NGO CODE OF GOOD PRACTICE

Self-Assessment Checklist:
Men, Boys, and HIV

The Code of Good Practice for NGOs Responding to HIV ('the Code') has identified addressing inequities between men and women as an integral part of reducing the spread and minimizing the impact of HIV and AIDS. This checklist focuses on how NGOs can strengthen their HIV response through programmes that address the specific needs of men and boys, and engage this group in challenging and changing inequitable constructs of masculinity[1] in order to help address root causes of the epidemic, especially gender inequality and social exclusion.

The Code identifies one key principle that is directly relevant to the involvement of men and boys in the response to HIV:

- Our programmes are informed by evidence in order to respond to the needs of those most vulnerable to HIV and its consequences.

This self-assessment checklist will help you assess the degree to which your organisation is successfully implementing this principle. It is framed by the following statements that provide a more detailed framework for good practice concepts in this area:

1. Organisations should acknowledge the critical role that men and boys play as key partners in strengthening the response to HIV and AIDS, and ensure that their programmes, services, staff and policies seek to facilitate, and advocate for, their involvement. All stakeholders should understand that involving men does not mean undermining women's rights or reducing support for women's organisations and causes.

2. Organisations should recognize the importance of understanding and addressing men and boy's own specific needs and desires in relation to HIV prevention, treatment, care and support. Organisations should acknowledge that this will not only benefit the lives of men and boys, but also the lives of their partners, families and the community at large.

3. Organisations should address the gendered-drivers of HIV - the ways in which men and women are socialised to behave in masculine or feminine ways, which often creates and perpetuates vulnerability and risk to infection for both sexes. In doing so, organisations need to place an emphasis on supporting men and boys to identify and value the many positively re-enforcing aspects of masculinity, while at the same time helping them to develop leadership skills in order to challenge and change inequitable aspects of masculinity.

4. Patriarchal notions of power associated with being male are at the core of inequitable aspects of masculinity. Therefore organisations should engage men and boys to understand, challenge, and change such patriarchal notions of power and their negative effects on the interactions that men have with women, children, and other men.

author

This checklist was developed by the International Planned Parenthood Federation (IPPF) with support from: Fabio Saini, Holo Hachonda, Dean Peacock, Family Planning Association of Bangladesh, Planned Parenthood Association of Zambia, and the Indonesia Planned Parenthood Association.

1. **Masculinity** *refers to the multiple ways that manhood is socially defined across the historical and cultural context and to the power differences between specific versions of manhood (Connell, 1994). For example, a version of manhood associated with the dominant social class or ethnic group in a given setting may have greater power and salience, just as heterosexual masculinity often holds more power than homosexual or bisexual masculinity.* WHO 2007, Engaging me and boys in changing gender-based inequity in health: Evidence from programmes interventions. Page 7.

5. Organisations need to have the capacity to understand and apply a "gender transformative" perspective to their work with men and boys[2]. This requires both assessing the gender-drivers of HIV in their community and translating this assessment into concrete programme strategies to engage men and boys in processes of social change. Organisations should identify strategic entry points and opportunities in their programmes to realize such strategies.

6. Organisations must adopt the 'do no harm' principle[3]: the involvement of men and boys should never be pursued in ways that may create unintended harmful consequences for women or for groups of men. Instead, the involvement of men and boys should be based on rigorous gender analyses to ensure synergies with women's empowerment objectives, and with other aims such as eliminating homophobia[4] and gender-based violence.

7. Organisations should identify specific issues concerning gender, masculinity, vulnerability and health to inform their research agenda, as well as to inform their strategies and programmes to involve men and boys in the response to HIV and AIDS. This process should be based on systematic reviews of lessons and good practices from both within and outside the organisation or programme.

8. Organisations should make adequate investments to support leadership development among men and boys, especially those living with HIV, as key actors in challenging and changing inequitable aspects of masculinity, eliminating stigma and discrimination and supporting a strengthened response to HIV and AIDS.

9. Organisations should partner with, and support, organisations and networks of men and boys that promote male involvement and more equitable models of masculinity, as well as foster alliances and synergies with other stakeholders concerned with equality, equity, and social inclusion.

10. Engaging men and boys to challenge and change inequitable aspects of masculinity requires the creation of movements/internal networks for social change. To do this, organisations should design and implement programmes that affect change at multiple levels. Therefore, organisations need to create partnerships with other stakeholders and across sectors (including families, teachers and the media) to sustain efforts in mobilizing the long-term engagement of men and boys for equitable change.

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2. **Gender-transformative** approaches seek to transform gender roles and promote more gender-equitable relationships between men and women. This approach moves beyond gender-sensitive programmes, which recognize the specific needs and realities of men and women, but do not challenges gender roles.

3. Interventions on HIV and AIDS with good intentions may have unwanted (often negative) consequences. As such, the **'Do no harm'** principle states that before undertaking any action it is important to consider the possible harm from any intervention, and then prevent this harm

4. **Homophobia** refers to fear of, or contempt for, lesbians and gay men

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Self-Assessment Checklist:
Men, Boys, and HIV

Self-Assessment Instructions

The questions in this checklist will help your organisation assess whether it is effectively addressing key populations within your HIV programmes. It should be completed by a group of three to five staff members who are involved with HIV programming at your organisation.

Please indicate your answer to each question by marking the appropriate box.

Y   Yes, we undertake this work/activity

I   Insufficient, in preparation, or is not followed in practice

N   No, we've not yet tackled this work/activity

NR   Not relevant to our work

Please be honest in completing this checklist. It is expected that your scoring will vary between modules, depending on your area of expertise.

There is no formalized scoring process for this assessment. Instead, we suggest that you look at the questions that you answered 'no' or 'insufficient' to, and then select areas that are most relevant for your organisation to improve upon in the short-term.

As you develop your Action Plan, keep these questions in mind. If you have answered **'No'** or **'Insufficient, in preparation, or being considered'** to any of these key questions, addressing these issues as priorities is a good starting point for improving your programmes.

the Code

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') was created by a broad consortium of NGOs to provide a shared vision of good practice to which NGOs can commit and be held accountable.

The Code outlines principles and practices that are informed by evidence and underscore successful NGO responses to HIV. It identifies a series of areas that are key to HIV programming and articulates fundamental principles that should be applied to HIV programmes in each of these areas.

These principles are aspirational, setting out examples of good practice that NGOs can work towards over time.

For more information on the Code, go to www.hivcode.org

Action Plan

We challenge you to use this tool to identify areas that your organisation needs to strengthen in order to reach a 'good practice' level, and then develop a brief Action Plan that highlights examples of HOW you will improve your work on engaging men and boys to strengthen the response to HIV and AIDS. You can use the Action Plan template provided at the end of this module or create your own.

There are 12 Key Questions highlighted in the checklist in red. These questions address fundamental issues that you need to consider first when assessing how your organisation develops and implements programmes to engage men and boys in the response to HIV and AIDS. As you develop your Action Plan, keep these questions in mind and if you have answered 'no' to any of them, this would be a good starting point for improving your work.

How to save the Action Plan:

Complete the self-assessment module and Action Plan electronically, save the file and submit it to the Code Secretariat by email. The Secretariat will credit all NGOs that submit Action Plans as 'Implementing' NGOs and full signatories of the Code. After the period of six months, we will ask you to measure your progress against your Action Plan.

Checklist

Below you will find a number of questions on human rights. Please indicate your answer by marking the appropriate box.

- **Y** Yes, we undertake this work/activity
- **I** Insufficient, in preparation, or being considered
- **N** No, we've not yet tackled this work/activity
- **NR** Not relevant to our work

A

Organisational Principles

Organisations striving to improve the lives of people infected and affected by HIV and AIDS should adopt organisational policies which clearly communicate a focus on addressing the underlying factors fuelling the epidemic. Gender inequality is a core contributing factor in shaping the vulnerability and risk to HIV infection for both women and men. It is inextricably connected to the social construction of masculinity - social and cultural norms which dictate how men are expected to relate to women, children, and other men. Inequitable forms of masculinity can create power imbalances in relationships, which play a tremendous role in influencing how people perceive and exercise options for informed decision-making and health seeking behaviour in relation to HIV.

In this way, organisations seeking to help address the underlying causes of the HIV epidemic, particularly gender inequality, should ensure that their policies and programmes understand how masculinity is socially constructed and promote the meaningful involvement of men and boys. This is essential to addressing the specific needs of men and boys in relation to HIV, and to challenging aspects of masculinity which contribute to inequality, vulnerability and risk.

A.1 Organisational Mission and Management

These questions are designed to help you assess if your organisation has the policies in place in order to effectively address the meaningful involvement of men and boys in addressing gender inequality as a fundamental structural cause of HIV.

1. Does your organisation identify engaging men and boys as a key element of its response to HIV and AIDS in its:

   ○ Y ○ I ○ N ○ NR   • mission statement?

   ○ Y ○ I ○ N ○ NR   • strategic objectives?

   ○ Y ○ I ○ N ○ NR   • management/operational plan?

○ Y ○ I ○ N ○ NR   2. Does your organisation have a written policy/policies on gender equality and non-discrimination (including equal opportunities for all, regardless of biological sex, gender and sexual identity, sexual orientation, and HIV status)?

○ Y ○ I ○ N ○ NR   **3. Does your organisation have an internal policy or guidelines that clearly promote the involvement of men and boys from a gender, rights-based, and development perspective as a key element of its response to HIV and AIDS?**

○ Y ○ I ○ N ○ NR   4. Does your organisation have systems and tools to implement, monitor and evaluate existing gender and non-discrimination policy/policies?

◯ **Y**   ◯ **I**   ◯ **N**   ◯ **NR**   5. Does your organisation foster dialogue around staff members' own behaviours, attitudes and beliefs, and the impact these may have on their ability to provide programmes and services in a non-judgmental manner?

◯ **Y**   ◯ **I**   ◯ **N**   ◯ **NR**   6. Does your organisation have focal points that provide strategic guidance and monitoring for its work with men and boys?

◯ **Y**   ◯ **I**   ◯ **N**   ◯ **NR**   7. Does your organisation allocate adequate funding to pursue engaging men and boys, and addressing their specific needs?

◯ **Y**   ◯ **I**   ◯ **N**   ◯ **NR**   8. Does your organisation conceptualize and develop funding proposals to effectively pursue engaging men and boys as a key element of its response to HIV and AIDS?

◯ **Y**   ◯ **I**   ◯ **N**   ◯ **NR**   9. Does your organisation actively advocate (to your own staff and to government/other organisations) for the involvement of men and boys as key partners in the response to HIV and AIDS?

Actions needed to support Section A.1:

Checklist

A.2 Programme Design, Monitoring and Evaluation

Historically men and boys have not been recognized as important stakeholders in helping to overcome the underlying causes fuelling the HIV and AIDS epidemic. To date, the focus on men and boys has mostly been developed out of a negative perception of their roles in risk-taking behaviour, or as members of important vulnerable groups, such as men who have sex with men (MSM) or young men with limited access to life skills and services. While it is essential to focus on these groups, and justified given the specific nature of the HIV and AIDS epidemic in particular settings, it is also important to seek to reach all males in certain contexts and address their own specific needs in relation to HIV and AIDS. It is also necessary to recognize that many attitudes, values, and behaviours which men and boys display are the results of the aforementioned socialization processes, which can undermine their ability to develop the awareness and the tools to seek support and challenge and change the sometimes negative and harmful ideas of 'being a man'.

The questions below are designed to help you assess if your organisation is able to design, monitor and evaluate HIV and AIDS programmes that address the needs of men and boys, and mobilize this group as key stakeholders in challenging gender inequalities, changing negative and harmful constructs of masculinity, thereby strengthening the response to HIV and AIDS.

○ Y ○ I ○ N ○ NR	1. Does your organisation apply a gender perspective in programme design?
○ Y ○ I ○ N ○ NR	• For example, do you analyze the different situations, needs, opportunities and constraints of different groups of women and men in society?
○ Y ○ I ○ N ○ NR	2. **Does your organisation assess how constructs or perceptions of masculinity may increase vulnerability to HIV among different groups of men and women?**
○ Y ○ I ○ N ○ NR	3. Does your organisation examine how constructs or perceptions of masculinity influence power dynamics between men and women, between different groups of men, and between men and children?
○ Y ○ I ○ N ○ NR	4. Does your organisation assess how constructs or perceptions of masculinity may restrict men and boys from developing health seeking behaviours, and may increase their vulnerability to HIV?
○ Y ○ I ○ N ○ NR	5. Does your organisation link its gender analysis to other causes that contribute to vulnerability to HIV, such as migration, conflict, and social exclusion?
○ Y ○ I ○ N ○ NR	6. Does your organisation create awareness in men and boys on how gender inequality contributes to putting them at risk of illness and disease, including HIV?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   7. Does your organisation have the capacity to design HIV and AIDS programmes that mobilize men and boys to promote gender equality, empower women, and challenge inequitable constructs of masculinity?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   8. **Does your organisation have the capacity to design programmes that work with men and boys to affect change at multiple levels (for example, the individual, community, policy, and societal)?**

