



# TOWARDS GENDER-RESPONSIVE HIV PROGRAMMING: IDENTIFYING CAPACITY DEVELOPMENT NEEDS

Report of stakeholder consultative workshop in Tanzania

**Published by:**

Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH  
German Technical Cooperation  
Dag-Hammarskjöld-Weg 1-5  
65760 Eschborn / Germany  
T +49 61 96 79-1599  
F +49 61 96 79-801599  
E [backup@gtz.de](mailto:backup@gtz.de)

Internet:

[www.gtz.de/backup](http://www.gtz.de/backup)

Name of sector project:  
German BACKUP Initiative

Produced in cooperation with:  
Tanzania Commission for AIDS (TACAIDS)  
Tanzanian German Programme to Support Health (TGPSH)

Author:

Marianthi Vezertzi ([marianthivezertzi@gmail.com](mailto:marianthivezertzi@gmail.com))

Responsible:

Ramona Wong-Gruenwald ([Ramona.wong-gruenwald@gtz.de](mailto:Ramona.wong-gruenwald@gtz.de))  
Dr. Inge Baumgarten ([inge.baumgarten@gtz.de](mailto:inge.baumgarten@gtz.de))

October 2009

## Table of Contents

List of abbreviations .....	1
1. Introduction .....	2
2. Objectives of the stakeholder consultative workshop.....	2
3. Composition of participants .....	2
4. Proceedings of the workshop .....	2
4.1. Background information on the process .....	2
4.2. Key findings of the mission.....	3
4.2.1. <i>Integration of SRH/HIV gender-responsive services</i> .....	3
4.2.2. <i>Advocacy on HIV and gender</i> .....	5
5. Feedback of participants .....	7
6. Wrap-up of the workshop .....	7
Annex 1: List of participants .....	8
Annex 2: Opening speech Dr. Bergis Schmidt-Ehry – TGPSH .....	10
Annex 3: Opening speech Dr Raphael B.M. Kalinga – TACAIDS .....	13
Annex 4: Timetable .....	15
Annex 5: Feedback of the participants.....	17
Annex 6: Results Group Work .....	19

## List of abbreviations

ANC	Antenatal Care
ART	Antiretroviral Treatment
CBO	Community Based Organization
CHAC	Council HIV and AIDS Coordinator
CHBC	Community Home Based Care
CMAC	Council Multisectoral AIDS Committee
CSO	Civil Society Organization
CTC	Care and Treatment Clinic
FP	Family Planning
GBV	Gender-Based Violence
GDC	German Development Cooperation
HBC	Home Based Care
HW	Health Worker
LGA	Local Government Authorities
MDA	Ministry Departments and Agencies
MoEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
NACOPHA	National Council for People Living with HIV and AIDS
NACP	National AIDS Control Programme
NGO	Non-governmental organization
PEP	Post Exposure Prophylaxis
PITC	Provider-Initiated HIV Testing and Counselling
PMTCT	Prevention of Mother to Child Transmission
RCH	Reproductive and Child Health
RH	Reproductive Health
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SULGO	Support to Local Governance
TACAIDS	Tanzania Commission for AIDS
TGPSH	Tanzanian German Programme to Support Health
TOMSHA	Tanzania Output Monitoring System for the non-Medical HIV and AIDS Interventions
VCT	Voluntary Counselling and Testing
VMAC	Village Multisectoral AIDS Committee
WMAC	Ward Multisectoral AIDS Committee

## 1. Introduction

This report is a summary of the proceedings of a stakeholder consultative workshop that was held by the Tanzania Commission for AIDS (TACAIDS) and the German Development Cooperation (GDC) represented by the Tanzanian German Programme to Support Health (TGPSH) and the German BACKUP Initiative.

The purpose of the workshop was to share with key stakeholders the findings of a mission that was conducted by GDC from 23 September to 6 October, 2009 at national level and in Mtwara and Lindi Regions.

The mission team looked at and reported on capacity development needs and the kind of technical support required at national and regional level in the following areas:

- (I) Advocacy for gender-sensitive and gender-transformative HIV programmes<sup>1</sup> (at national level and in Mtwara Region)
- (II) Integration of HIV and Sexual and Reproductive Health (SRH) services which are sensitive to the needs of men and women (at national level and in Lindi Region)<sup>2</sup>

## 2. Objectives of the stakeholder consultative workshop

The objectives of the stakeholder consultative workshop were the following:

- (I) To present the background information of the mission
- (II) To present and obtain feedback on the findings of the country mission in the two result areas
- (III) To present proposed areas for intervention
- (IV) To discuss the way forward with potential future partners

## 3. Composition of participants

Following the results of the interviews, all relevant stakeholders from national and regional level were invited for this stakeholder consultative workshop. Totally, 26 participants represented TACAIDS, the Ministry of Health and Social Welfare (MoHSW) through NACP, the Ministry of Education and Vocational Training (MoEVT), national non-governmental organizations (NGOs), as well as representatives of the Local Government Authorities (LGAs) and the NGO umbrella organizations from Mtwara Municipality and Masasi District. GDC, namely TGPSH, Support to Local Governance (SULGO) and the German BACKUP Initiative were also represented at the workshop. The list of participants can be found in annex 1. The opening speeches and the programme of this workshop can be found in annexes 2-4.

