



End of Project Report

Project #HLSP/SGJN/04/08A: One Man Can: Working with men and boys to reduce the spread and impact of HIV & AIDS in Nkandla, KwaZulu Natal Province; Thulamela, Limpopo Province; and Mthatha, Eastern Cape

Reporting Period: May-December 2008

A. Finance

Project Budget:	R 4,394,579.43
Project Expenditure:	R 4,124,470.28
Percentage of Budget Spent:	93.85%

Note: Project budget reflects original budget prior to reduction by the amount of R233,899 on 20 November 2008. Expenditure following this reduction was adjusted in light of this lower amount. Final expenditure represents 99.13% of the reduced budget amount.

B. Project Summary

- 1) Aims: The overall goal of the project was to engage men in preventing gender based violence, reducing the spread and impact of HIV and AIDS and achieving greater gender equality. Toward this aim, the project had the following objectives:
 - a) Men and boys will advocate for a more gender equitable society rooted firmly in a strong human rights culture
 - b) Men and boys will take a clear stand against domestic and sexual violence in their own lives and in their communities.
 - c) Men and boys will reduce behaviours that put themselves and their partners at risk of HIV infection.
 - d) Men and boys will increase their use of HIV services - especially HIV testing and treatment.
 - e) Men and boys will become more actively involved in meeting the needs of those living with or affected by HIV and AIDS by participating more fully in the provision of care and support and by being more involved in treatment advocacy.

To achieve this, Sonke implemented its One Man Can Campaign using a range of evidence based strategies to promote gender transformation including training and technical assistance to government and civil society organizations, community education - especially

through the development and dissemination of digital stories, community mobilization, and advocacy for the implementation of existing gender and HIV and AIDS related policy and legislation.

To help guide Sonke's work and to ensure that the organisation's activities remain in line with national goals, the project's objectives and activities linked explicitly with the goals of the 365 Day Action Plan to end gender based violence 2007 and the HIV/AIDS and STI Strategic Plan for South Africa, 2007-2011.

- 2) Impact Indicators: The impact indicators noted below were agreed several weeks after contract signing. Broadly speaking the original workplan activities remained in play, but with a new set of assessment measures in force it was necessary adapt and re-prioritize some activities. Specific impact indicators were:
- a) Increased access to interventions and information: 2,000 men and boys aged 15-40 across the 3 target districts will access OMC interventions (workshops, community events, etc.).
 - b) Increased VCT Uptake: 25% of men who access OMC interventions will subsequently access VCT services.
 - c) Increased awareness and reporting of GBV: 25% increase in reported incidents of GBV through SAPS offices during the project period.
 - d) Increase in Estimated Condom Use: 25% increase in estimated condom use, based on condom distribution data from clinics, doctors, municipal HIV officers.
 - e) Increase in estimated ART Uptake / Adherence: 25% increase among OMC participants in ART support groups across the target areas during the project period.

C. Project Outcomes

1) Outputs against Objectives

The project's parameters changed substantially after contract signature to prioritize for new impact indicators; of necessity this required some flexibility regarding the originally planned activities as these were developed around output-based assessment expectations. The following nevertheless summarizes progress toward achievement of the original output-based objectives.

0. Project Start-Up

- 0.1. Recruit New Staff: Completed
- 0.2. Staff Induction and Training: Completed
- 0.3. Planning and briefing meetings: Completed
- 0.4. Review and adapt admin / finance systems: Completed
- 0.5. Develop formative research instruments: Completed
- 0.6. Office Fit-Out: Completed

1. Formative Research

- 1.1. Spot surveys: Completed
- 1.2. Needs assessment and gender audit of partners: Completed
- 1.3. Key informant interviews: Completed
- 1.4. Finalize research report: Completed
- 1.5. Disseminate research findings: Ongoing
- 1.6. Endline survey: Completed

2. Assess and engage 2 partners in each area

- 2.1. Interview key personnel re potential partners: Completed
- 2.2. Finalize organizational assessments: Completed for 6 potential partners, with decision to pass-through funding to 5
- 2.3. Sub-agreements with partner organizations: Completed with 5 of 6 originally planned partners
- 2.4. Pass through and manage sub-grants: Payments totalling R257,913.05 against 5 of 6 planned sub-agreements were made for activities in support of the project.
- 2.5. Conduct gender audits with partners: Completed as part of broader organizational assessments noted above

3. Ongoing TA to partner organizations and other community structures

- 3.1. Partner OMC TOTs: Completed
- 3.2. Training to religious, municipal and traditional leaders: Completed
- 3.3. OMC workshops: 25 of an originally planned 36 workshops completed; the decrease in number is due primarily to replanning for several major community mobilization events in light of revised assessment measures and compressed time frame.
- 3.4. Community Action Teams: 2 CATs in EC with 56 members; 2 CATs in KZN with ~30 members; CATs mechanism not used in Limpopo due to late start and need to focus on impact indicators.
- 3.5. OMC community education and campaign events: 9 events held involving more than 80 CAT members
- 3.6. Monthly network meetings: Completed with increasing involvement from CAT members, local partner reps and Sonke staff
- 3.7. Participate in women's organization initiatives: Ongoing mainly through partners, depending on local opportunities.
- 3.8. Advocacy, policy and media-related training: Ongoing as part of broader OMC training and awareness events.
- 3.9. Partner OMC activities: Numerous events completed in EC especially as previously reported, with KZN and Limpopo activities seeing a dramatic increase in late October after delayed start-up
- 3.10. VCT trainings and events: 7 total events held.
- 3.11. Posters / IEC materials: With approval from HLSP, brochures were produced instead of posters. 60,000 printed in 4x languages as discussed above
- 3.12. OMC Toolkits: 600x kits produced and distributed. Details provided above.

3.13. Digital Stories: Completed; public launch scheduled for Jan / Feb pending availability of funding

4. Behaviour changes per Annexed OVIs: Activities as above; statistical impact data on attendance reported as noted below and in separate research report

5. M&E

- 5.1. Baseline and endline attitudinal surveys: Attitudinal surveys were conducted in modified form per approved research plan due to very late start-up; final results presented in separate research report
- 5.2. Pre- and post-evaluations of all workshops and trainings: Completed
- 5.3. Base-line and end-line capacity assessments with partners: Baseline assessments completed; late start and time constraints did not permit end-line assessments
- 5.4. End-line interviews with traditional leaders and community members: Completed as part of modified research plan
- 5.5. Project-end report: Completed
- 5.6. Monthly reports: Completed beginning with cumulative project-to-date report at 31 August

2) Project Performance

Revisions to the workplan and the consequent late start meant that project implementation needed to be streamlined and certain activities re-planned, especially in light of the shift in emphasis from outputs to impacts. It would be difficult to quantify the impact of these changes, but it does seem clear that it compromised at least slightly the potential of the interventions to effect long-term behavioural changes among targeted men, due to a need to ensure that numerical targets were met. That is, it created an incentive for shorter events targeting more men as opposed to longer events with a smaller number of potential “community change agents.”

With those weaknesses noted, it should also be noted that Sonke views the overall performance by team members and local partners as outstanding. In addition to the noted statistical impacts, project team members witnessed strong anecdotal evidence of lasting change to the communities targeted, some of which is captured in the detailed list of specific events annexed to this report.

Specific comments on project performance by impact indicator follow. These are discussed more fully in the accompanying research report.

a) Increased access to interventions and information:

Despite its limitations, Sonke’s routine data indicate that the target of reaching 1995 men and boys between 15 and 40 years of age was easily met, with a final number of participants of 4,449. (Please refer to annexed tabular presentation of participation data for more

detail.) It is not possible to say whether or not targets were met within sub-categories though it is highly likely that the learners, out-of-school youth and traditional leaders and healers sub-category targets were all met given the data that was available and the typical attendance at OMC Campaign events. It is not clear how well they were able to access government officials through their interventions due to lack of precision in their data. Some over-counting in the totals is inevitable (even with better record-keeping) as is the difficulty of tracking numbers in sub-categories.

