National workshop on MenEngage
Report
Kigali, Rwanda
August 2012

Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV
National workshop on MenEngage

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22-24 August 2012, Hotel des Mille Collines, Kigali, Rwanda

Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV
Acknowledgements

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The organizing committee also acknowledges the input of the speakers, who made the conference both informative and educative and brought to our attention some of the most challenging issues of our time. Particular recognition goes to the various organizations that attended. Without a knowledgeable body of participants, the conference would not have been as enriching as it was.

Lastly, we acknowledge our consultant, who summarized the details of the conference in this report. The report was reviewed and edited by RWAMREC. Layout and Design was done by RWAMREC.
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Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV

Acronyms

RWAMREC  Rwanda Men's Resource Centre
RBC      Rwanda Biomedical Centre
NSP      National Strategic Plan
MoH      Ministry of Health
MIGEPROF Ministry of Gender and Family Promotion
UNFPA    United Populations Fund
UNAIDS   United Nations Joint Programme on AIDS
UNWomen  United Nations Entity for Gender Equality and Empowerment of Women
USAID    United States Agency For International Development
WHO      World Health Organisation
HIV      Human Immunodeficiency Virus
AIDS     Acquired Immune Deficiency Syndrome
IHDPC    Institute of HIV AIDS, Disease Prevention & Control
GBV      Gender-Based Violence
IPV      Intimate Partner Violence
HBC      Home-Based Care
PMTCT    Prevention of Mother-To-Child Transmission
PPTCT    Prevention of Parent-To-Child Transmission
MMC      Medical Male Circumcision
SRH      Sexual Reproductive Health
VCT      Voluntary Counseling and Testing
ICPD     International Conference on Population and Development
DHS      Demographic and Health Survey

Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV
Foreword

There is growing recognition of and attention to gender inequality – including gender-based violence and harmful gender norms – as a cause and consequence of HIV. Indeed, an expanding evidence-base is now strengthening our understanding of the linkages between HIV, gender inequality, and violence against women and girls. Despite this great understanding, programming and policies to address the intersection have not yet reached the scale, depth, or breadth required to reverse the overlapping epidemics of gender-based violence and of HIV.

Gender-based violence (GBV) is a widely known problem that is mainly perpetrated by men, and community members and individuals who tolerate negative masculine practices. GBV that is directed at women and girls by men, also results in large part from women’s subordinate status in society due to traditional and cultural norms (patriarchal societies), as well as their low economic status (poverty) and serves - by intention or effect- to perpetuate male power and control over women. There is also ample evidence that gender inequality and the resulting economic deprivation and dependency are fuelling GBV and HIV in Africa.

Male involvement is rooted in the Program of Action that was adopted at the International Conference on Population and Development (ICPD, Cairo 1994) which included "male responsibilities and participation" as critical aspects for improving reproductive health (RH) outcomes.

In order for Rwanda to achieve its economic, social and development goals such as the vision 2020, individuals, government and civil society need to build a more gender equitable society with healthier gender roles for women and men. To be effective, strategies must not only empower women, but also should engage men and bring about

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significant changes in men’s attitudes and practices towards sex, reproduction, women and their own health. Although men have the means and resources to access health services, they are often discouraged by negative notions of masculinity which in many cases present health-seeking behavior as a weakness.

The Government of Rwanda has shown strong commitment towards promotion of gender equality and equity through the National Constitution and other policy documents. These include but are not limited to the National Accelerated Plan for Women, Girls, Gender Equality and HIV (2010-2014); the National Gender Policy of 2010, the national policy on GBV of 2010 and its strategic plan; the enactment of the law against GBV law and the law on matrimonial regimes, liberalities and succession to promote women’s rights and gender budgeting efforts that consider gender issues in all development programs. The Government of Rwanda has also ratified international human rights treaties and conventions and reinforced its commitment to implementing international agreements.

A number of factors joined up to make August 2012 an appropriate timing for Rwanda to strategically hold a MenEngage workshop. The national strategic plan on HIV (HIV/NSP) is being reviewed and the new NSP/HIV will be developed in October 2012; the National Accelerated Plan for Women, Girls, Gender Equality and HIV has less than two years left before its end and therefore has to emphasize on MenEngage to achieve its results; the national strategic plan on GBV has completed one year of implementation and aspects of engaging men and boys needs to be given due attention; all development sectors are in the process of developing their sector strategies with a requirement to mainstream both HIV and gender equality. All of these are entry points that the workshop was strategically targeting to positively influence the raising of political commitment and awareness among stakeholders and building capacities of people involved that could play a crucial role in mainstreaming MenEngage in those processes.
Against this background, the national workshop on MenEngage was organized for three days to bring together different stakeholders working in the area to fight against GBV, and those working to promote gender equality in the HIV response.

The first two days consisted of technical working sessions with key stakeholders and the third day brought in decision makers and other high level political authorities. The workshop assisted in identifying key actions to overcome the unique challenges, gaps, and barriers that increase women and girls’ vulnerability to and risk of HIV and GBV in Rwanda. The workshop had a particular focus on identifying how men and boys can be more meaningfully involved in the promotion of gender equality and in the HIV and GBV response.

The conference was guided by a number of processes including the meeting on engaging men and boys in the national HIV NSP that took place in Nairobi in Oct 2010, the MenEngage symposia 2009, strategic meetings and the recent Policy Report on engaging men and boys in Rwanda.
Objectives

This workshop aimed at strengthening the engagement of men and boys in the national gendered response to HIV AIDS and GBV.

Specifically, this conference aimed at:

- Increasing political commitment to the engagement of men and boys in national HIV and GBV responses.

- Raising stakeholder’s awareness of men’s engagement in the national gendered response to HIV AIDS and GBV.

- Demonstrating the importance of working with men and boys in preventing the spread of HIV AIDS and in responding to and preventing GBV.

- Influencing the development of the upcoming National Strategic Plan on HIV by encouraging the incorporation of the MenEngage component.

- Reviewing the implementation plans of the national strategic plan on GBV in order to consider the potential success of actions designed to mainstream the MenEngage approach and respond to GBV.

- Establishing coordination mechanisms on men engagement in the national response to GBV and HIV AIDS.
Conference delegates were drawn from government, in particular from the Ministries of Health, Gender and Family promotion. There were also delegates from Rwanda Bio Medical Centre (RBC), civil society and the national UN agencies.