## 4. Proceedings of the workshop

### 4.1. Background information on the process

- Before the mission, a desk review was conducted, in order to identify and analyze the policy framework, programme implementation, key issues and various stakeholders in the two identified collaboration areas<sup>3</sup>.

<sup>1</sup> *Gender-sensitive programmes* attempt to redress existing gender inequalities by addressing gender norms, roles and access to resources in so far as needed to reach project goals.

*Gender-transformative programmes* aim to re-define women and men's gender roles and relations by transforming unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.

<sup>2</sup> For more background information on the mission, please refer to the desk review.

<sup>3</sup> Please refer to the desk review for more details, including the results and recommendations.

- A country mission followed from 23 September to 6 October, 2009 in Dar es Salaam, Mtwara and Lindi Regions, in order to learn more on what has been implemented so far, to interview possible partners at national and decentralized levels and jointly identify possible areas of cooperation.
- The next step was a stakeholder consultative workshop. Its objectives can be found in chapter 2.
- Finally, individual meetings with possible future partners took place, in order to discuss in detail possible collaboration and agree upon the way forward.

## **4.2.Key findings of the mission**

During the mission, interviews were conducted with selected key informants from government, civil society and development partners representatives in the two identified collaboration areas both at national and decentralized level. More specifically, integration of SRH/HIV gender-responsive services was examined at national level and in Lindi Region, while advocacy on gender-responsive HIV programmes was investigated in at national level and in Mtwara Region. These two regions were chosen, as GDC is already working there.

### ***4.2.1. Integration of SRH/HIV gender-responsive services***

The key issues in this area were compiled from interviews at central level and interviews and site visits in Lindi Region. More specifically, the following institutions were visited: Sokoine Regional Hospital, Nyangao Hospital in Lindi Rural, Kilwa District Hospital and Kilwa Masoko Health Centre.

According to the general findings, the WHO gender mainstreaming guidelines were piloted in Lindi in 2006/07 in Sokoine, Nachingwea and Kilwa hospitals. As a result, awareness of the importance of gender mainstreaming is high in Lindi and implementation of gender-sensitive interventions has started. The following good practices were noted: male involvement in Antenatal Clinic (ANC) and Prevention of Mother to Child Transmission (PMTCT) has increased and special priority is given to couples; gender is being considered in trainings; Community Home Based Care (CHBC) services reach both men and women and equal number of male and female providers have been trained. Also, efforts are being made to integrate HIV and SRH services.

Further results were categorized into the following main areas and are presented categorized in achievement and challenges:

- Women have better access to SRH and HIV information and services than men and male involvement is low
  - 2/3 of the clients enrolled in HIV care and Antiretroviral Treatment (ART) are women
- Reproductive Health (RH) needs of adolescents are still not sufficiently met, as indicated by the number of schoolgirl pregnancies and induced abortions
- Home Based Care (HBC) services – following the national guidelines – are focused on HIV and AIDS. They could however be used as an entry point to provide additional information and services to the family
- Services for Gender-Based Violence (GBV) survivors are not widely available

Further findings were categorized into the following main areas:

(I) Male involvement in Voluntary Counselling and Testing (VCT) and ANC

*a. Achievements:*

- i. Women in ANC are requested to bring along their husband at the first and last visit
- ii. Couples are given priority for counselling and testing
- iii. Provider-Initiated Testing and Counselling (PITC) training of clinicians is ongoing

*b. Constraints/gaps:*

- i. There is the misconception that the HIV status of the wife is automatically the status of the husband and the other way round; thus people do not trust discordant HIV results.
- ii. Men lack information on family planning (FP), pregnancy risks, PMTCT and birth preparedness and they have limited understanding of their role as partner/husband/father.
- iii. The set-up of Reproductive and Child Health (RCH) clinic is in most cases not conducive to make men feel comfortable and welcome.

(II) Adolescent SRH and HIV services

*a. Achievements:*

- i. Some adolescents come for Sexually Transmitted Infections (STI), RH and VCT services in the afternoons, when the clinic is empty and there is lower risk to be seen
- ii. Some few health workers (HWs) have been trained in adolescent friendly RH services

*b. Constraints/gaps:*

- i. The attitude of some HWs is in some cases moralizing and discriminating to the adolescents and RH services are sometimes denied
- ii. RH clinic is not always conducive for young people

(III) HBC services

*a. Achievements:*

- i. 250 HBC providers are linked to Care and Treatment Clinic (CTC) and PMTCT to follow up patients, provide care at home and trace defaulters

*b. Constraints/gaps:*

- i. 75% of HBC providers are female and this reinforces perception of the role of women as carers
- ii. Family members are advised to go for VCT but few do so
- iii. The demand for home-based HIV testing of family members is high
- iv. As this is not a part of the training curriculum, HBC providers are not trained in FP services