Overall, there is strong evidence to suggest that Sonke has succeeded in achieving and even exceeding its target of increasing access to interventions and information for 1995 men and boys between 15 and 40 years of age. Its results across provinces are mixed, with the greatest number being reached in the Eastern Cape (n=2754).

b) Increased VCT Uptake:

The phone survey indicates that Sonke met or almost met its target of having 25% of men who access OMC interventions subsequently access VCT services (24% according to the unadjusted figures, 25% according to the adjusted figures). The confidence interval around this estimate is also narrow enough to indicate a relatively high degree of confidence in Sonke's coming close to this target (within 5% at least). Self-report bias and selection bias are two concerns, however, in interpreting this result and both would have skewed the estimates higher. On the other hand, the time lag between intervention and measurement (survey) was very short (in places, a few weeks) and this would have underestimated the overall effect of the intervention.

Findings on VCT uptake from other sources of data are mixed. Nkandla Hospital reported an increase of 15% over the previous year but their larger catchment area (and thus potential population for VCT services) is likely to have diluted any effects. Siyakhanyisa's non-medical VCT site indicated a drop of about 50% over the previous year but their numbers for 2008 were all lower than their numbers for 2007, possibly indicating a shift on programming, a loss of resources, or the availability of alternative testing sites in the area. Qumbu CHC indicated lower VCT uptake numbers for October and November 2008 than for earlier months in the year (28 and 24 respectively) but without data from the previous year it is not possible to determine whether this is the normal seasonal variation or the effect of some other factor.

Finally, of 4,449 total recorded male participants in project events, 285 (6.4%) accessed VCT immediately at those events.

c) Increased awareness and reporting of GBV:

Again, the evidence from the other sources of routine data on reports of GBV are mixed. Nkandla Hospital indicated a slight rise in reports and SAPS in the Eastern Cape and Limpopo both indicated effectively unchanged numbers of reports between the two months of

November 2007 and November 2008. These figures came from local stations and so shouldn't be as diluted as sub-district or district-level figures.

The phone survey, while not able to detect an increase in rates of reporting GBV, did produce some very interesting results. First, half of all respondents indicated witnessing GBV in the few weeks and months since the workshop. This is an indication of the severity of the problem. What is encouraging, however, is the finding that only 8 out of the 89 people (or 9%) reporting having witnessed acts of GBV chose not to report it. This figure may be high because of self-report bias and the potential looseness of the meaning of "report", especially in a community or NGO context, but even if over-estimated, it indicates a significant willingness on the part of participants to intervene in the context of GBV. Also notable here is the importance of community-based structures as places where people reported violence (36%) and the small role played by NGOs in this reporting process (4%).

d) Increase in Estimated Condom Use:

The only piece of available information directly relating to the original target of a 25% increase in condom distribution came from Nkandla Hospital which reported a 44% increase (from 11,820 to 17,020) in condom distribution between the month of November 2007 and the month of October 2008. This figure is subject to the same questions of dilution and the impact of other interventions or policy or resources changes that may also account for the finding.

There was a high rate of people reporting in the phone survey that they had increased their use of condoms (61% reported increasing their use). This, too, is a large figure that may be partly accounted for through self-report bias (both in terms of wanting to provide the "correct" answer as well as because people often poorly understand or remember their actual behaviour). At the very least, however, it indicates a level of awareness about the importance of condoms to which Sonke believes the OMC campaign contributed in meaningful ways.

e) Increase in estimated ART Uptake / Adherence:

Since the phone survey could offer little evidence in relation to this indicator, we had to rely on what evidence there was available on ART uptake and adherence for the communities where Sonke works. The evidence was mixed, with Nkandla Hospital reporting a 50% increase in ART uptake and a steady level of treatment defaulting (3 per month for November 2007 and October 2008). Qumbu CHC reported effectively flat levels of ART uptakes for the 2 November months under review (22), but did have a higher figure for October (29 versus 22).

Perhaps more than the other indicators, changes in ART uptake would be very difficult to assign to Sonke's interventions unless we could track patients at the individual level. There

are too many other factors—including the health system, political environment, social dynamics, and economic shifts—that could account for changes in ART uptake in a particular community. ART adherence might be less susceptible to these contextual factors, but it is by definition a long-term process (with adherence rates generally staying very high for the first 12-18 months) and any effect of Sonke’s interventions would thus not be captured until much later.

3) Lessons Learned

Complementary to the specific findings noted in the accompanying impact evaluation report, Sonke offers the following observations regarding general aspects of project implementation:

- a) Technical Assistance vs. Community-Based Leadership: Due to differences between geographical areas of intervention – including both capacity questions and community membership – somewhat different implementation modalities were called for in different project areas, creating the possibility of assessing differential impacts. While largely anecdotal, there is some evidence to suggest that greatest impacts were achieved in areas where staff were most “rooted” in the local community, as opposed to those in which staff played more of a “consulting” or “technical assistance” role. This is consistent with other Sonke interventions, and seems tentatively to be attributable to issues of sensitivity, confidentiality and trust that characterize work with men around issues of gender and sexuality, including HIV and AIDS.
- b) Operational Decisions Likely Affecting Short-term vs. Long-term Impacts: In order to attempt to meet ambitious VCT impact indicators, Sonke was compelled to opt for a greater proportion of large-scale community events in some contexts as opposed to more traditional OMC workshops. This was necessitated by the relatively short time frame and is arguably not ideal in terms of achieving the most lasting attitudinal (and ultimately behavioural) change. This highlights the trade-offs and compromises between achievement of sheer numbers of men / boys tested vs. having a more sustained impact within communities in creating and deepening awareness of, and shifting attitudes toward, some of the more nuanced issues around gender roles and norms.
- c) Project Complexity: The project proved more complex than would have been ideal given the time, resources and skill sets available, especially in light of the challenges of integrating narrative and financial reporting from three provincial coordinators and several local partners, and impact-relevant statistical data from local clinics, government offices and service providers.
- d) Local partnerships and capacity building: The sub-grants provided to local partners under this project were larger than Sonke has provided under previous grants. For

this reason, Sonke developed and applied a new and more rigorous assessment / screening process. While the tool and process seem appropriate and useful, time constraints limited Sonke's ability to carry out capacity building activities that the assessments indicated would have been of benefit to the partners. Nevertheless Sonke believes the assessment exercise itself, as well as participation in development of both the manual and the brochure, built the capacity of local partners in important ways.

4) Good News Stories

- a) New local partnerships: The project allowed significant increases in institutional cooperation with three past local partners (Siyakanyisa, UCARC and Nkandla HIV / AIDS Network) as well as productive relationships with two new local partners (Tholusizo and TVEP). Sonke made useful additional contacts with the Centre for Positive Care in Limpopo, although time and resource constraints prevented taking full advantage of this potentially very fruitful future partnership.
- b) Local Partner Commitment: Local partners continued to actively implement activities against agreed workplans even before receipt of sub-agreement funds – a clear testament to the determination of staff and volunteers to see positive change in the communities they live in and serve, and to their belief in and commitment to the concepts and activities that shape the OMC campaign.
- c) Digital Stories DVD and Facilitators' Guide: Digital Storytelling workshops were held in all three provinces and the end results compiled into a high-quality DVD with accompanying facilitator's guide, with 600 sets produced. There were significant scheduling and logistical challenges but the participation was judged to be superb and the resulting materials are powerful, and will provide another tool for continued impacts of the work.
- d) Positive inroads with local government and traditional structures in Limpopo: Sonke is very pleased to have had strongly positive response to the project and the OMC campaign generally from local government representatives and traditional leaders in Limpopo province that bodes well for future efforts in the province.
- e) United Nations EGM Paper: Activities under this project significantly informed an important paper (attached in annexure) co-presented by Sonke Co-Director Dean Peacock at the Expert Group Meeting on "Equal sharing of responsibilities between women and men, including care-giving in the context of HIV / AIDS," under the auspices of the United Nations' Division for the Advancement of Women, held at the United Nations Office at Geneva, 6-9 October, 2008. Drawing in part on initial findings under this project, this paper, entitled "Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement," represents an

important contribution toward understanding the challenges and opportunities facing work with men around care-giving.

