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REPORT ON CIM PROJECTS ON HIV AND VIOLENCE AGAINST WOMEN

(Item 2 on the agenda)

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In 2005, the CIM Executive Committee included the issue of gender and HIV in its agenda. Given the growing feminization of HIV in our region and the seriousness of the pandemic, it was decided that the CIM, as a specialized organization on women's issues, should assume a more active role to contribute to the fight against this scourge from a gender and a human rights perspective.

In consequence, in 2006, the Thirty-third Assembly of Delegates held in El Salvador, analyzed the prevalence of HIV among women and gender-related violence as aspects of multidimensional security in its Dialogue of Heads of Delegation, establishing the issue of the gender aspects of HIV as one of the priorities for the 2006-2008 biennium. Several countries presented reports on best practices to face the HIV pandemic. Following up, the Seventh Special Assembly of CIM Delegates, held in November 2007, in Washington DC, adopted the Declaration of San Salvador: Gender, Violence and HIV, which addresses the HIV pandemic from a gender and human rights perspective, considers the close link between violence against women and HIV, and refers to the social implications of the pandemic, making recommendations to the OAS member states to combat its effects on women.

The feminization of HIV in our Region is evident, with women comprising a growing percentage of new infections, and heterosexual sex as the dominant mode of transmission. The prevalence rates for women are especially high in the Caribbean and Central America. According to UNAIDS in the Caribbean "new HIV infections among women are surpassing those among men. Whereas in 1999 the percentage of women with HIV was 35 % of adults affected, in 2006, it is approximately 51%." In Central America, HIV/AIDS was the first cause of death for women in Honduras in 2005, and in El Salvador women constitute almost 30% of the affected. The 2007 UNAIDS Annual Report, "Status of the AIDS Epidemic," reports very high prevalence rates among professional sex workers in Honduras (10%), Guatemala (4%) and El Salvador (3%).[1/]

Young women in particular face considerably higher odds of becoming infected than do young men. In Trinidad and Tobago, for example, HIV infection levels are six times higher among 15–19 year-old females than among males of the same age (Inciardi et al., 2005). Earlier studies indicated that teenage girls in Jamaica were two-and-a-half times more likely to be HIV-infected, compared with their male counterparts (MAP, 2003).[2/] Increasingly, HIV/AIDS is becoming the disease of vulnerable, poor, young women, but also many married, monogamous women are emerging as a significant statistic. In Chinadenga, Nicaragua, for example, according to USAID, the prevalence of HIV among married women is twice as high as it is among sex workers.

1. ONUSIDA. 2007. Situación de la epidemia de SIDA. Ginebra. Disponible en: http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_es.pdf
2. http://www.unaids.org/en/Regions_Countries/Regions/Caribbean.asp

Multiple factors contribute to the vulnerability of the women in the region to this devastating virus. Among them are biological factors – physiologically, women are 2 to 4 times more vulnerable to HIV than men[3/] - as well as socio-cultural influences, and socio-economic realities, which, when combined, make HIV/AIDS one of the greatest threats these women face in their day to day existence.

One of these factors is violence against women (VAW), in itself a serious human rights problem, and a reflection of gender inequalities and discrimination. Violence can be both a cause and a consequence of the rapid spread of HIV among women. The association may be direct, through sexual violence, or indirect, due to women's lack of power to negotiate the conditions under which sexual relations take place.[4/] Sex workers, for example, find that it is very difficult for them to seek protection from coercive or physically abusive clients, bar owners and other exploitative adults. Other forms of violence against women—driven by poverty and gender inequality—such as sex tourism, trafficking in women and girls,[5/] and sex work by school girls, place women at greater risk of contracting HIV. Studies carried out in high HIV prevalence countries state that the risk of transmission can be three times higher for women victims of VAW.[6/] Other studies have also shown that women living with HIV can experience negative consequences of serostatus disclosure, including physical violence; some women do not disclose serostatus to partners because they fear such negative consequences.[7/]

In view of the urgent need focus on the issue of the intersection between gender violence and HIV, the Permanent Secretariat, with the support of the consulting firm *Development Connections*, prepared two projects, one for the Caribbean and one for Central America, to address the integration of policies and programs for the prevention, care, and treatment of both scourges.

The objective of the projects is to contribute to national and regional efforts to reduce the prevalence of both HIV and violence against women (VAW) in the sub-region, as well as the negative consequences on the health and human development of women, their families and their communities. They aim to develop comprehensive strategies for integrating interventions on HIV and VAW, and to develop pilot programs to validate these strategies. They both involve the implementation of models of integrated services which can be replicated in other countries, as well as the creation of subregional networks for sharing practices, information and cooperation to ensure the continuity, impact and dissemination of the objectives and results of these projects.

Integrating policies and programs on HIV and VAW is a complex process that requires a multidisciplinary and multi-sectoral strategy. In order to ensure ownership and social participation within this process, the project will be coordinated with governmental agencies (gender, health, education and justice administration), civil society (women's groups, PLWHA, migrants, ethnic groups, adolescents, people with disabilities, community groups, universities, among others) and international agencies.

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3. OPS. http://www.paho.org/English/AD/GE/GenderandHIVFactSheetI.pdf
4. OPS. http://www.paho.org/Spanish/AD/GE/Viol-VIH_FS0705.pdf
5. OPS. http://www.paho.org/Spanish/AD/GE/Viol-VIH_FS0705.pdf
6. http://data.unaids.org/pub/BaseDocument/2007/070216_HHR_7_VAW.pdf
7. OPS. http://www.paho.org/Spanish/AD/GE/Viol-VIH_FS0705.pdf

1. CAPACITY BUILDING FOR INTEGRATING SERVICES ON HIV AND VIOLENCE AGAINST WOMEN IN THE CARIBBEAN. A PILOT PROJECT

This multi-pronged CARICOM project aims to address *Capacity Building for Integrating Services on HIV and Violence against Women in the Caribbean.* To date, contributions have been received from the Chinese Government, the Government of Korea and the Government of France The CIM is providing partial funding and in kind resources. Partnering agencies include the Caribbean Offices of UNIFEM, PAHO, UNAIDS; CAFRA (Caribbean Association for Feminist Research and Action) and DAWN (Development Alternatives for Women in a New Era). With regard to the pilot study, CIM was guided by the recommendations of UNAIDS - Barbados and UNIFEM - Barbados in its selection of countries.

This project will be conducted in several countries of the Caribbean over a period of two years (2007-2009). Pilot projects will be developed in the Commonwealth of Dominica and Barbados to implement models of integrated services which can be scaled up and replicated in other countries in the sub-region.

KAP Study: A preliminary study has already been conducted in Barbados by a CIM Consultant in May 2008, which gathered empirical evidence regarding knowledge, attitudes and practices (KAP) of service providers in HIV and violence against women for the purpose of the project.

Pilot Project: The Pilot Project will have duration of nine (9) months. The objective of the pilot will be to create or strengthen an existing linkage between the services being provided for VAW and HIV/AIDS; and integrating interventions for programmes in both.

In follow up to the preliminary KAP study, CIM is undertaking a Consultancy with UWIHARP of the Cave Hill Campus of the University of the West Indies (UWI) to determine needs-assessment in Barbados and the Commonwealth of Dominica. UWIHARP will undertake Phase 1 of the pilot, a rigorous mapping of the key services settings providing prevention, care and treatment for HIV and violence against women. The objective is to generate empirical evidence from stakeholders in the form of a study regarding any existent intersection of HIV and violence against women and the efficacy of the integration of these services. The research findings will also provide valuable technical information to support the full integration of both issues in policies, projects and programmes.

Phase 2 will address the implementation of the pilot study and the focus in the Commonwealth of Dominica will be on Preventative Care in Pregnant Mother to Child Transmission (PMTCT), while in Barbados, the approach will be targeted at the Voluntary Counselling and Testing (VCT) programmes. To that end, a community, centre or hospital will be identified in which to carry out the process and evaluate the impact of the linkage. An evaluation of the pilot will be conducted after the implementation in the pilot countries. The outcome of this will be the development of a model of integrated services that can be scaled up and replicated in other countries in the sub-region.

Online Capacity-Building Course: *Empowerment, HIV and Violence Against Women in the Caribbean*, an online capacity-building training course for 34 service providers from ten different countries in the Caribbean, is currently being carried out by CIM/OAS and *Development Connections*. This course, which commenced in August 2008, and is scheduled to run for three (3)

months duration will provide certification to its participants who would have acquired professional competencies for integrating HIV and VAW interventions in different settings and target populations. The participating countries are: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Guyana, Jamaica, Saint Kitts and Nevis and St. Vincent and the Grenadines.

Virtual Resource Center and Regional Network: A major outcome of the CARICOM project will be the creation of a resource center as well as a regional network which will be coordinated through the technical platform that was created for the online training course. Additionally, CIM and its partners have also envisioned a further cycle to the pilot project in other CARICOM countries. It is hoped that CIM/OAS would be able to attract funding for the replication of the pilot experience in other member states of CARICOM, especially the OECS countries, as well as the amplification of the research on Men and Masculinities in selected countries of CARICOM.

