with the Project at STOP AIDS NOW! level. The Project provides for funds to go to the group managing the coalition to cover its expenses in the area of human resources, administration, communication, and the like. The idea behind this overall process is to ensure the Project stays true to Kenyan and Indonesian realities and needs, that decision-making is as "bottom-up" as possible, and local ownership is promoted.

### **Activities: Multiple levels, multiple interactions**

According to a collectively decided division of labour, coalition members will take on HIV prevention activities at the individual level that integrate gender transformation activities from an explicit women's rights framework. It will be up to the local groups to decide which types of activities to implement. Examples of potential activities include peer-to-peer training and education, dialogue sessions, role-playing, and workshops.

Local groups should not have to develop new methods to give content to their prevention activities. Instead, they can draw from existing successful approaches, such as *Stepping Stones*<sup>48</sup>. It will be important, however, that the groups be able to adapt these types of successful methods to fit their circumstances and needs.

The Project will also motivate counterparts to take on community level activities that integrate gender transformation activities from an explicit women's rights framework. These may include public efforts, such as awareness raising campaigns and rallies, or smaller interventions with key community actors, such as group discussions and trainings with community leaders from different social sectors. It is likely the groups will want to take on this work through the coalition, as it demands collaborative engagement.

The Project will also encourage counterparts to network together for future lobbying and advocacy. This linking aspect of the Project can contribute to creating an enabling broader social and legal environment for women and girls. It can also support the gender transformation work taken on at the individual and community levels. In addition, it can help strengthen civil society in Kenya and Indonesia by contributing to creating a new type of cross-sectoral response to HIV/AIDS and the further growth and sustainability that can bring with it.

---

<sup>48</sup> Wallace, T., "Evaluating Stepping Stones: A review of existing evaluations and ideas for future M&E work", June 2006.

## **Time frame**

The total time frame of the Project is mid 2006 to end 2008. It can be broken down as follows:

**2006:** Development of the gender project and the portfolio of counterparts; assessment of the needs of counterparts; training and capacity building of counterparts; and initial development of in-country work plans.

**2007:** Finalization of in-country work plans; training and capacity building of counterparts; development of a monitoring and evaluation system and a financial administration system; implementation of local activities; and communications and media relations work.

**2008:** Training and capacity building of counterparts; continuation and subsequent winding up of local activities; communications and media relations; evaluation and reporting; documentation and dissemination of outcomes, lessons learned and good practices; and exchange and learning.

## **Beneficiaries**

### **Direct beneficiaries**

Primary: The partners and counterparts of STOP AIDS NOW! focusing on HIV/AIDS, human rights and women's empowerment in Kenya and Indonesia (Java and Papua).

Secondary: The girls and women members of the target audiences/constituencies of the above counterparts.

Tertiary: The intimate partners, families and communities of the above secondary beneficiaries.

### **Indirect beneficiaries**

Primary: Organisations and individuals working on relevant themes tangentially involved in the Project, such as recipients of information on the Project and/or collaborators with active participants in the Project.

Secondary: The general public in Kenya and Indonesia, through the publicity, campaigns, news and other communications and advocacy activities of Project participants.

Tertiary: The general public in The Netherlands, through STOP AIDS NOW! and STOP AIDS NOW! partner publicity and news.

## **Training and capacity building**

The Project plans will provide local groups with as much training and capacity building as possible. The initial phase of the Project begins with training in gender, HIV/AIDS, rights, and gender transformation methods. There will also be follow up training on these themes as well as training and on-going support and technical assistance on work plan development, impact assessment, and project monitoring and evaluation.

Local groups will have the opportunity to share experiences and strengthen each other's capacity through the collaborative work in the coalitions. They will also be able to do this cross-regionally through Project communication modalities, such as an online discussion group and the STOP AIDS NOW! website for professionals. In the final phase of the project, an expert meeting is planned that will bring together participants from Kenya and Indonesia and STOP AIDS NOW! partners.

## **6. Monitoring and Evaluation**

As the local work plans are not yet developed, the overall monitoring and evaluation (M&E) system for the STOP AIDS NOW! gender development project cannot be defined in detail at the moment. Nevertheless, it is possible to make some general comments.

First, the overall M&E for the Project will pay attention to a combination of outcomes. In particular, it will analyse the results of the activities of the local participating organisations, on the basis of the results of the local coalition work plans and corresponding M&E systems developed. It will also study results relevant to the STOP AIDS NOW! development projects, as related, for example, to linking and learning, capacity building and coordination activities.