#### (IV) Services for GBV survivors

##### a. *Achievements:*

- i. Some HWs were trained in management of GBV and rape (in hospitals only)

##### b. *Constraints/gaps:*

- i. Community awareness of health services on GBV is still low
- ii. Guidelines for comprehensive management including emergency contraception, presumptive treatment of STI and VCT/Post Exposure Prophylaxis (PEP) are available but not widely known and used by the HWs, when it comes to GBV survivors
- iii. There is lack of sensitization of police which might lead to delayed referral of survivors to health facilities.
  - iv. Here are some suggestions on what could be further strengthened:
    - Increase efforts in:
      - Sensitizing men in the community (e.g. through theatre for development and within the informal venues like Initiation rites.)
      - Organizing special “couple clinic” in RCH<sup>4</sup>
      - Scaling up youth friendly services, e.g. by organizing a special “young people clinic” and reaching out to already organized youth groups
    - Widen the scope of the HBC services to include SRH services and home based HIV counselling and testing
    - Further strengthen the GBV services

#### **4.2.2. Advocacy on HIV and gender**

The issues presented here are based on the interviews that were conducted at central level and in Mtwara Region, namely in Mtwara Municipality and Masasi District.

##### National Level:

TACAIDS is mandated with the coordination of the national HIV response. As the main national partner for this mission and for the future gender and HIV programmes, specific issues were identified for TACAIDS:

- *Strengths:*
  - A national Gender and HIV operational plan is currently being developed building up on the recommendations of the recent gender audit
  - Recently drafted documents are ‘engendered’ – e.g. the prevention strategy, the advocacy and communication strategy and the essential planning package
  - The global fund proposals for round 8 and round 9 addressed HIV and gender issues to a reasonable extent
  - Through the UN joint HIV programmes, a two-year full time gender technical advisor will support TACAIDS

---

<sup>4</sup> It should be further investigated whether this would be feasible taking into account the human resources crisis that is faced in Lindi. The “pay 4 payment” initiative might be a possibility.

- *Constraints/challenges:*
  - The M&E system (TOMSHA) which is supposed to be extensively used by various stakeholders is still not gender-responsive. For example, not all data produced is sex-disaggregated
  - Some tools are still not gender-responsive and need to be revised
  - Capacity building is needed to integrate gender into the national HIV response led by TACAIDS

#### National and district level:

- Gender issues are recognized as one of the drivers of the HIV epidemic in Tanzania. Although there is currently a momentum in translating this knowledge into action, gender is still not adequately mainstreamed into HIV programming at central and district level and by the civil society.
- Although the guidelines clearly state reporting procedures, a communication gap in information sharing was addressed by the interviewees between the central and district level as well as between the district level and the NGOs, the Ward Multisectoral AIDS Committee (WMACs) and the Village Multisectoral AIDS Committee (VMACs).
- Depending on the planning for the AIDS grants, the funds that reach the district often do not trickle down to the NGOs at the grass root level. These funds are sometimes limited and can only cater for very few activities which are compulsory, for example quarterly AIDS Committee meetings.
- Awareness raising activities were perceived by the majority of the interviewees – especially the NGO representatives – as advocacy<sup>5</sup>.

#### NGOs at district level:

- Have a very broad mandate, in order to increase their possibilities of funding through various sources. Very few NGOs, mainly those of PLHIV, are devoted to HIV activities
- Have low understanding of policy, while the roles and responsibilities of key national stakeholders are not clear to them. They could address this challenge by more proactively enquiring for relevant information.
- Generally, they face capacity development challenges in terms of governance, organisational development, proposal writing, and access to funding, M&E systems and equipment, while most of them operate on a voluntary basis
- Are aware that the social and cultural aspects of gender are key to HIV prevention, care and treatment. However, they do not know how to translate this awareness into action by addressing gender into their day to day HIV work.

#### Identified possible advocacy areas in Mtwara Region:

- Increased vulnerability of women due to cultural beliefs (possible entry point through matrilineal tendencies)
- Increased teenage pregnancies due to initiation ceremonies
- Limited male involvement and understanding of their needs

---

<sup>5</sup> Advocacy is defined as a set of targeted actions directed at decision/policy makers in support of a specific policy issue

Taking into consideration the low capacities of Civil Society Organizations (CSOs) at district level and in order to have a broader impact, it was recommended to work with umbrella organizations.

The interviews confirmed the key issues which were identified by the desk review on the two collaboration areas. These indicate that in Tanzania there is a positive movement in addressing gender issues into the national HIV responses. Relevant policies, strategies and tools have opened the way towards this direction. However, there is need to further intensify implementation of relevant policies and enhance gender mainstreaming into HIV programming at all levels. To achieve this, continuous capacity development is required, in order to more effectively design, implement and monitor and evaluate gender-sensitive and gender-transformative HIV programmes.