5) Impact on South Africa's Response to HIV and AIDS

Statistical impacts of the project are noted above in summary form and in more detail in the separate survey research report, attached as annexure. Additional, largely qualitative impacts in Sonke's view follow:

- a) IEC Materials / the "One Man Can" Action Kit: Despite the very tight time frame for this project, Sonke succeeded in updating and producing 600 copies of its proven "One Man Can" Action Kit, which provides a core set of documents, tools and promotional items to campaign activists capacitated through OMC workshops and related activities to undertake training and advocacy activities around men and gender in their own contexts for positive behaviour change in relation to risk-taking behaviour and gender-based violence. Original samples of all items and language versions listed below have been provided as are hereby annexed to this report. Printed materials are also available as .pdf files via email or the Sonke website. Specific elements of the kit produced or reproduced for the project are:
- i) OMC Manual: As noted in previous reporting, Sonke developed a new and very well-received core training manual under this project, drawing on several existing Sonke training tools but with an emphasis on the core issues of HIV / AIDS and gender-based violence. The OMC manual serves as the core of Sonke's "One Man Can" Action Kit, an integrated training and advocacy toolkit refined through several iterations and tailored to address the specific challenges facing work with men around gender and HIV and AIDS in southern Africa, and South Africa specifically. Key points regarding the manual include:
- (1) Participatory Development / Capacity Building: The manual was developed through a broad-based participatory process involving essentially the entire project team and several of Sonke's partners through several stages, including a week-long capacity building / training workshop in Cape Town.
 - (2) State-of-the-Art Relevance: The eventual final draft draws on proven training materials from a range of sources, meticulously acknowledged, but also with several new activities developed and tested by Sonke in the course of conducting other similar programming. As such, Sonke believes it likely represents the state of the art with regard to training materials for working with men in South Africa.
 - (3) Reviewed Translation: The final document was translated into Venda, Xhosa and Zulu, but with a crucial review / revision step involving Sonke staff members and / or local partner representatives who are intimately familiar with the relevant local contexts, with each translation being revised in light of these reviews to ensure suitability to local context. This review / revision step was undertaken based on previous feedback Sonke has received from community members regarding a tendency, in their view, for otherwise well-

intended informational materials often to be translated into an urbanized “fanakalo” mixture of recognized languages that is perceived in many local settings to be both disrespectful towards traditional cultures, and inaccessible to many rural people.

- ii) OMC Brochure on HIV, VCT and Gender-Based Violence: To complement the manual and other OMC kit materials, a new brochure was developed collaboratively with local partners specifically to highlight key messages and impact assessment areas for this project, but with substantial legacy value beyond the project end date. The new brochure fills a critical niche in the OMC campaign’s IEC materials portfolio, and has been very well received in the target communities. Key points include:
 - (1) Capacity Building for Local Partners: In addition to ensuring a relevant, high-quality document with lasting value in the underserved communities targeted under the project, the collaborative development approach provided a valuable capacity-building opportunity for local partners who generally have little or no opportunity to participate in the development of materials with the level of rigor and quality demanded in this case, nor to collaborate with their peers in other parts of South Africa in devising strategies and messages to address common challenges.
 - (2) Reviewed Translation: The brochure was translated into TshiVenda, IsiXhosa and IsiZulu and printed in all four languages, and distributed widely at events through the remainder of the project, including especially several large community mobilization events in late November. The brochure was also designed to have a useful life beyond the end of the program so that partners can continue to distribute it as part of their broader community-based efforts.
- iii) OMC Branded Action Kit Bag: Based on feedback regarding previous versions of the OMC Kit carrier bag, Sonke chose a new design for the bag under this project: a black, nylon shoulder bag with the high-impact, trademark OMC logo prominently emblazoned on the covering flap. The new design has been universally embraced as a welcome and significant improvement over previous designs, and will likely become a standard for Sonke’s work not only within South Africa but across the SADC region.
- iv) OMC Branded Document Portfolio: Also based on feedback regarding previous incarnations of the OMC kit, Sonke worked with external design professionals to create an original, clear matt-plastic document case, imprinted with the OMC logo, as a needed addition to the OMC kit for practical use in the field. The new design is simple, cost-effective, and constitutes a marked improvement to the kit in its ability to protect the OMC manual and other core documents that would otherwise tend to become quickly dog-eared and unappealing through active field use.
- v) Action Sheets: Taking advantage of a series of existing designs, Sonke reproduced for inclusion in the kits a set of guides providing practical advice and concrete steps on the basis of specific (and mostly leadership) roles for men and boys –

fathers, teachers, coaches, faith-based leaders and young men – as well as one sheet providing guidance on ways in which men can support survivors of domestic or sexual violence.

- vi) Community Action DVD: Sonke also reproduced an action-oriented DVD that includes practical and inspirational stories and interviews on how to take community-level action for gender justice.
- vii) Stickers (5x per kit): Produced in both black and white, round stickers with minimalist messaging (only the OMC logo) provide a fun and easy way for OMC participants to “tag” their notebooks, computers and other personal items with the campaign logo, to invite questions and engagement.
- viii) Button-badges (2x per kit): Button badges continue to be in high demand as another easy way in which people who become exposed to and involved in the OMC campaign can create opportunities to spread the messages of the campaign and recruit new participants. Previous, larger designs were deemed “unfashionable” and clumsy, so the decision was made to go with a smaller design that has been much better received.
- ix) T-Shirts: While not necessarily strictly part of the OMC kit, the OMC t-shirts complement the kit and provide an added incentive for involvement, and an important element of visibility for the project. Based again on feedback regarding past versions of the t-shirt, Sonke produced both black and white t-shirts under the project, with an improved design, and at different price points to serve different functions:
 - (1) Black T-Shirts: Sonke produced 2000 black t-shirts, primarily for distribution as part of the OMC kits, but also more broadly to men and boys who had gone through some substantive form of OMC participation, as an emblem of commitment to the principles and goals of the campaign (as opposed to simply getting a free t-shirt). The intent is to create an added incentive for individuals to become more actively involved in the campaign, over and above the simple visibility / awareness-raising value of campaign-branded items.
 - (2) White T-Shirts: Sonke also produced 2000 white t-shirts (at a lower price point) for more liberal distribution as a more purely “promotional” / visibility item to participants at mass events, mainly in November as part of “16 Days of Activism” activities – i.e., rallies, football matches, etc.
- b) Local Partner Capacity Building: Sonke undertook capacity building organizational assessments with six potential local partners, with the approach in each case tailored somewhat in light of differing levels of existing capacity. One partner proved unresponsive to a degree that necessitated the decision not to enter into an implementation sub-agreement. Agreements and sub-grant amounts with others were adjusted in light of the assessment results, taking into account other relevant factors, including past working relationships where relevant and such local realities as the existence of organizations in the target areas capable of engaging local communities on the themes of the campaign. The completed assessments and sub-

agreements have been provided to HLSP in hard copy and are hereby annexed to this report. Additional general comments on each partner follow:

- i) Umtata Child Abuse Resource Centre (UCARC): UCARC is one of Sonke's long-standing partners in Umtata / Mthatha, and serves a critically important role in the area. UCARC participated in a few important activities, but proved unresponsive in the end on reporting. Sonke is currently working to identify a way forward to preserve this important relationship while not compromising principles of accountability and timeous reporting. Fortunately, ongoing activities with UCARC funded from other sources provide a basis for continued engagement and leverage.
- ii) Siyakanyisa HIV / AIDS Support Group: Siyakanyisa is undoubtedly among the most dedicated local partners with which Sonke has had the privilege to work on this project or any other. As a true grass-roots initiative in a truly remote area, Siyakanyisa seems to struggle in some important capacity areas (which they recognize) and the tight time frame made it impossible to provide some of the support Sonke would have wished. Nevertheless they remain an important partner with whom Sonke will continue to work.
- iii) Tholusizo Community Relations Initiative: Tholusizo is a fledgling organization endeavouring to serve an extremely under-served district in Nkandla, with high commitment but extremely limited capacity. Sonke concluded upon assessment that it could not responsibly pass through direct activity implementation funds to Tholusizo at this time, but that it was important to provide funding to cover the organization's human resource costs in exchange for local logistical and administrative support.
- iv) Nkandla HIV / AIDS Network (NHAN): NHAN occupies an important institutional niche in KZN, and is also an organization with which Sonke has a somewhat longstanding relationship. NHAN struggles to maintain adequate administrative and financial capacity, and as a result reporting is not at the level that would be desired. At the same time, the network includes several highly committed activists who deliver high quality training and peer capacity building on the key themes of the OMC campaign, and whom Sonke believes it is important to continue support and encourage.
- v) Thohoyandou Victim Empowerment Network (TVEP): TVEP is perhaps the outlier among local partners on this project insofar as they benefit from especially highly skilled and knowledgeable senior management, and have a track record that not many other community-based organizations can match. TVEP provided important leadership in the collaborative process of drafting and reviewing original materials for the project
- vi) Munna Ndi Nnyi? (MNN): Despite multiple meetings at all organizational levels with representatives of MNN, Sonke reluctantly concluded that there was not time to reach a sufficient "meeting of the minds" regarding project requirements and expectations to permit entering into a formal partnership. This is especially unfortunate as MNN is positioned as the organization in Limpopo most explicitly dedicated to work with men around the issues at stake. Sonke remains open to

working with MNN in the future should greater accord emerge and resources permit.

vii) Centre for Positive Care (CPC): CPC was identified very late in the project as a potential partner when it became clear that a partnership as planned with MNN would not be feasible. Unfortunately, it proved too late to conclude a formal partnership, but CPC did provide invaluable support around both testing and promotion of public events in the area. Sonke looks forward to future cooperation with CPC as specific activities and resources are identified.

6) Challenges:

- a) Local Partner Capacity: There were very large discrepancies in capacity among local partners, which created two sorts of challenges: both the performance and reporting limitations of those local organizations of limited capacity, and difficulties in coordinating activities among differently capacitated partners.
- b) Timing: Some difficulties arose out of various issues of timing: a number of important activities could not be organized until just before the school break, and planting season for agricultural communities interfered with attendance at some events.
- c) Impact Information: Sonke encountered some delays and difficulties in obtaining needed impact information from some local institutions, most notably in Limpopo province. While not entirely surprising, this obviously limited the impact analysis.
- d) Communications and Logistical Challenges: As reported previously, working in rural and undeveloped areas creates serious challenges, exacerbated by time pressures. Essentially all staff and volunteers contributing to the project have made significant personal sacrifices in order to advance the achievement of project goals – in some cases to an exceptional degree.

7) Conclusion:

The project brought about significant changes in HIV- and gender-related practices in the country, as documented in the associated impact study.

Sonke believes that through this project we have been able to have substantial, documentable impacts on the communities targeted for intervention, as well as on the project staff and local partner organizations. While recognizing that improvements can be made, Sonke believes the value of the strategies employed has been demonstrated beyond any reasonable question. Sonke also believes that the research report alone represents a dramatic step forward in how grass-roots work with men is understood and assessed in any developing or transition country context.

Sonke also believes that it has produced original training materials and research under the project that are of a quality that is virtually unmatched anywhere for work with men on gender, HIV and AIDS – and that is certainly unmatched in South Africa – and that have substantial value both as project legacy and as a reference point for future development of even better interventions, whether by Sonke or by other organizations working with men.

Annex 1: Key Project Activities and Events (partial list)

1) General

- a) Workplan revision and development: The initial project team met in early June to develop a first revised draft. Subsequent feedback and revisions eventually resulted in a substantially revised version prioritizing for impact indicators rather than outputs. The workplan was eventually finalized in early-August.
- b) TOT and orientation for core project staff, 4-8 Aug: a TOT event for core project staff as well as select partner representatives to review project objectives and impact indicators as well as to review and refine some curriculum elements. Attended by 13 Sonke staff from JHB and Cape Town as well as peer educators from local partners, Grassroots Soccer, SADTU and DOH.
- c) Research planning and coordination meeting, 14-15 Aug: Meeting of project staff with representatives of Gazlam Consulting, who led attitudinal research.

2) Eastern Cape – Mhlontlo

- a) Orientation meetings with Mhlontlo municipality, 21 Jul: The municipal manager acknowledged Sonke's significant contributions to date and emphasized the municipality's commitment to support the project.
- b) Men's imbizo, Ncumbe village, 24 Jul: This is one of the areas where Sonke's work is generally already familiar. Imbizo was led by the Chief, Dumani - "Aah Zwelidumile" and his executive, and attended by ~140 local residents. The project was welcomed and a statement of support given.
- c) Training of Trainers, 18-22 Aug: Training attended by 30 people, 15 from each partner organization – Siyakhanyisa and UCARC.
- d) VCT Access Promotion Event, 24 Aug: An initial VCT event was organized by local partner Siyakhanyisa in a village called Mjikweni in Qumbu area. The event was attended by approximately 60 people in all. Despite being the first such event, four men accessed VCT at the event.
- e) Teach backs, 25-29 Aug: Teach backs were held simultaneously in Tsolo and Qumbu, where the two partner organizations are located.
- f) Local Partner Assessment Visit, 25-27 Aug: Purpose was to meet with respective partners and assess the two organizations. The visit was a great success and partners thrilled with his visit and nature of discussions held.
- g) Ongoing meetings as needed with local community structures, throughout Sep: both to raise awareness about the project and the campaign, and to ensure community leaders' buy-in for planned activities.
- h) Community Imbizos, throughout Sep: Following consultative meetings with community leaders, imbizos were held in conjunction with local partners to promote CATs and to do recruitment.
- i) Digital Storytelling Workshop, 21-24 Oct: 13 participants (10 men and 3 women) were introduced to the OMC concepts and curriculum as well as the Digital Stories

concept and approach. Participants widely commented on the experience as an important healing opportunity for them in coming to terms with the impacts of HIV, AIDS and GBV in their lives.