Four African countries were represented at the meeting, namely: Rwanda, Kenya, Tanzania and South Africa. The workshop facilitated the creation of an effective partnership between important community members, including service providers, researchers, trainers, communicators, program managers and political authorities, all of who were introduced to the concept of male engagement.
Programme

Day 1 Capacity building on engaging men and integrating the MenEngage approach into National HIV and GBV Policies

Edouard Munyamaliza (RWAMREC) and Sebaziga Gakunzi (RBC), in their respective opening addresses and remarks, highlighted the importance of the conference and encouraged participants to actively provide input into the deliberations.

They noted that national strategic plans on HIV and AIDS (NSPs) are key platforms for articulating HIV responses that advance gender equality, champion's women's rights, engage men and boys, and end gender-based violence as a cause and consequence of HIV. Activists in the field of gender were called to actively adopt the MenEngage approach as one sustainable way of ending HIV AIDS and GBV. They contended that it is important to mainstream the MenEngage approach into the development agenda. There is a clear need to mainstream, implement, and monitor male engagement in HIV as well as in GBV prevention responses because MenEngage is an approach that is aimed at sustainable development and is built within a gender-based framework.

MenEngage has been a missing link in fighting HIV AIDS and there is therefore a need to start reviewing current national strategic plans on HIV and AIDS and assess the strengths and weaknesses of these plans with regard to addressing gender-based violence. Men and boys must be incorporated into the struggle to achieve gender equality and be encouraged to play a positive role in developing healthy relationships with girls and women.

Edouard Munyamaliza (RWAMREC) opened the meeting with a brief summary of the three-day conference agenda as well as an outline of its purpose and objectives.
Itumeleng Komanyane (SONKE Gender Justice Network) presented on the burden that HIV AIDS and GBV places women and girls both globally, and in Rwanda. She opened the discussion with reflections on the prevalence of GBV, paying particular attention to intimate partner violence (IPV). Research figures were presented from a 2008 World Health Organization study that was conducted in 10 countries. It was revealed that between 15% and 71% of women experience some form of IPV at some point in their lives. In most countries prevalence ranges between 30% and 60%, suggesting that a significant number of women will experience this form of violence in their lifetime.

Research showed that in Rwanda, slightly fewer than 35% of women have reported experiencing physical-sexual violence perpetrated by their partners or husband. Globally, Bangladesh has the highest rates of women who have experienced violence by their partners, while Zambia has the highest rates in the African context.

The report further shows how factors such as culture, economic-status, and education contribute to the prevalence of GBV. Itumeleng Komanyane explained how in Bangladesh the burden of work, care and income provision is vested in women, yet they face IPV. She explained that despite the fact that women provide care within the family and often provide income, they are frequently the victims of gender-based violence.

**The consequences of GBV.**

The above table outlines a range of consequences of GBV on women, with global reference. This presentation on the consequences of GBV on women clearly demonstrated that GBV is, without a doubt, a health issue. From a global perspective, violence against women is associated with an increased risk of acquiring sexually transmitted infections, including HIV. It was noted that IPV varies widely by sex, age, and global region, with some women reporting a higher prevalence (almost 95% in some cases). This is an exceptionally high rate and is far higher, for example, than the percentage of women who contract cancer in...
their lifetime. GBV is clearly an important health issue that affects large numbers of women around the world.

**Why do women get exposed to HIV more than Men?** On this question various participants shared their views. Here are some highlights:

Women are exposed to HIV AIDS at a higher rate than men because of the structure of their genital organs. These have more exposed surface areas and are more delicate, so depending on the nature of the sexual encounter, the fluid exchanges that take place during sexual

<table>
<thead>
<tr>
<th>Fatal Outcomes</th>
<th>Non-Fatal Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Sexual and Reproductive</td>
</tr>
<tr>
<td>• Femicide</td>
<td>• Fractures</td>
</tr>
<tr>
<td>• Suicide</td>
<td>• Chronic pains syndromes</td>
</tr>
<tr>
<td>• AIDS-related mortality</td>
<td>• Fibromyalgia</td>
</tr>
<tr>
<td>• Maternal mortality</td>
<td>• Permanent disability</td>
</tr>
<tr>
<td></td>
<td>• Gastro-intestinal disorders</td>
</tr>
<tr>
<td></td>
<td>• Sexually transmitted infections including HIV</td>
</tr>
<tr>
<td></td>
<td>• Unintended pregnancy</td>
</tr>
</tbody>
</table>
intercourse can reside longer in the female body. Other reasons include the tendency of men to have multiple sexual partners and the use of hormonal contraception, as well as a number of other physiological factors.

It was suggested that hormonal contraception could be one of the causes of high HIV prevalence among women, due to the imbalance it causes in genital lubrication and the friction that consequently occurs during intercourse. Furthermore, where hormonal contraception is used, condom usage is less likely as some women use condoms as a way to prevent pregnancy rather than for the prevention of HIV.

Itumeleng enriched the discussion with a reflection on why women get exposed to HIV AIDS more than men. She explained that violence against women is associated with an increased risk of acquiring sexually transmitted infections, including HIV. Violent sexual assault can cause trauma to the vaginal wall, which increases the likelihood of contracting HIV. Further, fear of violence prevents women from negotiating safe sex and thus, abused women are at greater risk of acquiring HIV. Indeed, women living with HIV have more lifetime experience of violence than HIV-negative women.

A WHO study found that fear of violence was a barrier to HIV disclosure for an average of 25% of participating women. In some countries the proportion was as high as 86%. Fear of violence prevents women from seeking voluntary counseling and testing for HIV, returning for their test results, getting treatment if they are HIV positive, and pursuing services to prevent mother-to-child HIV transmission. Men who are violent toward their intimate partners are more likely to have multiple sexual partners than men who are not violent toward their partners. Moreover, a study in South Africa found that women who have been forced to have sex are almost six times more likely to use condoms inconsistently than those who have not been coerced.
A number of socio-cultural, economic, and political factors perpetuate the vulnerability of women. In society, women are often viewed as the physically weaker and voiceless sex. In addition to this, it is frequently thought to be the responsibility of women to care for the family, the sick and the environment. Women are expected to accept polygamy and in some instances are the victims of female genital mutilation as well as the use of rape as a weapon for war. Further, women tend not to be well represented in decision-making processes, due partly to a belief that they are more limited in their education.

Participants discussed the above perceptions as well as the role of religion in perpetuating GBV. It was agreed that there are no biblical scripts that preached violence and religion should not therefore be used as a cover to justify GBV.

The session was then summarized, in which the intersection between GBV and HIV AIDS was emphasized and the economic, socio-cultural and political factors that need to be tackled in order for positive change to occur were outlined.