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   9. **Does your organisation have the capacity to design programmes that address the specific needs of men and boys in relation to HIV and AIDS, including links with their sexual and reproductive health and rights?**

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   10. Does your organisation promote minimum standards of do no harm[5], and analyze how programmes may create unintended benefits or adverse consequences that unintentionally increase vulnerability for both women and men?

This includes: :

- reinforcing negative stereotypes

- exposing women and girls to potential violence

- stigma against men and women of different sexual orientations

- leaving men unequipped to deal with peer pressure and criticism, etc.

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   11. Does your organisation design programmes for men and boys that address human sexuality issues in a non-judgmental and non-stigmatizing way?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   12. Does your organisation actively promote linkages of its programmes with other stakeholders in the community who can support change, such as unions, sport associations, professional associations, the media, and faith-based networks?

Monitoring and Evaluation

○ **Y**   ○ **I**   ○ **N**   ○ **NR**   13. Does your organisation disaggregate (break up) data gathered through your programmes by age, sex and other relevant sub-groups in order to allow for ongoing analysis and improvements?

5. Interventions on HIV and AIDS with good intentions may have unwanted (often negative) consequences. As such, the **'Do no harm'** principle states that before undertaking any action it is important to consider the possible harm from any intervention, and then prevent this harm

○ **Y** ○ **I** ○ **N** ○ **NR**   14. Do your organisation's chosen indicators assess a range of factors and strategies contributing to mobilizing men and boys in promoting gender equality and women's empowerment, including:

- men's health and well-being
- understanding how gender norms and roles influence men's attitudes and values, including health seeking behavior
- examining constructs of masculinity and power imbalances in decision-making
- men and women's sexuality and sexual rights
- masculinity and homophobia
- masculinity and violence against men, women and children
- masculinity and men's mental health (e.g. suicide)
- gender inequality, vulnerability, confidence and self-esteem
- access to services by men, women and children
- control of resources (for example, land, labour, productive assets, homeownership)

○ **Y** ○ **I** ○ **N** ○ **NR**   15. Does your organisation develop the capacity and leadership of men and boys and other stakeholders (such as women's groups) to monitor your programmes with men and boys?

○ **Y** ○ **I** ○ **N** ○ **NR**   16. Does your organisation link its monitoring and evaluation indicators to relevant national goals (for example, those set by your national AIDS strategy?

○ **Y** ○ **I** ○ **N** ○ **NR**   17. Does your organisation use its evaluation measures to advocate for addressing gaps or making necessary changes/adjustments in national strategies?

Actions needed to support Section A.2:

A.3 Research and Advocacy

This section is designed to ensure that research[6] and advocacy regarding the involvement of boys and men in responding to HIV and AIDS are integral components of your programmatic interventions.

◯ Y ◯ I ◯ N ◯ NR	1.	Has your organisation mainstreamed gender into its research activities?

◯ Y ◯ I ◯ N ◯ NR	2.	Does your organisation involve both women and men in setting its research agenda, design, data collection, and analysis?
◯ Y ◯ I ◯ N ◯ NR	3.	Has your organisation identified key strategic research topics that focus on gender, masculinity, vulnerability, sexuality and health that will be pursued in the near future?
◯ Y ◯ I ◯ N ◯ NR	4.	Does your organisation systematically carry out reviews of current evidence and good practice on engaging men and boys in responding to HIV and AIDS and addressing their specific needs?
◯ Y ◯ I ◯ N ◯ NR	5.	Does your organisation have clear review processes to protect participants' safety and promote their rights to consent and confidentiality?
◯ Y ◯ I ◯ N ◯ NR	6.	Do your organisation's research protocols include adequate referrals to services for legal, health, psychosocial and protection services for research participants who report relevant problems or who request such services during the research process?
◯ Y ◯ I ◯ N ◯ NR	7.	Does your organisation actively share and widely disseminate findings and lessons learned from your work with men and boys?
◯ Y ◯ I ◯ N ◯ NR	8.	Does your organisation conduct evidence-based advocacy (planning activities based on findings from research) on engaging men and boys in the response to HIV and AIDS?
◯ Y ◯ I ◯ N ◯ NR	9.	**Does your organisation actively support or train men and boys, particularly those living with HIV, to be effective leaders to help address inequality and social exclusion in order to reduce vulnerability to HIV and AIDS?**

