INTRODUCTION
In Zanzibar gender inequality is recognised as among the major obstacle to socio – economic development. It is also cited as one among the drivers of the HIV epidemic. The infection trends reveal a high male female ratio of 1:5. The infection rate is 0.2% and 0.9% among men and women respectively (Validation survey 2003)

ROOT CAUSES OF GENDER INEQUALITY IN ZANZIBAR
- Economic inequality
- Gender blind laws and policies
- Gender-based violence
- Power imbalance/unequal power relations
- Culture, tradition and socialisation

GUIDING TOOLS FOR GENDER MAINSTREAMING
3. Women Development Policy – guides actions and actors on aspects related to women development.
5. Gender Advocacy Strategy – calls for enhanced advocacy on gender mainstreaming at all levels.

UNDERSTANDING OF THE PROBLEM
To facilitate evidence based interventions, the following studies have been done:
3. Knowledge level, attitudes, practices, perceptions and biases of policy level decision makers, community leaders and NGOs (2004)

INTERVENTIONS:
- Revision of Spinsters Act
- Development of Guideline for Religious leaders to address gender issues in relation to HIV/AIDS and RH
- HIV/AIDS Trainings to men and women including house girls
- Provision of PEP for rape victims including awareness creation through meetings in communities and mass media by NGOs and MoH
- Mainstreaming of HIV/AIDS and gender issues in PRSP
- Establishment of institutional structures for coordination of mainstreaming work
- Addressing HIV among Commercial sex workers and Men who sex with Men through peer education and linking them to services

RESULTS
- Before, pregnant students were expelled from school but now may continue with their education.
- Before, religious leaders were not addressing gender and RH issues as part of HIV response but now they do by using the developed guideline
- PRSP 1 was weak in HIV and gender content but PRSP 2 has well mainstreamed HIV/AIDS and gender in all Cluster’s strategies
- Before only government ministries had Gender and HIV/AIDS focal persons but now the structure is up to the community level
- 91 people were trained on PEP between July - December at community level (non health)
- Before there were no programs addressing CSW and MSM but now Peer educators has reached 72 CSW and MSM
- At least 50 house maids reached with HIV/AIDS education and negotiation skills quarterly in urban district
- Increased awareness on HIV and gender issues

KEY ACTORS
- Government ministries, departments and agencies
- Non state actors: NGOs, FBOs, CBOs
- Development Partners (technical and financial assistances)