Second, it is expected counterparts will show results at the output level rather than at the effect or impact levels. This means, for example, they will report on the direct results of activities. These could be products or services that have resulted from the activities taken up. Counterparts will likely also show results at the process level, meaning that they will report, for example, on how inclusive and participatory their activities were.

It is hoped some groups will seek to show results at the effect level. The learning function of the STOP AIDS NOW! development projects demands a strong understanding of the work of participating counterparts. This is crucial if practices on "the ground" that can significantly improve the international response to HIV/AIDS are to be identified and information on them is to be integrated into the policies of the STOP AIDS NOW! partners.

The gender development project can accommodate counterparts' taking up relatively robust research work to evaluate the effects of their gender transformation activities. It is also flexible enough to allow for groups to take a "lighter" research approach, using focus group discussions, for instance. Regardless of the approach preferred, groups will be able to count on the capacity building and technical assistance they want.

Third, it is expected the counterparts will show different types of output level results for their networking and community level activities than for their work at the individual level. For the former, they may, for example, report information on the extent of direct outreach and media coverage achieved or on the opportunities for joint collaboration generated. In relation to latter, they may focus, for example, on reporting on the number and types of activities realised and on the types and number of participants included in the activities.

## 7. Organisational structure and management

The Project Coordination Group (PCG) is responsible for the overall design, implementation, monitoring, and evaluation of the gender development project and its corresponding budget. The PCG consists of representatives of the STOP AIDS NOW! partners. These include programme officers for Indonesia and Kenya with expertise in HIV/AIDS and/or gender, the Chair of the PCG (from Hivos), and the Project Coordinator from the STOP AIDS NOW! secretariat.

Responsibilities and tasks of the PCG Chair:

- Contribute to Project design
- Oversee the PCG
- Chair meetings of the PCG
- Oversee and provide input on Project implementation, monitoring and evaluation
- Oversee and provide input on the Project budget and financial administration system
- Stimulate and contribute to maintaining Hivos's commitment to the Project
- Provide input on the organisation of meetings of experts and stakeholders
- Initiate and maintain contact with external partners and networks, and stimulate their interest in and collaboration with STOP AIDS NOW! and the Project
- Contribute to fundraising efforts for the Project through contacts and input

Responsibilities and tasks of the STOP AIDS NOW! Project Coordinator:

- Design, implement, monitor and evaluate the Project plan and budget
- Manage and oversee local implementation, coordination, monitoring and evaluation of the Project
- Administrate financing for local implementation, coordination, monitoring and evaluation of the Project
- Organise meetings of the PCG
- Organise and facilitate meetings of experts and stakeholders
- Regularly update PCG and PCG Chair on findings and outcomes of the Project
- Identify and act on opportunities for linking the Project with other STOP AIDS NOW! projects
- Identify and act on opportunities for international and national lobbying and publicity on issues pertinent to the Project
- Report to the STOP AIDS NOW! secretariat on all aspects of the Project
- Contribute to fundraising efforts for the Project through proposal writing, contacts and input

Responsibilities and tasks of the PCG:

- Provide input on the design, implementation, monitoring, and evaluation of the Project plan and budget
- Provide input on the management and overseeing of local implementation, coordination, monitoring and evaluation of the Project
- Participate in meetings on the Project
- Liaise and facilitate relationships between counterparts and STOP AIDS NOW! at various levels
- Individual members stimulate and contribute to maintaining commitment on the part of their organisations to the Project
- Individual members regularly update policy and lobby experts at their organisations on findings and outcomes of the Project
- Individual members identify and act on opportunities for linking the Project with other projects within their organisations
- Contribute to the organisation of meetings of experts and stakeholders

## Annex 1: STOP AIDS NOW! gender development project log frame, to be used as a framework and adapted by local participating organisations

