Integration of Gender Issues in Selected HIV/AIDS Projects in the Africa Region

A baseline Assessment

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Washington, D.C.
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IV/AIDS continues to spread in Sub-Saharan Africa, progressively devastating many parts of the continent and reversing decades of hard-won social progress. AIDS is now the leading cause of death in the region and, since the epidemic began, it is estimated that more than 20 million Africans have died of AIDS. In fact, no region in the world has experienced the damaging effects of HIV/AIDS like Sub-Saharan Africa, where there are over 29 million currently infected.

Understanding and addressing the social, gender and economic factors that influence the spread of the virus is central to any effective intervention to fight HIV/AIDS. Empirical evidence on the connections between gender and HIV/AIDS has grown significantly in the last few years. The World Bank’s Policy Research Report on Gender, Engendering Development Through Gender Equality in Rights, Resources and Voice (World Bank, 2001) shows that the more unequal the gender system of a country, the higher its HIV prevalence rate. Additionally, the fastest growing infected group in Sub-Saharan Africa is women. Incorporating a gender-sensitive approach is therefore an important element in efforts to combat HIV/AIDS in the region.

The rationale behind this report is that by increasing gender-sensitivity, World Bank projects will be able to combat the spread of HIV/AIDS more effectively and sustainably. This report documents existing how gender issues are addressed in HIV/AIDS projects in Cape Verde, The Gambia, Guinea, Senegal and Sierra Leone. It recommends actions to further integrate gender issues in these and future projects. The report finds that while the HIV/AIDS projects reviewed have incorporated gender issues in their design, there is, however, room for improvement. Additional attention to gender issues at the implementation and supervision phases, and throughout monitoring and evaluation, will increase the effectiveness and sustainability of Bank HIV/AIDS interventions.

This report is the result of a collaboration between the Africa Region Human Development 2 Unit (AFTH2) and the PREM Gender and Development Anchor (PRMGE). It was prepared by Daniela Ligiéro under the supervision of A. Waafas Oforo-Amaah (PRMGE). Task manager was Kees Kostermans (AFTH2). Several World Bank staff members provided substantive inputs, advice and comments during its preparation and review, including Helene Carlsson (PRMGE), Sheila Dutta (AFRHV), Lucia Fort (PRMGE), Astrid Helge-
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September 2003
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AFTH2</td>
<td>Africa Region Human Development 2 Unit</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<td>CSW</td>
<td>Commercial Sex Workers</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>IGA</td>
<td>Income-Generating Activity</td>
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<td>ILGA</td>
<td>International Lesbians and Gay Association</td>
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<td>MAP</td>
<td>Multi-Country HIV/AIDS Program</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>MTCT</td>
<td>Mother-to-Child Transmission</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PAD</td>
<td>Project Appraisal Document</td>
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<td>PLWA</td>
<td>People Living with AIDS</td>
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<td>PREM</td>
<td>Poverty Reduction and Economic Management</td>
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<td>PRMGE</td>
<td>PREM Gender and Development Group</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TTL</td>
<td>Task Team Leader</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

This report reviews gender issues in HIV/AIDS projects being developed or implemented in five African countries (Cape Verde, The Gambia, Guinea, Senegal, and Sierra Leone). It was produced as a joint collaboration of the Africa Region Human Development 2 Unit (AFTH2) and the PREM Gender and Development Anchor (PRMGE) to provide information to Task Teams and Bank staff involved in the design of HIV/AIDS projects. Additionally, it may be useful to national HIV/AIDS practitioners and other persons involved in HIV/AIDS activities.

This report was based on a desk review of Project Appraisal Documents (PADs), supplemented with interviews with available Task Team Leaders (TTLs). Because few of the projects reviewed had undergone full implementation over an extensive period, this review did not include visits to project sites, or a deeper analysis of the implementation process. The report is meant to be a baseline analysis, rather than a full-scale review, to identify attention to gender issues in the design of projects. While it may be too early to assess the results and impacts of the projects’ provisions on gender, this report provides an opportunity to identify potential gaps and areas for further attention on gender issues.

World Bank Goals

The World Bank has officially endorsed the Millennium Development Goals (MDG) as a roadmap for development. One of the main threats to achieving the MDG is HIV/AIDS. HIV/AIDS is the leading cause of death in Africa, and has claimed the lives of more than 20 million women, men and children. Another 29 million are living with HIV/AIDS today, the vast majority of them in the prime of their lives as young adults, workers, parents, and students.1 In response this devastating epidemic, the World Bank launched the Multi-Country HIV/AIDS Program (MAP) for Africa, which is now in its second phase.

The rationale behind this report is that by increasing gender-sensitivity, MAP projects will become more effective at combating the spread of HIV/AIDS. This will aid in the achievement of the MDGs, particularly Millennium Development Goal 1 (eradicate extreme poverty and hunger), Goal 2 (achieve universal primary education), Goal 3 (promote gender equality and empower women), Goal 4 (reduce child mortality), Goal 5 (improve maternal health) and Goal 6 (combat HIV/AIDS, malaria and other diseases).
Gender and HIV/AIDS

Gender norms are central to shaping sexual behavior, and affect women and men’s respective vulnerabilities and risk to HIV/AIDS. A vulnerability factor makes it more likely that a person will engage in risky behavior, or indicates that a person may lack the power to protect him or herself from HIV/AIDS. On the other hand, persons at-risk are those already engaging in risky behavior. Therefore, individuals may be both vulnerable and at-risk.

Women’s vulnerabilities and risk to HIV/AIDS are fueled by several factors, including poverty (which makes women more economically and socially dependent than men, and sometimes pushes them into risky behavior, including coerced sex or commercial sex work); cultural norms (which define women as the primary care-givers); sexual norms (which encourage passivity, modesty, innocence and sometimes ignorance in sexual matters); violence against women; lack of legal protection and property rights; displacement; greater physiological susceptibility to the virus; and female genital mutilation (FGM).

Men’s vulnerabilities and risk to HIV/AIDS are also fueled by several factors, including poverty (which pushes boys and men into commercial sex work); long distance employment; cultural norms (which encourage a denial of risk); sexual norms (which encourage men to be the dominant partner in economic, social, and intimate relations, including sometimes having many sexual partners); homophobia and taboo surrounding homosexuality (which forces men who have sex with men to keep their behavior secret and deny their risk); and incarceration (which makes it hard for incarcerated people—the majority of whom are males—to protect themselves from unsafe sex).

Findings and Recommendations

Because in Sub-Saharan Africa HIV/AIDS is transmitted predominantly through sexual contact, and because gender norms are intrinsically tied to sexual behavior, any prevention efforts should include attention to gender issues. To fight this epidemic effectively and sustainably, attention to gender issues and vulnerability/risk factors should be included in all HIV/AIDS programming and policy. Thus, just as there is an effort to mainstream HIV/AIDS programming and policy into various sectors, so too should there be an effort to mainstream gender issues into HIV/AIDS programming and policy.

1. Findings: Many projects reviewed have already taken important steps toward integrating gender considerations. For example, through the:

- Acknowledgement that gender disparities and poverty are key drivers of the epidemic.
- Identification of vulnerable groups (including women, young girls, orphans) and inclusion in the target population.
- Identification of at risk-groups (such as CSWs and long-distance workers) and inclusion in the target population.
- Focus on increasing direct aid to communities through NGOs and CBOs working on HIV/AIDS, including women’s organizations.
While such explicit references to gender in project design are good indications of the projects’ ability to address these issues effectively, it is too early to assess the results and impacts of these provisions. Furthermore, there is no comprehensive set of tools, guides and good practices that are incorporated in MAP operational manuals to assist task team in all aspects of the project cycle. More work needs to be done to assess how well gender issues and considerations manifest themselves during implementation and monitoring.

2. Recommendations: Based on the foregoing findings, the following recommendations are proposed to strengthen attention to gender issues by focusing on the following key entry points:

- **Performance indicators:** include more indicators that address specific vulnerability/risk factors for men and women; e.g., Sierra Leone and Guinea.

- **Capacity building:** include gender-based vulnerabilities and risk factors in the training of staff in the public sector, the private sector, and civil society; e.g., Sierra Leone.