- j) Refresher trainings with Community Action Teams (CATs), 27-28 Oct: Sonke staff conducted refresher trainings for Community Action Team members in both areas.
 - i) Tsolo: Attended by 30 participants (18 men and 12 women).
 - ii) Qumbu: Attended by 32 participants (20 men and 12 women).
 - k) Community Action Team meetings, 30 Oct: Following the refresher training noted above, the CATs in each area held action-planning meetings in both areas.
 - i) Tsolo: Attended by 24 volunteers (18 men, 6 women). Discussion focused on planning for November events; each volunteer was tasked to mobilize ten people for the VCT campaign. The villages earmarked were Qebeyi, Mbokotwana and Mhlabathi. The VCT was conducted by the local clinic team of Mbokotwana who are very supportive of the campaign especially with its focus on men.
 - ii) Qumbu: Attended by 32 volunteers (22 men, 10 women). CAT volunteers in Qumbu have been actively involved in both condom distribution and in assisting police with investigations of rapes in the area, which in at least one locale is seemingly a widespread problem. The police captain has also taken an active interest in working with the CAT and cultivating a regular community-policing-type working relationship.
 - l) Municipal Training Event, 29 Oct: Disappointingly, a major event for municipal counsellors that was carefully planned in conjunction with partners and local volunteers saw very poor attendance – only 6 of an expected 42 councillors attended. Sonke plans to follow up with municipal officials to determine where the problem lay and assess next steps; in the meantime the event has been rescheduled for the week of 17 November.
 - m) Traditional Healers / Practitioners Workshop, 28 Nov: Attended by 8 men and 2 women. Again, attendance was disappointing and Sonke is currently reviewing possible causes as significant, careful planning went into the event.
 - n) Condom Distribution, 2-5 Dec: 40 volunteers participated in a condom distribution event at Qumbu taxi event. Condoms and STI leaflets were distributed to an estimated 400 people.
 - o) Regular planning and capacity-building meetings with partners UCARC and Siyakanyisa, throughout Oct / Nov: especially around finalizing activity plans for the remainder of the project period and costing / budgeting of those activities.
- 3) KZN – Nkandla
- a) Nkandla Mayor, 23 Jul: Meeting to review past successes in the province and introduce the current project objectives. The mayor emphasized: a) an urgent need for improved access to VCT services for men; 2) the importance of capacitating small Community Based Organizations (CBOs) to ensure lasting impact.
 - b) Nkandla local partners, 23 Jul: Meetings were held with both of the anticipated local partners, Nkandla HIV/AIDS Network and Tholusizo Community Relations Initiative.

The former is a partner with whom Sonke has some working experience; the latter is a very new initiative that has received encouragement from the municipality but that will seemingly require significant assistance from Sonke in general organizational development as well as in the technical aspects of the campaign and activities.

- c) Training of Trainers, 11-15 Aug: Training was held to orient Tholusizo and Nkandla HIV/AIDS Network partners to project activities and enable them to draw up work plans for the remainder of the project. The meeting included 19 participants: 11 from Nkandla HIV/AIDS Network and eight from Tholusizo.
- d) Teach backs, 18-20 Aug: Teach-backs were conducted to provide initial practical experience with the materials and to assess the success of the training with partners.
- e) Local Partner Assessment Visits, 2-3 Sep: Purpose was to meet with respective partners and assess the two organizations.
- f) Ngono Drop-in Centre, 8 Sep: One-day OMC workshop conducted by local partner Nkandla HIV/AIDS Network on VCT issues. 17 young men (under 20) participated.
- g) Nhloshane Drop-in Centre, 8 Sep: One-day OMC workshop conducted by local partner Nkandla HIV/AIDS Network on VCT issues. 26 men over 20 participated.
- h) Interviews with key community stakeholders, 29 Sep-1 Oct: Key interviews were conducted to gauge attitudes of community members towards issues of HIV, AIDS and gender based violence.
- i) Door-to-door campaign – Oct 1, 3, 7 and 11: Local partner Nkandla HIV / AIDS Network conducted a door-to-door campaign in two areas, Embizwe and Esixhokolo, reaching 53 people in all, 29 men and 24 women.
- j) Digital Storytelling Workshop, 15-18 Oct: 5 men and 3 women participated in this workshop in the municipal building. There were some challenges due to communications issues, but the workshop brought insightful discussions that resulted in some powerful stories – ranging from testimonials on drugs survival, teen pregnancy and encouraging people to go for HIV testing – to be used in ongoing efforts to raise awareness and sensitivity and change behaviours.
- k) IEC Talk, 16-17 Oct: Local partner Nkandla HIV / AIDS Network gave an IEC talk to 33 men.
- l) VCT Workshop, 19-20 Oct: Following the digital stories workshop, participants then engaged in a VCT peer-educators’ workshop to capacitate volunteers for ongoing efforts to foster VCT uptake.
- m) VCT Talk Series, Nkandla SAPS, 23 Oct: Presentation to SAPS members before their Monthly staff meeting, sensitizing men to the need to go for VCT testing. Attendance register not available, but estimated at 22 men and 10 women. SAPS management was extremely supportive and it was agreed to identify a day for a mobile VCT unit to be at the station for SAPS members to be tested.
- n) VCT Lunch Series, Nkandla Municipality, 23 Oct: A continuation of the earlier VCT talk, with male employees of the municipality joining their SAPS colleagues for a lunch discussion and VCT testing. 22 men participated, with 8 of those going for VCT testing. The municipality provided rooms for counselling, and counselling was provided by two counsellors from Letha’themba, which is based at Nkandla hospital. There was in fact insufficient time for testing of all those who wished to be tested /

counselled, re-emphasizing the importance of scheduling an additional day in the near future.

- o) Taxi Association, 21 Oct: Sonke staff met with local taxi association deputy chair and other association staff regarding the possibility of a taxi-rank event in November.
- p) Meeting with Mayor Councillor Zulu, 21 Oct: Sonke staff met with Mayor Zulu on behalf of his “Dons’umndeni” men’s program, as a preliminary step towards securing a meeting with the other leaders within the group. This would be a significant development in terms of securing endorsement for the campaign from influential stakeholders in the area.
- q) Velangaye High School, 24 Oct: Sonke staff was invited to give a presentation to the entire high school during a school assembly, where all learners and teachers were present. After the presentation some of the older boys – who have as a group been resistant to testing – indicated that they are now ready to test. Sonke agreed with school administrators to secure a date immediately after exams, around 21 Nov, for a school VCT event; in the end this activity unfortunately didn’t materialize due to unavailability of learners after writing exams.
- r) VCT Workshop, 14-15 Nov: The workshop took place at Nkandla Municipality with men from Ngwegweni to sensitize men on gender issues and to review and encourage VCT. There were some logistical complications but eventually the workshop was successful, with 15 men participating, and 3 accessing VCT.
- s) VCT Campaign at Kwa Chwezi Tribal Court, 22 Nov: Sonke staff was joined by Sister Khanyile from Kwa Chwezi clinic speaking about VCT procedures and protocols, as well as Chief Dhlomo who is also a Chairperson of traditional healers and a past OMC participant. Attendance included 70 men and 83 women. The planning of event was to have VCT Mobile at the event, as this would give men who are prepared to test on the spot an option to do so, but unfortunately on the day the local clinic failed to make a mobile clinic available. Chief Dhlomo emphasized the importance of testing irrespective of religion or culture, but also went further by taking a stand on behalf of traditional healers to support all initiatives that are fighting gender based violence and HIV/AIDS.
- t) Taxi VCT Campaign, 25 Nov: Sonke and its partners conducted a mass VCT campaign at Nkandla taxi rank, with the support of the local taxi rank manager, Mr. Xulu, who participated in efforts to encourage men to protect their partners by ensuring their status. He also expressed an interest in working together to take advantage of the site’s potential to convey important campaign messages to the community in the future. Local partner organizations Tholusizo and Nkandla HIV / AIDS Network provided 5 peer educators per organization and Sizanani provided 4 counsellors to support testing. Taxi association provided with their hall for free to conduct VCT, and ensured us with security should be any need occur. The campaign started at 10am as the chairperson requested us to delay a bit as not to disturb the business during rush hour, as the campaign ran until 15h00. It is estimated that 200 men were reached directly over the course of the day, and at least 31 men tested on the day.
- u) 16 Days Event, 26 Nov: Sonke was invited by Kwazikhali Chief jointly with South African Security Agency (SASA), Sizanani Outreach Project to take part in the “16

Days of Activism” event. Sonke spoke about the OMC campaign and how men can stand up against violence against women and children. Some men became defensive, criticizing the Government system of depriving men of their “right” to discipline women and children when they “go astray” but in the end a number of men agreed this is not correct. The Chief didn't attend the gathering, but sent an Induna in his place, and some community members expressed dissatisfaction with this.