6. "**Research**" and "**evaluation**" may share similar methods, tools and research. The basic distinction between the two is that program evaluation has an explicit purpose of assessing the merit of a project, and research has an explicit purpose of producing generalized knowledge based on inference from a sample population.

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

10. Does your organisation advocate for changes in structures and systems to promote the involvement of men and boys in the response to HIV and AIDS?

    For example:

    • the right to paternal leave to take care of children

    • the involvement of men and boys in care and support services and networks

    • leadership development for men and boys to speak out against gender based violence, including violence against women and homophobia

    • the right to fertility options regardless of HIV status

    • freedom from stigma and discrimination for people living with HIV

    • freedom from of sexual orientation and identity

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

11. Does your organisation develop partnerships with other organisations and networks that advocate for the rights of men and boys?

    This can include their rights to access information, education and services, especially for vulnerable groups of men and boys (for example, men who have sex with men (MSM), migrants, ethnic minorities, adolescent boys, older men, injecting drug users, prisoners, HIV-positive boys and men).

Actions needed to support Section A.3:

B

Prevention and Vulnerability Reduction

In order to respond more comprehensively to the epidemic, HIV prevention efforts must do more to engage men and boys and address the underlying causes of vulnerability to HIV infection. Empowering men and boys to challenge the power imbalances inherent in gender inequality is fundamental to addressing the long-term prevention needs of both men and women, and to eliminating HIV-related stigma and discrimination. It is also critically important to enabling men and boys to make and sustain health-seeking behaviour on HIV prevention, and support others in doing the same.

With an increasing number of men and boys living with HIV, it is critical to look at the specific prevention needs for this group, including addressing their sexual and reproductive health and rights, so that they can enjoy safe and fulfilling sexual lives.

The questions below are specific to HIV prevention interventions, and aim to help improve your organisation's effectiveness in engaging men and boys in responding to HIV and AIDS.

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

1. Are your organisation's HIV prevention interventions informed by an analysis of how inequitable constructs of masculinity influence vulnerabilities for different groups of men and women?

2. Do your organisation's HIV prevention interventions address the following components:

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

• Do they enable men and boys to understand how inequitable constructs of masculinity may promote risk-taking behaviour?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

• Do they help men and boys develop skills for health seeking behaviours for HIV prevention?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

• Do they address the sexual and reproductive health and positive prevention[7] needs of men living with HIV, including providing support for men in sero-discordant relationships[8]?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

• Do they support men and boys to develop alternative support networks to sustain health seeking behaviour for HIV prevention?

○ **Y**   ○ **I**   ○ **N**   ○ **NR**

• Do they enable men and boys to develop more equitable sexual relationships?

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7. **Positive prevention** refers to prevention for, and with, people living with HIV.

8. **Serodiscordant relationship** is a relationship in which one partner has tested positive for HIV and the other has not.

NGO CODE OF GOOD PRACTICE

○ Y ○ I ○ N ○ NR   • **Do they help men and boys understand and challenge the connection between gender inequalities and violence, sexual exploitation, harmful traditional practices, abuse, rape, and trafficking?**

○ Y ○ I ○ N ○ NR   • **Do they help men and boys understand and challenge the connection between negative forms of masculinity and homophobia, stigma and discrimination, and sexual hatred?**

3. Do your organisation's programmes support access to prevention commodities such as:

○ Y ○ I ○ N ○ NR   • condoms (male and female) & lubricant?

○ Y ○ I ○ N ○ NR   • sterile injecting instruments and safe disposal?

○ Y ○ I ○ N ○ NR   4. Do your organisation's programmes facilitate access to and utilization of safe and non-discriminatory sexually transmitted infection (STI) services, especially for boys and men?

○ Y ○ I ○ N ○ NR   5. Do your organisation's programmes seek to strengthen men's and boys' ability to practice safer sex consistently, especially relating to condom use?

○ Y ○ I ○ N ○ NR   6. Do your organisation's communication strategies address information and knowledge gaps that may exist among different groups of men and boys on ways to protect oneself from HIV?

7. Do your organisation's HIV and AIDS education programmes:

○ Y ○ I ○ N ○ NR   • promote leadership around more equitable constructs of masculinity?

○ Y ○ I ○ N ○ NR   • explore and discuss the connections between gender stereotypes and risk?

○ Y ○ I ○ N ○ NR   • include information on sexual and reproductive health including family planning?

○ Y ○ I ○ N ○ NR   8. Does your organisation make post-exposure prophylaxis (PEP) available or have an established system of referral to a PEP provider?

Actions needed to support Section B:

C

Access to Services – VCT, Treatment, Care and Other Support Services

Organisations should recognize the need to ensure boys' and mens' equitable access to, and benefits from, the full continuum of HIV prevention, treatment, care and support services. This includes positioning such services in ways that make the access points more appealing for utilization by men and boys. Organisations are also urged to adopt rigorous and comprehensive approaches to ensuring informed consent and privacy to ensure that men and boys do not suffer adverse consequences from their participation in the response to HIV and AIDS and in accessing services.

Stigmatization of one's HIV status remains a powerful force which discourages many people, including men and boys, from finding out their HIV status and seeking care and support. Men and boys living with HIV can play an essential role in strengthening anti-discrimination efforts and in promoting positive living. HIV-negative men and boys should also be involved in sharing responsibility for prevention and care, and for eliminating stigma and discrimination.

The questions below help your organisation assess whether your programmes and services seek to proactively engage men and boys, and respond to their needs. They also consider whether your organisation provides a safe and non-discriminatory environment which considers the various contexts in which men and boys live. The questions focus mostly on HIV-related services but organisations should also consider how support services may also be improved to strengthen the involvement of men and boys in the response to HIV and AIDS.

General

◯ Y ◯ I ◯ N ◯ NR	1. Do your programmes identify and address ways in which men and boys may be excluded or discouraged from accessing and benefitting from HIV care and services (for example, a lack of confidentiality, or lack of capacity to reach men)?
◯ Y ◯ I ◯ N ◯ NR	2. Are health and support services provided at hours and locations that are convenient for men and boys?
◯ Y ◯ I ◯ N ◯ NR	3. Are male clients encouraged to bring their partners to clinics or programme sites, regardless of their sexual orientation?

Counselling and Testing

◯ Y ◯ I ◯ N ◯ NR	4. Are your organisation's HIV testing and counselling services provided confidentially, voluntarily, safely, and non-discriminatorily?
◯ Y ◯ I ◯ N ◯ NR	5. Are your organisation's voluntary counselling and testing (VCT) services affordable and accessible to all men and boys?

○ **Y** ○ **I** ○ **N** ○ **NR**   6. Are your organisation's VCT services particularly focused on most at risk populations of men and boys?

○ **Y** ○ **I** ○ **N** ○ **NR**   7. **Does your programme have a rights-based strategy that reaches out and encourages men and boys to access testing?**

○ **Y** ○ **I** ○ **N** ○ **NR**   8. If your organisation is involved in prevention of mother-to-child transmission (PMTCT) services, does your programme encourage the involvement of male partners?

○ **Y** ○ **I** ○ **N** ○ **NR**   9. Do your organisation's VCT services provide referrals to support groups for men and boys?

Addressing Confidentiality and Discrimination

○ **Y** ○ **I** ○ **N** ○ **NR**   10. Do your organisation's counselling strategies address potential concerns or risks linked to learning one's HIV status?

○ **Y** ○ **I** ○ **N** ○ **NR**   11. Do your organisation's counselling strategies with men and boys address gender issues and power in relationships when discussing disclosure, partner communication around HIV status, and safer sex negotiations?

○ **Y** ○ **I** ○ **N** ○ **NR**   12. Is informed consent and confidentiality in VCT and other clinical settings ensured in your programmes?

○ **Y** ○ **I** ○ **N** ○ **NR**   13. **Do your organisation's programmes train service providers to provide a supportive, confidential and non-stigmatizing environment for different groups of men and boys (regardless of sexual orientation, socio-economic status, ethnicity, etc.)?**

○ **Y** ○ **I** ○ **N** ○ **NR**   14. Do your organisation's clinical services effectively implement and monitor standard universal precautions in order to ensure the safety and dignity of both clients and health care providers?

○ **Y** ○ **I** ○ **N** ○ **NR**   15. Do your organisation's programmes build the capacity of health providers and community care givers to respect the dignity and rights of men and boys living with HIV, including their right to be sexually active and bear children?

○ **Y** ○ **I** ○ **N** ○ **NR**   16. Do your organisation's programmes have systems to deal with cases of discrimination faced by men and boys living with HIV in accessing healthcare settings, work places, schools, public service, religious settings, etc.?

Checklist

Treatment

○ Y	○ I	○ N	○ NR	17. Does your organisation monitor men's and boys' access to, and adherence (sustained uptake) of HIV treatment services?
○ Y	○ I	○ N	○ NR	18. Does your organisation provide patient education for men and boys preparing for or starting treatment?
○ Y	○ I	○ N	○ NR	19. Does your organisation address gender issues when providing treatment education to men and boys?
○ Y	○ I	○ N	○ NR	**20. Does your organisation address risk behaviour among men and boys who are preparing for or accessing treatment?**
○ Y	○ I	○ N	○ NR	21. Does your organisation help men and boys who are accessing treatment to develop skills for maintaining healthy lifestyles?
○ Y	○ I	○ N	○ NR	22. Does your organisation help men and boys fully understand the treatment options available to them and ensure that they make informed choices?
○ Y	○ I	○ N	○ NR	23. Does your organisation have an established system to ensure that men and boys living with HIV have adequate nutrition and access to food services when needed?
○ Y	○ I	○ N	○ NR	24. Does your organisation assess whether same sex service providers need to be recruited to fit cultural contexts where men and boys are more comfortable interacting with male providers?
○ Y	○ I	○ N	○ NR	25. Do your organisation's home-based care programmes systematically involve men and boys as care-givers?
○ Y	○ I	○ N	○ NR	26. Does your organisation assess the social, economic, legal, food and nutrition support needs of men and boys living with HIV and help to create linkages to those services?

Actions needed to support Section C:

Checklist

D

Impact Mitigation and Coping Support

In most settings, men and boys still tend to be only marginally involved in caring for people living with HIV, while women and girls continue to be disproportionately responsible for providing care. Organisations can strengthen their response to HIV and AIDS by promoting the involvement of men and boys in care and support as a practical entry point to challenging these gender inequalities, and addressing men and boy's own specific HIV care needs. Organisations should help develop leadership among men and boys to help challenge the social and cultural norms which perpetuate this disproportionate responsibility on women and girls, as well as use these opportunities to engender a deeper understanding and appreciation of human rights and anti-discrimination.

The questions below help you assess how your organisation supports men and boys, particularly those living with HIV, to become advocates and agents of change around issues pertaining to mitigation of the impact of HIV and AIDS on other men, women and children.

	1. Do your organisation's programmes include mobilization strategies to help men and boys play a constructive and pro-active role in mitigation efforts, for example:
○ Y ○ I ○ N ○ NR	• financially (for example through access to credit, income generating projects, village savings and loan groups, school fees for orphans and vulnerable children)?
○ Y ○ I ○ N ○ NR	• emotionally (for example through counselling or peer support groups)?
○ Y ○ I ○ N ○ NR	• technically (for example through business or leadership skills-building, lifeskills trainings)?
○ Y ○ I ○ N ○ NR	2. **Do your organisation's programmes provide access to care and support services for men and boys living with HIV and AIDS regardless of age, sexual orientation, marital status, race, ethnicity, and religion?**
○ Y ○ I ○ N ○ NR	3. **Do your organisation's programmes use its mitigation strategies (for example, micro-credit, psycho-social support, business skills building) as entry points to work with men and boys to challenge and change inequitable constructs of masculinity?**
○ Y ○ I ○ N ○ NR	4. Do your organisation's programmes support men and boys to develop leadership to promote the role of men and boys in care and support?
○ Y ○ I ○ N ○ NR	5. Do your organisation's programmes enable men and boys to develop practical strategies to share more equitably the burden of care in households affected by HIV and AIDS?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   6. Do your organisation's programmes engage men and boys as advocates to change inequitable customary practices or laws, especially with regard to inheritance and property?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   7. Do your organisation's programmes engage men and boys in creating personal development/succession plans in gender equitable ways?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   8. Do your organisation's programmes engage men and boys to advocate for equitable support for widows and OVC affected by the epidemic?

◯ **Y** ◯ **I** ◯ **N** ◯ **NR**   9. Do your organisation's programmes engage men and boys in providing care and support safely and without stigmatizing or discriminating against any group?

Actions needed to support Section D:

Action Plan:
Men, Boys, and HIVCare for PLHIV

In completing this self-assessment checklist, you are likely to have identified some areas that are in need of improvement and some that are already at a 'good practice' level. Please complete this Action Plan and highlight examples of how your organisation will improve its efforts to engage men and boys, and address their needs, in order to strengthen your response to HIV and AIDS over the next six months.

We recommend that you focus first on the twelve key Questions below for developing an Action Plan. If you answer 'no' or 'Insufficient, in preparation, or being considered' to any of these twelve questions, this would be the best place to start in order to improve your work.

Key Questions

1. Does your organisation have an internal policy or guidelines which clearly promote the involvement of men and boys from a gender, rights-based, and development perspective as a key element of its response to HIV and AIDS?

2. Does your organisation assess how constructs or perceptions of masculinity may increase vulnerability to HIV among different groups of men and women?

3. Does your organisation have the capacity to design programmes that work with men and boys to affect change at multiple levels (for example, the individual, community, policy, and societal)?

4. Does your organisation have the capacity to design programmes that address the specific needs of men and boys in relation to HIV and AIDS, including links with their sexual and reproductive health and rights?

5. Does your organisation actively support or train men and boys, particularly those living with HIV, to be effective leaders to help address inequality and social exclusion in order to reduce vulnerability to HIV and AIDS?

6. Do your organisation's HIV prevention interventions address the following components:

   • Do they enable men and boys to understand how inequitable constructs of masculinity may promote risk-taking behaviour?

   • Do they help men and boys develop skills for health seeking behaviours for HIV prevention?

   • Do they address the sexual and reproductive health and positive prevention[9] needs of men living with HIV, including providing support for men in sero-discordant relationships[10]?

   • Do they support men and boys to develop alternative support networks to sustain health seeking behaviour for HIV prevention?

   • Do they enable men and boys to develop more equitable sexual relationships?

   • Do they help men and boys understand and challenge the connection between gender inequalities and violence, sexual exploitation, harmful traditional practices, abuse, rape, and trafficking?

   • Do they help men and boys understand and challenge the connection between negative forms of masculinity and homophobia, stigma and discrimination, and sexual hatred?

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9. **Positive prevention** refers to prevention for, and with, people living with HIV.

10. **Serodiscordant relationship** is a relationship in which one partner has tested positive for HIV and the other has not.

Key Questions continued...

7. Does your programme have a rights-based strategy that reaches out and encourage men and boys to access testing?

8. Do your organisation's programmes train service providers to provide a supportive, confidential and non-stigmatizing environment for different groups of men and boys (regardless of sexual orientation, socio-economic status, ethnicity, etc.)?

9. Does your organisation address risk behaviour among men and boys who are preparing for or accessing treatment?

10. Do your organisation's programmes provide access to care and support services for men and boys living with HIV and AIDS regardless of age, sexual orientation, marital status, race, ethnicity, and religion?

11. Do your organisation's programmes use its mitigation strategies (for example, micro-credit, psycho-social support, business skills building) as entry points to work with men and boys to challenge and change inequitable constructs of masculinity?

Please remember to save your completed action plan and email it to **info@hivcode.org** or send it to **PO Box 372, 1211 Geneva 19, Switzerland.**

Name of Organisation	Contact Person	Email Address

Signed	Date

Action Plan:
Men, Boys, and HIV

Expected Outcomes (What do we want to achieve?)	Key Activities (What do we need to do?)	Action Points (How do we do it?)	Resources (What kind of support do we need to do it?)	Timeframe (When will we do it?)