Men and Masculinities CARICOM Study: In February 2008, Dr. Ian Bethell Bennett was contracted to produce research on the topic: *Men, Masculinities, Gender-based Violence and HIV* to incorporate the perspective of men into CIM's work on HIV and gender-based Violence. The CIM Secretariat decided to address this topic in response to CARICOM's major challenges of male underachievement, men at risk and male marginalization. The pilot study on the Anglophone Caribbean focuses on men and young men in the Bahamas and the Commonwealth of Dominica.

As part of this initiative on March 24, 2008, CIM's Executive Secretary, its Masculinities Consultant and HIV Specialists met with the Coordinator of the Gender, Ethnicity and Heath Unit of PAHO, Marijke Velzeboer and PAHO Advisor Lilia Lara to discuss collaboration on the two projects already developed by the CIM on HIV and Violence against Women. PAHO's objective was to provide gender mainstreaming and training throughout its programmes in the Caribbean in collaboration with the CIM since it had identified many gaps and overlaps in the work in the sub-region. The CIM Executive Secretary highlighted the work being done in Masculinities, Violence and HIV and the PAHO Coordinator was very interested in collaboration on the Masculinities research and informed of two training sessions on Health and HIV for PAHO Focal Points and Heads of Gender Machineries in the Caribbean and Central America. As a result of this meeting, the CIM Consultant on Masculinities was invited to participate as a facilitator in a workshop held in Barbados on July 14-18, 2008, which involved examination of an unpublished PAHO 2008 Manual on Gender Mainstreaming in Health. Using some of his findings on masculinity he addressed gender blindness in the health system, especially with regard to men, and ways to transform the health system along gender lines.

Later, as part of his research, the Consultant travelled to the Republic of Trinidad and Tobago on June 27, 2008 for the Inaugural Meeting of the PANCAP Working Group to *Establish a Caribbean Working Group on Masculinities, Gender Equality and Social Policy* organised by UNIFEM – Barbados and partners, including the University of the West Indies. At that meeting, it was agreed that Dr. Bethell Bennett would serve as Interim Chair of the Working Group. The Consultant also travelled to the Bahamas in June 2008 to do fieldwork and met with a range of service providers in health and gender. The outcome of this CIM research on men and masculinities will be the formulation of projects and policy recommendations for member states of CARICOM. The research project will then be replicated in other member states of CARICOM. Another phase will be to conduct a study on masculinities in Central America. Since the current research is still ongoing, the findings will be presented to first Executive Committee Meeting of 2009.

2. INTEGRATION OF POLICIES AND PROGRAMS ON HIV AND VIOLENCE AGAINST WOMEN FROM A HUMAN RIGHTS PERSPECTIVE IN CENTRAL AMERICA

This project is to be carried out over 2008-2010 in El Salvador, Guatemala, Honduras, and Panama, with funding from the Spanish International Corporation Agency. Partnering agencies at regional level include PAHO, UNIFEM, UNAIDS, the International Community of Women Living with HIV (ICW), and the Latin American and Caribbean Women's Health Network (LACWHN). At national level, the development of the project will be coordinated with government agencies specifically, the Ministries of Health, the National Machineries for the Advancement of Women and other stakeholders (Ministries of Education, Housing, Social Development and Justice), and civil society (women's groups, human rights groups, HIV advocacy groups, people living with HIV, migrants, indigenous women,, adolescents, persons with disabilities, community groups, universities, among others.)

Activities on this project started in September 2008, as soon as funds became available. To date, country coordinators have been selected for Guatemala and Honduras, and work has begun in each country to map the stakeholders, establish the baseline and carry out a situational analysis of HIV and VAW. Coordinators for El Salvador and Panamá will be selected before the end of the year, so that research can begin in those countries as well. Work is also underway on the design of the virtual resource center on HIV and VAW for Central America, the preparation of a newsletter and directories for each country and the installation of the listserv.

Beginning in 2009, intersectoral meetings of consultation will be held in each country, to create a national policy model of integrated policies and programs, addressing components, interventions, institutional agreements and monitoring and evaluation. A second phase will entail the implementation of capacity building strategies, so that the technical tools and trained human resources are available to ensure the successful application of the integrated policies and programs. Finally, the pilot projects and mechanisms for monitoring and evaluation will be implemented in selected services. Lessons learned from these initiatives are key components since they will be used for proposing integrated policies and programs on HIV and VAW at regional level, based on empirical evidence.