- v) World AIDS Day, 10 Dec: This commemoration event was co-hosted by several local organizations with the aim of commemorating WAD. At least 200 men took part in the event along with 400 women. The original plan had included mobile VCT testing on the day, but on the day the local testing service provider did not show up.

Participating organizations include:

- South African Security Agency (SASA)
- Nkandla Hospital
- Sizanani Outreach Project
- Nkandla HIV/AIDS Network
- Community Rural Health (CRH)
- Youth Advisory Officer
- Nkandla Municipality
- Nkandla SAPS

4) Limpopo – Thulamela:

- a) Introductory and preparatory meetings: Activities in Limpopo really only started in July once staffing challenges had been resolved. In late July Sonke’s Co-Director and the new provincial coordinator held a range of introductory and preparatory meetings, specifically:
- i) Traditional leadership in the office of the Premier, to introduce the OMC campaign generally and the DFID-funded project specifically. The meeting was extremely positive and the project was welcomed, with a pledge from all sides to work together to ensure its success.
 - ii) SACC Limpopo, which has a highly developed infrastructure and network that can be used to access men and information as well as to disseminate campaign information messages.
 - iii) TAC Provincial Secretariat to cultivate their support both in accessing men for involvement in project activities and in accessing information and services for men, especially regarding VCT. This meeting was in effect a mini-training on the OMC concept and campaign.
 - iv) Initial meetings with potential partners to establish suitable partners for the target areas.
- b) Train-the-trainer workshop, 25-29 Aug: The provincial coordinator completed the core training with 30 men (15 each from the two local partner organizations). Teach-backs are being held in September.

- c) Local Partner Assessment Visits, 14-15 Sep: To meet with respective partners and conduct organizational assessments.
- d) Thohoyandou SAPS, station commander Director Chisapongo, 15 Sep: Introduction of OMC campaign. Agreement was reached to conduct a one-day OMC awareness event at the station with SAPS personnel to review issues affecting local residents with respect to gender-based violence and HIV / AIDS. Station Commander directed three staff members who work directly with social crime to participate in the teach backs; these officers shared with the participants their work as well as their challenges. Sonke is very pleased with this early evidence of an important local institutional partnership.
- e) Centre for Positive Care, 16 Sep: Sonke met with Ms Mashudu, Executive Director for the Centre for Positive Care, which serves as an umbrella body of organizations working in the Thulamela municipality focusing on testing. It was agreed to engage popular musical groups such as Malaika and traditional Tshivenda singing groups in the area to be part of these strategies; it was also agreed to target taxi ranks, taverns, shebeens, churches, stokvels and men's golf clubs. Ms Mashudu expressed a longstanding wish to work with a men's organization to assist them in empowering men to confront their HIV testing fears.
- f) Pastors Against HIV / AIDS, 17 Sep: Sonke met with Dean Randitsheni, a Lutheran pastor involved in various HIV / AIDS interventions in the area, including as local head of Pastors Against HIV / AIDS. The purpose was to review the campaign and arrange for a training with various pastors working in the area to enable them better to reach male congregants regarding GBV and the value and importance of testing and condom use. The Dean expressed that not much has been done with local pastors in the area of HIV / AIDS, and that pastors in rural areas play an important strategic role in creating awareness and consequently leading to needed life style changes.
- g) University of Venda radio interview, 8 Oct: Sonke and TVEP staff members held a joint, one-hour call-in radio show focusing on why men must join the 6 December men's march in Thohoyandou and why it is critical for men in Thulamela to go for HIV testing. Callers confirmed the campaign is creating awareness about violence against women and children and the importance of men accessing VCT.
- h) Traditional Healers' workshop, Thohoyandou show grounds, 23 Oct: Sonke and TVEP organized a traditional healers workshop with the specific purpose to sensitize and mobilize traditional healers, with the emphasis was on the role that traditional healers can and must play in enlightening those who come to them about the true nature of HIV and AIDS, and the importance of using condoms. It was agreed that traditional healers play a critical role and that access to correct, credible, scientific information was important for both them and their clients. Traditional healers also committed that they themselves will do public HIV testing as their contribution towards addressing the challenge.
- i) Community dialogue, Village Xihosana, 24 Oct: Sonke and TVEP organized a community-based dialogue; 45 men attended. The majority of the 45 men present committed themselves to getting tested.

- j) Further Education Outreach Project for Learners 24 Oct: Sonke and local partner Thohoyandou Victim Empowerment Project organized a discussion with 114 learners from Thohoyandou regarding HIV and AIDS, the importance of testing, violence against women and children, and male identity and gender roles. There was a sense of urgency around addressing power imbalances between men and women and empowering young women and girls in negotiating the use of condoms.
- k) Community Dialogue, village Manamani, 25 Oct: A one-day workshop for 500 men and women on HIV, AIDS and men, led by community leaders who had agreed to talk openly about HIV and AIDS in their communities and the importance of encouraging men to test. Many influential local leaders made a public commitment to get tested publicly in order to challenge stigma. The local chief enthusiastically committed to making campaign activities a regular feature in counsel meetings. Participants also committed to undertake ongoing door-to-door efforts, and all pledged to get tested.
- l) Community Dialogue, Village Vhurivhuri, 25 Oct: Sonke and TVEP organized a workshop focusing men both young and old. 29 participants took part. The day was opened by the local chief who spoke about the importance of ensuring that in his community all young people go for testing. It was emphasized that local clinics need to create a safer, more “male-friendly” environment. Most participants seemed to share the view that as men they want to present themselves for HIV testing, but they are gravely concerned about confidentiality. Nonetheless, 10 men went immediately for testing at the local clinic (which was within walking from the workshop venue). Participants also resolved to do a door-to-door drive during the 16 days of activism campaign.
- m) Community Dialogue, village Mukumbani 29 Oct: Sonke and TVEP organized together with king Tshivase a meeting attended by 71 chiefs to inform them about the campaign and what is that they can do in their respective villages around issues like abuse and violence. The meeting was opened by the assistant to the paramount king who emphasized the need for local chiefs as men to address: 1) the spread of HIV and AIDS; 2) gender-based violence; and, 3) the promotion of a human-right based culture in their respective communities. The chief also encouraged those present (all 71 chiefs) to get tested publicly as their contribution towards eradicating stigma in their communities.
- n) HIV+ Men's Support Group, 7 Nov 08: A full-day participatory rights-based Dialogue with 16 HIV+ men on ARV adherence & nutrition, destigmatisation, Promotion of VCT, HIV prevention (Male & Female condoms), Support Group mobilization. Participants openly discussed their status, and 300 male and 200 female condoms were distributed.
- o) Dialogue with Key Stakeholders, 21 Nov 08: Half day participatory rights-based dialogue with 30 key community stakeholders. Topics included sexual violence and the law (incl. harassment in the workplace); HIV prevention (male & female condoms); the need for VCT; HIV in the workplace and the importance of ARVs and adherence; destigmatisation. 500 female + 200 male condoms were distributed; all 30 participants committed to addressing sexual harassment/violence in the workplace, promoting VCT and opposing stigma. TVEP was also invited to address

church conferences as a result of this meeting. One female condom distribution outlet started operating at Maniini, and two scheduled to open next year at Focus Youth Organisation and University of Venda clinic.