- **Public sector initiatives:**
  - **Main line ministries:** incorporate relevant gender considerations for the populations they serve in their HIV/AIDS Action Plans; e.g., Senegal.
  - **Educational system:** incorporate a gender-sensitive skill-based approach to learning about HIV/AIDS at an early age; e.g., Senegal.

- **Civil society and private sector initiatives:** encourage these initiatives to include and address gender-based vulnerability and risk factors that receive little attention; e.g., Cape Verde.

- **Monitoring and evaluation:** assess the differential impacts of the project on males and females, and on existing vulnerability and risk factors.

- **Key policy and institutional reforms:** include reforms that will decrease vulnerability/risk to HIV/AIDS for both men and women.
The purpose of this report is to review gender issues in HIV/AIDS projects being developed or implemented in five African countries (Cape Verde, The Gambia, Guinea, Senegal, and Sierra Leone), and to offer recommendations for these projects (and potentially for others in the region as well) to improve attention to gender issues. It seeks to provide information to TTLs and Bank staff engaged in designing HIV/AIDS projects. Additionally, it may be useful to national HIV/AIDS practitioners and other persons involved in HIV/AIDS activities.

The rationale behind this report is that by increasing gender-sensitivity, projects will combat the spread of HIV/AIDS in a more effective and sustainable manner. It was produced as a joint collaboration of the Africa Region Human Development 2 Unit (AFTH2) and the PREM Gender and Development Group (PRMGE).

This report reviews the five selected HIV/AIDS projects to document the extent to which they consider and integrate gender issues and considerations into project activities. The report outlines the gender-based (male and female) vulnerabilities to and risk factors for HIV/AIDS. Finally, it indicates suggestions to improve these projects’ effectiveness by providing general suggestions for further incorporating gender issues in HIV/AIDS projects in the Africa Region.

This report was based on a desk review of Project Appraisal Documents (PADs), supplemented with interviews with available Task Team Leaders (TTLs). Because few of the projects reviewed had undergone full implementation over an extensive period, this review did not include visits to project sites, or a deeper analysis of the implementation process. The report is meant to be a baseline analysis, rather than a full-scale review, to identify attention to gender issues in the design of projects. While it may be too early to assess the results and impacts of the projects’ provisions on gender, this assessment provides an opportunity to identify potential gaps and areas for further attention on gender issues during all stages of the project cycle.

**HIV/AIDS in the Africa Region**

AIDS, the leading cause of death in Africa, has claimed the lives of more than 20 million women, men and children. Another 29 million people are living with HIV/AIDS today, the vast majority of them in the prime of their lives.
as young adults, workers, parents, and students. In response this devastating epidemic, the World Bank helped launch the Multi-Country HIV/AIDS Program (MAP) for Africa, which is now in its second phase.

The overall objective of the MAP is to greatly increase “access to HIV/AIDS prevention, care, support, and treatment programs, with emphasis on vulnerable groups, and to mitigate the burdens AIDS will impose on the public sector, the private sector, and households.”

To accelerate action against the HIV/AIDS pandemic, MAP offers flexible and rapid funding to countries that meet certain pre-established lending criteria.

In Sub-Saharan Africa, HIV/AIDS is spread primarily through heterosexual sex. This pattern of transmission and infection prompts a distinctive reflection on the determinants of sexual relations. An analysis of specific male and female vulnerabilities and risks to HIV/AIDS may help understand the spread of the disease and may suggest effective interventions.

**Gender and HIV/AIDS**

**Gender** refers to the socially constructed roles ascribed to males and females. These roles are learned, change over time, and vary widely within and across cultures. However, there are some consistencies across cultures. Studies have shown that different gender roles result in disparities in male and female rights, responsibilities, access to and control over resources and voice at the household, community and national levels. The World Bank’s Policy Research Report on gender development documented that, overall, women have less access than men to and control of productive resources such as income, land, credit, and education, and this is true for all regions, including in Sub-Saharan Africa.

Generally, there is an unequal power balance in heterosexual interactions—men have greater control than women over when, where, and how sex takes place. Women are encouraged to be passive and to have limited knowledge of sexual matters while there is, in many societies, a “tacit acceptance” of males having multiple sexual partners. Notions of masculinity and femininity also influence these vulnerabilities and risk factors. For example, the role models for masculinity and the taboo surrounding homosexuality have a strong impact on homosexual behavior patterns, sometimes forcing men who have sex with men to demonstrate their “masculinity” by marrying and/or engaging in heterosexual sex, exposing their female sexual partners to HIV/AIDS risk.

Therefore, this power imbalance in gender relations increases both men’s and women’s vulnerability and risk to HIV.

**Vulnerable and At-Risk Groups**

A vulnerability factor makes it more likely that a person will engage in risky behavior, or indi-
icates that a person may lack the power to protect him or herself from HIV/AIDS. On the other hand, persons at-risk are those already engaging in risky behavior. Therefore, individuals may be both vulnerable and at-risk. Following are descriptions of female- and male-specific vulnerability and risk factors. Additional details are provided in the individual country sections.

Determinants of women’s vulnerability and risk to HIV/AIDS in selected countries:6

- **Poverty:** sometimes prompts women to exchange sex for gifts or money, to depend on men who engage in risky behavior, and be unable to negotiate safe sex.

- **Cultural norms:** often place a high value on motherhood, attach a negative stigma to HIV-infected women, and view women and girls as primary caregivers, placing a significant burden on them.

- **Sexual norms:** often encourage passivity, modesty, innocence and sometimes ignorance in sexual matters, and make it difficult for married women to refuse unsafe sex with their husbands.

- **Violence against women:** forces women to engage in sexual activity against their will, keeps women away from voluntary counseling and testing (VCT), and keeps women from complying with the necessary steps to prevent mother-to-child transmission (MTCT).

- **Legal issues/enforcement of laws:** especially those in the areas of reproductive health, marriage, coerced sex, rape, sexual abuse, inheritance and succession, access to property rights and land tenure, etc., may not protect infected and affected HIV/AIDS women, and victims of sexual violence.

- **Displacement:** makes women more likely to exchange sex for favors (such as money or food) and increases their risk of experiencing sexual violence or coercion.

- **Physiological factors:** make women more vulnerable than men to contracting the HIV virus.

- **Female genital cutting:** increases women’s risk of contracting HIV/AIDS.

Determinants of men’s vulnerability and risk to HIV/AIDS in selected countries:7

- **Poverty:** prompts men to migrate away from their homes in search of work, increasing the likelihood of several partners, boys and men to exchange sex for gifts or money.

- **Long distance employment:** requires men to travel away from home and increases their likelihood of having multiple sexual partners.

- **Cultural norms:** attach a negative stigma to HIV-infected men; teach men to be self-reliant and to not seek assistance, and encourage denial of risk.

- **Sexual norms:** discourage men from admitting lack of knowledge about sexual matters; allow men to have many sexual partners; and emphasize power and domination in sexual relations.

- **Homophobia and taboo surrounding homosexuality:** prompts men who have sex with men to keep their behavior secret and deny their sexual risk.

- **Incarceration:** increases sexual activity between men, whether voluntarily or by force; and leaves little option for protection from HIV if condoms are not provided.
Although often overlooked, adolescence itself brings with it a series of vulnerabilities and risk factors that need to be considered in HIV/AIDS programming, particularly because young people are at a high risk for infection (See Box 1).

**Poverty, Gender and HIV/AIDS**

In Sub-Saharan African countries, the HIV/AIDS epidemic is embedded in the cycle of poverty. Poverty combines with gender inequalities to fuel the spread of the epidemic, which in turn impoverishes families. Gender differences in access to education and paid employment are factors that increases women’s vulnerability to poverty, thus contributing to their economic dependence on men. This dependence, in turn, makes it difficult to negotiate or refuse sexual practices that put women at risk for HIV infection. Poverty also pushes many women and girls to engage in unsafe sexual practices and commercial sex as a way of earning a living. In most countries, the incidence of HIV/AIDS among female commercial

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**Box 1. Adolescent HIV/AIDS Vulnerability and Risks**

Adolescent girls and boys are both vulnerable to HIV infection. In some African countries up to 60 percent of all new HIV cases occur among 15-24 year olds. This risk is increased by socio-cultural, political and economic forces, such as poverty, migration, war and civil disturbance.