## **5. Feedback of participants**

The presentation of the findings and the key priority areas of intervention were followed by a session for comments from the stakeholders that participated in the consultative workshop. The points raised are available in annex 5. Further details were discussed during the group work session. The results of the group work can be found in annex 6. Both the feedback of the participants and the results of the group work have generally confirmed and thus validated the findings of the mission. This was a prerequisite and set the basis for proceeding on crystallizing the way forward.

## **6. Wrap-up of the workshop**

Closing remarks followed by Ms. Ramona Wong-Gruenwald (German BACKUP Initiative) and the meeting was closed by Dr. Bennet Fimbo (NACP, MoHSW). There was the recognition that there are challenges at all levels in addressing gender into HIV programming. However, there is also the perceived need and motivation to overcome these challenges. Priority areas for intervention have been identified. The next step will be to translate the findings of this mission into action.

An afternoon session took place with the NGO representatives from Mtwara Region. Based on the results of this mission, potential areas for collaboration and the way forward were discussed in detail. The results of these discussions are presented in the report mission.

## Annex 1: List of participants

Name	Organization	Email
1. Alfred Matuntera	UMATI	<a href="mailto:matuntera@yahoo.com">matuntera@yahoo.com</a> <a href="mailto:amatuntera@umati.or.tz">amatuntera@umati.or.tz</a>
2. Charles Mchekura	MANGONET	<a href="mailto:cmchekura@yahoo.com">cmchekura@yahoo.com</a>
3. Deogratius Makoti	MTWANGONET	<a href="mailto:deomakoti@yahoo.com">deomakoti@yahoo.com</a> <a href="mailto:mtwangonet@hotmail.com">mtwangonet@hotmail.com</a>
4. Dr. Alex Ngaiza	PSI	<a href="mailto:angaiza@psi.or.tz">angaiza@psi.or.tz</a>
5. Dr. Bennet Fimbo,	NACP, MoHSW	<a href="mailto:benfimbo@yahoo.com">benfimbo@yahoo.com</a>
6. Dr. Bergis Schmidt-Ehry	TGPSH	<a href="mailto:bergis.schmidt-ehry@gtz.de">bergis.schmidt-ehry@gtz.de</a>
7. Ramona Wong-Gruenwald	GTZ	<a href="mailto:Ramona.Wong-Gruenwald@gtz.de">Ramona.Wong-Gruenwald@gtz.de</a>
8. Dr. Hilde Basstanie	Consultant	<a href="mailto:hilde.basstanie@gmail.com">hilde.basstanie@gmail.com</a>
9. Dr. Inge Baumgarten	TGPSH	<a href="mailto:Inge.Baumgarten@gtz.de">Inge.Baumgarten@gtz.de</a>
10. Dr. Raphael Kalinga	TACAIDS	<a href="mailto:rkalinga@tacaids.go.tz">rkalinga@tacaids.go.tz</a>
11. Dr. Sherin A. Kassamali	MEWATA	<a href="mailto:sherinkassamali@hotmail.com">sherinkassamali@hotmail.com</a>
12. Dr. Subilaga Kasasela	TACAIDS	<a href="mailto:subilagak@tacaids.go.tz">subilagak@tacaids.go.tz</a>
13. Godje Bialluch	SULGO	<a href="mailto:Godje.bialluch@gtz.de">Godje.bialluch@gtz.de</a>
14. Judith Rwakyendela	Pathfinder International	<a href="mailto:JudithR@pathfind.org">JudithR@pathfind.org</a>
15. Kathrin Lottmann	TGPSH	<a href="mailto:kathrin.lottmann@gtz.de">kathrin.lottmann@gtz.de</a>
16. Margaret Kasembe	Consultant	<a href="mailto:mbapeka@gmail.com">mbapeka@gmail.com</a> <a href="mailto:magekas@yahoo.com">magekas@yahoo.com</a>
17. Marianthi Vezertzi	Consultant	<a href="mailto:marianthivezertzi@gmail.com">marianthivezertzi@gmail.com</a>
18. Moritz Hunsmann	University of Freiburg	<a href="mailto:Moritz.Hunsmann@ekess.fr">Moritz.Hunsmann@ekess.fr</a>
19. Paul Bottelberge	Facilitator	<a href="mailto:pbottelberge@yahoo.co.uk">pbottelberge@yahoo.co.uk</a>
20. Dr. Fidelis Owenya	Health Focus	<a href="mailto:fowenya@yahoo.com">fowenya@yahoo.com</a>
21. Sammy Musunga	NACOPHA	<a href="mailto:ssarmy2005@yahoo.com">ssarmy2005@yahoo.com</a>
22. Silvia Mwanache	CHAC Mtwara	<a href="mailto:Sylviamwanache2002@yahoo.com">Sylviamwanache2002@yahoo.com</a>

<b>Name</b>	<b>Organization</b>	<b>Email</b>
23. Steven Wandela	TACAIDS	<a href="mailto:wans@tacaids.go.tz">wans@tacaids.go.tz</a>
24. Thobias Mkude	CHAC MASASI	<a href="mailto:Tobico005@yahoo.com">Tobico005@yahoo.com</a>
25. Vera Mdai	TACAIDS	<a href="mailto:yumdai@tacaids.go.tz">yumdai@tacaids.go.tz</a>
26. Winifrida Ruta	Ministry of Education	<a href="mailto:rutawg@yahoo.com">rutawg@yahoo.com</a>

## **Annex 2: Opening speech Dr. Bergis Schmidt-Ehry – TGPSH**

Dear Dr. Kalinga (Acting Executive Chair of TACAIDS), dear colleagues from Dar es Salaam and from the regions of Lindi and Mtwara, dear Consultant team, Habari za azubuhi?

It is a pleasure and honour for me as a partner of TACAIDS and the Ministry of Health and Social Development (MoHSW) to welcome all of you to this workshop on gender-responsive HIV programming. I appreciate very much that so many representatives of ministries, civil society organizations, and development partners have shown interest in this mission on Gender and HIV and followed the invitation of TACAIDS to this important feedback meeting.

The German government is playing an active part in achieving the Millennium Development Goals (MDGs) and aims to promote development that corresponds to the principles of sustainability, human rights and gender equality. Only then will it be possible to achieve the MDGs. German Development Cooperation in Tanzania has prioritised three sectors – water, local governance/decentralisation and health/HIV and AIDS (the sector that I am representing here today). Three sectors which provide many entry points and have a role to play in strengthening Gender equality and in promoting a gender responsive, multi-sectoral response to HIV and AIDS.

We are particularly happy to partner with TACAIDS in this mission on Gender and HIV, because of its mandate to coordinate the National Multi-sectoral response to HIV and AIDS in Tanzania and because of its commitment and leadership towards a stronger gender-orientation in policy and programme implementation.

The latest data by the Tanzanian HIV/AIDS Malaria Indicator Survey (THMIS 2007/2008) have made it clear: even though there is a decrease in the HIV prevalence in recent years in Tanzania, its spread is far from being stopped and an estimated 200.000 new infections occur every year. Tanzania – like so many other countries in the region – is faced with the fact that women are disproportionately affected by HIV and AIDS. According to the data 6.6% of the Tanzanian women are HIV positive compared to 4.6% of men.

Especially, young women are at most risk of becoming infected: in the age group 20 to 24 years three times as many women as men are infected. HIV and AIDS has an impact on the daily lives of many Tanzanians as it results in changes of family structures and responsibilities including taking care of sick relatives as well as widows and orphans, it reduces income and leads to poverty. Women are also affected most, if when it comes to stigma and discrimination, and they are the ones who take responsibility for caring for children and the sick.

It is well known that the vulnerability of women and their risk of an HIV infection are influenced by many factors. To these factors belong the low social status of women, traditional and cultural norms, their lack of rights, their limited economic resources, gender based violence, and women's restricted access to information about HIV and sexual reproductive health. Gender inequalities also affect women's way of living and coping with HIV including their limited access to HIV/AIDS services. In order to address these gender inequalities in the HIV pandemic we need policies and programmes which are sensitive to women's and men's gender-specific HIV-related risks.

In 2004 we had a national event in Sumbawanga with Resident Kikwete as the guest of honour (he was not yet president at this time) to make women and girls – protect themselves from HIV/AIDS.

Let me just cite some salient points from this meeting which have a relation to our topic today:

Gender inequities are still deep-rooted in most of our societies. The power in-balance between men and women determines how sexuality is expressed and experienced, men having greater control than women over when, where, how often and how sex takes place therefore rendering women and girls more vulnerable in the area of sexual and reproductive health thus increasing their vulnerability to HIV infections and disproportionate sufferings from consequences of HIV epidemic.

Societal reasons especially where gender roles require a woman to play submissive role in sexuality leaving her with no powers to negotiate for safer sex or not to say no to sexual advances are also contributing factors.

We all have to sincerely acknowledge that women but as well and especially men have a big role to play if we want to stay HIV negative, and when we want our girls and ladies stay healthy!

We know that gender inequities can only be addressed adequately by getting men and boys fully involved and have them learn to take responsibility for their actions.”

In general, there is awareness on the need to integrate and mainstream gender into HIV/AIDS programmes. Further, tackling gender equality is reinforced through various international agreements and declarations. However, when it comes to the implementation there still seems to be an uncertainty among many policy-makers, programme managers and service providers about how to adequately address gender inequalities.

Another issue that I would like to highlight is the need for more comprehensive, gender-sensitive approaches in the health sector. What do I mean here?

When talking about the need for gender-sensitive and -transformative HIV programming the linkage between HIV/AIDS and sexual and reproductive health and rights (SRHR) shouldn't be overlooked any longer. Even though there are obviously natural linkages between HIV/AIDS and SRHR, as well as overlapping objectives, target groups and means to reach the population, the integration of HIV and SRH has been neglected so far. Both topics have been addressed separately through international and national strategies, through separate funding streams, and through parallel structures on the implementation level. (We) - German Development cooperation - conducted a study in Lindi region on the integration of HIV and SRH services. The findings show that SRH services are endeavouring to integrate HIV into their services; however, the other way around, the integration of SRH into HIV services still remains behind. On gender-sensitive services, it is not clear in how far gender inequalities are considered and addressed. Again, this emphasises the need of a holistic approach and the need for further exchange on Gender in programming between politicians, policy makers and programme managers.