The terms ‘gender’, ‘sex’ and ‘MenEngage’ were defined by Fredrick Nyagah (MENKEN). Sex was defined as the biological/anatomical differences between males and females whereas gender refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. Thus, gender refers to socially and culturally constructed differences between men and women and is related to how we are perceived and expected to act as women and men by society.

It was noted that gender norms can vary between cultures and over time, and can change as society’s views develop. Moreover, ‘gender’ is not synonymous with ‘women’.
Fredrick Nyagah then explained to the conference how men can be involved in HIV and GBV prevention, care and support, and why it is necessary to encourage such involvement. He outlined some of the programs and interventions that have been carried out in Rwanda and in the wider region.

**Why men should be involved**

Men make up 50% of the world’s population. They hold privileged leadership positions in society and the home, control important resources and are the main perpetrators of GBV. Much can therefore be gained by involving men in initiatives that seek to tackle gender-based violence and the spread of HIV AIDS. It was explained that 1 in 5 women worldwide experience violence that is perpetrated by men. KDHS (2008-09) showed that 45% of women aged 15-49 have experienced either physical or sexual violence and only 3% of women have perpetrated physical violence against their husbands or partners.
A historical contextualization of male involvement in GBV and HIV prevention was provided through a summary of the various initiatives that have been undertaken over the last few decades. These included ICPD in Cairo (1994), the Beijing Conference on Women (1995), the World AIDS Campaign on Men and AIDS (2000-2001), the USAID Conference on Men and SRH (2003), the Expert Meeting on Involving Men and Boys in Achieving Gender Equality, CSW/UN (2004, 2010) and a number of other initiatives aimed at engaging men in reducing GBV.

Men will derive many benefits from a peaceful domestic and social environment, as there are likely to be fewer wars and less stress. Moreover, many men care about women who are important in their lives, such as mothers, daughters, sisters, girlfriends and colleagues. With 10 million HIV infected men in Africa and 7.5 million in the rest of the world, it is clear that there is a need to engage men in HIV prevention, care and support programs as well as in PPTCT initiatives. Indeed, one quarter of people infected with HIV are young men under the age of 25 and it is this group (which includes young men who migrate for work as well as soldiers and men in conflict settings) that often drives HIV epidemics.

Men are more likely than women to know of Family Planning (FP), but less likely to approve of it. Indeed, men are less likely to want to stop having children, as they tend to want larger families than women do. However, husbands and wives who discuss FP together are more likely to use contraception effectively and have fewer children. Although more men are using contraceptives, it is still only a minority. This is the rationale for engaging men in sexual and reproductive health (SRH) promotion and in GBV prevention.

**Men as Complex beings**

Men can be complex individuals with numerous needs, the most important of which often include employment and education. Similar to women, men can be the victims of violence, accidents, homicides and suicide and can suffer from mental health problems.
The male socialization process, involving numerous societal expectations and gender stereotypes, has led to a reluctance of some men to participate in SHR and GBV prevention programs. Many men still see SRH and GBV as women’s affairs.

However, men can potentially play an important role in child development and improving maternal and child health. It is therefore extremely important to engage men in these issues and encourage them to take an active interest in the health of their wives and children. Healthcare providers also need to be targeted to ensure that they themselves do not promote or accept negative masculine behaviors. A model is needed that can transform men and health care providers into caring partners in the struggle against GBV and HIV AIDS.

**Real revolution - Changing Manhood**

Manhood is frequently characterized by stereotypes that urge men to be tough and aggressive, have many sexual partners, avoid condom use, engage in sexual violence, have many children and avoid accessing health care except when experiencing serious health problems.

One conference participant argued, giving examples, that these stereotypes can have an impact on the spread of HIV AIDS. Societies expectation for men to behave in a particular manner can generate a feeling of inadequacy among men that do not meet those expectations. For example, a failure to live up to the idea that men have many children can encourage men to pursue sexual relations with multiple partners in an attempt to conceive. This increases the chances of HIV transmission and spread.

Decades of research has demonstrated that boys and girls are socialized into an unequal world in which gender segregation and role socialization is putting men and their partners at risk. It has therefore become increasingly important to encourage men to question this socialization process.

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Programs that aim to transform common conceptions of masculinity need to address and revise gender norms in order to ensure long-term and sustainable change. Past efforts that have targeted men have often failed to specifically challenge such gender norms.

One conference participant praised the idea of engaging men but questioned its chances of success. He argued that engaging men requires a revision of social norms, which is not an easy task. Men tend not to be willing to participate in household activities and may therefore prove to be hostile to dramatic changes in social and cultural norms. The conference speaker responded to this comment, suggesting that when men are encouraged to reflect on the balance of work in the household, they tend to realize the degree to which women are oppressed and often become willing to participate more.

Another conference participant stressed the need for a carefully considered approach when attempting to alter men’s behavior. He suggested that recognizing that men are extremely complex would be a useful starting point. He then gave an example of a program that it being implemented by Care International in which women are the targets of a village savings and loans (VSL) program. This required women to attend meetings and related activities. Men tended to be supportive of their wives who were involved in this project and they frequently accompanied them to such meetings. The project then began to incorporate topics related to family planning. As a result, a number of men were exposed to these subjects and would share the information with other men. The point that the conference participant was making is that any intervention that is designed to target men needs to provide clear benefits and incentives. The VSL program benefitted men as their wives were provided with financial benefits, but men were also able to support their wives in the project. In the process, men were exposed to new ideas as topics were covered that encouraged men to change their attitudes and behavior.
Itumeleng added that there is a need to consider how women can also perpetuate violence against themselves for the benefit of men. For example, while women are the victims of female genital mutilation (FGM), women are most often the perpetrators too. There are a number of gender norms that lead women to commit such violence against other women, often for the benefit of men. The MenEngage approach is intended not only to target male attitudes and behavior, but also to ensure that cultural norms are transformed so that they do not perpetuate violence against women.

Fredrick Nyagah acknowledged the reflections and comments that conference participants had voiced. He then spoke of the need to use innovative approaches to drive change in Rwanda, noting that good practices, such as Program H, often utilize a combination of tools that are designed to change gender attitudes. Such tools can have an impact on both attitudes to sexual and reproductive health as well as the reporting of gender-based violence. Fredrick then elaborated on and explained the ‘Ecological Model’, suggesting that the model works effectively due partly to its recognition that violence prevention requires an understanding of factors that influence violence. The four-level social ecological model can be used to better understand violence and the effect of potential prevention strategies. This model takes into consideration the complex interplay between individual, relationship, community and societal factors.