The high social value placed on virginity among unmarried girls often leads parents and the community to ensure that young women are kept ignorant about sexual matters. This prevents girls from seeking information about sex or services relating to sexual health. On the other hand, dominant notions of masculinity encourage young men to seek sexual experience with a variety of partners and to be more knowledgeable about sexual matters. Also, because sexual ignorance is socially unacceptable, young men are reluctant to admit they are lacking in knowledge and therefore are prevented from openly seeking it.

In addition, several other obstacles make it difficult for young people to protect their sexual health. First, they often have less access to information, services, and resources than those who are older. Second, health services are rarely designed to meet their needs. Young people in a variety of contexts report that access to condoms is difficult, and that they are not appropriately treated by health workers. Third, legislation and policies which limit sex education prevent many young people from obtaining appropriate information to protect their sexual health. Many adults fear that young people are naturally sexually promiscuous, and that giving them information about sex will make them more sexually active. However, research indicates that the majority of young persons are at least as responsible as their parents, and some may be even more so.

Finally, sex is a subject that is not easily or openly discussed in most African societies. Families, educators, and community leaders find it difficult to communicate with both female and male children and adolescents about sex and sexually transmitted diseases. Furthermore, authority figures tend to have mixed views on the effectiveness and appropriateness of sex education, condoms, and the role of sex in the lives of young, unmarried people. Open discussions about condom use and safe sex are often associated with promiscuity, especially for girls. As a result, children and adolescents can be confused, misinformed, and frightened about sex, as well as unclear about how to prevent the contraction of HIV/AIDS. Consequently, lack of communication leads to the spread of the virus.

*Source: UNAIDS. Adolescent Sexuality. 1999.*
sex workers is among the highest of any group.\(^9\)

In addition, migration, urbanization, and social dislocation have given the virus an easy transmission route, and have increased men’s vulnerability and/or risk to the HIV virus. In several African countries, poverty has driven many boys and young men to engage in commercial sex work, exchanging sex for gifts or money, primarily with men.
Integration of Gender Issues in HIV/AIDS Projects

This review of five HIV/AIDS projects in the region (Cape Verde, The Gambia, Guinea, Senegal, and Sierra Leone) documents the extent to which the PADs outline gender-specific issues. The Sierra Leone HIV/AIDS Project (SHARP) and the Guinea HIV/AIDS Project contain good examples of gender issues in project design, and are summarized in the box below.

The tables that follow present the situation analysis of the treatment of gender in each of the five projects. The initial section for each country describes specific male and female vulnerabilities and risk to HIV/AIDS in the particular country. The Project Appraisal Document (PAD) includes a standard format, with five key sections (listed below) that are considered excellent entry points for the integration of gender considerations and concerns. The analysis of the project documents the extent to which gender issues were considered and integrated into project activities in these key entry points, and offers suggestions to improve these projects’ effectiveness with regard to gender issues.

- **Project Development Objective, Key Performance Indicators**: The performance indicators provide an opportunity to address gender concerns. To the extent possible, these should be gender-specific. Non-disaggregated indicators make it difficult to analyze the potential gendered impact of the project.

- **Strategic Context, Sector Issues and Strategic Choices**: Strategic choices for the project are an excellent entry point to address gender issues, and wherever possible should focus on how such choices will impact vulnerable groups and/or address gender-related vulnerabilities.

- **Project Description Summary, Project Components**: The Project Description is a key entry point for incorporating gender issues. If gender issues are to be mainstreamed throughout the project, all components should focus on gender issues and/or vulnerability/risk factors (as identified in the target population).

- **Project Description Summary, Benefits and Target Population**: Focusing on vulnerable groups is an important aspect of mainstreaming gender issues.

- **Summary Project Analysis, Social**: The project’s social analysis can be a particu-
Cape Verde
Credit Amount (US$m): 9.0
Effectiveness Date: 06/01/2002

In 1997, when the last sentinel surveillance data were available, HIV/AIDS prevalence in the general population was estimated at between 1.5 and 2.5 percent. The main mode of transmission of HIV is heterosexual contact, although MTCT also contributes to new cases among children.

Gender-based vulnerabilities to HIV/AIDS in Cape Verde

- Poverty: Female-headed households (40 percent in 2000) are among the poorest. Poverty frequently leads women to depend on men for additional income, and has driven many women, girls and boys into commercial sex work. Juvenile prostitution is a sizeable problem.

- Sexual norms: Existing norms that dictate ignorance and passivity for women in sexual interactions make it difficult for women to be informed about risk reduction or, even when informed, make it difficult for them to be proactive in negotiating safer sex.

- Violence against women: Several women’s organizations suggest that, in Cape Verde, domestic violence and sexual abuse/coercion are fairly common, but there are no studies indicating the extent of these problems.

- Long Distance Employment: Many men in Cape Verde engage in long distance employment, as migrant workers, maritime crews, and construction workers. They are more likely to have multiple sexual partners and are therefore at increased risk for HIV infection.

Box 2. Good Practice Examples

Capacity Building in Sierra Leone: Training of Trainers Workshop for Engendering HIV/AIDS for Development (February, 2002)

This national workshop was sponsored by the World Bank (through a GENFUND award), and organized in collaboration with the Ministry of Social Welfare, Gender, and Children’s Affairs, and the Ministry of Development and Economic Planning. The workshop included officials from several ministries as well as women’s organizations. It will be followed up by four workshops at the regional (provincial) level. The main objective of this workshop was to integrate gender in the fight against the HIV/AIDS pandemic by: Increasing participants’ understanding of gender issues in general; Raising participants’ awareness of how gender issues are connected to HIV/AIDS and equipping participants with tools for integrating gender into HIV/AIDS programs and training.

Ending Female Genital Mutilation in Guinea

The Bank is involved in a project to help end FMG in Guinea. The project is providing circumcisers with training to pursue alternative sources of livelihood, along with access to small business start-up funds. In other words, the strategy to end FGM involves enlisting the support of the circumcisers themselves. In 2000, this project was recognized by the Development Marketplace with a $150,000 award. By working to end FGM this project is addressing one of the root causes of female vulnerability/risk to HIV/AIDS in Guinea.
### Table 1. Analysis of the Cape Verde HIV/AIDS Project

<table>
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<tr>
<th>PAD Provisions</th>
<th>Specific Reference to Gender in PAD</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>A. Project Development Objective</strong></td>
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<tr>
<td>■ Reduce the spread of HIV infection in the country.</td>
<td>• <strong>Key Performance Indicators:</strong>■ &quot;By 2005, reduce by 20% the HIV prevalence among women attending ante-natal care clinics (compared with the first year of the project).”■ &quot;By 2005, reduce by 25% the incidence of reported sexually transmitted (urethritis) infections in men age 15-49 years in the previous 12 months, compared with the first year of the project).”</td>
<td>• Include social indicators that address vulnerability/risk factors for women and men, e.g. &quot;% of women leaving commercial sex trade to participate in alternative income generating activities.” • Output Indicator #1 could be a “gender-sensitive skills-based” approach, focusing on specific skills that boys and girls need.</td>
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<td>■ Mitigate the health and socio-economic impact of HIV/AIDS at individual, household, and community levels</td>
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<td>■ Establish a strong and sustainable national capacity to respond</td>
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<td><strong>B. Strategic Context</strong></td>
<td></td>
<td>• “Mainstreaming of HIV/AIDS into all sectors of government and civil society” should involve attention to gender issues, especially because women’s organizations are involved in civil society initiatives.</td>
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<tr>
<td>• Sector Issues and Strategic Choices</td>
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<td>■ “Strengthening coping mechanisms including offering a safety net for orphans and for households headed by women, the very young, and the elderly (usually because of the deaths of husbands, parents, or guardians).”</td>
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<tr>
<td><strong>C. Project Description Summary</strong></td>
<td></td>
<td>• <strong>Capacity building:</strong> include gender issues in the training of staff in the public sector, the private sector, and civil society. • <strong>Public sector:</strong> incorporate relevant gender issues for the populations they serve in their HIV/AIDS Action Plans. • <strong>Civil society &amp; private sector:</strong> encourage organizations to include or strengthen existing attention to gender issues that receive little attention (e.g., violence against women, homosexuality, CSW). • <strong>Monitoring and evaluation:</strong> assess differential impact of project on women and men. • <strong>Policy and institutional reforms:</strong> changes to protect people living with HIV/AIDS are clearly stated. However, policy and institutional changes to protect groups identified as particularly vulnerable should be further clarified. E.g., address violence against women (domestic violence, sexual assault, sexual coercion); acknowledge the existence of</td>
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<tr>
<td>• Project Components</td>
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<td>■ Capacity Building</td>
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<td>■ Public Sector Initiatives</td>
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<td>■ Civil Society and Private Sector</td>
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<td>■ Monitoring and Evaluation</td>
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<td><strong>Key Policy and Institutional Reforms Supported by the Project</strong></td>
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<td>• Benefits and Target Population</td>
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<td>■ Civil society and private sector initiatives: “Targeted support to orphans, guardians of poor orphans, and AIDS-stricken impoverished households, including those headed by women, young people, and the elderly.”</td>
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<tr>
<td>■ Monitoring and evaluation: “Gender-specific indicators have been included among the project performance indicators.”</td>
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<td>• <strong>Key policy and institutional reforms:</strong> &quot;The project supports the development of relevant legal and social initiatives to protect the most vulnerable, e.g., women, young people (especially adolescent girls) and people living with HIV/AIDS.”</td>
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<tr>
<td>• Target population: Groups particularly at risk and targeted include “young people (particularly teenage girls), pregnant women, maritime crews (predominantly men), commercial sex workers (men and women), migrants predominantly men), road and other long distance construction workers (primarily</td>
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</tbody>
</table>
| continued on next page
Incarceration: Prisoners in Cape Verde are primarily male. Severe overcrowding and lack of adequate health care are considerable problems.

Homophobia and Taboo Surrounding Homosexuality: Homosexuality is illegal in Cape Verde. The stigma and fear associated with homosexuality sometimes forces men who have sex with men to keep their sexual behavior secret and deny their sexual risk, thereby increasing their own risk, as well as the risk of their partners—female or male.

The Gambia
Credit Amount (US$m): 15.0
Effectiveness Date: 03/15/2001

Currently, in The Gambia, approximately 1.95 percent of the adult population is believed to be infected with the HIV virus—6,600 women, 5,400 men, and 520 children (UNAIDS 2000), and the predominant means of HIV transmission is heterosexual.

Gender-based vulnerabilities to HIV/AIDS in The Gambia

Poverty: Because of traditional gender roles, which limit women’s access to education, resources, and household income, Gambian women experience greater poverty than do men. This makes women and young girls vulnerable to HIV infection by pushing many of them to exchange sex for gifts or money, and by reducing their power to negotiate safe sex. Poverty has also led many young men in The Gambia to exchange sex for gifts or money, thus increasing their risk of HIV/AIDS. The large tourist industry has fueled such practices, and many of these men are known as “bumsters.”
Table 2. Analysis of The Gambia HIV/AIDS Rapid Response Project

<table>
<thead>
<tr>
<th>PAD Provisions</th>
<th>Specific Reference to Gender in PAD</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **A. Project Development Objective** | • **Key Performance Indicators:**  
  ■ “Stabilize and reduce the prevalence of HIV among pregnant women.” | • Further disaggregate youth (15 to 24 year olds) by sex.  
  ■ Include social indicators that address vulnerability/risk factors for women and men, e.g. “% of women leaving commercial sex trade to participate in alternative income generating activities;” “percentage of girls attending school;” etc. |
  ■ Maintain the current low levels of the epidemic.  
  ■ Reduce its spread and mitigate its effects.  
  ■ Increase access to prevention services as well as care and support for those infected and affected. | | |
| **B. Strategic Context** | • “Empower women, youth, and other vulnerable groups at risk to take action to protect themselves against HIV/AIDS.”  
  ■ “Encourage delays in the onset of sexual activity among adolescents.”  
  ■ “Promote reductions in the number of sexual partners.”  
  ■ “Empower women and girls to reduce their risk of, and vulnerability to, HIV...” | • “Support to capacity building and policy development in the various sectors” should involve attention to gender issues.  
  ■ Training of government staff, teachers, and health professionals should include attention to gender issues and vulnerabilities. |
| • Sector Issues and Strategic Choices | | |
| **C. Project Description Summary** | • Project components:  
  ■ Civil society and private sector initiatives: “Support to high-risk groups and priority target groups” (including commercial sex workers and their clients, long distance transport workers, prisoners, etc.)  
  ■ Target population:  
   ■ High risk group: “commercial sex workers (men and women) and their clients (primarily men), truck drivers or long distance transport personnel (primarily men), migrant workers, and those already infected.  
   ■ Priority target group: “women, youths ages 15-24, orphans, and line Department personnel such as educators, health workers, the tourist industry and personnel in uniform.” | • Capacity building: include gender issues in the training of staff in the public sector, the private sector, and civil society.  
  • Public sector (Ministries): incorporate relevant gender issues for the populations they serve in their HIV/AIDS Action Plans.  
  • Civil society & private sector: encourage organizations to include or strengthen existing attention to gender issues that receive little attention (e.g., violence against women, homosexuality, CSW).  
  • Monitoring and evaluation: assess differential impact of project on women and men; particularly within the target group of 15-24 year olds.  
  • Policy and institutional reforms: Explicit references should be made to policies to protect women’s property rights; address domestic violence, sexual assault, sexual coercion, FGM and CSW (including males and children). |
| • Key Policy and Institutional Reforms Supported by the Project | | |
| **D. Benefits and Target Population** | | |
| | | |

continued on next page
• **Sexual Norms:** Existing norms that dictate ignorance and passivity for women in sexual interactions make it difficult for women to be informed about risk reduction or, even when informed, make it difficult for them to be proactive in negotiating safer sex.

• **Cultural Norms:** Traditional views of women’s roles as caretakers lead them to stay home and take care of ill family members. Since approximately 84 percent of women in The Gambia’s agricultural sector are subsistence farmers, HIV/AIDS may increase poverty by threatening the household’s food availability.

• **Female Genital Mutilation:** Between 60 and 90 percent of girls in The Gambia undergo this procedure, which is performed at varying ages (shortly after birth to 18 years old). FGM increases the likelihood of HIV infection, either due to infection during the procedure, or to infection and cuts resulting from the procedure, which give easy access to the HIV virus.

• **Sexually Transmitted Infections:** Research indicates that the risk of becoming infected with HIV during vaginal intercourse without a condom is as much as 2-5 times greater for women than men. The presence of an STI increases this risk. A rapid STI assessment in The Gambia, conducted in 1994, showed that one in three pregnant women had signs of an STI.

• **Legal Issues/Enforcement of Laws:** Traditional divorce and inheritance laws and practices in The Gambia place women at a disadvantage in terms of the distribution of assets and property.

• **Violence Against Women:** Several women’s organizations suggest that, in The Gambia, domestic violence and sexual abuse/coercion are fairly common, but there are no studies indicating the extent of these problems.
• **Long Distance Employment:** Many men in The Gambia are engaged in long distance employment, such as migrant workers and truck divers. They are more likely to have multiple sexual partners and are therefore at increased risk for HIV infection.

• **Homophobia and Taboo Surrounding Homosexuality:** In The Gambia, the stigma and fear associated with homosexuality forces men who have sex with men to keep their sexual behavior secret and deny their sexual risk, thereby increasing their own risk, as well as the risk of their partners—female or male.

Guinea

Credit Amount (US $ m): 20.30
Effectiveness Date: 04/03/2003

A 2001 study indicated that prevalence of HIV among pregnant women was 4.4 percent, with even higher rates in Conakry (5 percent). The predominant means of transmission is heterosexual.

Gender-based vulnerabilities to HIV/AIDS in Guinea

• **Poverty:** Approximately 40 percent of households are below the poverty line. But, because of traditional gender roles, which limit women’s access to education, resources, and household income, Guinean women experience greater poverty than do men. This makes women and young girls vulnerable to HIV infection by pushing many of them to exchange sex for gifts or money, and by reducing their power to negotiate safe sex. This is particularly true among the large numbers of street children, and child prostitution is a serious problem in Guinea. These young girls are also vulnerable to sexual assault and coercion.

• **Sexual norms:** Existing norms that dictate ignorance and passivity for women in sexual interactions make it difficult for women to be informed about risk reduction or, even when informed, make it difficult for them to be proactive in negotiating safer sex.

• **Cultural Norms:** Traditional views of women’s roles as caretakers lead them to stay home and take care of ill family members. Since women are responsible for nearly 80 percent of the country’s food crop production, HIV/AIDS may increase poverty by threatening the household’s food availability. Additionally, young girls may be removed from school to care for sick relatives, thus further promoting existing gender disparities in education (gross primary enrolment is approximately 68 percent for boys and 40 percent for girls).

• **Dislocation:** In Guinea, there are large numbers of refugees from neighboring Sierra Leone. There are generally more women than men among these populations, and poverty is rampant. Such women are particularly at risk for sexual violence and coercion, and are more likely to exchange sex for valuable resources such as food or money.

• **Female Genital Mutilation:** Between 65 and 90 percent of girls in Guinea undergo this procedure, and infibulation, the most dangerous form, is practiced in the forest region. FGM increases the likelihood of HIV infection, either due to infection during the procedure, or to infection and cuts resulting from the procedure, which give easy access to the HIV virus.

• **Long Distance Employment:** Many men in Guinea are engaged in long distance employment, such as miners and truck drivers. They are more likely to have mul-
### Table 3. Analysis of Guinea Multi-Sectoral AIDS Project (MAP)

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<thead>
<tr>
<th>PAD Provisions</th>
<th>Specific Reference to Gender in PAD</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>A. Project Development Objective</strong></td>
<td>• Key Performance Indicators: ■ “Keep the HIV prevalence among 15 to 24 year old urban pregnant women below 5% by 20006.” ■ “100% of truck stops offer an HIV/AIDS prevention program to drivers” <em>(mostly male)</em></td>
<td>• Further disaggregate youth (15 to 24 year olds) by sex. • Include social indicators that address vulnerability/risk factors for women, e.g. “% of women leaving commercial sex trade to participate in alternative income generating activities;” “percentage of girls attending school;” etc. (Many male vulnerability/risk factors are already addressed)</td>
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<tr>
<td>• Mitigate socioeconomic impact of HIV/AIDS within framework of poverty reduction strategy.</td>
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<tr>
<td>• Limit and reverse the trend of the epidemic by preventing new infections.</td>
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<tr>
<td>• <strong>Key Performance Indicators</strong></td>
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<td></td>
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<tr>
<td><strong>B. Strategic Context</strong></td>
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<td></td>
</tr>
<tr>
<td>• Sector Issues and Strategic Choices</td>
<td>• “Subordinate status and lack of empowerment among women” contribute to the spread of the virus.</td>
<td>• Targeting high-risk groups such as truck drivers and miners, is important. Strategic choices should also discuss how the project will address women, and the root causes of their vulnerability/risk (which the project identifies as “women’s subordinate status” and “lack of empowerment”).</td>
</tr>
<tr>
<td><strong>C. Project Description Summary</strong></td>
<td>• Strategic choices include prevention efforts among truck drivers and miners (mostly men).</td>
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<tr>
<td>• Project Components</td>
<td></td>
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<tr>
<td>• Capacity Building</td>
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<tr>
<td>• Public Sector Initiatives: “The project will support the PMTCT program.” The Ministry of Transport and Public Works will focus on male high-risk groups such as truck drivers.</td>
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<tr>
<td>• <strong>Target population</strong></td>
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<tr>
<td>• Youth, women, and high-risk groups (sex-workers, truck drivers, military, and miners)</td>
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</tr>
<tr>
<td><strong>Key Policy and Institutional Reforms Supported by the Project</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Benefits and Target Population</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Capacity building</strong>: include gender issues/vulnerabilities that facilitate the spread of the virus in the training of staff in the public sector, the private sector, and civil society.</td>
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<tr>
<td><strong>Public sector (Ministries)</strong></td>
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<tr>
<td><strong>Civil society &amp; private sector</strong>: encourage organizations to include or strengthen existing attention to gender issues that receive little attention (e.g., violence against women, homosexuality, CSW).</td>
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<tr>
<td><strong>Monitoring and evaluation</strong>: assess differential impact of project on women and men.</td>
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<tr>
<td><strong>Policy and institutional reforms</strong>: Proposed reforms should address policy, legal and institutional issues to protect women’s property rights, domestic violence, sexual assault, sexual coercion, FGM and all forms of prostitution (including male and child)</td>
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Multiple sexual partners and are therefore at increased risk for HIV infection.

- **Homophobia:** Homosexuality is illegal in Guinea, and homosexuals are sometimes the victims of severe hate crimes. The stigma and fear associated with homosexuality forces men who have sex with men to keep their sexual behavior secret and deny their sexual risk, thereby increasing their own risk, as well as the risk of their partners—female or male.

**Senegal**
Credit Amount (US$m): 30.0
Effectiveness Date: 02/07/2002

In Senegal, approximately 1.77% of the population is believed to be infected with HIV—40,000 women, 36,000 men, and 3,300 children. The predominant means of transmission is heterosexual.

**Gender-based vulnerabilities to HIV/AIDS in Senegal**

- **Poverty:** In Senegal, women are more likely to be poor than men, due primarily to lack of access to critical resources such as land, credit, education, and technology. This makes women more dependent on men while reducing their power to negotiate safe sex. Moreover, poverty has driven many women and young girls into commercial sex work, a practice fueled by the large tourist industry.

- **Sexual norms:** Existing norms that dictate ignorance and passivity for women in sexual interactions make it difficult for women to be informed about risk reduction or, even when informed, make it difficult for them to be proactive in negotiating safer sex.

- **Cultural Norms:** Traditional views of women’s roles as caretakers lead them to stay home and take care of ill family members. As the HIV virus spreads, this has a direct impact on the education of girls and on food availability (given that women in Senegal are primarily employed in the agricultural sector and in subsistence farming). Additionally, young girls may be removed from school to care for sick relatives before boys, thus further promoting existing gender disparities in...
Table 4. Analysis of the Senegal HIV/AIDS Prevention and Control Project

<table>
<thead>
<tr>
<th>PAD Provisions</th>
<th>Specific Reference to Gender in PAD</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Project Development Objective</strong></td>
<td>• Key Performance Indicators: most are gender-specific; examples include:</td>
<td>• Include a performance indicator that focuses on 15-19 year old girls (as well as boys, who are already listed in the project).</td>
</tr>
<tr>
<td>■ Prevent the spread of HIV/AIDS by reducing transmission among the high risk groups.</td>
<td>■ “65% of adult males report using a condom with a casual partner during their last sexual encounter.”</td>
<td>• Include social indicators that address vulnerability/risk factors for women and men, e.g. “% of women leaving commercial sex work to participate in income generating activities;” “% of long distance workers who have access to condoms;” etc.</td>
</tr>
<tr>
<td>■ Expand access to treatment, care and support of people living with HIV/AIDS.</td>
<td>■ “Knowledge of at least two methods of protection against HIV/AIDS among women (20-49 year-olds) increases to 80%.”</td>
<td>• Strategic choices should also discuss how the project will address the root causes of vulnerability/risk (which the project identifies as “women’s subordinate status” and “low literacy—especially among rural women”).</td>
</tr>
<tr>
<td>■ Support civil society and community initiatives.</td>
<td>• Key Performance Indicators</td>
<td>• Capacity building: include gender issues/vulnerabilities that facilitate the spread of the virus in the training of staff in the public sector, the private sector, and civil society.</td>
</tr>
<tr>
<td><strong>B. Strategic Context</strong></td>
<td>• Project components:</td>
<td>• Public sector (Ministries): “The ministry in charge of women will work with the Ministry of Social Development to include HIV/AIDS prevention activities in existing women’s groups’ plans of action, focusing on gender-related issues and socio-cultural barriers that could increase the spread of AIDS.” This approach should be extended to other ministries, and in programming directed at male populations.</td>
</tr>
<tr>
<td>• Sector Issues and Strategic Choices</td>
<td>■ Public Sector Initiatives: “the design, implementation and evaluation of IEC programs aimed at specific audiences such as adolescents (both genders) in and out of school, women, youth, men in uniform, and high risk groups such as CSW and MSM.”</td>
<td>• Civil society &amp; private sector: encourage organizations to include or strengthen existing attention to gender issues that receive little attention (e.g., violence against women, homosexuality, CSW).</td>
</tr>
<tr>
<td>• Key Policy and Institutional Reforms Supported by the Project</td>
<td>■ Civil society and private sector initiatives: 70% of IDA resources will go to financing community activities aimed at, among others, “the reduction and containment of HIV infection and transmission among women, newborns, adolescents and high risk groups.”</td>
<td>• Monitoring and evaluation: assess differential impact of project on women and men.</td>
</tr>
<tr>
<td>• Benefits and Target Population</td>
<td>■ Monitoring and evaluation: gender disaggregated indicators will allow the project to monitor its impact on distinct groups of men and women.</td>
<td>• Policy and institutional reforms: policy and institutional changes</td>
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<td></td>
<td>• Target population: includes youth (in and out of school); women; CSW; populations with signs and symptoms of STIs; workers; armed forces; migrants; health workers; MSM; prisoners; other groups.</td>
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*Note: The table continues on the next page.*
education (the illiteracy rate for 15-24 year-olds is 41 percent for males and 59 percent for females).