German Development Cooperation through the Tanzanian German Programme to Support Health, TGPSH, aims to "To improve the health and well-being of all Tanzanians, with a focus on those at most risk and to encourage the health system to be more responsive to the needs of the people". This overall goal also implicates that we have to tackle gender inequalities and include gender analysis in our support to policies, programmes and services in the country.

We'd like to thank TACAIDS for their interest in and support of the mission and are looking forward to a fruitful cooperation in the future. Moreover, we are grateful to the representatives of the Ministry of Health and Social Welfare, the Ministry of Community Development Gender and Children, the Local Government Authorities in Lindi and Mtwara Regions, civil society organizations, networks and umbrella organizations and international development partners who committed their time and expertise and shared their views on the subject.

At the same time we are supported by and work closely with our colleagues from Germany, namely the Gender Component of the BACKUP initiative. The German BACKUP Initiative aims at an increased allocation of global AIDS funding for gender-sensitive and gender-transformative HIV-related programmes. It provides technical assistance to civil society organizations and public sector partners in regards of capacity building. In Tanzania, they aim at supporting advocacy for gender-sensitive and -transformative HIV programmes in Mtwara region and explore innovative approaches for the integration of HIV and Sexual and Reproductive Health services which are sensitive to the needs of men and women in Lindi region.

Once again, we'd like to thank all of you volunteered for interviews on these topics and let us learn from your experience. We acknowledge your cooperation and commitment and looking forward to present the findings from all the interviews. I'm very happy about today's meeting on gender-responsive programming which will help us to face and hopefully overcome some of the challenges, and to prepare and strengthen our future cooperation with TACAIDS and its partners.

Ladies and gentlemen, dear colleagues, and dear Dr. Kalinga: once again thank you for your commitment and coming today.

Asanteni sana na kazi njema!

## **Annex 3: Opening speech Dr Raphael B.M. Kalinga – TACAIDS**

Dear

Team Leader, TGPSH- Dr. Bergis Schmidt-Ehry,

Component Leader MACC-Dr. Inge Baumgarten,

Back-Up Initiative Program Officer- Ramona Wong-Gruenwald,

Consultants of the Mission-Ms Marianthi, Ms Margaret and Ms Hilde,

Facilitator of the Workshop- Paul Bottleberge,

Representatives from; Development Partners, Government Ministries, Departments and Agencies, Non Government Organizations,

Our partners and colleagues from the Regions and Dar es Salaam,

Ladies and Gentlemen,

I take this opportunity to thank you all for positively responding to the invitation and coming to this important workshop on Gender-responsive HIV programming.

TACAIDS has the pleasure to invite you to this stakeholder workshop on Gender-responsive HIV programming. The workshop intends to share with you the findings of the analysis on gender and HIV supported by German Development Cooperation (TGPSH/ Backup Initiative) which took place from 23 September to 2 October 2009 in Tanzania.

The Consultant team were visited and interviewed different stakeholders at different levels to look at capacity development needs and the kind of technical support required at national and regional level in the following areas:

(III) Advocacy for gender-sensitive and -transformative HIV programmes (Mtwara)

(IV) Integration of HIV and Sexual and Reproductive Health (SRH) services which are sensitive to the needs of men and women (Lindi)

This process is follow-up to Gender Audit for HIV National Response that carried out in 2008/2009, which identified the need for stronger engagement in the area of Gender and HIV. The report is at editorial processes ready for printing and widely shared and disseminated to various HIV and AIDS stakeholders for further actions.

The analysis is supported by German development cooperation, namely the German BACKUP Initiative and the Tanzanian German Programme to Support Health (TGPSH), implemented by GTZ. The German BACKUP Initiative aims at an increased allocation of global AIDS funding for gender-sensitive and gender-transformative HIV-related programmes in selected cooperation countries. In pursuit of this objective, it will provides technical support to identified civil society and public sector partners in areas of capacity development at National Level and in the regions Mtwara and Lindi.

Integration of gender and HIV and AIDS as a concept is already being addressed in various ways by the various stakeholders at all levels. TACAIDS in one way or another has been guiding the process. Far from Gender Audit as said, recently TACAIDS has plan to develop Gender and HIV Operational Plan provide guidance to HIV stakeholders on area of insuring that Gender and HIV programmes are in transformative manners. TACAIDS also has issued a booklet for training at the district levels: a question and answer book (no. 6) titled "Evolving Topics for the district HIV and AIDS Response", which has attempted to address many concerns, including Gender and HIV and AIDS.