Remy Shawa (Sonke Gender Justice Network) then led the conference in a group work session titled ‘Key strategies and challenges’. He gave the example of a number of strategies that have been used to transform attitudes and practices, distinguishing between those that have been successful and those that have not.
Evidence confirms that it works: interventions with men can lead to changes in attitudes and practices

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>n</th>
<th>Effective</th>
<th>Promising</th>
<th>Unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Education</td>
<td>20</td>
<td>-</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Services-Based</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Community Outreach/Mobilization</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Integrated (includes more than 1 of the above)</td>
<td>21</td>
<td>6</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>57</td>
<td>14 (24.5%)</td>
<td>22 (38.5%)</td>
<td>21 (36.8%)</td>
</tr>
</tbody>
</table>

The above table was presented, which demonstrates that some interventions, such as group education, were not effective at changing attitudes and behavior. Group education involves briefly entering a community, providing group-based education on particular issues, and then simply leaving. The impact of community mobilization was unclear while the integrated approach proved to be the most effective. The integrated approach combines elements of the other approaches listed above, while ensuring a service-based intervention after group education or community mobilization.

The diagram below was used to explain Gender Transformative Interventions.
Approaches such as community outreach, group education and mass media mobilization can and should be combined in order to achieve the overall goal of achieving gender equality and social justice. Monitoring and evaluation must also be conducted in order to measure the success of the separate methods and their contribution to gender equality.
Well designed interventions with men to promote gender equality and improve HIV and GBV outcomes can and do change behaviour. Five principles of gender-transformative programming involve: building equitable social norms and structures, advancing individual gender-equitable behaviour, transforming gender roles, creating a more gender-equitable relationships between men and women, and advocating for policy and legislative change to support equitable social systems.

There are numerous examples of gender transformative approaches that have worked in South Africa. These include the 'Red Card Campaign', which was introduced during the world cup. The red card was used as a symbol signifying zero tolerance for behaviour that can lead to the transmission of HIV from parent to child. Another effective strategy was the 'One Man Can Campaign', which takes a human rights approach as it seeks to motivate men to participate in gender programming. To do this, it aimed to break down negative stereotypes of men by creating role models that support gender equality. The campaign simultaneously promoted today's modern values as well as traditional practices.

**Group discussions**

Remy Shawa (Sonke Gender Justice- South Africa) took participants through a group discussion session.
Participants within the group discussion were able to formulate a number of strategies that they thought might work in HIV AIDS and GBV prevention.

The proposed strategies included:

- Use couples as role models
- Train and sensitize service providers
- Train peer educators and use them to spread the message of positive masculinity
- Train gender clubs members, journalists and artists and use them as peer educators of MenEngage
- Conduct a mobilization campaign that uses songs, TV and radio drama to spread the message on MenEngage
- Conduct a mapping of the settings of the whole community so as to be able to reach various groups through outreach
- Design programs specific to youth clubs
- Use local authorities, religious leaders and opinion leaders to circulate positive messages
- Train youth out of schools
Support gender led organizations in capacity building and organizational development, encouraging them to adopt a MenEngage approach and address HIV issues

Promote positive parenthood

Promote positive masculinity

In order to implement many of these strategies, a number of key resources are necessary. All participants acknowledged that there is a need for both human resources (local and international specialists trained in gender related issues and the MenEngage approach) as well as financial resources. In addition to this, the engagement, involvement, and collaboration of local authorities were noted as being necessary for the successful implementation of these strategies.

Day 2- Analysis of national policies, and identifying key areas of integration for engaging men

Egidia Rukundo (MIGEPROF) gave an overview of Rwanda’s gender and GBV policies as well as the strategic plans, thereby introducing the national efforts to promote gender equality and prevent gender-based violence.

From this overview, the conference saw that references to the mainstreaming, implementation and monitoring of the MenEngage approach do appear in the Gender and GBV policies of the Government of Rwanda. However, the attention paid to male engagement is insufficient and needs to be scaled up. Emphasis should be put on MenEngage strategies in health promotion (HIV AIDS, sexual and reproductive health and GBV prevention).

The national strategic plan on HIV and AIDS acknowledges the negative effects of gender norms. However, while men may be targeted when addressing issues relating to HIV AIDS, Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV
the strategy is not adequately codified in government policy. For example, in attempts to prevent mother-to-child transmission of HIV (PMTCT), there is very little engagement with men and only minor attempts have been made to encourage men to seek testing or treatment, become involved in home-based care, or increase their use of condoms or any other preventative measures.

Egidia Rukundo then further discussed the national GBV policy and law. The National Strategic Plan against GBV and the National Policy on GBV both stress the role that is played by gender norms in perpetuating gender-based violence. However, these policies and the associated laws display a number of weaknesses. The role that masculinity norms can play in fueling GBV is neglected in the Law on Prevention and Punishment of acts of GBV, and nothing is therefore said about how such norms can be challenged. Moreover, the law neglects conjugal rape compared to other forms of rape. Under the current penal code perpetrators of conjugal rape receive the same punishments as adulterers and the law does not guarantee the protection of victims or witnesses of conjugal rape.

**Health policies**

There are several health policies that adequately position men as clients of sexual and reproductive health services. Both the National Reproductive Health Policy and National Family Planning Policy emphasize the need to include men in family planning. However, they tend to focus on information, education and communication (IEC) strategies, which commonly seek to raise awareness through the distribution of posters and flyers. Moreover, while the health policy engages with men’s role in family planning, it does not pay sufficient attention to men as clients of SRH service providers. Men are not recognized as a group with specific issues that stem from social perceptions of masculinity, culturally entrenched gender hierarchies and traditional norms.

Further, adequate attention is not paid to factors affecting young people in sexual and reproductive health strategies. Indeed, young people and adolescents tend to be treated as
a homogeneous group and their inclusion in the National Reproductive Health Policy and National Family Planning Policy is not gendered.

**Parenthood**
The Rwandan Government is committed to ensuring gender equality between men and women. Since 1994, women and men are increasingly making joint decisions about their children, as well as in general household matters. But challenges still remain in terms of enhancing men’s engagement as parents during the early stages of a child's life.

Improved knowledge and practices with regards to reproductive health can be achieved through men's increased participation in decisions and actions. However, in promoting this, the National Family Planning Policy risks reinforcing unequal power relations between women and men by strengthening men's leadership roles within the family (see National Family Planning Policy, 2006, pp. 30-31).