<b>Project goal:</b> The goal of this 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.	
<b>Objective 1</b>	
STOP AIDS NOW! counterparts in Kenya and Indonesia focusing on HIV/AIDS, human rights, and women's empowerment adapt, implement and evaluate individual level HIV prevention strategies and interventions that promote egalitarian gender attitudes, behaviours and norms and women's rights.	
<b>Beneficiaries</b>	<b>Activities</b>
Counterparts focusing on HIV/AIDS, human rights, and women's empowerment in Kenya and Indonesia and partners of STOP AIDS NOW!.	<ul style="list-style-type: none"> <li>• Needs assessment.</li> <li>• Baseline and endline quantitative and/or qualitative data collection and analysis.</li> <li>• Adaptation of proven methods and tools for transforming gender attitudes, behaviours and norms at the individual level in the context of HIV/AIDS.</li> <li>• Training of trainers and implementers of activities.</li> <li>• Implementation of individual level HIV prevention and gender transformation activities including for example: Theatre and role playing; debates and discussions; life skills training; and/or peer to peer counselling and training.</li> <li>• Information provision and education.</li> </ul>
<b>Expected outcomes</b>	<b>Indicators<sup>49</sup></b>
Capacity of counterparts strengthened for evaluating the effect of individual level gender transformative and women's rights-oriented HIV prevention activities and drawing out the lessons learned on the basis of them.	<ul style="list-style-type: none"> <li>• Quality and level of technical support provided through the STOP AIDS NOW! project on monitoring and evaluation and its essential components, including quantitative and/or qualitative data collection and analysis.</li> <li>• Quality and level of understanding and analysis on the part of counterparts regarding change effected among participants in relation to predictors of HIV outcomes, such as: types of gender based attitudes and behaviours; levels of power in sexual relationships; levels and quality of communication about sexual matters and condom use; incidents of violence against women; and levels of condom use.</li> </ul>

<sup>49</sup>Targets cannot be defined until local work plans are developed and it is known exactly which counterparts plan to participate in the Project.

<p>Knowledge and implementation capacity of counterparts strengthened for reducing HIV risk in women and girls.</p>	<ul style="list-style-type: none"> <li>• Quality and number of trainings and opportunities for exchange and learning provided through the STOP AIDS NOW! project to counterparts on HIV/AIDS, women's rights and gender equality.</li> <li>• Quality and depth of knowledge of staff/volunteers of counterparts on: <ul style="list-style-type: none"> <li>- HIV/AIDS and its implications for women and girls;</li> <li>- The rights of women and girls and how the failure to realize these increases the vulnerability of women and girls to HIV/AIDS; and</li> <li>- Gender equality and its relationship to HIV/AIDS.</li> </ul> </li> <li>• Quality and level of technical support provided through the STOP AIDS NOW! project on proven methods and tools for transforming gender attitudes, behaviours and norms at the individual level in the context of HIV/AIDS.</li> <li>• Quality and number of individual level HIV prevention activities taken up promoting egalitarian gender attitudes, behaviours and norms and women's rights.</li> <li>• Quality and level of participation of men/boys and women/girls in the above activities.</li> </ul>
<p>Growth process of counterparts strengthened for reducing HIV risk in individual women and girls and sustaining positive results of activities.</p>	<ul style="list-style-type: none"> <li>• Quality and level of collaboration in individual level HIV prevention activities promoting egalitarian gender attitudes, behaviours and norms and women's rights across the different types of organisations.</li> <li>• Quality and level of integration of counterparts less experienced in HIV/AIDS work and/or gender-focused work in the above activities.</li> <li>• Level of promotion of participants in the above activities (with their partners, families and communities) of: such issues as: Condom use; egalitarian sexual relations and gender attitudes, behaviours and norms; women's rights and empowerment; and/or elimination of violence against women.</li> <li>• Concrete outputs developed on the basis of evidence-based methods, lessons learned, and good practices discovered through the gender project are available for development of future policies, project plans and activities.</li> </ul>
<p><b>Objective 2</b></p>	
<p>STOP AIDS NOW! counterparts in Kenya and Indonesia focusing on HIV/AIDS, human rights, and women's empowerment adapt, implement and evaluate community level HIV prevention strategies and interventions that promote egalitarian gender attitudes, behaviours and norms and women's rights.</p>	
<p><b>Beneficiaries</b></p>	<p><b>Activities</b></p>
<p>Counterparts focusing on HIV/AIDS, human rights, and women's empowerment in Kenya and Indonesia and partners of STOP AIDS NOW!.</p>	<ul style="list-style-type: none"> <li>• Needs assessment.</li> <li>• Baseline and endline quantitative and/or qualitative data collection and analysis.</li> <li>• Adaptation of proven methods and tools for transforming gender attitudes, behaviours and norms at the community level in the context of HIV/AIDS.</li> <li>• Training of trainers and implementers of activities.</li> <li>• Implementation of community level HIV prevention and gender transformation activities including, for example: Theatre and role play; debates and discussions; peer to peer education and training; and/or advocacy and campaigning.</li> <li>• Information provision and education.</li> <li>• Communications and media work.</li> </ul>

Expected outcomes	Indicators
Capacity of counterparts strengthened for evaluating the effect of their community level gender transformative and women's rights-oriented HIV prevention activities and drawing out the lessons learned.	<ul style="list-style-type: none"> <li>• Quality and level of technical support provided through the STOP AIDS NOW! project on impact evaluation.</li> <li>• Quality and level of understanding and analysis on the part of counterparts regarding change effected among participants in relation to key predictors of HIV outcomes, such as: types of gender based attitudes and behaviours; levels and quality of communication about sexual matters and condom use; levels of acceptance of violence against women; and levels of acceptance of condom use.</li> </ul>
Knowledge and implementation capacity of counterparts strengthened for reducing HIV risk in women and girls.	<ul style="list-style-type: none"> <li>• Quality and number of trainings and opportunities for exchange and learning provided through the STOP AIDS NOW! project to counterparts on HIV/AIDS, women's rights and gender equality.</li> <li>• Quality and depth of knowledge of staff/volunteers of counterparts on: <ul style="list-style-type: none"> <li>- HIV/AIDS and its implications for women and girls;</li> <li>- The rights of women and girls and how the failure to realize these increases the vulnerability of women and girls to HIV/AIDS; and</li> <li>- Gender equality and its relationship to HIV/AIDS.</li> </ul> </li> <li>• Quality and level of technical support provided through the STOP AIDS NOW! project on proven methods and tools for stimulating community support for transforming gender attitudes, behaviours and norms in the context of HIV/AIDS.</li> <li>• Quality and number of community level activities taken up promoting egalitarian gender attitudes, behaviours and norms and women's rights in the context of HIV/AIDS.</li> <li>• Quality and level of participation of community members (partners, families, and members of social circles of participants in the individual level activities and/or community leaders) in the above activities.</li> </ul>

<p>Growth process of counterparts strengthened for contributing to a supportive social and cultural community climate for reducing HIV risk in individual women and girls and sustaining positive results of activities.</p>	<ul style="list-style-type: none"> <li>• Quality and level of collaboration in community level HIV prevention activities promoting egalitarian gender attitudes, behaviours and norms and women's rights across the different types of organisations.</li> <li>• Quality and level of integration of counterparts less experienced in HIV/AIDS work and/or gender-focused work in the above activities.</li> <li>• Level of promotion in the broader community of such issues as: Condom use; egalitarian sexual relations and gender attitudes, behaviours and norms; women's rights and empowerment; and elimination of violence against women.</li> <li>• Level of visibility and debate in the mass media or public discourses of representatives of key institutions (political, religious, medical, business, and educational spheres) on HIV/AIDS supportive of: Condom use; egalitarian sexual relations and gender attitudes, behaviours and norms; women's rights and empowerment; and/or elimination of violence against women.</li> <li>• Quality and level of evaluation and analysis of developments, outcomes and lessons learned from the activities taken on at the community level.</li> <li>• Concrete outputs developed on the basis of evidence-based methods, lessons learned, and good practices discovered through the gender project are available for development of future policies, project plans and activities.</li> </ul>
<p><b>Objective 3</b></p>	
<p>STOP AIDS NOW! counterparts in Kenya and Indonesia focusing on HIV/AIDS, human rights, and women's empowerment are networking to contribute to creating an enabling broader social and legal environment for women and girls.</p>	
<p><b>Beneficiaries</b></p>	<p><b>Proposed activities</b></p>
<p>Counterparts focusing on HIV/AIDS, human rights, and women's empowerment in Kenya and Indonesia and partners of STOP AIDS NOW!.</p>	<ul style="list-style-type: none"> <li>• Networking</li> <li>• Joint constituency development</li> <li>• Alliance and coalition building</li> <li>• Joint advocacy and/or lobbying activities</li> <li>• Exchanging of knowledge, skills and resources</li> <li>• Joint decision making and planning</li> </ul>
<p><b>Expected outcomes</b></p>	<p><b>Indicators</b></p>
<p>Counterparts are networked at national and/or sub-national level.</p>	<ul style="list-style-type: none"> <li>• Joint collaboration in advocacy and/or lobbying activities.</li> <li>• Structure and/or strategy developed for future collaboration.</li> </ul>
<p>Counterparts are linked to efforts beyond the STOP AIDS NOW! project on gender, HIV/AIDS and women's rights that have broader outreach and impact.</p>	<ul style="list-style-type: none"> <li>• Participation of STOP AIDS NOW! counterparts in regional and/or global actions and campaigns on gender and HIV/AIDS.</li> </ul>
<p>Improved integration of the themes of gender, HIV/AIDS and women's rights across counterparts.</p>	<ul style="list-style-type: none"> <li>• Counterparts develop strategies or plans for adapting their policies and programmes on the basis of the work of other groups participating in the STOP AIDS NOW! project.</li> <li>• Organisations participating in the STOP AIDS NOW! project involve women living with HIV/AIDS and/or organisations of HIV+ women as equal partners in their policy and programmes development, implementation and evaluation.</li> </ul>

<b>Objective 4</b>	
Good “donorship” in relation to HIV/AIDS and gender on the part of STOP AIDS NOW! partners.	
<b>Beneficiaries</b>	<b>Activities</b>
Partners of STOP AIDS NOW! and counterparts focusing on HIV/AIDS, human rights, and women’s empowerment in Kenya and Indonesia.	<ul style="list-style-type: none"> <li>• Review of portfolio of counterparts.</li> <li>• Desk research</li> <li>• Initial and on-going assessment of the needs of counterparts.</li> <li>• Catalysing counterpart participation and joint collaboration in the Project.</li> <li>• Mobilisation of necessary human resources for local project implementation.</li> <li>• Development of gender project monitoring and evaluation system.</li> <li>• Development and dissemination of information and educational materials and tools.</li> <li>• Provision of technical support: Capacity building and training; mentoring; and site visits.</li> <li>• Provision of financial support for coalition activities and individual projects of counterparts.</li> <li>• Organisation, implementation and evaluation of linking and learning events, between counterparts, between STOP AIDS NOW! partners, and between counterparts and STOP AIDS NOW! partners.</li> <li>• Provision of media and communications support for the STOP AIDS NOW! gender project.</li> <li>• Identification of and mobilisation around relevant moments for advocating and lobbying on gender and HIV/AIDS at the international level and in The Netherlands.</li> </ul>
<b>Expected outcomes</b>	<b>Indicators</b>
Linking and learning of STOP AIDS NOW! partners.	<ul style="list-style-type: none"> <li>• Quality and level of information on developments and outcomes of the STOP AIDS NOW! gender project shared with STOP AIDS NOW! partners.</li> <li>• Quality and number of opportunities created for STOP AIDS NOW! partners to discuss developments and outcomes of the STOP AIDS NOW! gender project with each other.</li> <li>• Quality and number of opportunities created for sharing and exchanging between counterparts and STOP AIDS NOW! partners.</li> </ul>
Linking and learning among STOP AIDS NOW! counterparts.	<ul style="list-style-type: none"> <li>• Quality and level of information on developments and outcomes of the STOP AIDS NOW! gender project shared with counterparts.</li> <li>• Quality and number of opportunities created for counterparts to discuss developments and outcomes of the STOP AIDS NOW! gender project with each other.</li> <li>• Quality and number of opportunities created for sharing and exchanging between counterparts and STOP AIDS NOW! partners.</li> </ul>

<p>Local project planning, management and evaluation capacity of counterparts strengthened.</p>	<ul style="list-style-type: none"> <li>• Quality and level of technical support provided through the STOP AIDS NOW! project on work plan development and implementation.</li> <li>• Quality and level of technical support provided through the STOP AIDS NOW! project on project monitoring and evaluation.</li> <li>• Local coalition coordination processes established and functioning, with support of STOP AIDS NOW! project</li> </ul>
<p>Impact of the gender project clear and useful to STOP AIDS NOW! partners.</p>	<ul style="list-style-type: none"> <li>• Sound monitoring and evaluation system for the STOP AIDS NOW! gender project developed and implemented.</li> <li>• Gender project developments, outcomes, lessons learned, and good practices analyzed and translated for use by the STOP AIDS NOW! partners for their policy and programme development.</li> <li>• Gender project developments, outcomes, lessons learned, and good practices analyzed and translated for use for advocating and lobbying on gender and HIV/AIDS at the international level and in The Netherlands.</li> </ul>

## Annex 2: Potential participating counterparts

<b>AIDS Fonds</b>
<b>Kenya</b>
<b>HIV/AIDS</b> <ul style="list-style-type: none"> <li>• Women Fighting AIDS in Kenya (WOFAK), Nairobi, Homa Bay District</li> </ul>
<b>Cordaid</b>
<b>Kenya</b>
<b>Human Rights</b> <ul style="list-style-type: none"> <li>• International Federation of Women Lawyers (FIDA)</li> </ul> <b>HIV/AIDS</b> <ul style="list-style-type: none"> <li>• Diocese of Ngong (Pastoralist Integral Development Programme) in Narok, Kajiado, Transmara</li> <li>• Kisumu Urban Apostolate Programme (KUAP Pandipieri)</li> <li>• Diocese of Lodwar, Health Programme, Turkana district</li> </ul> <b>Women's Empowerment</b> <ul style="list-style-type: none"> <li>• Community Aid International, Urban Poverty Reduction Programme, Nairobi</li> <li>• Kisumu Consortium (SANA)</li> </ul>
<b>Indonesia (Java)</b>
<b>Human Rights</b> <ul style="list-style-type: none"> <li>• The Voice of Human Rights in Indonesia (SHMI), Jakarta</li> <li>• Syarikat (Masyarakat Santri Untuk Advokasi Rakyat), Yogyakarta</li> </ul> <b>HIV/AIDS</b> <ul style="list-style-type: none"> <li>• Yayasan Harapan Permata Hati Kita (Yakita), West Java (Ciawi, near Jakarta), Makassar and Bali</li> <li>• Universiteit Medisch Centrum St. Radboud, Bandung</li> </ul> <b>Women's Empowerment</b> <ul style="list-style-type: none"> <li>• Indipt (Institute of Discourse Practice and Transformation), South Java</li> <li>• Pusat Layanan Informasi Perempuan Mitra Wacana (Mitra Wacana Women Resource Centre), Yogyakarta</li> <li>• Kalynamitra Pusat Komunikasi dan Informasi Perempuan, Jakarta</li> </ul>
<b>Indonesia (Papua)</b>
<b>Human Rights</b> <ul style="list-style-type: none"> <li>• TAPOL (Indonesian Human Rights Campaign)</li> <li>• Aliansi Demokrasi untuk Papua (Alliance Democracy for Papua)</li> </ul> <b>HIV/AIDS</b> <ul style="list-style-type: none"> <li>• Yayasan Santu Antonius (Yasanto), Merauke district</li> <li>• Médecins du Monde, Puncak Jaya</li> <li>• Primari (Prakarsa bagi Masyarakat Mandiri)</li> <li>• Yakita (Yayasan Harapan Permata Hati Kita), Ciawi</li> </ul>

**Women's Empowerment**

- Young Women's Christian Association (YWCA)

**Hivos****Kenya****Human Rights**

- Centre for Law and Research International (Clarion), Nairobi
- Community Based Development Services (Cobades), Nairobi
- Citizens Coalition for Institutional Change, Nairobi
- Legal Resource Foundation Trust, Nairobi
- National Convention Executive Council, Nairobi

**HIV/AIDS**

- Kenya Network of Women and AIDS, Nairobi
- Kenya AIDS NGOs Consortium, Nairobi
- Kenya Association of Professional Counsel, Nairobi

**Women's Empowerment**

- Kenya Female Advisory Organisation (Kefeado), Kisumu
- Young Women's Leadership Institute, Nairobi
- African Women and Child Feature Service, Nairobi
- Coalition on Violence against women
- Development through Media, Nairobi
- Kenya Rural Enterprise Programme, Nairobi
- Kenya National Federation of Agriculture Producers, Nairobi
- African Women's Development and Communication Network (FEMNET), Nairobi

**Indonesia (Java)****Human Rights**

- Elsam (Institute of Policy Research and Advocacy), Jakarta
- IMPARSIAL (Indonesian Human Rights Monitor), Jakarta
- Rumpun Tjoet Nyak Dien (RTND), Yogyakarta
- YSIK (Yayasan Sosial Indonesia untuk Kemanusiaan), Jakarta

**HIV/AIDS**

- LSM Info Kespro, Jakarta
- PKBI (Indonesian Planned Parenthood Association), Yogyakarta (PKBI has 25 branches in 25 provinces and 217 chapters at district level)

**Women's Empowerment**

- Yayasan Akatiga, Bandung
- ASPPUK (Association for Support for Female Entrepreneurs), Central Java (Klaten, Solo, and Sukoharjo)
- DAMAR (Women's Institute for Anti-Violence), Bandar Lampung (Southerly tip)
- Ganesha, Tangerang (West of Jakarta)
- Komnas Perempuan (National Commission on Violence Against Women), Jakarta, Aceh, Papua
- Rumpun Tjoet Nyak Dien (RTND), Central Java and Yogyakarta
- Koalisi Perempuan Indonesia Untuk Keadilan Dan Demokrasi (Women's Coalition for Justice and Democracy), Jakarta

<b>Indonesia (Papua)</b>
<p><b>Human Rights</b></p> <ul style="list-style-type: none"> <li>• Forum Kerjasama LSM se-Irian Jaya (FOKER), Papua</li> </ul> <p><b>Women's Empowerment</b></p> <ul style="list-style-type: none"> <li>• Lembaga Pemberdayaan Pengkajian Perempuan dan Anak Papua (LP3A-P), Papua</li> <li>• Yayasan Pengembangan Prakarsa Wirausaha Papua (YPPWP), Papua</li> </ul>
<b>ICCO</b>
<b>Kenya</b>
<p><b>Human rights</b></p> <ul style="list-style-type: none"> <li>• Federation of Women Lawyers, Nairobi, Kisumu, and Mombasa</li> </ul> <p><b>HIV/AIDS</b></p> <ul style="list-style-type: none"> <li>• Women Fighting AIDS in Kenya (WOFAK), Nairobi and Homa Bay District</li> </ul> <p><b>Women's Empowerment</b></p> <ul style="list-style-type: none"> <li>• Help Self Help Centre (HSHC), Kieni East</li> </ul>
<b>Indonesia (Java)</b>
<p><b>Human rights</b></p> <ul style="list-style-type: none"> <li>• KontraS (Commission on Disappearances and Victims of Violence), Jakarta and field offices in Aceh and Papua</li> <li>• YAPHI (Yayasan Pengabdian Hukum Indonesia), Surakarta</li> <li>• PBHI (Initial Rehabilitation for Post Tsunami Aceh), Jakarta and six regional offices, and International Human Rights Working Group (part of PBHI since 2004)</li> <li>• KASUM (Komite Aksi Solidaritas untuk Munir or Solidarity Action Committee for Munir), Jakarta</li> </ul>
<b>Indonesia (Papua)</b>
<p><b>HIV/AIDS</b></p> <ul style="list-style-type: none"> <li>• YPKM (Yayasan Pengembangan Kesehatan Masyarakat), Papua, with activities in Jayapura, Serui, Wamena, Nabire, and Manokwari</li> </ul> <p><b>Women's Empowerment</b></p> <ul style="list-style-type: none"> <li>• YPMD (Yayasan Pengembangan Masyarakat Desa or Foundation for Rural Development)</li> </ul>
<b>Novib</b>
<b>Kenya</b>
<p><b>Human rights</b></p> <ul style="list-style-type: none"> <li>• Kenya Human Rights Commission, Nairobi</li> </ul> <p><b>HIV/AIDS</b></p> <ul style="list-style-type: none"> <li>• Society for Women and AIDS in Kenya (SWAK), Nairobi</li> <li>• Oxfam Regional Centre, Nairobi</li> <li>• Arid Lands Information Network, Nairobi</li> </ul>

## **Indonesia (Java)**

### **Human rights**

- Kontras (Commission on Disappearances and Victims of Violence), Jakarta and field offices in Aceh and Papua
- SAMIN (Yayasan Sekretariat Anak Merdeka), Central and East Java
- Institute for Indigenous Community and Legal Advocacy (Yayasan Lembaga Bela Banua Talino or YLBBT), Jakarta and West Kalimantan
- International NGO Forum on Indonesia Development (INFID), Jakarta and Brussels

### **HIV/AIDS**

- PKBI (Indonesian Planned Parenthood Association)

### **Women's Empowerment**

- APIK (Asosiasi Perempuan Indonesia untuk Keadilan or Indonesian Women's Association for Justice), Jakarta
- Perserikatan Solidaritas Perempuan, Jakarta