- Female Genital Mutilation: It is estimated that about 20 percent of Senegalese girls undergo the procedure. Infibulation, the most extreme and dangerous form of FGM, is practiced by the Toucouleur and Fulani peoples.

- Legal issues/enforcement of laws: Despite constitutional protections, women face extensive discrimination, and the Government frequently fails to enforce anti-discrimination laws. This is particularly true in rural areas, where women normally receive a lower proportion of the assets distributed through inheritance and divorce than do male relatives and men respectively. Additionally, in Senegal, men are legally considered heads of household, and therefore women pay higher taxes than men for equal wages, and employers pay child allowances to men and not women.

- Violence Against Women: There are credible reports that, in Senegal, domestic violence and sexual abuse/coercion are fairly common. In fact, several women’s groups have formed to address this problem.

- Long Distance Employment: Many men in Senegal are engaged in long distance employment, such as migrant workers, maritime crews, and construction workers. A 1998 study indicated that only 63 percent of all truck drivers had access to condoms.

- Incarceration: Prisoners in Senegal are primarily male. A 1998 study indicated...
that approximately 93 percent of them had knowledge of HIV-related preventive practices, yet only 56 percent of them had access to condoms.

- **Homophobia and Taboo Surrounding Homosexuality**: Homosexuality is illegal in Senegal.

**Sierra Leone**

Credit Amount (US$m): 16.0  
Effectiveness Date: 07/01/2002

The latest HIV surveillance, conducted in 1997, estimated that the adult prevalence of HIV in Sierra Leone was 3.2 percent, and the main mode of transmission was heterosexual contact.

**Gender-based vulnerabilities to HIV/AIDS in Sierra Leone**

- **Poverty**: Sierra Leone is one of the poorest countries in the world, with a life expectancy of 38.4 years and a GDP per capita of $448. Women lack adequate access to productive assets including land, credit, training and technology, and are therefore generally poorer than men. This makes women and young girls vulnerable to HIV infection by pushing many of them to exchange sex for food, gifts, and/or money, and by reducing their power to negotiate safe sex. This is particularly true among the large numbers of street children, who are also vulnerable to sexual assault and coercion.

- **Dislocation**: Because of civil strife, there are large numbers of refugees and dislocated persons. There are generally more women than men among these populations, and poverty is rampant. Such women are particularly at risk for sexual violence and coercion, and are more likely to exchange sex for valuable resources such as food or money.

- **Violence Against Women**: Gender violence, such as sexual assault, sexual coercion, and domestic violence within households, is a major problem in Sierra Leone. Rape and sexual slavery have been used as war tactics, affecting huge numbers of women.

- **Sexual Norms**: Existing norms that dictate ignorance and passivity for women in sexual interactions make it difficult for them to be informed about risk reduction or, even when informed, make it difficult for them to be proactive in negotiating safer sex.

- **Cultural Norms**: Traditional views of women’s roles as caretakers lead them to stay home and take care of ill family members. Given limited access to formal sector employment, women in Sierra Leone resort mainly to food production and petty trading. Therefore, HIV/AIDS may increase poverty by threatening the household’s food availability. Additionally, young girls may be removed from school to care for sick relatives, thus further promoting existing gender disparities in education.

- **Female Genital Mutilation**: It is estimated that up to 90 percent of girls in Sierra Leone undergo this procedure, and the form practiced is excision.

- **Sexually Transmitted Infections**: Limited studies on former girl captives in Sierra Leone indicate that up to 99 percent of them test positive for STIs, often having multiple infections.

- **Legal Issues/Enforcement of Laws**: Traditional divorce and inheritance laws and
Table 5. Analysis of the Sierra Leone HIV/AIDS Response Project (SHARP)

<table>
<thead>
<tr>
<th>PAD Provisions</th>
<th>Specific Reference to Gender in PAD</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>A. Project Development Objective</strong></td>
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<tr>
<td>■ Contribute to reducing HIV/AIDS prevalence.</td>
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<tr>
<td>■ Mitigate the impact of HIV/AIDS on persons infected or affected by HIV/AIDS.</td>
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<tr>
<td>■ Key Performance Indicators</td>
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<td>&quot;By the end of the project 70% of youth, women, commercial sex workers (women), uniformed services (primarily men), and ex-combatants (men) can cite at least two major modes of HIV/AIDS transmission and at least two methods of protection.&quot;</td>
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<td>&quot;By the end of 2006, an appreciable number of sex workers will have left the trade and received skills to establish small micro enterprises.&quot;</td>
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<td><strong>B. Strategic Context</strong></td>
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<tr>
<td>■ Sector Issues and Strategic Choices</td>
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<tr>
<td>■ The project acknowledges that &quot;fully integrating gender into HIV/AIDS strategies and plans&quot; is important.</td>
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<td>■ &quot;The Ministry of Social Welfare, Gender, and Children's Affairs will monitor gender inclusion in activities undertaken by other line ministries and implementing NGOs.&quot;</td>
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<tr>
<td><strong>C. Project Description Summary</strong></td>
<td></td>
<td></td>
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<tr>
<td>■ Project Components</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Public Sector Initiatives: &quot;The Ministry of Social Welfare, Gender, and Children's Affairs will monitor gender inclusion.&quot;</td>
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<tr>
<td>■ Civil society and private sector initiatives: Activities will include &quot;support to high-risk groups such as CSW and vulnerable groups subject to sexual abuse and discrimination;&quot; &quot;assistance to women.&quot;</td>
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</tr>
<tr>
<td><strong>Further disaggregate &quot;youth&quot; and &quot;adults&quot; by sex.</strong></td>
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<tr>
<td><strong>Capacity building:</strong> continue to include gender issues/vulnerabilities that facilitate the spread of the virus in the training of staff in the public sector, the private sector, and civil society (such as was done with the Training of Trainers Workshop for Engendering HIV/AIDS for Development in Sierra Leone [February, 2002] funded by the GENFUND).</td>
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Table 5 (continued)

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<tr>
<th>PAD Provisions</th>
<th>Specific Reference to Gender in PAD</th>
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<tbody>
<tr>
<td>Monitoring and Evaluation: “A social and gender assessment was contracted to national consultants. This report provides a baseline for SHARP. Similar efforts will be undertaken during the life of the project, and until completion, along with other performance and monitoring evaluation exercises.”</td>
<td></td>
<td>• Public sector (Ministries): incorporate relevant gender issues for the populations they serve in their HIV/AIDS Action Plans. Additionally, ministries can help target the root causes of men and women’s vulnerability/risk to HIV/AIDS. For example, the Ministry of Defense “has developed plans to address HIV/AIDS within the armed forces, including policies addressing the rights of PLWA.” This ministry could also address violence against women.</td>
</tr>
<tr>
<td>Target population: include youth (in and out of school); women, orphans and other vulnerable children, commercial sex workers and their clients; uniformed services and ex-combatants; refugees and internally displaced persons; transport and education workers; health workers including traditional healers and birth attendants; and miners and other workers in the private sector.</td>
<td></td>
<td>• Civil society &amp; private sector: encourage organizations to include or strengthen existing attention to gender issues that receive little attention (e.g., violence against women, homosexuality, CSW).</td>
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<tr>
<td>• Social: The project seeks to “increase community awareness and accountability surrounding gender and vulnerable children’s issues” and “destigmatize PLWA and others affected by the disease, especially women and children, who are more likely to be stigmatized and discriminated against.”</td>
<td></td>
<td>• Policy and institutional reforms: Support policy and institutional changes to protect groups identified as particularly vulnerable (such as in the target population) E.g., address violence against women; female inheritance and property rights; FGM; male commercial sex work; etc.</td>
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<tr>
<td>A social and gender assessment was undertaken (see M&amp;E above).</td>
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<td>• The project components should each address the root causes of vulnerability/risk.</td>
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<tr>
<td>• The project seeks to raise awareness regarding gender issues throughout its various components. Similar efforts should be included to address the root causes of vulnerability/risk to HIV/AIDS, particularly for women and children.</td>
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D. Project Rationale
• Lessons Learned and Reflected in the Project Design

E. Summary Project Analysis
• Social

Source: Sierra Leone HIV/AIDS Response Project (SHARP) - Project Appraisal Document (P073883).
practices in Sierra Leone place women at a disadvantage in terms of the distribution of assets and property.

- **Homophobia and Taboo Associated with Homosexuality**: In Sierra Leone, the stigma and fear associated with homosexuality forces men who have sex with men to keep their sexual behavior secret and deny their sexual risk, thereby increasing their own risk, as well as the risk of their partners—female or male. UNAIDS data indicate that, in 1996 and 1997, approximately 11 percent of the HIV infections in men were caused by homosexual contact between men.
In Sub-Saharan Africa HIV/AIDS is transmitted predominantly through sexual contact. Because gender norms are intrinsically tied to sexual behavior, any prevention efforts should include attention to gender issues, and vulnerability/risk factors should be included in all HIV/AIDS programming and policy. Thus, just as there is an effort to mainstream HIV/AIDS programming and policy into various sectors, so too should there be an effort to mainstream gender issues into HIV/AIDS programming and policy.

**Main Findings**

This report has provided a snapshot of how gender issues are being integrated in five HIV/AIDS projects in the Africa Region, with examples of text from each of the projects. It is a first step in ensuring that gender issues are mainstreamed in all Bank HIV/AIDS projects, and indicates areas that require additional attention. Many projects in the Africa Region have already taken important steps toward integrating gender considerations in the following manner:

- Key performance indicators are gender-specific and address some vulnerability/risk factors.
- Acknowledgement that gender disparities and poverty are key drivers of the epidemic.
- Identification of vulnerable groups (including women, young girls, orphans) and inclusion in the target population.
- Identification of at risk-groups (such as CSWs and long-distance workers) and inclusion in the target population.
- Focus on increasing direct aid to communities through NGOs and CBOs working on HIV/AIDS, including women’s organizations.

**Remaining Challenges**

Mainstreaming gender issues in the fight against HIV/AIDS in Africa will require continuing commitment, creativity, and persever-
Findings and Recommendations

As noted in the listing of vulnerability and risk factors for each project, there are many important gender issues related to HIV/AIDS. Some of these were mentioned briefly, but still require significant amount of in-depth review, especially in country and project settings, in order to provide concrete empirical evidence of their relevance, importance and impacts on the spread of AIDS. Further, identification of the gender-based vulnerabilities and risk is only the beginning of the process of developing the most appropriate interventions. Although MAP manuals exist on various aspects of the implementation of MAP projects, they contain little information on the topics and issues discussed in this baseline assessment. Most of them could benefit from addressing some of the key questions outlined in the checklist shown in Box 3 below. And all projects require guides and tools to assist with better integration of gender issues during implementation, supervision and monitoring.

Recommendations and Next Steps

The World Bank and client countries’ multi-sectoral approach to fighting the HIV/AIDS epidemic involves mainstreaming HIV/AIDS programming and policy in public institutions, and increasing aid to NGOs and CBOs for HIV/AIDS-related programs. This approach presents multiple opportunities to incorporate gender-based vulnerabilities in project design and implementation. Due to the standard format of the PAD, this report recommends that the main sections should be considered as key entry points for the integration of gender concerns. Some of the projects contain excellent examples of how these entry points have been used, and they are identified in the following recommendations and elaborated upon in Table A1 in the Annex presents additional general recommendations for client countries’ HIV/AIDS strategies and plans.

Box 3. How Gender-Sensitive is Your Work?

1. Are all program implementers able to address gender issues?
2. Are women’s organizations involved in policy and program development and decision-making processes?
3. Do your interventions combat violence against women and girls (active policy goals, educational programs, legislation)?
4. Do your programs consider differences in gender roles, access to resources and decision-making that affect women’s and men’s abilities to protect themselves?
5. Do your programs call for gender-based sexual health education in school curricula?
6. Do your programs encourage couples, parents and/or children to discuss sexual health?
7. Do your interventions aim to develop and strengthen men’s concern and caring for their families?
8. Do your education and communication programs encourage men to respect women’s rights to say “no” to sex or to request condom use?
9. When promoting safer sex, do your programs:
   • challenge double standards between men and women regarding a) teenage sexuality, b) casual sex, and c) sex outside marriage?
   • address difficulties in condom use from women’s and men’s perspectives?
   • teach both women and men how to use condoms?
   • promote easy access to condoms for women and men?
   • enhance women’s and men’s skills in negotiating safer sex?
   • enhance women’s self-confidence?
   • address sexual abuse/assault/coercion?

Source: UNAIDS, Best Practice Digest; UNFPA. Sixteen ways UNFPA is fighting HIV/AIDS.
• **Performance indicators:** Cape Verde, Senegal, Sierra Leone and Guinea.

• **Capacity building:** Sierra Leone.

• **Public sector initiatives, such as among main line ministries and the educational system:** Senegal.

• Civil society and private sector initiatives: Cape Verde.

• **Monitoring and evaluation:** assess the differential impacts of the project on males and females, and on existing vulnerability and risk factors.

• **Key policy and institutional reforms:** include reforms that will decrease vulnerability/risk to HIV/AIDS for both men and women.

In addition to these recommendations, this report proposes future actions to address the challenges outlined above. These next steps will lead to further inclusion of gender issues in HIV/AIDS interventions in a concrete and comprehensive manner. They will set the stage for better mainstreaming of gender issues in MAP Operations and Monitoring and Evaluation Manuals, and assist project staff in operationalizing the implications of the gender-based vulnerability and risk factors outlined in this report:

• **Toolkit:** Develop a toolkit that would include critical issues such as: the roles of men, women, boys and girls in African societies; gender identities and sexual relations; reproductive and sexual health—with particular attention to adolescents’ access to this information; adolescent health and youth issues; homosexuality and MSM issues, etc. These could include checklists such as those presented in Box 3.

• **Key entry points:** Finalize a list of key entry points for including gender issues in HIV/AIDS interventions at different levels, such as national strategies and local government interventions, etc. Annex 1 presents some examples of key entry points in client countries’ national strategies.

• **Good practices and promising approaches:** Identify and disseminate best practices and the most effective manner of addressing HIV/AIDS in a gender-sensitive manner in various settings.

• **Capacity building:** Incorporate gender-specific issues and questions related to HIV/AIDS in training and capacity building programs within the Bank and at national and local levels.
### Table 6.

<table>
<thead>
<tr>
<th>PAD Provisions</th>
<th>Recommendations</th>
<th>Gender-Sensitive Examples</th>
</tr>
</thead>
</table>
| **A. Project Development Objective**  
  • Project Development Objective  
  • Key Performance Indicators should: | • Key Performance Indicators:  
  1. Be gender-specific (wherever possible).  
  2. Take into account existing gender differences in sexual behavior.  
  3. Include social indicators that address vulnerability/risk factors for men and women. |  
  1. **Cape Verde:** “By 2005, reduce by 20% the HIV prevalence among women attending ante-natal care clinics.”  
  2. **Senegal:** “Knowledge of at least two methods of protection against HIV/AIDS among women increases to 80%.”  
  3. **Sierra Leone:** “By the end of 2006, an appreciable number of sex workers will have left the trade and received skills to establish small micro enterprises.”  
  4. **Guinea:** “100% of truck stops offer an HIV/AIDS prevention program to drivers” *(mostly male)* |
| **B. Strategic Context**  
  • Sector Issues and Strategic Choices | • Strategic Choices:  
  1. Include attention to gender issues in overall strategy.  
  2. Include attention to how gender issues influence the spread of the virus in efforts to mainstream HIV/AIDS into all sectors of government and civil society. | • **Strategic Choices:**  
  1. **The Gambia:** Prevention strategies include “Empower women and girls to reduce their risk of, and vulnerability to, HIV infection.”  
  2. **Sierra Leone:** “The Ministry of Social Welfare, Gender, and Children’s Affairs will monitor gender inclusion in activities undertaken by other line ministries and implementing NGOs.” |
| **C. Project Description Summary**  
  • Project Components  
  1. Capacity Building  
  2. Public Sector Initiatives  
  3. Civil Society and Private Sector  
  4. Monitoring and Evaluation  
  • Key Policy and Institutional Reforms Supported by the Project  
  • Benefits and Target Population | • Project components: All components should focus on gender issues and/or vulnerability/risk factors (particularly as identified in the target population).  
  1. **Capacity Building:** include gender issues in the training of staff in the public sector, the private sector, and civil society.  
  2. **Public Sector Initiatives:** Incorporate relevant gender issues for the populations they serve in their HIV/AIDS Action Plans.  
  3. **Civil Society & Private Sector:** Encourage organizations to include gender issues and/or vulnerabilities in their work | • **Project components:**  
  1. **Sierra Leone:** “Training of Trainers Workshop for Engendering HIV/AIDS for Development in Sierra Leone (February, 2002).”  
  2. **Senegal:** The project will support a government multi-sector program, which includes “the design, implementation and evaluation of IEC programs aimed at specific audiences such as adolescents (both genders) in and out of school, women, youth, men in uniform, and high risk groups such as CSW and MSM.”  
  3. **Cape Verde:** Project includes “targeted support to orphans, guardians of poor orphans, and AIDS-stricken impoverished households, including those headed by women, young people, and the elderly.”  
  4. N/A. |
Table 6 (continued)

<table>
<thead>
<tr>
<th>PAD Provisions</th>
<th>Recommendations</th>
<th>Gender-Sensitive Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Monitoring and Evaluation:</td>
<td>Assess the differential impact of project on women and men based on gender-sensitive indicators; assess progress on decreasing vulnerability/risk factors for men and women.</td>
<td>• Key Policy and Institutional Reforms: 1. N/A</td>
</tr>
<tr>
<td>• Key Policy and Institutional Reforms:</td>
<td>1. Consider reforms that decrease vulnerability/risk factors for both men and women (e.g., changes in laws that afford women greater property rights, increased education for women, protecting women from male violence, acknowledging male prostitution, etc.)</td>
<td>• Target Population: 1. The Gambia: High risk groups include “commercial sex workers and their clients, truck drivers or long distance transport personnel, migrant workers, and those already infected.”</td>
</tr>
<tr>
<td>• Target Population:</td>
<td>Include both at-risk and vulnerable groups of males and females.</td>
<td></td>
</tr>
<tr>
<td>• Lessons Learned:</td>
<td>Include the fact that various gender-specific vulnerability and risk factors are key drivers of the epidemic.</td>
<td>• Lessons Learned: 1. Senegal: The project acknowledges that focusing on vulnerability/risk factors and high risk groups is essential for future success. “The combination of poverty, illiteracy and gender disparities exacerbate exposure to the virus.” For this reason the project will target these groups with differential information geared to behavior change, and will also pilot some income-generating activities.</td>
</tr>
<tr>
<td>E. Summary Project Analysis</td>
<td>• Social: 1. Social development outcomes: include the gender-specific impacts of the project on gender-based vulnerability and risk factors.</td>
<td>• Social: 1. Sierra Leone: The project seeks to “increase community awareness and accountability surrounding gender and vulnerable children’s issues” and “destigmatize PLWA and others affected by the disease, especially women and children who are more likely to be stigmatized and discriminated against.”</td>
</tr>
<tr>
<td>• Social:</td>
<td></td>
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</tbody>
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Eligibility criteria for MAP funds include:

- Satisfactory evidence of a strategic approach to HIV/AIDS, developed in a participatory manner;

- Existence of a high-level HIV/AIDS coordinating body, with broad representation of key stakeholders from all sectors, including people living with HIV/AIDS;

- Government commitment to quick implementation arrangements, including channeling grant funds for HIV/AIDS activities directly to communities, civil society, and the private sector; and

- Agreement by the government to use multiple implementation agencies, especially NGOs/Community Based Organizations.

Therefore, including gender issues in borrower’s strategies and plans is critical to mainstreaming gender throughout the project. The following are suggestions regarding how this might be achieved:
Key Entry Points for Incorporating Gender Issues

A. HIV/AIDS National Strategy Plan
   1. Creation of the Plan
   2. Content of the Plan

   **Suggestions**
   1. **Creation of the Plan:** Include the following groups of people in its formulation:
      - Women
      - Members from NGO and CBO already working on gender issues
      - Men and women living with HIV/AIDS
   2. **Content of the Plan:**
      a. Analysis of the situation:
         - Identify vulnerable and at risk groups
         - Identify social and/or economic conditions that create gender specific vulnerabilities
      b. Strategies and objectives
         - Identify concrete strategies to target vulnerable and at risk groups
         - Identify concrete strategies to reduce specific male and female vulnerabilities by addressing the social and/or economic conditions that create such vulnerabilities in the first place.

B. Public Multi-Sectoral Action Plans
   1. Main line ministries serving primarily male populations
   2. Main line ministries serving primarily female populations
   3. Main line ministries serving both female and male populations

   ■ All main line ministries have an important role to play in terms of mainstreaming gender issues in the fight against the HIV/AIDS epidemic.
   1. Action plans for **ministries serving primarily male populations** should include a focus on:
      - Reducing the number of partners.
      - Fostering an ethic of responsibility (as a husband and/or father) for their partner’s and/or children’s health.
      - Respecting women’s rights to say “no” to sex, or to request condom use.
      - Open communication about sex and HIV/AIDS with both sons and daughters.
      - Information about heterosexual and homosexual transmittal of HIV/AIDS
   2. Action plans for **ministries serving primarily female populations** should include a focus on:
      - Encouraging women to be knowledgeable about sexual matters, including HIV/AIDS, and train them to negotiate safe sex.
      - Reinforcing women’s rights to say “no” to sex, or to request condom use.
      - Providing women with alternatives to risky relationships, such as income generating activities.
      - Open communication about sex and HIV/AIDS with both sons and daughters.

   3. Action plans for **ministries serving both female and male populations** should focus on both 1 and 2 above.

C. Capacity Building and Training
   1. Groups to be trained
   2. Content of training

   ■ Incorporating gender issues that are relevant to HIV/AIDS in all training is essential to the fight against this pandemic.
   1. **Groups to be trained**
      Trainers
      Personnel in every ministry participating in the project
      Health workers and counselors
      NGO and CBO members
Key Entry Points for Incorporating Gender Issues

2. **Content of training**: In addition to health-related information about HIV/AIDS, the following issues should also be included in training:
   - Defining gender.
   - Addressing how, in the specific country, gender is related to HIV/AIDS (e.g., cultural norms that dictate passivity and ignorance for women in sexual matters, and encourage multiple sexual partners for men)—preferably based on a country gender assessment.
   - Focusing on gender-related vulnerabilities or issues that are most salient for the population being targeted.
   - Providing ways to counter gender-related vulnerabilities (e.g., training women to negotiate safe sex, higher school enrolment for women, encouraging men to adopt an ethic of responsibility by restricting their unsafe sexual behaviors, etc.).

**D. School Curricula**

- Including HIV/AIDS information in school curricula is an effective way to reach large numbers of young people. Such information should be provided to youth at an early age, before they become sexually active. A gender-sensitive approach should focus on:
  - Communicating about sex
  - Incorporating a gender-specific skills based approach to negotiating safe sex:
    1. Girls: focus on being assertive, protecting self from infection, etc.
    2. Boys: focus on less partners, respecting women’s rights to refuse sex or request condom use, protecting self and partners from infection, etc.
  - Providing a range of safe choices, including abstinence, delayed sexual onset, AND condom use for both boys and girls.
  - Involving parents and community members
  - Making condoms available to both boys and girls
  - Teaching both boys and girls how to use male and female condoms.
Notes

Executive Summary

Chapter 1
  4. Ibid.
  7. Ibid.
Selected Bibliography

Books

Reports

Articles

Program and Project Documents