**Menengage in the context of other development sectors**
MenEngage is a relatively new approach in Rwanda, and the knowledge and skills necessary to mainstream, implement and monitor it are still at an infant stage. Efforts are being made by Rwanda Biomedical Centre and RWAMREC to mainstream male engagement in health promotion. Efforts have also been made to engage men and boys in agricultural transformations with SNV, API, and the Dutch Cooperation, involving the creation of coffee cooperatives and VSLs led by CARE international.

**Conclusion**
It is important that policies, laws and plans utilize more specific language and identify achievable strategies to address gender norms, especially masculinity issues, in a positively transformative manner. The capacity, leadership and good will to implement gendered programs with male engagement strategies are present, but need to be strengthened and institutionalized through policy making and strategizing.

*Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV*
Gakunzi Sebaziga (RBC IHDPC) then gave an overview of key HIV and gender policies in Rwanda.

**Promotion of Gender Equality in Rwanda**

Gakunzi explained that gender equality is enshrined in the constitution and is an integral part of the Government of Rwanda’s development goals. Gender is mainstreamed across all sectors and strategies, including the Economic Development and Poverty Reduction Strategy (EDPRS) and in Vision 2020. The country has adopted a National Gender Policy, which states that “women and men are equal citizens who ought to fully contribute to the development process and to equally benefit from it.”

**Gender and HIV in Rwanda**

Gender equality and women’s empowerment are integral in the fight against HIV. Rwanda has an HIV prevalence of 3.0% among the general population aged 15-49 (DHS 2010). Women have a higher HIV prevalence than Men (4.0% vs 2.0%) and comprise the majority of those infected. Gender inequality and harmful gender norms are recognized as a driver of the epidemic.

**Gender Equity in the HIV Response**

Gender equity is a key component of national HIV strategies and policies. The National Strategic Plan on HIV and AIDS (2009-2012) has gender equity as an overarching principle. It recognizes that harmful gender norms impact both men and women. Moreover, the National Accelerated Plan for Women, Girls, Gender Equality and HIV (2010-2014) addresses the specific needs and rights of women and girls and was launched by the First Lady, Jeanette Kagame in 2010.
Rwanda is committed to empowering women and promoting gender equity in the HIV response by ensuring women and girls have access to HIV information, prevention, care, treatment and support. Moreover, the government has sought to promote the sexual and reproductive health and rights of women, especially those living with HIV and it has empowered women to better negotiate safer sex and prevent and respond to gender-based violence.

**Engaging Men and Boys in HIV Prevention**

The National Accelerated Plan for Women, Girls, Gender Equality and HIV (2010-2014) recognizes that “the engagement of men and boys is critical to addressing gender inequalities in the context of HIV...men must work with women for gender equality, to question harmful definitions of masculinity, challenge attitudes and behaviors that perpetuate unequal power relations, and end violence against women.”

**Male Involvement in HIV Prevention**

Since 2003, the National HIV Program has recommended male involvement as a fundamental element of HIV Prevention Activities.

Moreover, male involvement in HIV prevention is prioritized in the Current National Strategic Plan on HIV and AIDS (2009-2012).

Male involvement is integrated into Voluntary HIV Counseling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) programs.

**Strategies and Achievements in Promoting Male involvement in HIV Response**

By 2015, Rwanda aims to reduce the rate of mother-to-child transmission to less than 2%. Male involvement is a key strategy in preventing mother-to-child transmissions. The hope is to increase the number of men accompanying their partners to PMTCT programs and engage men in couples HIV counseling and testing programs. This increase in partner
support for women in their access and adherence to PMTCT programs can help to promote a ‘family package’ approach that supports the health and survival of the mother, father, and child.

Increases in male partner testing from 16% in 2002 to 84% in 2011 have enabled more effective HIV prevention and treatment. This has also facilitated the disclosure of HIV status among partners, thus reducing HIV transmission rates (by encouraging condom use and behavioral change). Male partner support increases women’s ability to access and adhere to treatment programs, and couples voluntary counseling and testing (VCT) reduces HIV-related stigma for women.

Challenges in Promoting Male involvement in HIV Response
Attempts to promote male involvement in HIV responses have encountered a number of difficulties. Changing people’s mindset regarding harmful masculinities has proved to be challenging, and the MenEngage program lacks certain technical capacities. The coordination of partners involved in MenEngage has also been problematic while the successful interventions that have taken place seem to get limited coverage.

Conclusion
Male involvement in HIV prevention supports the health and rights of both men and women. Success has been achieved in securing high-level political commitments and support from country leaders. However, while men’s engagement in HIV prevention and treatment is achievable, it needs a strategic vision, political commitment and community involvement. With these conditions fulfilled, we can continue to work effectively to engage men and boys in HIV prevention and the promotion of gender equity.

Participants’ comments/questions and answers
One participant noted that a lot has been done to empower women in various ways but we still have a patriarchal system. Men still have the last word, even when it comes to women’s
health. Consequently, women are often unable to negotiate safe sex. She argued that there is need to focus on the young generation in order to achieve sustained and positive change among men. However, AJEPRODOR research on people affected and by HIV AIDS showed that there tends to be little male presence in many youth associations. The conference participant suggested that this issue could be remedied by introducing men and boys to such associations at a young age.

Another participant asked how interventions deal with the issue of youth and their sexuality. Men's socialization process causes them to become risk takers in all spheres of life (including in sex) from an early age. The participant asked what specific intervention the Ministry of Health has put in place. In response, the panelist, together with one participant representing the Ministry of Education, answered the question by explaining that education, awareness and sensitization campaigns are being carried out in order to tackle this issue. The participant from Ministry of Education said that gender issues have been incorporated in the school curriculum (under social studies) and that HIV AIDS is being discussed in biology. She explained that discussions are being held as to whether health issues like HIV AIDS should be taught as a separate course. Moreover, there is a new training module on HIV AIDS and sexual and reproductive health issues that is being developed in partnership with RBC. The Ministry will also ensure that schoolteachers are qualified to deliver such trainings. Awareness is being raised through youth campaigns such as Ingando, which target students at school and university.

A participant then commented on the existence of Abapfubuzi, a new trend of male sex workers that are employed by rich, married women. She questioned whether any interventions have been designed to address this new phenomenon. The panelist responded, stating that unfortunately no research has been conducted concerning this issue and that such research would be necessary in order to design an adequate intervention.
Another participant asked for clarification with regard to the two acronyms PMTCT and PPTCT. Whereas the former is limited to mother and child, the latter includes both parents and therefore rightly places responsibility on both parents. She explained that use of the latter acronym would be better. The panelists explained that they use the term PMCTC in all activities except when referring to MenEngage related activities, in which case they use PPCTC. In both cases men are included. The participant then praised the strong commitment of the Government of Rwanda in engaging men in HIV and GBV prevention before asking how much the government can devote, in terms of financial resources, to the program. However, these figures were not available to the panel and would be provided later.