- p) Men's March and Pledge Ceremony, 6 Dec 08: A major community mobilization event attended by ~450 men, 392 of which signed a pledge committing to the eradication of HIV, stigma, patriarchy and violence against women and children, and the promotion of ART. Participating men were encouraged by 11 traditional leaders to get tested, accept treatment, oppose violence against women, and eradicate HIV-based stigma, and 47 men and 8 females tested for HIV on the day. The event received excellent media coverage (6 radio stations, 3 TV stations, total +/-240mins airtime; 1,200 female & 1,600 male condoms were distributed.

Annex 2: The One Man Can Campaign: An Overview

Sonke Gender Justice launched the One Man Can Campaign (OMC) in late 2006 in partnership with a variety of South African and international organisations. These include, amongst others, the South African Office on the Status of Women; the National Department of Health, the National Department of Provincial and Local Government; the Treatment Action Campaign; People Opposed to Women Abuse; The South African Football Players Union; Targeted AIDS Interventions; the International Coalition for Women's Health; the Commonwealth Secretariat; the Family Violence Fund and Instituto Promundo.

The OMC campaign's major goal is to support men to advocate for gender equality, including taking active stands against domestic and sexual violence and to promote and sustain change in their personal lives to protect themselves and their partners from HIV and AIDS and to change the gender norms driving the rapid spread of HIV. The OMC workshop activities and materials help men to take action in their own lives and in their communities to promote healthy relationships based on a commitment to gender equality and healthy models of masculinity.

1) OMC Campaign Approach

a) Ecological and multifaceted approaches

The One Man Can Campaign is based on the premise that that changing deeply held gender and sexuality related beliefs and practices requires comprehensive, multifaceted strategies. A significant body of contemporary research indicates that effecting sustained change requires addressing the many forces shaping individual and community norms and practices-traditions and cultures, government policies, laws and institutions, civil society organizations, the media, the family as well as the economic, political and social pressures that shape and reinforce those values".

To effect sustained change and to promote effective partnerships, the One Man Can Campaign uses interlinking social change strategies that move beyond a reliance on individual or small group change to instead promote changes at the individual level and also in the social, political and economic aspects of people's lives. These strategies are mutually reinforcing, generate important synergies and promote multisectoral approaches. They include:

- i) Community education including One Man Can workshops, digital stories, photovoice, murals, door-to-door campaigns, rallies and marches, street soccer festivals and the use of radio, television and print media.
- ii) Building the capacity of partner organizations and institutions to implement OMC
- iii) Building effective networks and coalitions.
- iv) Community mobilization to support and/or demand implementation of existing policies or the development of new policies.
- v) Working with government to develop new policies or to implement existing

- policies and legislation
- vi) Research and monitoring and evaluation

b) The One Man Can Toolkit

The OMC Action Kit provides men with resources to act on their concerns about HIV and AIDS and about domestic and sexual violence. It is useful for any man concerned about these issues, as well as for representatives from government, NGOs, CBOs and community groups who work with men and women to address issues of gender-based violence and HIV/AIDS. The Action Kit includes materials such as:

- i) A workshop manual featuring participatory activities intended to get men to reflect on the issues and then develop clear action plans to address them.
- ii) Stickers to increase the visibility of the issues and to highlight what men can do.
- iii) A CD featuring music about men ending violence and addressing HIV and AIDS
- iv) Video clips demonstrating action men can take at the local level
- v) Posters aimed at shifting social norms about men's roles and responsibilities.
- vi) Fact sheets on gender, violence and HIV and AIDS.

The OMC Campaign works with men and boys of all ages and all walks of life and is rooted firmly in the belief that all men can become advocates for gender equality and active participants in efforts to respond to HIV and AIDS.

As such the campaign is implemented in urban, peri-urban and rural areas and with an enormously wide range of men and boys including: religious and traditional leaders; young and adult men in prisons and upon release; farm workers; miners; commercial fishermen; school children and their parents; health service providers, policy makers at national, provincial and local level.

The OMC Campaign is informed by extensive qualitative and quantitative formative research and by ongoing monitoring and evaluation to assess impact and to fine-tune each intervention.

2) Project Rationale and Literature Survey

a) Men, Gender and HIV and AIDS

In South Africa, as throughout the world, gender inequality continues to undermine democracy, impede development and compromise people's lives in dramatic ways. Indeed many studies show that contemporary gender roles and especially rigid notions of manhood contribute to gender based violence, alcohol and drug abuse and exacerbate the spread and impact of HIV and AIDS.

Achieving South Africa's economic, social and development goals will require that government and civil society build a more gender equitable society with healthier gender

roles for women and men. To be effective, strategies will need to empower women; they will also need to engage men and bring about significant changes in men's attitudes and practices towards sex, women and their own health.

b) Twin Epidemics of Gender Based Violence and HIV/AIDS

Southern Africa is the epicentre of the HIV/AIDS pandemic. While Sub-Saharan Africa has just over 10% of the world's population, it is home to more than 60% of all people living with HIV—25.8 million¹. South Africa has the largest number of people living with HIV, with an estimated 5.5 to 6.5 million people living with the disease. An estimated 500 000 South Africans are infected each year.

The HIV/AIDS epidemic disproportionately affects women's lives both in terms of rates of infection and the burden of care and support they carry for those with AIDS-related illnesses. A recent study revealed that young women are much more likely to be infected than men with women making up 77% of the 10% of South African youth between the ages of 15-24 who are infected with HIV/AIDS².

c) Violence and HIV/AIDS

South Africa has amongst the highest levels of domestic violence and rape of any country in the world. Research conducted by the Medical Research Council in 2004 shows that every six hours, a woman is killed by her intimate partner. This is the highest rate recorded anywhere in the world. In South Africa only one in nine victims reports rape and fewer than ten per cent of reported rapes lead to conviction. Inadequate recording of statistics makes it impossible to determine conviction rates for domestic violence but a recent study of domestic violence homicides in South Africa showed conviction rates no higher than 37.3%³. Put another way, over 90% of rapists and nearly two thirds of men who kill their intimate partner go unpunished in South Africa. This sends a clear message to perpetrators that they are unlikely to be apprehended or convicted and gives women little reason to believe that they can safely leave abusive relationships—even if they suspect their partner is putting them at risk of infection with HIV/AIDS.

As a result of this pervasive violence and the inadequacy of the state's response, young women in South Africa are much more likely to be infected than men and make up 77% of the 10% of South African youth between the ages of 15 and 24 who are infected with HIV/AIDS⁴. Indeed, this violence and the unequal power it reflects between men and women

¹ UNAIDS Fact Sheet on Sub Saharan Africa retrieved from http://data.unaids.org/Publications/Fact-Sheets04/FS_SubSaharanAfrica_Nov05_en.pdf on April 7, 2006.

² Pettifor A, Rees H, Stevens A (2004) HIV & Sexual Behaviour Among Young South Africans: A National Survey of 15-24 Year Olds, University of the Witwatersrand.

³ Mathews, S. Abrahams, N. Martin, L. Vetten, L. van der Merwe, L. & Jewkes, R. (2004). "Every six hours a woman is killed by her intimate partner": A National Study of Female Homicide in South Africa. Gender and Health Research Group, Medical Research Council, Tygerberg, 7505.

⁴ Pettifor A, Rees H, Stevens A (2004) HIV & Sexual Behaviour Among Young South Africans: A National Survey of 15-24 Year Olds, University of the Witwatersrand.

is one of the root causes of the rapid spread of HIV in South Africa. Almost one third of sexually experienced women (31%) reported that they did not want to have their first sexual encounter and that they were coerced into sex. Despite the alarmingly high levels of rape and HIV/AIDS, a recent study indicated that only 56% of clinic or hospital staff had received specialized training for addressing survivors of gender violence and that post exposure prophylaxis was available in only 15 % of public sector clinics⁵.