TACAIDS and GTZ would highly appreciate your fully participation to discuss with you the findings and recommendations of the mission, as well as potential areas of support, and look forward to your participation and fruitful deliberations.

**I DECLARE THE OFFICIAL OPENING OF THIS WORKSHOP**

Asanteni sana and wishing you all the best in this workshop.

## Annex 4: Timetable

Time	Content	Session Goal	Input/Facilitation
9.00 – 9:30	<p><b>Welcome</b></p> <p>Welcome by Executive Chair TACAIDS: Dr. Raphael Kalinga</p> <p>Remarks by GTZ/TGPSH programme manager Dr. Bergis Schmidt-Ehry</p> <p>Introduction of participants</p> <p><b>Objectives of the meeting</b></p> <ul style="list-style-type: none"> <li>- To present the background information of the mission</li> <li>- To present and obtain feedback on the findings of the country mission in the two result areas</li> <li>- To present proposed areas for intervention</li> <li>- To discuss the way forward with potential future partners</li> </ul>	<p>Participants know each other</p> <p>Participants are informed about the objectives of the stakeholders' meeting, and which are the next steps to follow</p>	<p>I: Dr. Raphael Kalinga</p> <p>I: Dr. Bergis Schmidt-Ehry</p> <p>F+I: Paul Bottelberge</p>
9.30-10.30	<p><b>Presentation of the background of the initiative and the findings of the country mission</b></p>	<p>To provide the participants with a information on the initiative and a summary of the country mission:</p> <ul style="list-style-type: none"> <li>• Methods</li> <li>• Interview partners</li> </ul>	<p>I: Ramona Wong-Gruenwald</p> <p>Margaret Kasembe and Marianthi Vezertzi: Results of the interviews on advocacy on gender</p>

		<ul style="list-style-type: none"> <li>Findings</li> <li>Suggested intervention areas and future partners</li> </ul>	<p>and HIV</p> <p>Hilde Basstanie: Results of the interviews on integration of SRH/HIV</p> <p>F: Paul Bottelberge</p>
<b>10:30-11:00</b>	<b>Coffee Break</b>		
<b>Time</b>	<b>Content</b>	<b>Session Goal</b>	<b>Input/Facilitation</b>
<b>11:00-13:00</b>	<p><b>Discussion on findings, proposed intervention areas and collaboration partners</b></p> <p>Plenary discussion: is this relevant, what did you like and what not? (30 min)</p> <p>Group work based on guiding questions (1 hour group work and 30 min presentations)</p>	<p>To clarify questions on findings and agree on proposed intervention areas with interested partners</p> <p>To obtain feedback on the results</p>	F: Paul Bottelberge
<b>13:00-13:30</b>	<p>Wrap up</p> <p>Closing</p>		<p>I: Ramona Wong-Gruenwald</p> <p>I: Dr. Subilaga Kasasela</p>
<b>Lunch</b>			

## **Annex 5: Feedback of the participants**

The following comprise personal statements expressed by the participants. They do not necessarily reflect the point of view of the mission team. Due to time constraints, not all debatable statements and unclear issues were thoroughly discussed.

The participants agreed that overall the findings of the mission were a reflection of the current situation in Tanzania around gender and HIV programming. However, some critical points were raised and these are the following:

A critical point was on whether this mission added on what was already known, as illustrated by points 1-3:

1. The participants observed that the advocacy findings are known and similar to those of other regions. Some more tangible results and recommendations were expected.
2. Good practice experience is available and inter-country exchange of experiences may help for example, youth friendly SRH/HIV services have been already implemented in Zambia.
3. Also, we need to be clear on what exactly we want to integrate; for example, the clients of FP services are not chronically ill as opposed the clients of HBC.
4. Recommendations for Mtwara Region are more general, because there are major structural challenges that need to be addressed before proceeding to the point of addressing gender in HIV programming. And these are common for all NGOs working at district level, regardless of their area of work.
5. Cultural traditions indeed induce sexual risk behaviour, such as early sexual activity encouraged by initiation ceremonies.
6. It was addressed that men are also victims of the system and its structure, including the cultural traditions. It is crucial to ask men what they want to be involved in. The programme "Champions" was mentioned as an example. It aims to involve men into response to HIV.
7. It was mentioned that often the concept of gender is not well understood; neither by men nor by women. This applies also for RCH workers, who are in their majority women. Due to the fact that they are often not familiar with gender issues, their attitude might not promote a conducive for male involvement.
8. The structures that exist in the Ministry Departments and Agencies (MDAs) do not necessarily support the gender mainstreaming process. For example, there are for example no men as focal points for gender; this implies that gender is a women's issue...
9. It was indicated that differences in access need to be further investigated and addressed by taking a gender perspective. For example, are women accessing ARV services more? If yes, why? And are men not coming to ARV? If so, why?
10. At district level, there is lack understanding of the roles and responsibilities of the two coordination units/sections at the council level: the HIV/health unit and the multisectoral HIV response unit. Knowledge on the funds received and how this is spent by each unit needs to be enhanced.
11. The NGO representatives pointed out that many NGOs at district level do not know how to solve the problems of their people in the community. They do not know how to write proposals; do not understand how the governmental

structures function. The government and the development partners should further empower them and strengthen their capacities.

## Annex 6: Results Group Work

After the presentation of the results and the discussions, four groups were formed:

- **Group 1:** advocacy on gender and HIV programmes at national level
- **Group 2:** advocacy on gender and HIV programmes at district level
- **Group 3:** integration of gender-responsive SRH/HIV services at national level
- **Group 4:** integration of gender-responsive SRH/HIV services at district level

The aim of the group work was to enable the participants reflect on the results of the mission, discuss them within their group, propose concrete priority areas of interventions, as well as brainstorm on the possible contributions of their organizations in the proposed intervention areas.

The guiding questions for the group work were the following:

- **Question 1:** What did you learn from the presentations?
- **Question 2:** What priority interventions do you suggest?
- **Question 3:** In which priority areas does your organization have experience in and/or potential?

Here are the results of the group work. These do not necessarily reflect the point of view of the mission team.

### **Group 1: Advocacy on gender and HIV at national level**

#### **Question 1:**

- There are gaps in understanding gender at different levels. This creates problems in unpacking the issues and transforming them into action
- There is limited male involvement

#### **Question 2:**

- Capacity development (human and financial resources, technical assistance, information sharing) is needed at all levels
- Communication from level to level and within the different levels need to be improved
- There is need to streamline gender in a rights-based approach within the context of integrating HIV and gender

#### **Question 3:**

- At district level:
  - Peer education to increase community awareness
  - Address communication between NGOs and LGAs
  - Advocacy to the councillors so that HIV plans are gender-responsive
- At national level:
  - TACAIDS to:
    - Mobilize and allocate resources to gender-sensitive HIV responses at all levels
    - Review the M&E system in relation to gender-sensitive data collection and reporting
  - A national NGO (e.g. UMATI) based on its own experiences to provide technical assistance at community level to come out with gender-sensitive HIV programmes

## **Group 2: Advocacy on gender and HIV at district level**

### **Question 1:**

- Council Multisectoral AIDS Committees (CMACs) have the responsibility to effectively capacitate and facilitate the efforts of Community Based Organizations (CBOs) and NGOs at district level
- There was recognition that gender and HIV need to be integrated, in order to have effective gender-responsive HIV programmes
- For effective gender and HIV integration, the efforts of the Council HIV and AIDS Coordinators (CHACs) and NGOs should be properly linked and coordinated

### **Question 2:**

- Involvement of males is crucial, in order to have gender-sensitive and gender-transformative HIV programmes at the district level
- All HIV programmes at the district level (Council, NGOs) should be gender-sensitive
- The proposed NACOPHA district clusters to work closely with the CHACs and push for more and meaningful involvement of PLHIV

### **Question 3:**

- The National Council of People Living with HIV/AIDS (NACOPHA) could further reach the grass root level
- CHACs should continue facilitating and ensure mainstreaming gender in all HIV programmes at the district
- NGOs and CBOs should strive to implement gender-sensitive and gender-transformative HIV programmes

## **Group 3: Integration of gender-responsive SRH/HIV services at national level**

### **Question 1:**

- There are parallel structures of SRH and HIV due to their historical establishment
- SRH is less engendered than HIV
- HIV response is dynamic and ever evolving

### **Question 2:**

- There is need to review policy guidelines for the implementation of the different SRH and HIV interventions; ongoing processes present an opportunity: for example, gender operational guideline/TACAIDS, positive prevention guideline/MoHSW, review of national policy on HIV
- There is need to consider gender-focused funding and resource mobilisation and to introduce a gender lens at all levels, in all structures and decision making processes
- Mainstreaming gender should be included in capacity building (training)
- “Engender” M&E systems is crucial

### **Question 3:**

- Policy development
- M&E
- Coordination
- Advocacy

#### **Group 4: Integration of gender-responsive SRH/HIV services at district level**

##### **Question 1:**

- Service providers' (mainly older women) attitudes can lead to limited involvement of men and young people
- Younger couples are more open and receptive to new approaches
- HBC services should take into consideration that there is increased demand for testing among men
- There is lack of knowledge on how to deal with rape cases

##### **Question 2:**

Further promote:

- Couples clinic and PITC
- Young people clinic
- FP training and services also needed in HBC

##### **Question 3:**

- Pathfinder:
  - Trainers for integrated HBC supervision
  - M&E tools for HBC and FP
- MEWATA: GBV services
- TGPSH:
  - Collaboration with Regional Medical Officer (RMO) and Regional Health Management Team (RHMT)
  - Providing technical and financial support
  - Integrated doctors and HIV coordinators

Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH

Dag-Hammarskjöld-Weg 1-5  
65760 Eschborn/Germany  
T +49 61 96 79-0  
F +49 61 96 79-11 15  
E [info@gtz.de](mailto:info@gtz.de)  
I [www.gtz.de](http://www.gtz.de)