SONKE/RWAMREC analysis of GBV and HIV policies in Rwanda - Remy Shawa & Itumeleng Komanyane (SONKE Gender Justice, South Africa)

Remy and Itumeleng took the conference through the analysis of Rwanda’s GBV and HIV policies. Participants were asked to use the information from the presentation to identify priority gaps, in order to formulate recommendations for national social protection strategies.
Day 3: High Level meeting: National orientation framework, coordination mechanisms and partnerships.

The last day of the training was marked by the presence of senior members of RBC and MIGEPROF.

Edouard Munyemaliza welcomed the esteemed guests and thanked them for both their presence at the event and for their contribution, which led to its success. He also thanked all participants that were present.

Mr. Munyemaliza explained how important it is that Rwanda supports and embraces the promotion of men's engagement in issues relating to gender and development. MenEngage is the missing link, particularly with regards to the prevention and treatment of HIV AIDS.
The question is, how can we effectively engage men and boys in the struggle to stem the spread of HIV AIDS and reduce the incidence of GBV?

Only by addressing the gender norms that perpetuate GBV and prevent families from accessing services aimed at the prevention and treatment of HIV, can we make any sustainable progress. Men and women must strategize and work together to ensure success in challenging these gender stereotypes. Working with women alone on issues relating to GBV and HIV AIDS is not sufficient, as men are often the primary obstacles to such progressive initiatives. There is therefore a need to work as partners in order to end these two epidemics.

Mr. Munyemaliza thanked the RBC and other development partners and stakeholders for making the event a success.
Dr Sabin also congratulated participants for the work done during the previous two days, noting that a lot had been achieved in the workshop. Through the group discussions, all participants agreed on the need to work towards a HIV free generation. This requires the investment of effort and energy, as well as the development of new and innovative strategies.

Dr Sabin explained that the family cooperation is of great importance and is necessary in order for progress to be made. A family is comprised of three groups; the wife, the husband and the children. It is important to consider the role that each of these three groups can play in fighting against HIV and GBV. This workshop provided an opportunity to consider these roles and develop strategies that can encourage cooperation between the three groups.

Dr Kayumba Pierre Claver, the Director General of RBC was then invited to officially open the 3rd day of the conference on behalf of RBC.

Dr Kayumba Pierre Claver reiterated that the Government of Rwanda is committed to the advancement of gender equality in order to ensure Rwanda’s sustainable development. The empowerment of women and girls cannot be ensured without the support of men and boys. He expressed appreciation that male engagement was being taken into consideration when addressing gender-based violence and responding to HIV and AIDS. Unequal power relations continue to disadvantage women and compromise their health, and the AIDS and GBV responses are incomplete without addressing gender and those power relations that put women at a greater risk. There is no doubt that one outcome of the previous two days has been the formulation of a number of ideas and strategies on how to engage men in gender issues.

Dr Kayumba Pierre Claver made a number of acknowledgements and recommendations:

Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV
• The conference was urged to make use of the existing mechanisms to combat GBV and HIV AIDS that have already been put in place by the government. Indeed, the Government of Rwanda has enacted national laws and policies and put in place various structures and mechanisms that are aimed at promoting gender equality and addressing both HIV AIDS and GBV. There is a need to make use of such mechanisms while establishing a coordination mechanism for MenEngage work in Rwanda.

• Dr Kayumba Pierre Claver acknowledged the critical role that men and boys play as key partners in strengthening the response to HIV AIDS and GBV and he recommended that programs, services and staff facilitate their involvement. All stakeholders should understand that involving men does not mean undermining women’s rights or reducing support for women’s organizations or causes.

• The importance of understanding and addressing men’s own specific needs and desires was recognized, especially in relation to HIV prevention, treatment, care and support. Addressing these needs and desires will not only benefit the lives of men and boys, but also the lives of their partners, families, and the community at large.

• It was recommended that stakeholders address the gender-drivers of HIV and GBV and the ways in which men and women are socialized to behave in masculine or feminine ways, which often creates and perpetuates vulnerability and risk of infection for both sexes. In doing so, stakeholders need to place an emphasis on encouraging men and boys to identify and value the many positive aspects of masculinity, while at the same time helping them to develop leadership skills in order to challenge and change inequitable aspects of masculinity.

• Patriarchal notions of power associated with being male are at the core of inequitable aspects of masculinity. Therefore stakeholders should engage men and boys, helping them to understand, challenge and change such patriarchal notions of power and its negative effects.
• There is need to develop capacities and space to maintain checks and balances in the leadership of MenEngage in the AIDS and GBV response. Training must also be prioritized to ensure that implementing partners fully understand their role and have adequate tools and mechanisms for the AIDS and GBV response. Networks and forums such as this one should be intensified and support should be given so that their work can be expanded and strengthened.

Dr Kayumba Pierre Claver extended his gratitude to all the conference participants and their respective organizations for the crucial role they played in the conference.

Edouard Munyamaliza then provided a summary of the ground that had been covered throughout the conference to the senior members of RBC and MIGEPROF.

After the summary he presented the recommendations that had been put forward by the conference participants during the group work sessions on day two. The following table captures all recommendations, which are grouped into the following three thematic areas:

1. Entry points for male engagement in HIV/AIDS and GBV responses and strategies

2. Language recommendation for NSPs and examples of good practices

3. Ways of strengthening the existing coordination mechanisms for better monitoring and implementation of MenEngage in HIV AIDS and GBV response in Rwanda
## Entry points for male engagement in HIV/AIDS and GBV responses + Strategies

<table>
<thead>
<tr>
<th>Entry points</th>
<th>Strategy</th>
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| Communication between couples     | • Support family units by encouraging open communication between partners and between parents and children  
• Promote joint decision making between men and women on sexual and reproductive health issues  
• Encourage men to participate in the care and education of children (girls and boys)  |
| Social support                    | • Increase the percentage of men using health facilities by promoting the benefits for men involved in PMTCT  
• Increase awareness of men on issues relating to GBV and family planning  
• Work on deconstructing myths and misconceptions in order to sensitize men to gender issues from **umudugudu** (sector) level.  
• Motivate couples to access health services in order to encourage others. |
| Policies and guidelines           | • Use current guidelines on HIV and GBV  
• Audit policies on HIV and GBV  
• Articulate the role of the community and the role of government  
• Ensure that people are informed of the existence of GBV One Stop Centers and have access to them  
• Emphasize couple counseling policy and increase awareness  
• Ensure provision of prevention of mother to child transmission (PMTCT) services in private clinics |
| Health providers competences      | • Build the capacity (through training and refresher workshops) of health providers on GBV and ensure male friendly services in reproductive health issues |
Local authorities involvement

- Scale up the engagement of community leaders (all local leaders from umudugudu level) by including male involvement in HIV/AIDS and GBV prevention in performance contract

More strategies are:

- Intensify efforts to reach out to young people by working with youth friendly centers/youth clubs/community resource centers to change the mindset of young people
- Mainstream male involvement as a key strategy in both gender and anti-AIDS clubs
- Integrate GBV, HIV, family planning and MenEngage in the programs of anti-AIDS clubs in schools
- Use community health workers to promote MenEngage in HIV/AIDS responses
- Adopt a holistic approach by using VCT services to deliver GBV and family planning messages
- Create a partnership and referral system within NGO’s working on HIV/AIDS and GBV prevention
- Promote the networking of men

Recommended language for NSPs and examples of good practices

<table>
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<tr>
<th>Policy Scan</th>
<th>Recommended language and actions for improving policies and national strategic plans</th>
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<tbody>
<tr>
<td><strong>1. HIV&amp;AIDS</strong></td>
<td>• Generally it is important that the policies, laws and plans utilize more specific language and identify achievable strategies to address gender norms, especially masculinity norms, in a positively transformative manner.</td>
</tr>
<tr>
<td>• The National Strategic Plan on HIV and AIDS acknowledges the negative effects of gender norms, but while men may be targeted, the strategy for this is inadequately spelt out.</td>
<td>• The capacities, leadership and goodwill to implement gendered programs with male engagement strategies are present, but need to</td>
</tr>
<tr>
<td>• The potential for disinhibition that is associated with Voluntary Medical Male Circumcision (VMMC) is recognized, but there is insufficient focus on proactively dealing with this issue, which has the potential to mitigate the outcomes of the program.</td>
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</tbody>
</table>
• Within prevention of mother-to-child transmission of HIV (PMTCT) discussions, there is very little engagement with men and no plans are made to encourage men to seek testing or treatment, become involved in home-based care and GBV prevention, or increase their use of condoms or any other preventive measures.

2. GBV prevention policy and law

• The National Strategic Plan Against GBV and the National Policy Against GBV are very strong in highlighting the role of masculinity and gender norms issues in general.
• Also, as said before, the NSP like the GBV Policy are especially strong in terms of engaging men in the need to challenge gender norms.
• There are a number of weaknesses within the Law on Prevention and Punishment of Acts of GBV and the National Gender policy;
  a. In the prevention part of the law, nothing is said about gender norms and how they can be challenged, or the role of men in GBV;
  b. Conjugal rape is neglected compared other rape, (it is even more neglected in the current penal code);
  c. Punishment of adultery is same as marital rape;
  d. Protection of survivors and witnesses of rape is not guaranteed by the law.
• This might be due to the current law being passed in 2008, while the GBV Policy was published in 2011.

3. Health policies (especially the SRH and FP) be strengthened and institutionalized through policy/strategy making and implementing.

• NSP should emphasize the importance of engaging men in work that seeks to empower women or improve people’s health outcomes.

• NSP should commit to support male engagement to support care work in order to reduce the burden that is placed upon women.

• NSP should develop mechanisms that encourage men to challenge GBV and reduce the spread of HIV.

• NSP should emphasize the importance of developing interventions that transform gender norms among young people.
- Both the National Reproductive Health Policy and the National Family Planning Policy emphasize the need to include men in family planning. However, they focus on Information, Education and Communication (IEC) strategies that involve awareness-raising campaigns through the distribution of posters and flyers.
- The health policy engages with men’s role in family planning but does not pay sufficient attention to men as clients of SRH service providers or as a group with specific issues regarding traditional masculinity norms and gender hierarchies.
- Moreover, sexual and reproductive health strategies do not adequately engage with factors affecting young people as they treat youth and adolescents as a homogeneous group [their inclusion is not gendered].

4. **Parenting**

- The Rwandan Government is committed to ensuring gender equality between men and women and it has consequently introduced various legal and policy texts (family law, child protection law).
- Since the 1994 genocide against the Tutsi in Rwanda, women and men are increasingly making joint decisions about their children and general household matters.
- Challenges still remain in terms of enhancing men’s engagement as parents during the early stages of a child’s life.
- Improved knowledge and practices with regards to reproductive health is expected to be achieved through men’s participation in related decisions and actions. As such, the policy risks reinforcing unequal power relations between women and men by strengthening men’s leadership roles.
5. MenEngage in development sectors

- MenEngage is a relatively new approach in Rwanda and the knowledge and skills necessary to mainstream, implement and monitor it is still at an infant stage.
- Efforts are being made by RBC and RWAMREC to mainstream male engagement in health promotion.
- Efforts to engage men and boys in agricultural transformations have started with SNV, API, and the Dutch Cooperation.
- This started with the formation of coffee cooperatives and VSLs in partnership with CARE international.

It was also proposed that the media be used to raise awareness of gender issues and it was suggested that adverts on national television could be made gender sensitive. There is currently no policy that prohibits adverts that are not gender sensitive. For example, an advert for a local Rwandan beer, turbo king, proclaims it to be the beer for men, suggesting that drinking that particular beer is necessary in order to satisfy the requirements of masculinity. There is need for policies that prohibit such language in promotions.

<table>
<thead>
<tr>
<th>Country coordination mechanism</th>
<th>Recommended improvement in the current structures</th>
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<tbody>
<tr>
<td>Scan of the existing country coordination mechanism</td>
<td>To include the Ministry of Education in the current national steering committee on GBV</td>
</tr>
<tr>
<td>HIV/MenEngage is not incorporated into the current structure, but is highlighted in the policy.</td>
<td>Establish a task force on MenEngage and HIV AIDS at the level of the existing National GBV TWG under</td>
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gender cluster
- One Stop Centers to be created at the level of the existing sector GBV/CP committee
- Health Centers to be established at the level of the existing cell (executive secretary)

Resolutions

Resolutions that stem from participants’ recommendations are summarized below:

- RBC, IHDPC and RWAMREC shall maintain a strategic partnership across all programming efforts, in order to ensure sustainable HIV and GBV responses.

- Positive male leadership will be ensured. HIV and GBV response strategies need to receive stronger and sustained support from local and national leaders, who remain largely male. Such leaders will campaign for policies and programs that address the structural drivers of inequality and violence within NSPs, and lobby local and national government to provide and enforce protective laws.

- Further attention is to be paid to policy gaps in order to enhance the inclusion of the MenEngage approach to HIV and GBV. Policy needs to be monitored, adapted, updated, checked and rolled out.

- NSPs are to highlight the role men can play in preventing GBV and advocating for change. NSPs can also be a tool for changing men’s attitudes towards condom use.

- Integrated HIV services are necessary. Stand-alone HIV services should become a thing of the past as HIV, SRH and GBV care and support need to be provided simultaneously. Closer working relationships must be developed between health facilities, schools, legal services, churches, local police services and organizations working in gender promotion.
Report- National Conference on MenEngage

- Comprehensive sex education should be established. If gender norms are to be changed, some form of education relating to gender roles must be included in the education system, with an emphasis on the benefits of gender equality for men and women.

- The MenEngage approach needs to be scaled up and youth should be targeted in HIV and GBV responses. Young people are the future of the nation, and they are sexually active. Including comprehensive SRH and psychosocial support services in school curriculums, youth clubs activities and family talk is therefore of great importance.

- Existing coordination mechanisms must be improved and HIV/MenEngage task forces should be recognized.

- The media is to be targeted as a major barrier to change. Newspaper owners and editors will be requested to report on gender equality and maintain gender sensitivity in their articles.

Adoption of conference recommendations and resolutions

Conference participants approved all formulated recommendations and resolutions and the moderator invited the guest of honor from MIGEPROF to close the conference.

In her closing remarks, Mrs. Judith Kanzayire (Advisor to the Minister of MIGEPROF), who spoke on behalf of the PS/MIGEPROF, said that it was an honor for the Ministry to be invited and to be able to speak on strengthening the engagement of men and boys in the national response to HIV AIDS and GBV. Such engagement is vital in terms of promoting gender equality as well as sustainable development.

She thanked RWAMREC and RBC for organizing the conference and thanked participants for their contributions. She explained that the Ministry of Gender recognizes the importance of the participation of men and boys in reducing both men and women’s gender related vulnerabilities and in promoting gender equality. This is reflected in the national policy on gender as well as

Strengthening the engagement of Men & Boys in the National Gendered response to HIV AIDS & GBV
the policy on GBV. The issues covered in the conference are indeed country priorities as well as priorities for the Ministry of Gender.

GBV has a direct impact on the spread of HIV AIDS because men or women who experience sexual violence are significantly more likely to contract HIV AIDS. Engaging men and women is therefore a strategic approach that is of great importance in the fight against HIV/AIDS and GBV. Mrs. Judith Kanzayire suggested that while men are usually viewed as the perpetrators of GBV, they can also be very active players in the fight against it. Indeed, men often have powerful positions in communities and they can therefore effectively influence other men as well as protect women and children from rights violations. This power has to be used carefully and constructively.
Men can also play a role in supporting women’s access to HIV prevention, treatment and care services. In addition to this, men can assist in preventing the transmission of HIV from mother to child.

Men can reduce their own HIV risk taking, increase men’s use of HIV treatment and prevention services, and support men to be active participants in the HIV response.
Feedback and evaluation

The workshop saw a high level of engagement, which was sustained throughout the three days of the workshop. Multi sector delegations, with speakers from Kenya, Tanzania, and South Africa created a dynamic environment, with a great deal of cross learning and exchange of best practices.

Delegate evaluations indicated a high level of perceived usefulness at both the conceptual stages of the workshop, and the strategic planning stage, though there was a strong demand for more in depth sessions on MenEngage as an approach that engages men and boys as partners for gender equality. “We need to have more concrete sessions in terms of the MenEngage approach: its implementation, processes and outcomes” (Delegates feedback)

Delegates evaluated the following sessions as being both useful and instructive. In no particular order the following sessions were appreciated: “why and how to engage men” (benefits of engaging men), “policy scan of Rwanda”, “how to involve men in HIV prevention”, “strategies that have worked elsewhere in terms of engaging men in GBV and HIV AIDS responses”.

The identification and development of specific, tangible interventions that could be included in the national strategic plan gave participants confidence that the implementation of the MenEngage response to HIV AIDS and GBV can be successful. The presence of senior members of government bodies reinforced this feeling.

Additional Highlights and strengths of the conference were identified as follows. Peer to peer learning was highlighted as one of the key strengths of the conference. The involvement of speakers from three different African countries also enriched the discussion as they gave presentations with examples of good practice, programs and strategies that have worked in
different national contexts. Representatives from Sonke Gender Justice Network (South Africa), MENKEN (Kenya) and Engenderhealth (Tanzania) all gave presentations.

The conference utilized a participatory approach, inviting participants to review current strategies and formulate their own recommendations. As seen above, this helped to foster an environment of peer-to-peer exchange and learning, thereby grounding the discussion in reality.

Areas for improvement
Delegates and presenters have suggested that more time was needed in the conference to be able to explore issues and develop plans in greater depth. In particular the following improvements were recommended:

1. More time was needed to for a regional consultation to discuss new innovative strategies and practices for engaging men and boys. Different strategies could then be discussed regarding GBV and HIV AIDS responses, with a focus on the particular challenges facing such responses. More success stories are needed and concrete examples of what other actors are doing in terms of engaging men in RH, FP, PMTC and VMC interventions.

2. Greater involvement of local authorities is crucial as some of the recommendations that were formulated are geared towards them.

3. GBV impacts the spread of HIV in several ways. Women who experience sexual assault are at greater risk of HIV infection than other women. Strategies to prevent GBV are enhanced by engaging men, who can play a valuable role as advocates for the prevention of GBV as they are in a powerful position to influence their peers and to
protect women and children. This power needs to be harnessed and channeled in a positive and constructive way and excluding men from work on preventing GBV would be a missed opportunity.

4. The recommendations that were made by conference participants need to be implemented and a coordination mechanism should be established that has the mandate to monitor implementation.

5. This conference came at the right time as MIGEPROF is in the process of organizing a national family campaign. This can be used as an opportunity to mainstream the MenEngage approach through community sensitization messages on a national scale. The support of all the stakeholders present at the conference was called upon, encouraging people to be actively involved in the campaign.
ANNEX 1 - Conference Programme
ANNEX 2 – CONFERENCE DELEGATES