These levels of violence are not just a public health problem, they also represent a threat to South Africa's new democracy and undermine the ability of citizens to enjoy their rights enshrined in South Africa's widely respected Constitution, especially Section 12, subsection 2 of the Bill of Rights which makes clear that "Everyone has the right to bodily and psychological integrity, which includes the right (a) to make decisions concerning reproduction; and (b) to security in and control over their body"⁶.

d) Understanding Men's Violence

A number of studies have been conducted to determine men's attitudes and practices related to sexual violence⁷. For instance, a recent survey of 435 men in a Cape Town township revealed that "More than one in five men ...reported that they had either threatened to use force or used force to gain sexual access to a woman in their lifetime"⁸. A 2006 Medical Research Council survey of 1370 male volunteers recruited from 70 rural South African villages indicated that "16.3% had raped a non-partner, or participated in a form of gang rape; 8.4% had been sexually violent towards an intimate partner; and 79.1% had done neither"⁹. In addition, a 2006 Sonke Gender Justice survey of 1000 men in the greater Johannesburg area suggested that about equal numbers of men support and oppose government efforts to promote gender equality with 41.4% of men surveyed saying that the government is doing too much to end violence against women and 38.4% of men surveyed saying that government is not doing enough to end violence against women. At the same time, 50.1% of all men surveyed felt that they should be doing more to end violence against women¹⁰.

Men's violence against women does not occur because men lose their temper or because they have no impulse control. Men who use violence do so because they equate manhood

⁵ GenderLinks report on the PEP Talk Campaign, December 2003.

⁶ South African Constitution, 1996.

⁷ See the One Man Can fact sheet for more data on masculinities, violence, HIV AND AIDS and health at http://www.genderjustice.org.za/onemancan/images/publications/factsheet/factsheet_eng_lowres.pdf

⁸ S. C. Kalichman, L. C. Simbayi, D. Cain, C. Cherry, N. Henda, A. Cloete (2007) Sexual assault, sexual risks and gender attitudes in a community sample of South African men; *AIDS Care*, Jan. 2007, Vol. 19,1, pages 20 – 27.

⁹ Rachel Jewkes, Kristin Dunkle, Mary P. Koss, Jonathan B. Levin, Mzikazi Nduna, Nwabisa Jama, Yandisa Sikweyiya; Rape perpetration by young, rural South African men: Prevalence, patterns and risk factors; *Social Science & Medicine* 63 (2006) 2949–2961

¹⁰ Donald Ambe and Dean Peacock, (2006). "Understanding men's perceptions of their own and government's response to violence against women. Findings from a survey of 945 men in the greater Johannesburg area. Sonke Gender Justice Network; December 11, 2006 and *PlusNews Special*: "Closing the gap: Gender-Based Violence in South Africa: Men slowly turning away from gender-based violence". Downloaded from <http://www.plusnews.org/webspecials/PNGBV/6643.asp> on February 21, 2007.

with aggression, dominance over women and with sexual conquest. Often they are afraid that they will be viewed as less than a “real” man if they apologise, compromise or share power.

These definitions of manhood are a recipe for disaster. They lead to high levels of violence against women and they also contribute to extremely high levels of men’s violence against other men. South Africa’s National Injury Mortality Surveillance System tells us that the rate at which South African men kill each other is amongst the highest in the world.

Existing research, then, shows that some men hold deeply alarming attitudes towards women, sex and gender equality. However, this body of research also indicates that a growing number of men and boys are strongly opposed to this violence and feel that it has no place in a new democratic South Africa.

e) Men, Masculinities, Risks and Health

Research demonstrates conclusively that gender roles also compromise men’s health and well-being in a number of ways. Studies show that men have far more sexual partners than women and often have multiple concurrent partners, placing both themselves and their partners at high risk for infection. Studies also show that traditional gender roles lead to “more negative condom attitudes and less consistent condom use” and promote “beliefs that sexual relationships are adversarial”¹¹. Men are also far more likely to drink heavily than women with South African men likely to be habitual heavy drinkers according to the 2002 World Health Report¹². Alcohol consumption is a risk factor for gender based violence and for the sexual disinhibition that contributes to the spread of HIV/AIDS¹³.

Other research reveals that men are significantly less likely than women to utilize voluntary counseling and testing (VCT) services. Recent national studies in South Africa found that only one in five South Africans aware of VCT have been tested¹⁴ and that men accounted for only 21% of all clients receiving VCT.¹⁵

Men are also not accessing ART as early or at the rate that they should be. A recent study conducted at Johannesburg General Hospital indicated that women accessing ARVs “outnumbered men by a ration of 2 to 1”¹⁶. These findings were similar to those reported

¹¹ Noar, S.M. & Morokoff, P.J. (2001) The Relationship between Masculinity Ideology, Condom Attitudes, and Condom Use Stage of Change: A Structural Equation Modeling Approach. *International Journal of Men's Health*, 1(1), 2001.

¹² WHO, 2002

¹³ Shisana O, Simbayi L. Nelson Mandela/HSRC study of HIV/AIDS: South African national HIV prevalence, behavioral risks, and mass media household survey 2002. Cape Town, South Africa: Human Sciences Research Council; 2002. p. 2.

¹⁴ Shisana O, Simbayi L. Nelson Mandela/HSRC study of HIV/AIDS: South African national HIV prevalence, behavioral risks, and mass media household survey 2002. Cape Town, South Africa: Human Sciences Research Council; 2002.

¹⁵ Magongo B, Magwaza S, Mathambo V, Makhanya N. National Report on the Assessment of the Public Sector's Voluntary Counselling and Testing programme. Durban, South Africa: Health Systems Trust; 2002.

¹⁶ Hudspeth, J. Venter WDF. Van Rie, A., Wing, J., Feldman, C., *Access to and early outcomes of a public south african antiretroviral clinic*. The Southern African Journal of Epidemiology and Infection 2004; 19 (2): 48-51.

on in a study in Khayelitsha where fully 70% of those accessing treatment were women¹⁷. Men are also likely to access anti retroviral therapy (ART) later in the disease progression than women, and consequently access care with more compromised immune systems¹⁸.”

f) Working With Men and Boys on Gender and HIV: An Emerging and Effective Approach.

A growing body of evidence suggests that programmes that work with men and boys can have a significant impact on increasing men’s support for gender equality and in reducing a range of health problems. The Medical Research Council’s evaluation of the Stepping Stones initiative implemented in the Eastern Cape showed significant changes in men’s attitudes and practices. In follow-up at two years, men who participated in the intervention reported fewer partners, higher condom use, less transactional sex, less substance abuse and less perpetration of intimate partner violence.¹⁹ In Brazil, *Instituto Promundo*’s intervention with young men on promoting healthy relationships and HIV/STI prevention showed significant shifts in gender norms at six months and twelve months. Young men with more equitable norms were between four and eight times less likely to report STI symptoms, with additional improvements at 12 months post intervention.²⁰ Following on these findings, the World Health Organisation recently released a report endorsing the efficacy of working with men to achieve gender equality²¹.

¹⁷ Coetzee D, Hildebrand K, Boule A et al Outcomes after two years of providing antiretroviral treatment in Khayelitsha, South Africa. [AIDS. 2004 Apr 9;18\(6\):887-95](#)

¹⁸ Hudspeth et al (2004) op cit.

¹⁹ Jewkes R, Wood K, Duvvury N. “I woke up after I joined Stepping Stones’: meanings of a HIV behavioural intervention in rural South African young people’s lives.” *Social Science & Medicine* (submitted)

²⁰ Pulerwitz J, Barker G, Segundo M (2004). “Promoting Healthy Relationships and HIV/STI Prevention for Young Men: Positive Findings from an Intervention Study in Brazil. Horizons Research Update”. Washington, DC: Population Council.

²¹ World Health Organization (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva