

Integrating Gender Issues into HIV/AIDS Programs

An Updated Operations Guide



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Preface

HIV/AIDS is a major development challenge that threatens to reverse the socioeconomic and health gains of the last few decades. The global pandemic is being tackled as a multisectoral development concern, rather than only as a public health concern, at both national and international levels. According to UNAIDS, one of the key lessons learned from the fight against HIV/AIDS is the importance of addressing gender inequality, which is “a contributing factor to the epidemic and needs to be addressed in the long term.” Accordingly, approaching HIV/AIDS programming from a gender perspective improves the effectiveness of national HIV/AIDS control strategies and international actions in support of national strategies.

To date, the World Bank has contributed approximately US\$4.4 billion to fight the HIV/AIDS pandemic. Since 2000, the Bank has provided over \$2 billion for HIV prevention, treatment, care, and support in more than 30 Sub-Saharan African countries and for five regional programs. Since 2006, Bank support has helped enable 4.3 million adults to receive HIV counseling and testing; funded over 50,000 civil society projects; and allowed 3 million pregnant women to receive antenatal care. In Sub-Saharan Africa, the epicenter of the pandemic, FY2010 lending for HIV/AIDS in Africa totaled \$55 million, including Lesotho (\$5 million), additional financing in Malawi (\$30 million) and Chad (\$20 million). FY11 pipeline projects under preparation will support national HIV/AIDS programs and health systems in Swaziland (IBRD) and Niger totaling \$50 million, as well as procurement of ARVs and HIV test kits through the proposed Mozambique Health Commodity Security

project. The Bank will continue to support national AIDS programs by focusing on sustained prevention efforts; strengthening health systems for improved delivery of health and social protection services, including HIV; addressing vulnerable groups; integrating gender and linkages with sexual and reproductive health; engaging key sectors to address the epidemic; and working with the middle-income International Bank for Reconstruction and Development (IBRD) countries of Southern Africa and in fragile and post-conflict states.

The extent to which these resources contribute to a sustainable response depends on how well the work addresses the gender-based cultural, social, economic, and legal vulnerabilities and risks that fuel and perpetuate the epidemic. In recent years, there has been a steady rise in the quality of analysis of both male and female gender-based risks and vulnerabilities in project design. However, follow-through on these issues during implementation and monitoring needs to be strengthened.

This updated Operations Guide offers practical examples of how to strengthen HIV/AIDS programs by integrating a gender perspective. Revised sections reflect the latest information about the epidemic, address breakthrough issues, and share new lessons learned. As such, it will be useful to national HIV/AIDS program management teams, national policy makers, public and non-public service providers, and World Bank staff. As this Operations Guide is a dynamic and evolving tool, the team welcomes additional practical and current examples from its users for inclusion in the future.

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome	MDG	Millennium Development Goal
APL	Adjustable program lending	MSM	Men who have sex with men
BCC	Behavior change communication	NAC	National AIDS Commission
BSS	Behavior surveillance survey	NAS	National AIDS Secretariat
CBO	Community-based organization	NGO	Nongovernmental organization
CHAI	Community HIV/AIDS initiative (Uganda MAP)	OVC	Orphans and other vulnerable children
CT	Counseling and Testing	PAD	Project Appraisal Document
CSO	Civil society organization	PCT	Project Coordination Team
CSW	Commercial sex worker	PLWHA	People living with HIV/AIDS
DRC	Democratic Republic of Congo	PMTCT	Prevention of Mother-to-Child Transmission
FBO	Faith-based organization	PSD	Program support documents
FGC	Female genital cutting	STI	Sexually transmitted infection
FGM	Female genital mutilation	SVG	St. Vincent and the Grenadines
GLR	Great Lakes Region	TA	Technical Advisor
HARRP	HIV/AIDS Rapid Response Project (The Gambia MAP)	TORs	Terms of reference
HFLE	Health and Family Life Education	TST	Technical support team
HIV	Human Immunodeficiency Virus	UNAIDS	Joint United Nations Programme on HIV/AIDS
IEC	Information, education, and communication	UNDP	United Nations Development Program
IDP	Internally displaced person(s)	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
IDU	Injecting drug use(r)	UNIFEM	United Nations Development Fund for Women
IGWG	Inter-Agency Gender Working Group	USAID	United States Agency for International Development
IPC	Interpersonal communication	VCT	Voluntary counseling and testing
MAP	Multicountry HIV/AIDS Program	WHO	World Health Organization
M & E	Monitoring and Evaluation		

All dollar amounts are US\$

1. Introduction

The objective of this Operations Guide is to provide tools needed to identify and analyze gender-specific issues and concerns in HIV/AIDS programs and to allow for appropriate provisions in HIV/AIDS operations to address these concerns more broadly. The ultimate goal is to enhance the effectiveness of HIV/AIDS interventions by ensuring that the gender inequalities that underlie the epidemic are addressed.

The Operations Guide provides specific guidance to national HIV/AIDS program management teams, public-sector ministries, private-sector entities, and nongovernmental and community-based organizations (NGOs, CBOs) implementing World Bank-financed HIV/AIDS programs and projects, as well as the World Bank's operational staff who design these programs and projects.

The Guide begins with definitions of some key concepts: *gender*, *sex*, *gender analysis*, and *gender mainstreaming* (see also annex 1 glossary). A basic understanding of these concepts will facilitate better identification of critical gender and HIV/AIDS issues in a given context, and selection of appropriate interventions to address these issues.

1.1. Gender and sex

Gender refers to the social construct that differentiates the roles, responsibilities, accompanying beliefs, norms, customs, and practices that define what are “masculine” and “feminine” attributes and behaviors.¹ Gender is not synonymous with “men” and “women.”

¹ WHO 2003.

Sex, on the other hand, refers to the biological and physiological characteristics that distinguish women from men. *Transgender* is the state of one's “gender identity” (self-identification as woman, man, neither, or both) not matching one's “assigned sex” (identification by others as male, female, or intersex based on physical or genetic sex).² Gender roles and norms are learned, change over time, and vary widely within and across cultures. Studies have shown that different gender roles result in disparities in male and female rights, responsibilities, and access to and control over resources and voice, at the household, community, and national levels. A result of these gender differences and disparities is that males and females often experience socioeconomic disadvantages, discrimination, and poverty in different ways; may have different priorities, constraints, and preferences with respect to development (and poverty reduction) interventions and benefits; and can contribute to and be affected differently by development interventions.

1.2. Gender analysis

Gender analysis is the systematic process of examining gender differences and inequalities in a given context, and the impact of gender-based inequalities on the lives of men and women. The focus of analysis is often on specific aspects or “domains” of social and cultural relations³ that may inhibit or facilitate achievement of

² <http://en.wikipedia.org/wiki/Transgender> accessed August 17, 2010.

³ USAID 2009.

program or project objectives. The critical domains are:

- ◆ *Access to and control of resources.* This includes analyzing the sexual division of labor, and the control women and men have over the inputs and outputs (benefits) of their labor. Resources include information, skills, education, and natural resources such as land.
- ◆ *Knowledge, beliefs, and perceptions (norms),* which to a large extent are influenced by how men and women are socialized from early childhood, and by their degree of access to different types of knowledge (what is deemed appropriate for women or men to know, for example).
- ◆ *Practices and participation (roles).* Analysis focuses on actual behaviors and norms and how these vary by gender, including how much autonomy is accorded to enable participation in and benefit from development activities including health, education, agriculture, social safety nets, and other socioeconomic services and programs.
- ◆ *Rights and status.* Within this domain, gender analysis examines how the laws of the land (customary and civil or formal legal codes) and related institutions may treat people of different genders (including those who are gay, bisexual, lesbian, or transgender).

Underlying all the above is **power**—to control resources and benefits and make decisions free of coercion.⁴ The degree of power exercised is in turn influenced by gender norms.

Gender analysis assists in determining the often differing development needs and preferences of men and women, as well as their different impacts on development. In addition, gender analysis takes into account how class, race, ethnicity, faith, age, and socioeconomic or other factors interact with gender to produce different, usually discriminatory, results. Gender inequities tend to aggravate the conditions of marginalized and at-risk populations, further increasing their vulnerability and impoverishment.

1.3. Gender mainstreaming

Gender mainstreaming is the process of considering and integrating the implications for females and males of legislation, policies, programs, and projects in all areas and sectors, and at all levels. It is a strategy for addressing the different concerns, perspectives, and experiences of males and females in all aspects of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres. The ultimate goal is to achieve gender equality and equity in responding to risk, vulnerability, and impact.

⁴ Ibid.

2. Why Integrate Gender Issues into HIV/AIDS Programs and Policies?

2.1. Gender and HIV/AIDS: What do we know?

In 2009, 33.4 million people were living with HIV worldwide. Just over half of them (15.7 million, or 50.2 percent) were women.⁵ Almost 94 percent of the HIV-infected population is of productive and reproductive age, between 15 and 49 years of age.

In 2008, there were about 2.7 million new HIV infections, most of which occurred in low- and middle-income countries. According to the World Health Organization (WHO), AIDS-related illness is the leading cause of death and disease among women of reproductive age in low- and middle-income countries, particularly in Africa.⁶ Sub-Saharan Africa is the region most ravaged by the epidemic: in 2008, Africans represented 67 percent of those people living with HIV/AIDS (PLWHA) worldwide. After Sub-Saharan Africa, Asia has the second highest number of people living with HIV, with India accounting for about half of PLWHA in Asia.

In many regions of the world, women's inferior social, economic, political and cultural status is compounded by their physical vulnerability⁷ to HIV infection

through heterosexual transmission. Where men engage in multiple and concurrent sexual partnerships and heterosexual transmission is the primary driver of the epidemic, the epidemic's "feminization" has been noted. In parts of Africa, the Caribbean, and Asia, female HIV prevalence is growing more rapidly than male prevalence. About 61 percent of infected adults in Sub-Saharan Africa are female; in the 15–24 age group, three-quarters of all PLWHA in Africa are female. In Côte d'Ivoire, for example, adult female and male HIV prevalence rates are 6.4 percent and 2.9 percent, respectively.⁸ Where multiple concurrent partnerships are common for both men and women, as in Southern Africa, HIV prevalence rates are even higher. In Asia, women with HIV accounted for 35 percent of the cases in 2008, nearly double the 19 percent of 2000.⁹

In Asia, the Caribbean, and other parts of the world, HIV transmission was previously concentrated in specific population groups—men who have sex with men (MSM), commercial sex workers (CSW), injecting drug users (IDU). Recently, however, the partners of the most at risk, including women engaged with MSM, partners of CSW clients, and sexual partners of IDU are becoming infected.

⁵ UNAIDS 2009.

⁶ WHO 2009.

⁷ Females are biologically more susceptible to infection from intercourse than males, as the vaginal walls are a greater surface area than a male's penis, and the tissues are more delicate and prone to breakage. This makes it easier for a male to transmit HIV to a female than female to male. A circumcised male is further

protected from HIV because the foreskin is a softer tissue than the rest of the penis. Similarly, in the case of MSM and anal sex, the inserter is more likely to transmit HIV to the receiver than from receiver to inserter because of the anus's and colon's surface and sensitivity.

⁸ WHO 2009.

⁹ UNAIDS 2009.

Box 2.1 HIV/AIDS in South-East Asia

Although the proportion of women in the region (33 percent) is lower than the global average (50 percent), trends indicate that “over time, the female-to-male ratio among reported HIV and AIDS cases has increased as males who engage in high-risk behaviours are increasingly infecting their female partners. In Thailand, the proportion of women among all reported AIDS cases has increased from 14 percent in 1990 to 39 percent in 2008; a third of all new infections in Thailand are now occurring among low-risk women from their husbands or regular partners. In Indonesia, 17 percent of new infections are among low-risk women from their infecting injecting and sexual high-risk male partners. Gender inequality, male dominance, stigma, low literacy and barriers to health-care services are some of the key issues responsible for higher vulnerability of women to HIV.”

Source: WHO 2009a.

Gender inequalities underpin the spread of the HIV/AIDS epidemic, and manifest themselves through norms and behaviors that, for example, shape attitudes toward sexual relationships and information sharing about sex, sexuality, sexual risk-taking, and fidelity, and encourage females to remain ignorant, passive, subordinate, and faithful in sexual relations, while simultaneously promoting the notion that men ought to be knowledgeable and experienced. This may prevent both sexes from accessing preventative or curative information and services.

2.2. Vulnerability factors

A series of vulnerability factors, that vary by sex, age, personal history, and context, influence individuals' engagement in risky behaviors.

Box 2.2 Gender, Vulnerability, and Care

“... (G)ender roles and relations directly and indirectly influence the level of an individual's risk and vulnerability to HIV infection. Gender is also a factor in determining the level and quality of care, treatment, and support that HIV-positive men and women receive, the burden of care taken on largely by women, and the negative economic and social consequences of AIDS.”

Source: WHO 2003a.

2.2.1 Determinants of female vulnerability

These include poverty, cultural and sexual norms that place a high value on sexual innocence, passivity, virginity, early marriage and motherhood, and limited empowerment that increases their economic dependence on males. Younger females face additional vulnerabilities. In the case of child and adolescent marriages or young females' sexual relationships with much older men,¹⁰ the age difference is a significant HIV risk factor for these wives¹¹ and girlfriends.

Other factors include legal issues that impede women's knowledge of and access to assets and opportunities (see below), information, and services; power differences between the sexes, particularly in sexual relations, that are associated with women's limited control over their own health and of the timing, context, and safety of intercourse; gender-based violence or threat of violence; and physiological factors that make women are more susceptible to HIV infection than men.

Transmission during sexual intercourse is almost twice as likely to lead to female infection as to male infection. There are several causes that may contribute to an increased risk of transmission.

¹⁰ UNAIDS 2009.

¹¹ Advocates for Youth 2008.

Box 2.3 The Costs of Social and Cultural Norms

Results from a study of adolescent sexual and reproductive health revealed that married female adolescents aged 15–19 in urban slums in Bangladesh are at heightened vulnerability to at-risk behaviors because they are disempowered by poverty and social and cultural norms, and by lack of information and options for informed decision making. Cultural and social norms contributed to 84 percent of surveyed women bearing a child before they were emotionally or physically mature; 72 percent of them reported being coerced into childbearing soon after marriage. Poverty and potential loss of income due to pregnancy and childbirth caused 17 percent to terminate their pregnancy, some of them reporting they were forced by other family members to do so.

Source: WHO 2005–07.

- ◆ Gender-based cultural practices: Female genital mutilation or cutting (FGM/FGC) may increase biological vulnerability to HIV and other sexually transmitted infections. Early marriage may increase the spread of the virus to young women and girls whose bodies are physically unready for intercourse; when the husband is much older, the young female may feel even less empowered to protect her body. Traditional practices of widow inheritance encourage multiple partnerships and may perpetuate HIV in cases where the widow lost her husband to HIV/AIDS.
- ◆ Laws and regulatory frameworks discriminate against women and reinforce their subordinate status in such spheres as property and inheritance rights; access to financial markets; marriage; employment; rape and sexual harassment; and reproductive rights.
- ◆ Female responsibility for caregiving reduces girls' and women's participation in productive and economic activities (including education) as the epidemic spreads. This, in turn, limits women's social and economic opportunities, further contributing to the cycle of poverty, lack of empowerment, and vulnerability to infection. Gender inequality is a serious obstacle to sustainable poverty reduction and socioeconomic development.

Box 2.4 Food and Vulnerability

According to a recent study in Botswana and Swaziland, women who lack sufficient food are 70 percent less likely to perceive personal control in sexual relationships, 50 percent more likely to engage in intergenerational sex, 80 percent more likely to engage in survival sex, and 70 percent more likely to have unprotected sex than women receiving adequate nutrition.

Source: UNAIDS 2008.

2.2.2 Determinants of male vulnerability

For males, risky behavior for HIV is associated with poverty, long-distance employment, civil unrest, displacement, incarceration, and cultural and sexual norms that encourage aggression, risk taking, early sex, and multiple and concurrent sexual partners. Traditional norms of masculinity may be more tolerant of alcohol consumption and use of drugs, both of which affect ability to negotiate safer sex and increase vulnerability and the likelihood of violence.¹²

Men who have sex with men (MSM) may be more vulnerable to HIV infection from a biological, cultural, and legal perspective. Physically, the receiver of

¹² USAID/IGWG 2004.

anal sex may experience pain and breakage that allow the HIV virus to enter his body. In addition, there is a dual stigma to being gay and being HIV-positive; in many developing countries, national laws and regulatory frameworks prohibit gay marriage and persecute homosexuality, sodomy or both. For example, this year in Malawi, a gay couple was sentenced to 14 years in prison after being convicted of “unnatural acts and indecency.” Only after pressure from human rights groups and the international community did the President of Malawi pardon them. However, this institutional stigma has a great effect on homosexuals and their health-care-seeking behavior. They may experience the emotional stress of having to conceal this aspect of their identity, resulting in depression or drug or alcohol use that makes them more likely to engage in high-risk behavior. MSM may also participate in casual, clandestine sexual acts where HIV status and condom use are not discussed.

MSM in prisons is also a growing issue. Common high-risk behavior in the prison environment includes unprotected sex (mostly anal and between males), rape, sex bartering, and “prison marriages.” Most prisoners are sexually active males between the ages of 19 and 35, representing a segment of the population that is at high risk of HIV infection prior to entering prison, especially in countries with generalized epidemics.¹³

2.2.3 Determinants of youth vulnerability

Young males and females alike are particularly vulnerable and at risk—from unprotected sex, drug use, commercial sex, limited empowerment (particularly for girls) and lack of financial autonomy. If they are refugees, migrants, or street children, these risks are even greater. Young people aged 15–24 account for about 40 percent of all new infections.¹⁴ Most young people have limited access to sexual health advice, to

contraception, and to voluntary counseling and testing services because they are unfamiliar with navigating the health system or do not have the financial autonomy to seek care.¹⁵

Stigma, discrimination, and the culture of silence and denial exacerbate the epidemic by preventing diagnosis and care seeking, by reducing communication between sexual partners, and by blaming and shaming women and CSW for spreading HIV and accusing MSM and other sexual minorities¹⁶ of immoral behavior.¹⁷

2.3. Rationale for integrating gender into HIV/AIDS programs

HIV/AIDS does not respect social boundaries: children, youth, women, and men are all susceptible to infection and potentially exposed to risk, especially when they lack the power and information to protect themselves. However, women and young girls are more affected than men by HIV/AIDS, particularly in Sub-Saharan Africa, where recent studies in nine Southern Africa countries most affected by HIV found prevalence among young women aged 15–24 was on average about three times higher than among men of the same age.¹⁸ The high prevalence of multiple concurrent partnerships and intergenerational sexual partnerships is a significant contributing factor.

The feminization of HIV/AIDS emphasizes the need for policies, legal frameworks, and interventions to focus on addressing gender-based inequalities and risks, and on transforming gender roles and relations between males and females to bring about the behavior changes necessary to stem the spread of transmission and infection. The involvement of males in devising solutions to the pandemic is critical and

¹³ World Bank 2007.

¹⁴ UNAIDS 2009.

¹⁵ Advocates for Youth 2008.

¹⁶ UNAIDS 2008a.

¹⁷ USAID/IGWG 2004.

¹⁸ UNAIDS 2009.

should focus on their roles and responsibilities and the actions they can take to reduce their own and their partners' and families' risk of HIV/AIDS.

Because individuals may be both vulnerable and at risk based on their age and sex, a gender-sensitive approach to HIV/AIDS policy making, programming, and implementation should focus especially on vulnerable and at-risk populations.

2.4. A gender-sensitive approach

A gender-sensitive approach to HIV/AIDS requires determining how gender norms, unequal power relations, and vulnerabilities affect achievement of program or project objectives, and how the objectives affect gender and address anticipated gender-related outcomes.¹⁹ The Gender Integration Continuum²⁰ shows ways to achieve gender equity in program or policy design and implementation. Levels of gender awareness are described as *gender exploitative*, *gender accommodating*, and *gender transformative*.

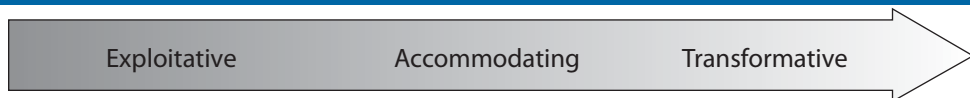
At the least effective end of the spectrum, the *gender exploitative* approach takes advantage of prevailing gender norms and existing power imbalances to achieve program or project objectives. An example of gender exploitation to achieve health program goals would be if, after recognizing that only older men attend community discussions on where and how to build a new health clinic, project implementers accept this situation as the status quo. While this approach may be more expedient for short-term project goals, the lack of direct consultation with women, who are

also users of the health system, could potentially result in low utilization and poor community health outcomes. *This is not a recommended approach, because despite the recognition of the inadequate participation of women and youth, no efforts were made to improve gender imbalances.*

In mid-spectrum is *gender accommodating*, which acknowledges the role of gender norms and their inequities, and tries to develop actions that adjust to and often compensate for them. *Gender accommodating* could be ensuring that women are able to attend consultations, agree to the time and place, and are made comfortable in participating. If women would prefer to have separate consultations, then this would also be an accommodation. Setting a minimum benchmark for the number or percentage of women that must be present throughout the community-level consultations about the health facility takes accommodation further.

At the farthest end of the gender integration spectrum is *gender transformation*, an approach that challenges the efficacy and equity of gender norms and seeks to question the negative impact of such norms on program effectiveness. For this example of constructing a health center, *gender transformative* approaches may involve longer-term investments in the community. Activities could include discussing the roles that men and women play within the community and with regard to health-care seeking; promoting leadership roles for both men and women; and providing additional skills and resources to women if they are lacking.

Figure 2.1 Gender Integration Continuum – Levels of Gender Awareness



¹⁹ USAID/IGWG 2009.

²⁰ Ibid.

Conducting a thorough gender analysis or assessment of the particular context during the planning and design stages of a project or program would allow a team to carefully consider how the proposed interventions can be implemented in the most gender-accommodating

and gender-transformative manner. When project or program activities are already underway and a gender assessment has not yet been done, activities can be retrofitted to address gender concerns at other points in the cycle, including during supervision and review.

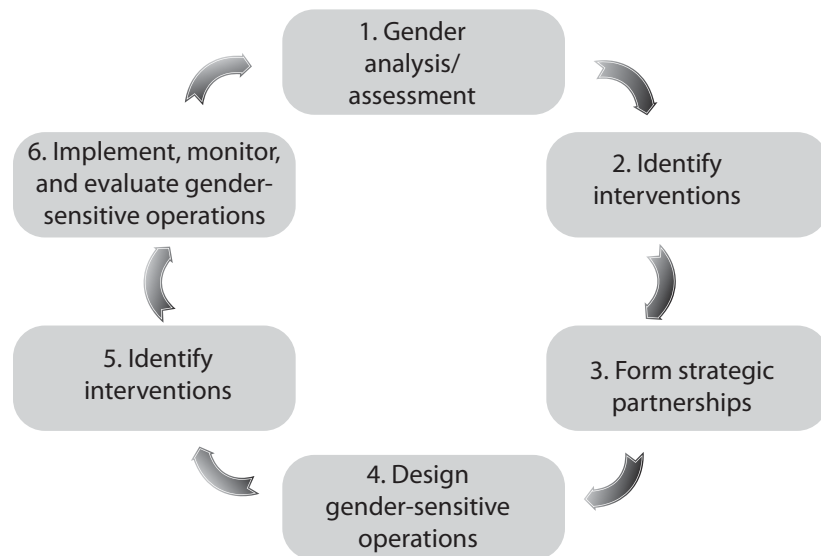
3. HIV/AIDS Programming from a Gender Perspective

3.1. Steps for integrating gender into HIV/AIDS projects

A gender-sensitive approach to HIV/AIDS programming involves the following six complementary, interrelated steps (figure 3.1).

1. **Conduct a gender analysis or assessment** to identify male and female risk factors and vulnerability.
2. Use checklists to **identify appropriate interventions** to include in operations that promote gender sensitivity and address specific female and male vulnerability and risk factors. A list of vulnerable groups is below.
3. **Identify key allies and form strategic partnerships** with leaders, gatekeepers, and (potential) change agents who can garner support for the identified interventions and influence policies or strategies to better reach vulnerable and at-risk groups of males and females.
4. **Design and implement HIV/AIDS interventions and operations** that take into account the gender-based risks and vulnerabilities identified in step 2.
5. **Identify interventions**
6. **Implement, monitor, and evaluate gender-sensitive operations**

Figure 3.1 Steps for Integrating Gender into HIV/AIDS Projects



Vulnerable groups of females and males at the center of HIV/AIDS programs

- Sex workers and their clients
- Health workers
- Injecting drug users
- Long distance drivers
- Migratory workers
- Displaced people
- Fishermen/fishing communities
- Males who have sex with males
- Orphans and vulnerable children
- Pregnant women
- Prison population
- STI clinic attendees
- Teachers
- Tourism workers
- Uniformed personnel
- Young girls and boys
- Disabled women and men
- Sexual minorities

5. **Develop gender-sensitive indicators** for monitoring and evaluation (M&E) throughout the project or program cycle.
6. **Implement HIV/AIDS interventions and operations** using gender-sensitive indicators in the M&E process.

The approach suggested above is applicable in all types of institutional settings, including institutions both public and private sector, local and national, civic and community.

The remaining sections of this Operations Guide describe the elements of these six basic steps. Because the Guide mainly targets World Bank operational staff and their program management teams in client countries, examples used to illustrate the above steps are drawn primarily from Bank-financed operations. There are several good examples of and promising approaches to integrating gender issues into HIV/AIDS

operations, from a variety of organizations. Many of these examples can be accessed through agency websites (annex 2), including UNAIDS, WHO, UNDP, ILO, UNFPA, UNIFEM, USAID, EU, GTZ, and others.

The practical application of the steps outlined above, and their impacts on a proposed operation, depend considerably on the availability of both technical tools and financial resources to ensure that the project teams can access the required skills at the right time. This means that even at the design stage, HIV/AIDS operations need to be explicit about key questions that would enable specific tasks, analyses, partnerships, and timelines to be accomplished, and gender-relevant goals to be achieved. For example:

- ◆ How does the composition of the interministerial or interdepartmental working groups and task forces—established as part of a multisectoral response—ensure that a gender strategy is developed?
- ◆ How do we ensure the gender knowledge and sensitivity of key program resources (such as HR, equipment and supplies, facilities)?
- ◆ By what mechanisms can a multisectoral response ensure that gender issues in critical sectors become part of the task force’s strategic work program?
- ◆ What does a program’s operations manual say about gender issues and monitoring them?
- ◆ By what processes are the needs for gender analyses identified, transformed into fully costed tasks, and incorporated into the implementation plan for a specific operation?
- ◆ What specific terms of reference (TOR) would ensure that gender-relevant tasks are performed during implementation?

Answers to some of these questions are illustrated in the gender-sensitive terms of reference for HIV/AIDS operations (annex 3); and the gender-specific HIV/AIDS issues in critical sectors (annex 4).

The HIV/AIDS epidemic is driven by a complex mix of factors, including poverty, sociocultural norms and expectations, perceptions of sexuality, sexual norms and practices, attitudes toward and prevalence of violence, legal frameworks, and physiological factors. In a given context, different groups may be more or less vulnerable or at risk than others. Many HIV/AIDS programs target vulnerable and at-risk groups, often without necessarily differentiating between males and females within such groups. In determining which gender-sensitive policies and strategies to adopt and which interventions to implement, it is important to carry out a gender analysis or assessment to pinpoint exactly which risk or vulnerability factors are at play and for which groups of men or women. A gender-sensitive approach will acknowledge and highlight gender differences, issues, and inequalities and incorporate these into policies, strategies, programs, and projects.

3.2. Gender analysis/assessment to identify risk factors and vulnerabilities for females and males

Gender analysis identifies established patterns of gender-based inequality in economic and social life. The process involves identifying and examining female and male roles (productive, reproductive, community) and how they are valued; degree of participation in social and development activities; access to and control and ownership of resources; needs (practical and strategic); and influencing factors and constraints. The objective is to ensure program and project benefits and resources are effectively and equitably targeted to both women and men of different ages and age groups, and to address any potentially negative impacts from project activities on men, women, or gender relations.

An example of a pre-project design gender effort was the HIV/AIDS gender assessment among refugees

and IDPs in the Great Lakes Region (GLR).²¹ The objectives of the assessment were to improve understanding of the social and economic patterns of interaction among GLR refugees, returnees, and IDP, and to advance policy makers' and program managers' knowledge of how HIV/AIDS affects refugee populations and spreads from refugee groups into the general population, and vice versa.²² The assessment covered three of the six countries in the GLR and was conducted to inform the programming of the Great Lakes Initiative on AIDS (GLIA) as well as that of national stakeholders and donors and development partners. Findings are summarized in box 3.1. The subregional GLIA Support Project²³ was developed to support interregional programs and national initiatives with a subregional framework. The first component of the project supports refugees, the areas surrounding their communities, IDPs, and returnees through provision of a full range of HIV/AIDS prevention, care, and support to these directly affected populations.²⁴

3.3. Identify interventions that address female and male vulnerability and risk factors

The second step is to identify gender-responsive interventions that best address the risks and vulnerabilities identified by the social and gender assessments. A gender-responsive HIV/AIDS intervention is one that targets different groups of vulnerable and at-risk groups of males and females with specific interventions that address their needs, as well as those of partners and others with whom they interact. Checklists (see below) can be used for this purpose. In determining which gender-sensitive policies and strategies to adopt and which interventions to im-

²¹ World Bank 2005. The GLR consists of six countries: Burundi, DRC, Kenya, Rwanda, Tanzania, and Uganda.

²² Ibid.

²³ World Bank 2005a.

²⁴ Ibid.

Box 3.1 GLIA Gender and Social Assessment of HIV/AIDS Among Refugees, IDP, and Host Populations (2005)—Summary of Findings

Country	HIV/AIDS Risks and Vulnerability Factors Identified
Democratic Republic of Congo (DRC)	<ul style="list-style-type: none"> ◆ Limited access to food and basic necessities ◆ Limited fair access to livelihood opportunities, leading to economic and sexual exploitation in host communities ◆ Limited, distant, health services of poor quality; discrimination against IDPs ◆ High risk heterosexual behavior—multiple partners and limited condom use ◆ Negative attitudes toward condoms and toward discussing sex ◆ Changes in traditional gender roles in the household as a result of displacement—women and girls heads of households and primary income earners ◆ Social and economic gatherings providing opportunities for sex ◆ Increased opportunities for transactional sex as a result of camp's close proximity to urban trading areas ◆ Most men have adequate knowledge of HIV/AIDS but women are less aware of how HIV is transmitted and of means of prevention ◆ Use of sex as a currency, mainly with host community men, in order to support basic needs of family ◆ Girls as young as 12 years old engaged in transactional sex
Tanzania	<ul style="list-style-type: none"> ◆ Multidimensional poverty—for example, economic, social, “emotional” poverty, poverty of information about HIV/AIDS, security and opportunity—influencing vulnerability to HIV/AIDS in both refugee and host populations ◆ Presence of CSWs and women willing to engage in sex for gain—combined with limited condom use and potentially high STI prevalence ◆ Limited livelihood activities and women's responsibility to provide for their families leads some to engage in sex for money ◆ High levels of alcohol consumption linked with idleness and social gatherings ◆ Promiscuous sexual behavior: over 90 percent of 16-year-olds reported to be sexually active, and 50 percent of married couples to be unfaithful ◆ Disintegration of family and social structures <p>Factors in neighboring host communities include</p> <ul style="list-style-type: none"> ◆ Limited condom use ◆ Limited access to health care services and HIV/AIDS education programs, ◆ Traditional practices and gender imbalances in favor of men
Uganda	<ul style="list-style-type: none"> ◆ Physical insecurity and subsequent displacement and encampment; displacement leads to separation of, and from, families, communities, and social networks, and a subsequent breakdown of family and societal structures and institutions—societal checks and balances on sexual behavior and alcohol consumption have been lost ◆ Existing gender disparities between men and women ◆ Inadequacies in HIV/AIDS programs and health services ◆ High-risk sexual practices that involve multiple partners, sexual relations outside of marriage (or a stable union) ◆ Failure to use condoms ◆ Changes in gender roles without changes in power relations ◆ Sexual and gender-based violence (SGVB)—rape is the most common form of sexual violence against refugee women ◆ Early marriage and sex ◆ Sexual exploitation related to women's poverty and powerlessness in the household, the camp administration, and the unfamiliar environment of the camps

Box 3.2 Male Inclusion – Targeting Specific Groups of Males at High Risk of HIV Infection

- ◆ Men in the armed forces: conflict and post-conflict issues are important phenomena in many parts of the world, including Sub-Saharan Africa, and play significant roles in the spread of HIV/AIDS
- ◆ Teenage boys and men in prison: with many countries experiencing conflict, plus regular criminal activity, the population of incarcerated males is a sizeable group that sometimes engages in sexual activity with men, voluntarily or by coercion
- ◆ Male street children, including orphans: there is not enough information about the extent of risky sexual activity and drug use among this group of males, for example, how many are engaged in commercial sex work or the exchange of sex for favors as a survival mechanism—there is an urgent need to collect baseline data on this group so their needs can be assessed
- ◆ Males who have sex with males: in many developing countries, stigmatization and criminalization drive MSM underground, hindering HIV/AIDS prevention efforts that could address the needs of this group
- ◆ Truck drivers and migrant workers (or “men on the move”) who may engage in unprotected sex with multiple partners

plement, it is important to pinpoint exactly which risk or vulnerability factors are at play and for which group of men or women. For example, box 3.2 shows that specific groups of males may be at increased risk of HIV infection. Gender-sensitive programming in such situations requires articulating a rationale that focuses on men and boys, and taking an approach that treats men as part of the solution.

Below are checklists with examples of interventions that address the different risk and vulnerability factors affecting females, males, and adolescents.

3.3.1. Interventions to address female vulnerabilities and risk factors²⁵

1. Reducing poverty and economic dependency

- ◆ Improve women’s access to education and paid employment. For example, consider the short-

²⁵ This list was developed as a joint effort between the Bank’s Gender and Development Group in PREM (PRMGE) and the Africa Region Health Team (AFTH2) in a publication entitled, “HIV/AIDS Projects in the Africa Region: a Baseline Assessment” (Ligiero and Kostermans 2004). The illustrative examples are a combination of suggestions from a variety of sources, including UNIFEM, UNAIDS, UNDP, WHO, and the World Bank, and are available as part of the generic operational manual: <http://www.worldbank.org/afr/aids/gom/submanuals/12%20Gender%20HIV-AIDS.pdf>

and long-term impact of programs to retain girls caring for HIV-positive parents in school.

- ◆ Alter inheritance and property laws and customs that keep women from gaining access to and benefiting from property and resources, particularly after the death of a husband or father.
- ◆ Offer financial and social support, and training and education opportunities, to female AIDS orphans to prevent a recurring cycle of poverty and infection.
- ◆ Include microfinance and income-generating livelihood activities for HIV-positive women in HIV/AIDS projects.
- ◆ Help commercial sex workers (CSWs) demand 100 percent condom use from all clients and help them transition into other income-generating activities.
- ◆ Incorporate social and economic support for people living with HIV/AIDS (PLWHA), including home-based care.
- ◆ Advocate for and provide interventions that increase women’s economic and empowerment opportunities.

2. Addressing the negative effects of cultural norms

- ◆ Focus, with media involvement at national, regional, and local levels, on reducing the stigma associated with HIV/AIDS.
- ◆ Develop locally appropriate and culturally sensitive prevention of mother-to-child-transmission (PMTCT) communication strategies that address denial, stigma, fear, gender roles, and victimization.
- ◆ Encourage influential members of the government and community to speak up about AIDS and provide active leadership.
- ◆ Advocate for and strengthen the linkages between sexual and reproductive health and HIV/AIDS interventions at all levels—policy, planning, and implementation.
- ◆ Provide incentives for males to participate in caregiving and interventions that address gender issues, including those that enhance their knowledge of these issues.

3. Changing sexual norms

- ◆ Provide sex education to both girls and boys, starting at an early age, before they become sexually active.
- ◆ Educate adults, adolescents, and older children on gender relationships, negotiating safe sex, and the rights of both men and women to request condom use, or to say no to unwanted or unsafe sex.²⁶
- ◆ Provide HIV/AIDS training to educators, health care professionals, and government and community leaders. All training should include a section

on how gender norms and gender inequalities create different vulnerabilities for men and women, and examples of how to address them.

- ◆ Make male condoms accessible to all, including young girls, in ways that do not stigmatize users for sexual activity.
- ◆ Make female condoms more available, accessible, and affordable.
- ◆ Encourage open discussion and communication about sex, focusing on educators, parents, health care professionals, and government, community, and religious leaders.

4. Reducing violence against women

- ◆ Train counseling and testing (CT) counselors to ask questions about partner violence and develop safe disclosure plans for individual clients. For example, HIV/AIDS counselors should know how to refer clients who fear partner violence to support services.
- ◆ Develop and test community-based interventions that raise awareness and change norms for violence.
- ◆ Encourage the development of an ethic of responsibility among men and women for the health and well-being of their sexual partners, children, and families as the foundation of efforts to prevent both violence and HIV transmission.
- ◆ Commission studies that examine the prevalence of violence against women and its association with HIV/AIDS transmission.
- ◆ Encourage community groups that deal with violence against women to join HIV/AIDS projects, and support the formation of such groups.
- ◆ Enact and enforce laws that punish perpetrators of violence against women and help women leave risky and violent relationships. Use media or other channels to encourage governments to

²⁶ Several good models exist, including the “Say No...if you are not ready” materials targeted at adolescent boys and girls in the Caribbean. The materials are produced by the Caribbean Family Planning Affiliation, Limited, with support from the Canadian International Development Agency (CIDA).

enforce international conventions and national laws designed to protect women against violence.

- ◆ Train authorities such as the police, immigration officials, and the military to learn more about and be more sensitive to issues regarding violence against women.

5. Improving governance, laws, law enforcement, and legal access

- ◆ Implement legal literacy programs and legal aid services to promote and enforce women's rights under customary and statutory law.
- ◆ Enact and enforce laws that protect women from violence.
- ◆ Improve legislation governing inheritance and property, so that women have property rights, regardless of their marital status.
- ◆ Train judges, prosecutors, police, and other legal and judicial system personnel to be more sensitive to issues regarding sexual violence against women.
- ◆ Provide support, such as shelter, finance, upkeep, and counseling, to victims of gender violence and HIV-positive people under difficult situations.
- ◆ Enact and enforce laws that allow adolescents to participate in voluntary counseling and testing (VCT) programs.
- ◆ Support programs that enhance good governance and enforce the rule of law.
- ◆ Avoid political and civil unrest, especially that which exposes the population to displacement and migration.
- ◆ Ensure the rule of law and human rights are respected in times of man-made (civil and political unrest, war) and natural (floods, famine, fire) disasters.

- ◆ Ensure the human rights and basic needs of displaced people and refugees are recognized and addressed, particularly those that if absent would expose them to violence, HIV/AIDS, and sexual harassments.

- ◆ Enforce laws to protect children, women, and men from human trafficking, which increases vulnerability, violence, and transmission of HIV/AIDS.

- ◆ Support the development of HIV/AIDS laws that protect and promote human rights and outlaw discrimination against high-risk groups such as CSW, MSM, and sexual minorities, including transgender individuals.

6. Addressing physiological factors

- ◆ Make both female and male condoms accessible to all, including young girls, in ways that do not stigmatize them for sexual activity.
- ◆ Educate men and women on HIV/AIDS and other STDs, including how to negotiate safe sex, and encourage them to seek testing or treatment.
- ◆ Test and treat men and women for STDs in ways that avoid disclosure or embarrassment.
- ◆ Educate men on the benefits of male circumcision and train qualified professionals to encourage the practice.

7. Ending female genital mutilation

- ◆ Enlist community organizations and leaders in the fight against FGM. This is especially important because many people who favor the practice view this as “Westernization,” or as imposed by the international community.
- ◆ Educate communities on the dangers of FGM.
- ◆ Encourage alternative roles and offer alternative income and livelihood possibilities for traditional FGM.

- ◆ Support legislation that prohibits FGM.

3.3.2. Interventions to address male vulnerabilities and risk factors

1. Reducing poverty

- ◆ Enhance educational, livelihood, and labor force opportunities for men and young adult males. Focus such programs especially on poor, rural communities, where males tend to migrate for work and spend long periods away from their families.

2. Mitigating long-distance employment risks

- ◆ Create focused interventions to target groups of men involved in long-distance and risky employment.²⁷

3. Addressing the negative effects of cultural norms

- ◆ Focus, with media and community involvement, on reducing the stigma associated with HIV/AIDS at national, regional, and local levels.
- ◆ Encourage influential members of government, community, faith-based, and other relevant institutions to speak up about AIDS and provide active leadership.
- ◆ Encourage and support the active participation of PLWHA in all HIV/AIDS interventions, including in policies and decision-making efforts.
- ◆ Encourage and support community involvement in the response to HIV/AIDS and in changing negative cultural norms and practices.
- ◆ Incorporate social and economic support for PLWHA in HIV/AIDS projects, including home-based care, and provide incentives for men to participate in caregiving.

²⁷ An example of this is the World Bank-financed Abidjan-Lagos Transport Corridor HIV/AIDS Project, which focuses on HIV prevention among high-risk groups along the coast of Western Africa.

4. Changing sexual norms

- ◆ Establish training programs that educate adolescent and adult males on gender roles and encourage men to respect women's rights. Include programming that addresses sexual abuse, assault, and coercion.
- ◆ Develop programs to deepen understanding of male roles and masculinity in specific cultural settings, and strengthen male participation and involvement in caring for families.
- ◆ Encourage men to engage in consistent condom use because they have the power to protect themselves and their partners.
- ◆ Encourage male circumcision.
- ◆ Involve men in all HIV/AIDS prevention strategies, given that the existing means for prevention (male and female condoms) require the full participation of the male partner.
- ◆ Educate and encourage men and boys, from an early age, to understand women's needs, respect women's rights to request condom use and to say "no" to unwanted sex.
- ◆ Develop and test community-based interventions that raise awareness and change sexually motivated or discriminatory violence norms
- ◆ Encourage the development of an ethic of responsibility among men and women for the health and well-being of their sexual partners and children.
- ◆ Provide training to educators, health care professionals, and government and community leaders on HIV/AIDS. All training should include a section on how gender norms and inequalities create different vulnerabilities for men and women.
- ◆ Provide sex education to both girls and boys, starting at an early age, before they become sexually active.

5. Reducing homophobia

- ◆ Include NGOs and community groups that work with MSMs and other sexual minorities in HIV/AIDS education and prevention projects.
- ◆ Commission studies of the prevalence of HIV infection, and the risky behaviors associated with transmission, among MSM and other sexual minorities.
- ◆ Train educators and health care professionals delivering HIV-related education, prevention, and treatment services to be sensitive to the needs and issues of sexual minorities.

6. Protecting incarcerated populations

- ◆ Provide behavior change communication (BCC), information, and condoms to prisoners—addressing both heterosexual and homosexual transmission of HIV/AIDS.
- ◆ Introduce and support programs in prisons and institutions working with incarcerated population.

7. Protecting injecting drug users

- ◆ Provide necessary voluntary counseling and testing and needle-exchange programs to injecting drug users (IDUs).
- ◆ Support efforts to eradicate and fight drug, alcohol, and substance abuse.

3.3.3. Interventions to address adolescent vulnerabilities and risk factors

- ◆ Before they become sexually active, introduce and support programs for boys and girls that teach delaying sexual activity and reducing risky behaviors such as sex without condoms and injecting drug use, including messages about abstinence and communication between intimate partners.
- ◆ Working with the media, community, and relevant institutions, provide effective transmission

information, including education on sexuality and life skills, for adolescents in and out of school.

- ◆ Educate adults, adolescents, and children on gender relationships, negotiating safe sex, and the rights of both men and women to say “no” to unwanted or unsafe sex and request condom use for consensual sex.
- ◆ Make learning about sexual and reproductive health user-friendly, including promoting VCT; make education on condoms and services accessible and affordable for young people; and ensure girls’ involvement in a way that does not stigmatize them.
- ◆ Provide training to educators and health-care professionals delivering HIV-related education, prevention, and treatment services to work effectively with young people, and to consider gender-related vulnerabilities and risks.
- ◆ Encourage open discussion of sex, focusing on educators, parents, health care professionals, and government and community leaders, as well as young people.
- ◆ Make special efforts to reach excluded and marginalized youth populations, including orphans and other vulnerable children, sex workers, victims of trafficking and abuse, the disabled, and other risk groups.

3.4. Form strategic partnerships with leaders who can influence national strategies, policies, and legislation to reach vulnerable and at-risk groups of males and females

In almost all settings, both governmental and non-governmental agencies are at the forefront of HIV/AIDS prevention, treatment, and care initiatives.

Governments and NGOs, faith-based organizations (FBOs), and the private sector all have critical roles to play and responsibilities to assume in addressing the epidemic, as they are often the advocates, strategists, and implementers of HIV/AIDS-related policies and programs. Their leadership roles are also vital. For example, in many societies, having a national institution or public figure speak openly about HIV/AIDS can contribute significantly to reducing stigma, addressing denial, and breaking the culture of silence.

It is important to focus not just on the organization and implementation of initiatives, but also on the individuals who lead them in setting agendas, prioritizing issues, and making budgetary decisions. HIV/AIDS programmers and practitioners who understand the leadership roles of key institutions and organizations, and who form strong partnerships with them, are more likely to achieve their gender-related objectives.

Annex 5 provides examples of key organizations and institutions and their leadership roles in maintaining attitudes and policies regarding gender and HIV/AIDS issues.

3.5. Design HIV/AIDS operations that take gender-based risk and vulnerability into account

Once the gender-specific risk and vulnerability factors and main partners are identified, designing and implementing gender-sensitive HIV/AIDS interventions requires integrating the following key elements into program design:

- ◆ Messages about empowering women in advocacy programs and projects (annex 6);
- ◆ Gender-sensitive peer education in prevention, treatment, and care programs and projects (annex 7);
- ◆ Supportive environments to combat discrimina-

tion and stigma in prevention, treatment, and care programs (annex 8); and

- ◆ Gender-relevant considerations at stages of the project cycle (annex 9).

To highlight effective integration of the guidance outlined in the preceding sections, the St. Vincent and the Grenadines project in box 3.5 illustrates the integration of gender and age issues in all key design elements.

3.6. Develop and use gender-sensitive indicators for monitoring and evaluation²⁸

Integrating gender monitoring and evaluation (M&E), including impact evaluation, into program design is critical in determining the program's efficacy, efficiency, and sustainability. *Monitoring* is the assessment of ongoing activities and progress. It centers mostly on the inputs, outputs, and processes related to an activity. *Evaluation* is the periodic assessment of overall achievements and results, measured against a baseline.

Gender-sensitive M&E requires a mix of input, output, process, outcome, and impact indicators that reveal the extent to which an activity has addressed the different needs and constraints of women and men. This information should feed into the program on a continual basis to improve implementation and maximize efficacy and efficiency.

M&E systems consist of multiple components, such as surveillance systems, research, and financial monitoring. Each component relies on indicators.

²⁸ This section of the Guide is drawn from a Fact Sheet prepared in July 2003 by the World Bank as input to the work of the United Nations Inter-Agency Task Team (IATT) on gender and HIV/AIDS. Available in Operational Guide on Gender and HIV/AIDS: A Rights-Based Approach, <http://www.genderandaids.org/downloads/events/Operational%20Guide.pdf> (accessed September 12, 2010).

Box 3.3 Forming Strategic Partnerships: St. Vincent and the Grenadines (SVG) HIV/AIDS Prevention and Control Project

Key step	Gender-Sensitive Action
Forming strategic partnerships	One of the project components is focused on scaling up the response by key public sector institutions, such as the National AIDS Secretariat, Ministry of Health, Prime Minister's Office, and the Ministries of Education, Tourism, and Social Development, especially its Gender Affairs Division.

Box 3.4 St. Vincent and the Grenadines (SVG) HIV/AIDS Prevention and Control Project: Identifying and Addressing Risk and Vulnerability Factors by Age and Sex

Project Development Objective	To support the government in preventing and managing the spread of HIV/AIDS and mitigating the socioeconomic impact of the disease
Key step	Gender-Sensitive Action
Identifying risk and vulnerability factors by age and sex	<p>Background analysis indicated the following key gender-based HIV/AIDS trends.</p> <ul style="list-style-type: none"> ◆ 0.9 percent national prevalence rate masks the increasing feminization of the epidemic as indicated by the narrowing male to female ratio of seropositive individuals (from 8:1 initially to 1.8:1 currently). ◆ In 2003, 27 percent of confirmed HIV cases were female; ◆ Particularly vulnerable and at-risk groups include out-of-school boys and girls; young girls; AIDS orphans; transient workers (such as sailors); MSM; prisoners; and commercial sex workers (CSWs); ◆ Stigma and discrimination surround HIV/AIDS; the resulting culture of silence precludes access to information, services, and treatment, further fueling the epidemic; ◆ Young girls engage in early high-risk sex. In 2002, 22 percent of births in SVG were among girls aged 10–19; ◆ Transactional sexual relationships exist, particularly among females and males involved in the tourism industry; and ◆ Gender-based violence, rape, incest, drug abuse, and alcoholism are suspected risk factors, but no baseline data are available to substantiate their significance and scale.
Actions that address age- and gender-based differences	<p>The Gender Affairs Division will spearhead efforts involving</p> <ul style="list-style-type: none"> ◆ training of their own staff on the relationships between gender inequality and HIV/AIDS; ◆ sensitizing other government ministries about the importance of addressing gender-based inequalities and gender issues in their policies and in the services provided for SVG society; ◆ promoting sex-disaggregated data as a basis for improving policy formulation and M&E; ◆ incorporating gender issues in community sensitization in HIV/AIDS activities, radio programs, and interventions targeted at specific segments of the population (for example, in- and out-of-school boys and girls); and ◆ working with civil society organizations (CSOs) on advocacy and capacity-building initiatives to ensure that the CSOs effectively address the concerns of different at-risk and vulnerable groups, sensitively address issues of stigma and discrimination, and effectively monitor and evaluate their programs.

Box 3.5 International Community Gender Goals—Examples

UNGASS Declaration on HIV/AIDS	MDGs
<ul style="list-style-type: none"> ◆ Article 37: By 2003, address gender-based dimensions of the epidemic; ◆ Article 53: By 2005, ensure that at least 90 percent and by 2010 at least 95 percent of men and women aged 15–24 have access to information, education, and communications (IEC); and ◆ Article 61: By 2005, ensure development and accelerated implementation of national strategies for women’s empowerment. 	<ul style="list-style-type: none"> ◆ Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015; ◆ Achieve, by 2015, universal access to reproductive health; ◆ Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

Gender-sensitive indicators make it easier to assess how effectively the gender dynamics of the epidemic are being addressed in the project or program. They should be related to the goals and targets established by a country, or by the international development community, such as the Millennium Development Goals (MDGs),²⁹ or the United Nations General Assembly Special Session (UNGASS) Declaration on HIV/AIDS.³⁰ Examples of targets agreed upon by the international community include the following.

3.6.1. Developing gender-sensitive indicators

The choice of appropriate gender-sensitive indicators varies according to project goals, the state of the epidemic, the level of understanding of how gender issues affect the spread of HIV/AIDS, and

the availability of both quantitative and qualitative sex-disaggregated data. As with other indicators, selected gender-sensitive indicators should pass the S.M.A.R.T. test, that is, they must be specific, measurable, achievable (and attributable to intervention or project), relevant, realistic, timely (time-bound), trackable, and targeted.

In general, gender-sensitive indicators are gender-specific; take into account existing gender differences in sexual behavior; and address risk and vulnerability factors that often differ for females and males, such as age, socioeconomic status, and physiological, cultural, and legal factors.

3.6.2. Information sources for gender-sensitive indicators

Indicator selection depends on a variety of factors, including the resources available for data collection, capacity to collect and utilize data for decision making, and the gender issues that are most relevant to the project. Efforts to expand national capacity to collect sex-disaggregated data should include partnerships with national statistical offices, health ministries, and community-based organizations and groups working on gender-specific issues at all stages of the project cycle. In box 3.7 is a sample set of such gender-sensitive indicators and their relevant program goals and information sources.

²⁹ The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations and signed by 147 heads of state and governments during the UN Millennium Summit September 2000. The eight MDGs break down into 21 quantifiable targets that are measured by 60 indicators (see www.undp.org).

³⁰ At the UNGASS in June 2001, governments from 189 countries committed themselves to a comprehensive program of international and national action to fight the HIV/AIDS pandemic by adopting the Declaration of Commitment on HIV/AIDS, which established specific, quantified, and time-bound targets, including reductions in HIV infection among infants and young adults, improvements in HIV/AIDS education, health care, and treatment, and improvements in orphan support (see <http://www.who.int/hiv/strategic/me/ungass/en/>).

Box 3.6 Program-specific Examples of Addressing HIV/AIDS and Gender Issues in M&E

Key Issues to Address in the Project Cycle	Country-Specific Example from Project Document
Monitoring and Evaluation	
<ul style="list-style-type: none"> ◆ Specify gender-sensitive performance indicators for monitoring and evaluating progress of gender-relevant targets; ◆ Systematically record data that are disaggregated by age and sex; and ◆ During implementation, rely on such data to assess the impact of the project on different groups of men and women. 	<p>Zambia National Response to HIV/AIDS (ZANARA) – 2003–08</p> <p>Outcome/Impact Indicators:</p> <ul style="list-style-type: none"> ◆ Median age at first sex increased by one year for both male and female by 2008 (tracked for 15–24 age group); ◆ Percentage of teenagers aged 15–19 years who are mothers or pregnant with their first child reduced from 59.4 percent to 45 percent by 2008; ◆ Reported condom use at last sex with nonregular partner increased from 30 percent to 45 percent for males and from 17 percent to 30 percent for females by 2008; ◆ Reduced HIV prevalence rates among young people aged 15–19 years by 2008; ◆ Reduced HIV prevalence among antenatal women aged less than 20 years.
M&E Indicators	<p>St. Vincent and the Grenadines (SVG): HIV/AIDS Prevention and Control Project 2004–10</p> <p>Indicators of safe sexual practices among vulnerable and high risk populations include</p> <ul style="list-style-type: none"> ◆ median age at which men and women aged 15–24 had their first sexual intercourse; ◆ percentage males and females 15+ years old with more than one sex partner last year; and ◆ percentage of men and women 15+ years old using condoms.

Box 3.7 Examples of Gender-Sensitive Indicators for HIV/AIDS Programs

Program Goals or Components	Gender-Sensitive Indicators	Information Sources
<p>I. Overall HIV/AIDS Goal</p> <ul style="list-style-type: none"> ◆ Millennium Development Goal 6: Combat HIV/AIDS; and ◆ Control the prevalence, spread, and negative effects of HIV/AIDS. 	<p>Impact indicators (overall measurable HIV/AIDS impacts, especially reduced transmission and prevalence):</p> <ul style="list-style-type: none"> ◆ Prevalence among 15-24 year olds, by sex (including pregnant women); ◆ Rate of mother-to-child transmission; and ◆ Life expectancy by sex. 	<ul style="list-style-type: none"> ◆ National statistical reports; ◆ UNAIDS, UNICEF, UNFPA, UNIFEM, WHO data; and ◆ Baseline surveys.
<p>II. Overall Program Goals: Mitigate the socioeconomic impact of HIV/AIDS by</p> <ul style="list-style-type: none"> ◆ reducing HIV transmission by targeting high-risk groups among females and males, and reducing stigma; ◆ improving treatment, care and support for HIV/AIDS patients; and ◆ strengthening the national capacity to respond to the epidemic. 	<p>Outcome indicators (changes in behavior or skills needed to achieve outcomes):</p> <ul style="list-style-type: none"> ◆ No. of women and men who know at least two methods of protection against HIV/AIDS; ◆ No. of women who report using a condom with all partners [during the last 12 months;] ◆ Percentage of sex workers (male and female) who report condom use with last client; and ◆ Nos. of women and men using referral systems between VCT, health care services, and community-based organizations. 	<ul style="list-style-type: none"> ◆ Midterm and completion reports; ◆ Household and special surveys, such as Biomedical Behavioral Surveillance Surveys (BSS), modes of transmission; and ◆ Impact evaluations.
<p>III. Program Component: Prevention programs targeting males and females in high-risk groups</p>	<p>Input indicators (the people, training, equipment, and resources needed to achieve outputs):</p> <ul style="list-style-type: none"> ◆ Percentage of HIV/AIDS budget targeting gender-sensitive measures; ◆ Sectoral ministries that have incorporated gender-sensitive HIV/AIDS issues in annual plans; ◆ No. of gender-HIV/AIDS training sessions for govt. staff and peer educators; and ◆ Percentage of line ministry staff by sex who are active in HIV/AIDS programs. 	<ul style="list-style-type: none"> ◆ Annual plans of sectoral ministries; and ◆ Monitoring, disbursement, or supervision reports,
<p>IV. Program Component or Sub-Component: Strengthen national capacity for gender-sensitive responses to the HIV/AIDS epidemic</p>	<p>Output indicators (activities and services delivered to achieve outcomes):</p> <ul style="list-style-type: none"> ◆ Participation of women's organizations in HIV/AIDS policy development, implementation, and monitoring; ◆ No. of programs or organizations providing skills to women and men and alternative life skills to sex workers; ◆ No. of gender-sensitive HIV/AIDS prevention programs integrated into school curricula; and ◆ No. of stigma reduction activities, and percentage of males and females enrolled. 	<ul style="list-style-type: none"> ◆ Midterm and supervision reports; and ◆ Special studies.

3.7. Implement, monitor, and evaluate HIV/AIDS operations that address gender-based differences

The Uganda HIV/AIDS Control Project (MAP) illustrates how to address HIV/AIDS and gender issues during project supervision missions. A technical support mission in May 2003 addressed both gender and social development issues; tasks included reviewing the operation’s social and gender dimensions to identify good practices, identify and build on promising approaches, and address emerging challenges.

3.7.1 Good practices identified

- ◆ The inclusion of social and gender issues in the terms of reference for the technical support mission allowed the project team to clarify and take into account the vulnerability and risk factors that arise from Uganda’s legal, social, and cultural contexts.
- ◆ The plan to hire a Technical Advisor on Gender Issues (to be housed within the Ministry of Gender, Labor and Social Welfare), presented a timely opportunity to develop detailed terms of reference to address these issues.

Box 3.8 Addressing HIV/AIDS and Gender Issues During Project Supervision

Key Issues to Address in the Project Cycle	Country-Specific Example from Project Document
<p>Implementation and Supervision</p> <ul style="list-style-type: none"> ◆ Incorporate gender-relevant provisions into supervision terms of reference, with specific goals for each project component; and ◆ Propose adjustments to ensure that gender-specific targets set in project documents will be met during implementation, and reflect these in supervision Aide Memoirs. 	<p>Uganda MAP – Technical Support Mission Terms of Reference: Gender-specific tasks:</p> <ul style="list-style-type: none"> ◆ Review the overall gender dimension of the operation; ◆ Review and identify good practices and promising approaches, and if necessary, suggest ways to bridge gaps and strengthen weaknesses; and ◆ Make an effort to identify emerging problems in and challenges to integration of a gender perspective. <p>Additional tasks that enable gender-relevant issues to be addressed:</p> <ul style="list-style-type: none"> ◆ Review of social dimensions of the operation, focusing on particularly sensitive aspects of HIV/AIDS prevention and mitigation efforts such as promotion of condoms by FBOs and CBOs; and ◆ As a key element of this work, recommend capacity-building strategies for civil society and the private sector, and more effective means of including the most vulnerable social groups, including mechanisms of the MAP Project Fund, to insure proper representation/participation of civil society groups in the local response component.

3.7.2 Challenges that have emerged

- ◆ The project's emphasis on supporting orphans and widows posed risks of reinforcing the gender division of labor, imposing additional burdens on females in the care economy, and perpetuating male and female gender stereotypes and labor divisions.
- ◆ Men's limited involvement in community-led HIV/AIDS initiatives (CHAIs), primarily a consequence of inadequate information on male-targeted interventions, was a missed opportunity to fully incorporate men's needs to the benefit of the community as a whole.
- ◆ There was a need for the project to pay attention to the interconnections between male and female issues, sexual violence, and the legal dimensions of HIV/AIDS.

3.7.3 Options for addressing these challenges

1. Design community programs that focus on more male involvement in HIV/AIDS activities at all age levels. This can be done by including gender issues in the terms of reference for the technical assistance, gender-sensitive criteria for the selection of projects, and gender messages targeting males in information, education, and communications (IEC) activities.
2. Review and amend TOR for the Technical Advisor on Gender Issues to ensure that the primary tasks are explicitly stated as (inter alia):
 - ◆ Prepare a gender mainstreaming situation assessment to document the status, challenges, needs, and opportunities. This could be a free-standing assessment or linked to a social assessment of the project, if one is being done;
 - ◆ Develop a new generation of IEC that provides or reinforces a clear gender message and

a much stronger link among sensitization, education, and stigma reduction, with the ultimate goal of transforming attitudes and behavior; and

- ◆ Review the selection criteria for community-led projects (the project components designed to fund community-led HIV/AIDS initiatives) to strengthen their gender and social responsiveness content, with special emphasis on improving male involvement.
3. Incorporate plans to review the gender dimensions and gender equality impacts of the project (either in a subsequent supervision mission or the midterm report) so that lessons can be integrated into future project activities.

3.8 Conclusion

Incorporating gender concerns systematically into each stage of the project cycle, from the feasibility phase through the preparation, implementation, supervision, monitoring and evaluation (M & E) phases, can be complex and challenging. A useful starting point is the ability to identify the context-specific gender issues, their causes and consequences, and the implications of those causes and consequences for HIV/AIDS vulnerability and risk. This Operations Guide has attempted to identify some of these key gender issues that are at the core of the epidemic, for example: women's empowerment, male inclusion, gender-based violence, and so on. It serves as a useful starting point for deeper analysis, adaptation, and application of the proposed steps in specific country or project contexts. Sharing lessons learned and best practices will allow Bank staff to continue improving the gender aspects of HIV/AIDS operations. We invite you to participate in the discussion or share your experiences with us. Please contact Rachel Hoy at rhoy@worldbank.org.

Annex 1: Glossary

Gender-responsive policies, strategies, and programs take into account the realities of women’s and men’s lives and address their issues of concern.

Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions that build individual and collective assets, and improve the efficiency and fairness of the organizational and institutional context that governs the use of these assets.

Monitoring is the assessment of ongoing activities and progress. It centers mostly on the inputs, outputs, and processes related to an activity. **Evaluation** is the episodic assessment of overall achievements and results. It centers mostly on outcomes and impacts.

Gender-sensitive monitoring and evaluation (M&E) requires a mix of input, output, process, outcome, and impact indicators that reveal the extent to which an activity has addressed the different needs of women and men. This information should feed into

the program on a continual basis to improve implementation and maximize efficacy and efficiency.

Sexual minorities. According to UNAIDS,³¹ “In the context of HIV risk, the sexual minorities of greatest concern are men who have sex with men and transgender populations. Men who have sex with men include both gay-identifying and non-gay-identifying men, and identities and social roles vary greatly in different local contexts. Transgender populations also include a great variety of social roles and identities in different local contexts. Proposal developers and program planners should consult locally to ensure terminology used is understandable, inclusive and non-stigmatizing. It may be useful for a proposal to use the terms *men who have sex with men* or *transgender* for the purposes of proposal submission, while, if relevant, also noting and defining the preferred terminology used locally. Any proposal will need to make clear the link between attention to the identified populations of concern and the transmission dynamics of the epidemic in the local context.”

¹ UNAIDS 2008a.

Annex 2: Useful Web Sites

1. WORLD BANK

World Bank HIV/AIDS Homepage
www.worldbank.org/hiv_aids/

GenAIDS: Gender and HIV/AIDS resource center of the World Bank
www.worldbank.org/gender/genaids/home.htm

Gender Statistics
<http://genderstats.worldbank.org>

Preparing and Implementing Multi-Sector HIV-AIDS Programs In Africa—A Generic Operations Manual
http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/717089-1113860017576/World_Bank_GOM_June_04-en.pdf

2. UNAIDS

UNAIDS Homepage
www.unaids.org/en/default.asp

Gender and HIV/AIDS
www.unaids.org/EN/in+focus/topic+areas/gender+and+hiv-aids.asp

The Global Coalition on Women and AIDS: A UNAIDS Sponsored Initiative
<http://www.womenandaids.net/Home.aspx>

3. UNDP

UNDP Homepage
www.undp.org/

Gender, human rights, and sexual diversity
<http://www.undp.org/hiv/focus03.htm>

4. UNIFEM

Gender and HIV/AIDS Web Portal
<http://www.genderandaids.org/>

For information on this online resource center and Web portal, or to submit resources to be included, please email the Coordinator/Editor: unifem@genderandaids.org or mail:

UNIFEM Headquarters in New York
 United Nations Development Fund for Women
 304 E45th Street
 15th Floor
 New York, NY 10017
 Tel: +1 (212) 906-6400
 Fax: +1 (212) 906-6705

5. UNITED NATIONS

United Nations Statistics and Indicators on Women and Men
<http://unstats.un.org/unsd/demographic/products/indwm/>

6. POPULATION COUNCIL

Gender, Sexuality, and HIV/AIDS, Horizons. Research Update
www.populationcouncil.org/pdfs/horizons/rs/Re_gender_hiv.pdf

7. ICRW**HIV/AIDS**

www.icrw.org/html/issues/hivaids.htm

Contact ICRW Headquarters

International Center for Research on Women
1120 20th St. N.W.

Suite 500 North

Washington, D.C. 20036

Phone: (202) 797-0007

Fax: (202) 797-0020

E-mail: info@icrw.org

8. BRIDGE – Institute of Development Studies (IDS), UK**Homepage**

<http://www.bridge.ids.ac.uk/bridge/>

Gender and Development in Brief is an occasional bulletin covering various topics such as gender and HIV/AIDS. See issue 11 (2002); and gender and indicators Issue 19 (2007).

http://www.bridge.ids.ac.uk/bridge/bri_bull.html, also see Cutting Edge Packs (CEP) at:

http://www.bridge.ids.ac.uk/bridge/reports_gend_CEP.html

9. STEPPING STONES**Gender, Sexual Health, HIV/AIDS, Gender Violence**

www.mrc.ac.za/gender/stepping.htm

10. GENDER-SENSITIVE HIV/AIDS INDICATORS**World Bank: Gender-Sensitive HIV/AIDS Indicators for Monitoring and Evaluation**

FACT SHEET, August 2007

http://siteresources.worldbank.org/INTGENDER/Resources/HIVAIDS_MandE.pdf

UNAIDS

<http://www.genderandaids.org/downloads/events/Fact%20Sheets.pdf>

See A Quick Guide to Using Gender-Sensitive Indicators, by Tony Beck (click Publications and search).

www.thecommonwealth.org/gender/

Canadian International Development Agency (CIDA). 1997. Guide to Gender-Sensitive Indicators. Ottawa.

www.acdi-cida.gc.ca/cida_ind.nsf/0/7b5da002feac07c8525695d0074a824?OpenDocument

11. WORLD HEALTH ORGANIZATION (WHO)**WHO Homepage**

<http://www.who.int/en/>

HIV/AIDS

http://www.who.int/topics/hiv_aids/en/

Gender and HIV/AIDS

http://www.who.int/gender/hiv_aids/en/index.html

Integrating gender issues into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs (2009) http://www.who.int/gender/documents/gender_hiv/en/index.html

12. USAID**HIV/AIDS and Gender**

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/gender.html

Interagency Gender Working Group

<http://www.igwg.org/>

Annex 3: Examples of How to Incorporate Gender Considerations in Terms of Reference (TOR) for HIV/AIDS Operations

Sample Terms of Reference for Gender-Specific HIV/AIDS Activities (Short)

These are the terms of reference for the development of a gender and HIV/AIDS strategy document to be produced for the Gender and HIV/AIDS Sub-Committee of a National AIDS Authority.

Introduction: The Gender and HIV/AIDS Sub-Committee of the National AIDS Authority is seeking a senior consultant to work with the committee in the development of a gender and HIV/AIDS strategy document for the Government of Kenya. This intersectoral, volunteer committee comprises experts, advocates from a range of disciplines and organizations, and is seeking to mainstream gender issues in the Government's Strategic Plan for HIV/AIDS.

Qualifications: The consultant should have a minimum of a Masters Degree in the Social Sciences or Public Health and demonstrated expertise in the area of gender and HIV/AIDS. The consultant should have excellent writing and analytic skills and a demonstrated track record in gender and HIV/AIDS analysis, research and training. Computer skills are also essential.

Objective: The consultant will work with the Gender and HIV/AIDS Sub-Committee of the National AIDS authority in the development of a Gender and HIV/AIDS Strategy Document for the National AIDS authority.

1. Develop a gender and HIV/AIDS Strategy Document

- 1.1 Review the strategic issues identified by the Committee.
- 1.2 Build a strategy document around these strategic issues, including:
 - 1.2.1 Conducting an extensive literature review both for the region and the nation.
 - 1.2.2 Analyzing this information in the context of gender and HIV/AIDS prevention and care in Kenya.
 - 1.2.3 Suggesting strategic directions and priorities for the country's gender and HIV/AIDS agenda.
 - 1.2.4 Review the Government's Strategic Plan in light of the Strategy Document and identify gaps in the Strategic Plan.
 - 1.2.5 Facilitate a workshop to disseminate the strategy document and develop points for action.
 - 1.2.6 Work with the Gender and HIV/AIDS Committee to develop a work plan and budget.

2. Deliverables:

- 2.1 Hard and disc copies of a gender and HIV/AIDS bibliography.
- 2.2 Hard and disc copies of a gender and HIV/AIDS strategy document, maximum 25 single-spaced pages.

- 2.3 Hard and disc copies of a document that highlights gaps in the Strategic Plan and where the Gender and HIV/AIDS Strategy Document elaborates the Strategic Plan and/or goes beyond the priorities contained in the Strategic Plan (maximum 5 double spaced pages).
- 2.4 Hard and disc copies of a dissemination workshop report.
- 2.5 Hard and disc copies of a work plan and budget.
- 3. Reporting to: The Coordinator of the Gender and HIV/AIDS Committee.**

Sample Terms of Reference for Gender-Specific HIV/AIDS Activities (Long)

UNDP/GOK HIV/AIDS AND DEVELOPMENT PROJECT (KEN/99/001)

OBJECTIVE TO9 – TO STRENGTHEN MAINSTREAMING OF GENDER RESPONSES IN HIV/AIDS EPIDEMIC

TERMS OF REFERENCE FOR THE DEVELOPMENT OF A GENDER AND HIV/AIDS STRATEGY DOCUMENT INCORPORATING GUIDELINES FOR MAINSTREAMING GENDER RESPONSES IN HIV/AIDS EPIDEMIC INTERVENTIONS

1.0 Background Information – HIV/AIDS in Kenya

HIV/AIDS in Kenya like in most countries of the world is a serious health and socioeconomic concern. The effects of HIV/AIDS threaten the survival of individuals, communities, organizations and the whole Kenyan society. The modes of transmission of HIV/AIDS (through heterosexual encounters accounting for 80 percent, and mother to child and blood transfusion which jointly account for 20 percent of the infections) are well known to all, yet its spread goes unabated.

In 1990, adult prevalence stood at 3.1 percent rising to 9 percent in 1998 and estimated 12 percent in the year 2000. The national average deaths due to full-blown AIDS currently stand at 500 daily. Among pregnant mothers attending antenatal clinics (6-15%) and (25-40%) are reported in the low and high prevalence areas respectively. The actual prevalence is higher as only reported cases form the basis of statis-

tical inference. The age most affected by HIV/AIDS is 15 to 50 years with the highest concentration in the 15 to 25 years' age group.

The Government of Kenya began to respond to the HIV/AIDS epidemic in 1985 immediately after the first case was diagnosed in the country in 1984. The Government with assistance of the World Health Organization constituted the National AIDS and STD Control Programme that initially concentrated in the screening of blood and promoting safer sexual practices and early diagnosis of the disease.

A medium term plan formulated in 1987 focused on the prevention and control of HIV/AIDS. Other areas of concern in the plan were creating national awareness campaigns, publishing guidelines on testing and counseling as well as strengthening seropositive surveillance and laboratory services as well as training health care providers in case management of People Living with AIDS (PLWHAs). The plan was later reviewed in 1991 to introduce changes in

the implementation of HIV/AIDS related activities through decentralization and greater advocacy in HIV/AIDS control and prevention. The results of the review culminated in the formulations of a second medium term plan for the years 1992 – 1996. This plan sought to bring together stakeholders (including NGOs and CBOs) other than the health providers into active participation in the fight against HIV/AIDS. Such organizations continue to be involved in education, condom promotion and other related activities contributing to the deceleration of infections and spread of the scourge. The Kenya AIDS NGOs Consortium (KANCO) was created to make it easier to involve the NGO community in the fight. Religious organizations have also been incorporated into the fight against the scourge.

The Sessional Paper on HIV/AIDS, which provides the National Policy Framework for addressing the complex problems associated with the HIV/AIDS catastrophe was published in 1997. In the year 2000, the Government declared AIDS a national disaster and constituted the National AIDS Control Council (NACC) in the Office of the President to coordinate HIV/AIDS interventions in the country, taking cognizance of the complex issues involved and the diversity of stakeholders. The foregoing shows the commitment and determination by the Government and other partners in fighting the spread of HIV/AIDS.

1.1 Gender Dynamics in HIV/AIDS Epidemic

The Government of Kenya recognizes the role of both women and men in the development of the country. Despite this realization and the fact that women constitute a large proportion of the population of Kenya (52%) and contribute to the country's development in various ways, women have been disadvantaged in various ways (social, economic, legal and political aspects).

The social, legal and economic relations between the sexes determine not only power relations in the society, but also the pattern of sexual transmission of HIV infection. Women are especially vulnerable to infection for a variety of reasons. They are more often than not less educated than men and therefore have limited access to written messages/literature. Rural women do not often participate in discussion and decision-making fora and are more often than not economically dependent on men. In addition, there are a wide range of customs and socially accepted practices that increase women's risk and restrict women's decision making regarding risky practices such as widow inheritance and polygamy.

Various studies undertaken in the recent past indicate that women, children and people living with disability are more adversely affected by HIV/AIDS, hence targeting and involving them in attempts to control the spread of HIV/AIDS would yield higher results. In recognizing the role that women can play in the fight against the scourge, the Government of Kenya (GoK) and the United Nations Development Programme (UNDP) in the 1999 – 2003 Country Cooperation Framework (CCF) designed a HIV/AIDS and Development Project that attempts to address the epidemic from a gender perspective. The project addresses various dimensions of the scourge through various activities. One such activity involves developing guidelines for mainstreaming gender responses in HIV/AIDS epidemic interventions.

The Government of Kenya realizes that gender responsive planning, programme development, monitoring and evaluation cannot be successful without the existence of clearly defined indicators for tracking progress being made in increasing women's access to and control of resources as well as participation in interventions that are meant to address their specific needs. The UNDP/GOK HIV AIDS and Development Project recognizes this and aims at developing and implementing clearly defined gender responsive monitoring and evaluation indicators for tracking

progress in HIV/AIDS epidemic interventions. Such indicators would allow one to evaluate the impact of the programmes being implemented and their overall impact to the development of the country and point out to gender related changes that take place in the society over time. It is therefore imperative to incorporate into policy formulation and programme implementation gender responsive monitoring and evaluation indicators to track progress made in gender mainstreaming.

It is in view of this that the Government of Kenya (GoK) and the United Nations Development Programme (UNDP) intends to develop gender responsive guidelines and indicators to track progress being made in mainstreaming gender in HIV/AIDS epidemic interventions. It is recommended that a participatory approach be adopted in undertaking this activity by incorporating the views of the project implementers who will be involved in the day to day monitoring of the projects and programmes to ensure gender dimensions are well integrated.

2.0 Purpose of the Consultancy

The purpose of the consultancy is to develop a gender and HIV/AIDS strategy document incorporating gender responsive process and outcome indicators for tracking and measuring progress being made in the implementation of HIV/AIDS epidemic interventions, given the differentiated impact of the scourge by gender.

2.1 Objectives

The specific objectives of the task are to:

- ◆ Develop guidelines for mainstreaming gender in HIV/AIDS epidemic interventions
- ◆ Develop gender responsive quantitative indicators for tracking progress in HIV/AIDS epidemic interventions

- ◆ Develop gender responsive qualitative indicators for tracking progress in HIV/AIDS epidemic interventions
- ◆ Compile a gender and HIV/AIDS strategy document that incorporates the above

3.0 Specific Tasks

In undertaking all the tasks outlined below, the consultants are expected to adopt a participatory approach and work closely with Gender and HIV/AIDS Sub-Committee of the National AIDS Control Council in collaboration with the Office of the Vice President, Ministry of Home Affairs, Heritage and Sports, and other key implementing partners for whom the strategy document is intended.

In that process the consultants will undertake to review strategic issues, analyze information so obtained and build a strategic document around issues identified. The specific tasks will be:

- ◆ Review relevant literature on monitoring and evaluation, gender mainstreaming and HIV/AIDS. This will include the Programme Support Documents (PSDs) for the HIV/AIDS and Development project as well as Gender Mainstreaming and Empowerment of Women Project
- ◆ Review the strategic issues identified by the Gender and HIV/AIDS Sub-Committee of the National AIDS Control Council
- ◆ Build a strategy document around these strategic issues, including:
- ◆ Conducting an extensive literature review both for the region and Kenya
- ◆ Analyzing this information in the context of gender and HIV/AIDS prevention and care in Kenya

- ◆ Suggesting strategic directions and priorities for Kenya's gender and HIV/AIDS agenda
- ◆ Review GoK's National HIV/AIDS Strategic Plan in the light of the Strategy Document and identify gaps in the Strategic Plan
- ◆ Develop a guideline for mainstreaming gender in HIV/AIDS epidemic interventions as part of the strategy document
- ◆ Develop indicators for tracking progress on mainstreaming gender in HIV/AIDS epidemic interventions as part of the strategy document
- ◆ Facilitate a workshop to review the strategy document for making necessary revisions and develop points of action
- ◆ Work with the Gender and HIV/AIDS Committee to develop a work plan and budget
- ◆ Produce a gender and HIV/AIDS strategy document

4.0 Expected Outputs and deadlines

The consultants will undertake to complete the tasks outlined in 3.0 above within 30 working days for discussion at a review workshop and submission to NACC/UNDP. The following schedule will be adhered to:

Activity		Deadline/days
1.	Review existing project documents, literature and other related background information e.g., National HIV/AIDS Strategic Plan	3 days
2.	Meet with relevant institutions and organisations, particularly NACC gender sub-committee and Office of the Vice-President, Ministry of Home Affairs, National Heritage and Sports (Gender Mainstreaming and Empowerment of Women Project)	2 days
3.	Hold interviews/discussions/consultations with other institutions/NGOs/CBOs and agencies involved in HIV/AIDS/Gender	7 days
4.	Prepare a draft Gender and HIV/AIDS Strategy document report for submission to NACC/UNDP (5 draft copies)	13 days
5.	Presentation of draft document and facilitation of a workshop to review the draft strategy document for making necessary revisions for finalization and develop points for action.	1 day
6.	Work with the Gender and HIV/AIDS Committee to develop a work plan and budget.	1 day
7.	Finalize the strategy document for submission to the UNDP Deputy Resident Representative (Programmes)/Director, NACC	3 days

Sample Terms of Reference for Gender-Specific HIV/AIDS Activities (Map Operation)

THE GAMBIA HIV/AIDS RAPID RESPONSE PROJECT (HARRP): TERMS OF REFERENCE
COMMUNITIES & CIVIL SOCIETY INITIATIVES (CCSI) CONSULTANCY

Background

HIV was first diagnosed in The Gambia in 1986. Despite an initial low seroprevalence in the country, significantly alarming changes have recently occurred among its population. Since the beginning of 2000, HIV-1 infection in The Gambia has increased to a level of 1.8%, resulting in a total consolidated HIV prevalence of 3.5% among adults, thereby representing a doubling in the level of HIV-I and HIV-2 infections over the past 5 years. In addition, the epidemic appears to be more aggressive in some parts of the country where HIV-1 hot spots have been identified.

An important co-factor of the HIV prevalence, namely the rate of sexually transmitted infections (STIs), is also very high in The Gambia. A rapid STI assessment conducted in 1994 showed that one in three pregnant women had signs of an STI, reflecting a high prevalence of these infections not only in women but also among their husbands/partners. This high level of STIs will also undoubtedly accelerate the HIV/AIDS epidemic (condom use and availability have been erratic, with 1997 survey data estimating that about 5.2 million condoms were available that year, in country, from all sources; however, a social marketing program of condoms has recently been launched in the country). Furthermore, the current trend in the number of cases of tuberculosis (TB) is also increasing and will echo the increase in HIV-1 prevalence, as has been the case in other countries in sub-Saharan Africa. In sum, these factors indicate that The Gambia may now have entered the stage of a faster increase of HIV-1 infection, one

which is more easily transmissible and damages the immune system more rapidly. The conclusion is that the country may be on the verge of transitioning to a high prevalence country unless strong preventive actions are taken quickly.

The Human Immunodeficiency Virus (HIV)/Acquired Immuno-Deficiency Syndrome (AIDS) Rapid Response Project (HARRP) for The Gambia (Project ID: P060329) is within the context of the Multi-Country HIV/AIDS Program for the Africa Region and strives to assist the Government of The Gambia to stem a rapid growth of HIV/AIDS through: a) maintaining the current low epidemic levels; b) reducing its spread and mitigating its effects; and c) increasing access to prevention services as well as care and support for those infected and affected.

The project consists of four components. The first, capacity building and policy development, supports the National HIV/AIDS Council and National AIDS Secretariat (NAS). The second, multi-sectoral responses to prevention and care, improves the capacity of non-health sector line departments to respond to the epidemic. The third, health sector responses to Sexually Transmitted Infections (STIs) and HIV/AIDS management, provides resources to the sector for the organization of preventive and curative AIDS-related services.

The fourth and main component of the project is the Communities and Civil Society Initiatives (CCSI). It is a mechanism to provide grant resources to support community, civil society, worker associations, and “establishment or primary units” initiatives (these are businesses, military camps, prisons,

refugee camps, religious groups, trade associations, sports clubs and the like). This component therefore supports both “community-based” and “community-involved” activities. A Community and Civil Society Initiatives (CCSI) mechanism has been established by, and report to, the National Aids Commission (NAC), through the National Aids Secretariat (NAS). Special emphasis is currently placed on the prevention among youths and women, two groups that are particularly vulnerable to HIV/AIDS and that represent a vast category of marginalized individuals within the Gambian society. In addition, the program will safeguard the human rights of People Living with HIV/AIDS (PLWHAs) and mitigate discrimination against them. It will also encourage a supportive institutional, home, and community-based health care and psychological environment for PLHWAs, orphans, and surviving dependents. By doing so, the program will promote information, education and communication (IEC) as well as Behavioral Change Communication (BCC) messages that are continuous, appropriate, and acceptable. More specifically, Family Life Education (FLE) programs will be expanded. Such programs will enhance a consistent and well-coordinated joint effort on the part of teachers, parents, local organizations, and students.

Objective

As a member of the project-team, the consultant will contribute to the HIV/AIDS Rapid Response Project in The Gambia (Project ID: P060329) with the objective to support a cooperative framework in the most affected HIV/AIDS areas of the country through dialogue, consultations, and capacity building efforts.

Scope of Work and Deliverables

The consultant will provide support to NAS officials in Banjul in addressing gender imbalances within the

Communities and Civil Society Initiatives (CCSI) component of the HARRP Project.

Specifically, s/he will perform the following tasks:

- ◆ Assisting the National AIDS Secretariat (NAS) in implementing the National AIDS Strategy and Plan of Action with a special focus on the promotion of HIV/AIDS prevention programs among women and young girls, addressing gender imbalances issues;
- ◆ Facilitating the ongoing national awareness campaign on the social inclusion of AIDS-affected individuals (among them, special attention will be given to women, orphans and Men having Sex with Men);
- ◆ Enhancing the educational campaign targeted to officials in all sectors of government and civil society to mainstream relevant gender issues in their agenda;
- ◆ Assisting NAS to organize awareness seminars in Banjul, main cities and rural areas providing government officials with the strategic tools to fight the stigma against women and People Living With HIV/AIDS (PLWHAs);
- ◆ Establishing contacts with the civil society and the representatives of the private sector so as to include or strengthen existing attention to some neglected fundamental gender issues (e.g., violence against women, homosexuality, Commercial Sex Workers);
- ◆ Writing progress reports on the current participatory programs targeted to community and civil society across the country, with specific focus on gender imbalances and vulnerability issues;
- ◆ Providing support to the World Bank Liaison Office in The Gambia and to the Task Team Leader at the World Bank headquarters in Washington DC, as required in daily office tasks.

- ◆ Writing a final report containing recommendations for the reduction of gender imbalances and the curbing of stigma affecting marginalized social categories in The Gambia, so as to enhance a more effective implementation of the HARRP Project and the National AIDS Strategy.

Annex 4: Examples of HIV/AIDS and Gender Issues and Concerns in Two Critical Sectors

Depending on the regional and country-specific contexts, different sectors of the economy are critically affected by the epidemic, and in turn provide valuable entry points for program-level interventions. Some sectors are important because of their interactions with vulnerable, at-risk, and infected groups. The education, law and justice, and agriculture sectors are good examples. Other sectors are important because of their mandates to formulate and implement overall HIV/AIDS and development policies. The health sector is one such example. For each sector to play its most effective role and provide the optimum and most sustainable contribution to the multisectoral fight against HIV/AIDS, the crucial gender issues in that sector must be clearly articulated. The higher education and law and justice sectors are used to illustrate this point. The key issues, and the relevant questions that can assist with clarifying the interconnections between gender issues and those two sectors, are provided below.

Gender-sensitive HIV/AIDS issues and questions for the higher education sector

The key issue is how to reduce the risks and threats to women and men in higher education settings, such as school and college campuses, where young adult males and females are sexually active.

1. Do women and men put themselves at greater risk in these settings than those in other educational institutions or the general populace?
2. What is known about “sex work” (exchanging sex for favors as a means of sustaining oneself finan-

cially) as a means of maintaining academic standing or improving grades, or as a means of obtaining luxuries?

3. What services (information, resources, counseling) are available for female and male students?
4. What is known about rape and sexual violence on campuses? Who are the violators and survivors? What programs are in place to address these problems?
5. Do programs specifically target homosexuals and provide safe sex counseling?
6. Regarding bisexuality, especially as linked to the sensitive issues of social notions of femininity and masculinity that may cause an increase in this behavior—how much do we know about male bisexuality in these settings?
7. Do HIV/AIDS strategies, programs, and activities on campuses specifically target at-risk and vulnerable populations?

Gender-sensitive HIV/AIDS issues and questions for the law and justice sector³²

The key issue is how to establish and implement a viable legal and regulatory framework that acknowledges (and responds accordingly to) the differing impacts of the HIV/AIDS epidemic on

³² See the 2007 World Bank guide to the legal aspects of the HIV/AIDS epidemic: *Legal Aspects of HIV/AIDS – A Guide for Policy and Law Reform*.

males and females. Some key questions to ensure this include:

1. Does the legal system promote safe and secure environments for youth, especially girls, and legitimize good quality and youth-friendly information and sexual health services?
2. What are the appropriate legal provisions for privacy and confidentiality in voluntary counseling and testing services? For example, do they promote separate counseling for males and females?
3. What anti-stigma and antidiscrimination laws, policies, strategies, practices, and educational programs are available, and how do they affect the sexual and economic exploitation of females?
4. Is the willful transmission of HIV/AIDS (including marital rape and spousal forced sex) regulated? Is so, by whom, and with what penalties and recourse for those who have been sexually violated?
5. What are the appropriate provisions in national reproductive laws and policies, and in what ways do they enable women to make decisions free of coercion, violence, and discrimination, or promote access to safe HIV/AIDS and STI services and information?
6. How do legal literacy and legal aid services promote and enforce women's rights under customary and statutory law?
7. What mechanisms, policies, and programs are in place to sensitize law enforcement officials, the police, members of the judiciary, and other key law and justice sector professionals to the gender and legal dimensions of the epidemic?
8. Are there mechanisms in place to ensure enforcement of laws relating to HIV/AIDS issues, including stigma and discrimination, (all forms of) violence, and protection of human and health care rights?
9. Is there an established process to repeal or reform laws, both civil and customary, that contribute to the marginalization of women and young girls with regard to issues such as inheritance, reproductive rights, marital rape, gender-based violence, and sexual harassment?

Similar questions need to be posed for other critical sectors or themes that, depending on the context and country and nature of the epidemic, may require special attention. Such sectors may include agriculture sector programs that need to address household food security and agricultural productivity; health programs addressing gender-based violence; social development sector programs dealing with conflict and post-conflict situations; and multisectoral programs addressing the needs of mobile populations, such as long-distance drivers. For each of these sectors or themes, it is important to engage the relevant public sector institutions and their development partners to develop the appropriate set of issues and questions to lead to adequate and effective targeting of beneficiaries and interventions.

Annex 5: Institutions and Leadership Roles Regarding Gender Concerns and HIV/AIDS

Type of Institution, Organization, and Leadership Cluster	Roles Played vis-à-vis Gender Concerns
(1) Public Sector Institutions	
<ul style="list-style-type: none"> ◆ Heads of state ◆ Cabinet members ◆ Key sector ministers and senior staff ◆ Parliamentarians ◆ Central government leaders ◆ Regional and provincial leaders ◆ Traditional (and tribal) leaders ◆ Municipal and community leaders 	<ul style="list-style-type: none"> ◆ Appreciating the gendered nature of the epidemic and positively influencing the evolution of gender roles, especially in the market economy, through policies and budget allocations; ◆ Revising societal norms of propriety and working to reduce stigma and discrimination; ◆ Influencing social and political change; ◆ Reinforcing/revising laws (customary, religious, and statutory) and policies on gender, social inclusion, and discrimination; and ◆ Integrating gender information into priority setting, policy making, and implementation.
(2) National Aids Coordinating Organizations	
<ul style="list-style-type: none"> ◆ Health policy makers ◆ Public health specialists ◆ Development policy makers and specialists ◆ Other AIDS coordination agencies 	<ul style="list-style-type: none"> ◆ Eliminating detrimental gender stereotypes; ◆ Gender awareness and gender analytical skills for policy, program, and project design and implementation. For example, investing in gathering and analyzing sex-disaggregated data and gender-sensitive monitoring and evaluation; ◆ Eliminating stereotypes about PLWHA; ◆ Leaders vis-à-vis gender-sensitive M&E, sex-disaggregated data collection, more effective distribution of female condoms, AIDS education programs; and ◆ Understanding implicit and explicit impact of laws and policies on gender-based risk and vulnerability, and integrating this knowledge into objectives, content, and design of programs.
(3) Private Sector Leaders	
<ul style="list-style-type: none"> ◆ Employers ◆ Business associations ◆ Trade unionists ◆ Professional associations 	<ul style="list-style-type: none"> ◆ Reducing gender segregation in jobs and professions; ◆ Promoting healthy lifestyles for staff, for example, supplying employees with condoms, providing AIDS prevention training to workers, and so on; ◆ Reinforcing positive behaviors; ◆ Adopting progressive medical, insurance, and disability benefits for staff; and ◆ Formulating and implementing nondiscriminatory PLWHA benefits, labor force, and employer policies, and privacy of information protection for males and females.

(4) Civil Society Leaders	
<ul style="list-style-type: none"> ◆ Federations of women’s NGOs and associations ◆ Association of Women Jurists; legal aid clinics and legal literacy/education associations and NGOs ◆ Philanthropic organizations (Lion’s Clubs, Rotary Clubs, sororities, etc.) 	<ul style="list-style-type: none"> ◆ Influencing and reinforcing males’ and females’ positive social and cultural roles; ◆ Upholding and/or revising social, religious, and cultural mores and norms; ◆ Influencing social change and community attitudes; ◆ Mobilizing inclusive, nondiscriminatory support for PLWHA; and ◆ Sex education.
(5) Education Leaders	
<ul style="list-style-type: none"> ◆ University professors, lecturers, and administrators ◆ High school teachers and staff ◆ Elementary school teachers ◆ Vocational school teachers ◆ Educational curricula designers ◆ Parent/Teacher Associations 	<ul style="list-style-type: none"> ◆ Influencing and reinforcing positive social and cultural norms of masculinity and femininity; ◆ Sex education; and ◆ Reducing stigmas and negative attitudes toward HIV/AIDS and PLWHA.
(6) Opinion Leaders	
<ul style="list-style-type: none"> ◆ Media ◆ Faith-based organizations ◆ Celebrities 	<ul style="list-style-type: none"> ◆ Changing gender stereotypes; and ◆ Influencing popular culture and norms.

Annex 6: Examples of Messages in HIV/AIDS Campaigns About Empowering Women, Especially in Sexual Decision-Making, and Promoting Interpersonal Communication on Sexual Matters Between Males and Females

PROGRAM ASPECTS	MALES	FEMALES
Advocacy and Communication	ADOLESCENT BOYS <i>St. Vincent and the Grenadines HIV/AIDS Prevention and Control Project, 2004</i> The project supports the Gender Affairs Division in the Ministry of Social Development to carry out: Community sensitization in HIV/AIDS activities; and Radio programs and interventions targeting in and out-of-school boys and girls.	ADOLESCENT GIRLS <i>Trinidad and Tobago - HIV/AIDS Prevention and Control Project, 2003</i> Studies in Trinidad and Tobago suggest that young girls engage in transactional sex. To address this, the project expanded the Health and Family Life Education (HFLE) program aimed at: Building the self-esteem of young women, thereby improving their ability to engage in alternative income-earning activities or to negotiate safe sex.
	ADULT MEN <i>Government of Pakistan HIV/AIDS Prevention Project, 2003</i> Behavior Change Communication (BCC) activities targeted: <ul style="list-style-type: none"> ◆ Mass-media campaigns focusing on explicit market segmentation so that activities are tailored to important sub-populations, especially <ul style="list-style-type: none"> • young men and women; • opinion leaders; and • urban employed males. ◆ Inter-personal communications (IPC) by “lady health workers.” 	ADULT WOMEN <i>Djibouti - HIV/AIDS, Malaria and Tuberculosis Control Project, 2003</i> The community-based initiatives component includes essential legal activities at the community level, for example: <ul style="list-style-type: none"> ◆ Information and education to strengthen the defense and negotiation capacity of women, young boys, and young girls; ◆ Legal counseling and assistance for: <ul style="list-style-type: none"> • survivors of sexual violence; and • persons living in affected families and whose social rights are threatened or violated.

Annex 7: Examples of Gender-Sensitive Education, Care, and Support in Prevention, Treatment, and Care Programs and Projects

MALES	FEMALES
ADOLESCENT BOYS	ADOLESCENT GIRLS
<p>WHAT Develop and provide age-specific HIV/AIDS education programs that teach boys (in home, school, and religious settings) about:</p> <ul style="list-style-type: none"> ◆ The positive and negative aspects of existing concepts of masculinity and femininity; ◆ Gender and age-specific HIV/AIDS risks and vulnerabilities; ◆ Peer education for both in-school and out-of-school boys; ◆ Support groups/clubs that provide context-specific messages and opportunities for networking and involvement in community prevention and care activities; and ◆ Youth-friendly integrated health services for treatment of STIs, provision of condoms and counseling services. <p>HOW Djibouti HIV/AIDS, Malaria and Tuberculosis Control Project, 2003 One of the project components worked with the Ministry of Youth and Sports (whose mandate includes the mobilization of adolescents who do not attend school) to provide:</p> <ul style="list-style-type: none"> ◆ Peer education for youth of both genders who do not attend school; ◆ Social communication through theater, debates between adolescents of the same gender, and cultural events both in urban and rural settings; ◆ Youth mobilization, especially in urban settings; ◆ Professional training for the youth who are engaged in peer education; ◆ Training of peer educators; and ◆ Capacity strengthening in IEC/HIV/AIDS in the Youth Directorate. 	<p>WHAT Develop HIV/AIDS education programs that teach girls about:</p> <ul style="list-style-type: none"> ◆ The positive and negative aspects of dominant notions of masculinities and femininities; ◆ Gender and age-specific HIV/AIDS risks and vulnerabilities; ◆ Peer education for in and out-of-school girls that reinforce self-esteem and confidence building skills; ◆ Sexuality education that includes negotiating, self-esteem, and confidence-building skills; ◆ Support groups/clubs that provide context-specific messages and opportunities for girls to network and be involved in community prevention and care activities; ◆ Age-specific livelihood activities as a deterrent to transactional sexual activities; ◆ Youth-friendly integrated health services for treatment of STIs, provision of condoms and counseling. <p>HOW Central African Republic Multisectoral HIV/AIDS Project, 2001 The project's social analysis identified pregnant women and young girls who engage in transactional sex as high risk groups. The project supported:</p> <ul style="list-style-type: none"> ◆ Efforts to reduce infection among adolescent girls; and ◆ Specific programs for women who sell sex as a means of survival.

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MALES	FEMALES
ADULT MEN	ADULT WOMEN
<p>WHAT</p> <p>Provide:</p> <ul style="list-style-type: none"> ◆ Work place HIV/AIDS prevention programs, utilizing both peer education and counseling services; ◆ HIV/AIDS prevention programs in special circumstances, e.g., in prisons, among CSWs' clients, long distance drivers etc.; ◆ Community forums that provide opportunity to discuss the impacts of gender roles and culture on gender-based risk; and ◆ Voluntary counseling and testing (VCT) services. <p>HOW</p> <p><i>Mozambique HIV/AIDS Response Project, 2003</i> The project objectives and priorities included:</p> <ul style="list-style-type: none"> ◆ Gender-specific targeting of at-risk groups, through promotion of safe sex practices among the population at high risk of infection, estimated at some 1.6 million persons who include, inter alia, sex workers and their clients, teachers, and highly mobile populations such as truckers; and ◆ Gender-relevant interventions that focus on STI control and treatment, voluntary testing and counseling. <p><i>Jamaica HIV/AIDS Prevention and Control Project, 2001</i> The project emphasized:</p> <ul style="list-style-type: none"> ◆ Gender-relevant interventions, including an overall goal of changing gender relations in a machismo culture; and ◆ Gender-sensitive peer education, equal access to information, education and prevention intervention, and sensitizing men. 	<p>WHAT</p> <p>Provide:</p> <ul style="list-style-type: none"> ◆ Work place HIV/AIDS prevention programs utilizing both peer education and counseling services; ◆ Prevention programs in special circumstances, e.g., for CSWs; ◆ Community forums that provide opportunity to discuss gender roles and culture and their effects; and ◆ VCT services. <p>HOW</p> <p><i>Jamaica HIV/AIDS Prevention and Control Project, 2001</i> Gender-relevant interventions, including an overall goal of changing gender relations in a machismo culture. To achieve this goal, the project was to:</p> <ul style="list-style-type: none"> ◆ Include messages that empower women, especially in sexual decision-making; ◆ Promote female-controlled methods, such as female condoms, ◆ Improve condom negotiations skills; and ◆ Develop gender-sensitive care and support for women living with HIV/AIDS. <p><i>Mozambique HIV/AIDS Response Project, 2003</i> The project objectives and priorities included:</p> <ul style="list-style-type: none"> ◆ Gender-specific targeting of young women and sex workers; ◆ Increasing the negotiating power of women and girls, and mobilizing communities; and ◆ Vocational training and development of income-generating activities for affected families. <p><i>Djibouti - HIV/AIDS, Malaria and Tuberculosis Control Project, 2003</i> Gender-specific targeting of CSWs and women who work in bars, through peer education, special STI/HIV prevention measures, and condoms (free and/or at least possible cost).</p>

Annex 8: Examples of Creating Supportive Environments to Combat Discrimination and Stigma

Males	Females
<p>WHAT</p> <ul style="list-style-type: none"> ◆ Collect baseline data on behavior, prevalence to facilitate the identification of the needs of special groups of vulnerable and at-risk males; ◆ Provide counseling services, peer education, and training for males living with HIV/AIDS or as partners of the infected, with specific targets and key performance indicators to ensure that vulnerable and at-risk women will be reached; and ◆ Train community health care workers 	<p>WHAT</p> <ul style="list-style-type: none"> ◆ Collect appropriate data on infection rates among high-risk or vulnerable women and include their needs in project goals; and ◆ Provide counseling, peer education, and training services for infected patients, their partners and families.
<p>HOW</p> <p><i>Jamaica HIV/AIDS Prevention and Control Project, 2001</i> This project provides a good example of rapid assessments to collect baseline data. Project documents note that:</p> <p>MSM account for around 6 percent of AIDS cases in Jamaica. However, given the illegal status of and the strong stigma around homosexuality in Jamaica, this is likely to be an underestimate. At the same time, a high percentage (25 percent) of AIDS cases is reported as “unknown of transmission,” of which 80 percent are male. It is suspected that MSM mode may be responsible for a significant proportion of “unknown transmission” AIDS cases. The project will address this issue by:</p> <ul style="list-style-type: none"> ◆ Striving to reduce the marginalization of MSM as part of the campaign against stigma and discrimination; and ◆ Targeting MSM with peer education, VCT and STI management. 	<p>HOW</p> <p><i>Central African Republic Multisectoral HIV/AIDS Project, 2001</i> Key performance indicators include:</p> <ul style="list-style-type: none"> ◆ 50 percent of pregnant women counseled and tested for HIV/AIDS; and ◆ 80 percent of pregnant women testing positive will be treated with Nevirapine. <p><i>Republic of Moldova AIDS Control Project, 2003 (P074122)</i> The project would help:</p> <ul style="list-style-type: none"> ◆ Disseminate the MTCT protocol; ◆ Support universal VCT at ante-natal clinics; and ◆ Provide HIV-positive pregnant women with short courses of ARV and infant feeding options.

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Special Groups of Infected and Affected People	
Orphans	<p>WHAT</p> <p>Create support networks, programs, and special centers for orphaned boys and girls</p> <p>HOW</p> <p>Malawi Multisectoral HIV/AIDS Project (MAP), 2003</p> <p>The impact mitigation component is designed to address the needs of particularly vulnerable members of society, especially: orphans and other vulnerable children (OVCs), widows and widowers, and the dependent elderly, by working with public sector institutions, CBOs, FBOs, and local governments to provide:</p> <ul style="list-style-type: none"> ◆ Educational support and training activities for OVCs; ◆ Income generation activities for vulnerable households (those with chronically ill family members, orphans, dependent elderly); ◆ Community-based and institutional care for orphans; and ◆ Psycho-social support (including inheritance planning) for affected families.
Spouses and surviving partners	<p>WHAT</p> <ul style="list-style-type: none"> ◆ Provide support networks for widows and widowers that include coping skills. These networks could also act as advocacy groups for the rights and protections needed by their surviving partners; and ◆ Review laws pertaining to widows' inheritance rights (under both customary and statutory laws) for gender sensitivity. <p>HOW</p> <p>Nigeria HIV/AIDS Program Development Project, 2001</p> <p>Work with the Ministry of Women's Affairs to:</p> <ul style="list-style-type: none"> ◆ Promote legislation on the rights of orphans, widows, and PLWHA to avoid disinheritance and discrimination.
Sexual minorities	<p>WHAT</p> <ul style="list-style-type: none"> ◆ Rapid assessment for baseline data on behavior, prevalence, needs, and so on (see Jamaica HIV/AIDS Project); ◆ Counseling services for infected patients, their partners and families; ◆ Peer education and support activities; and ◆ Training of community health care workers to build capacity for supervision and assisting with care of infected patients. <p>HOW</p> <p>Bangladesh – HIV/AIDS Prevention Project, 2000</p> <p>The High Risk Group Interventions component targets MSM, IDUs and CSWs' clients, focusing on group education activities to promote:</p> <ul style="list-style-type: none"> ◆ Behavior change communication; ◆ STI treatment; and ◆ Condom promotion.

Annex 9: Examples of Addressing HIV/AIDS and Gender Issues in the Project Cycle

Key Issues to Address in the Project Cycle	Selected Country-Specific Examples from Project Document
Identification and Preparation	
<ul style="list-style-type: none"> ◆ Conduct gender-sensitive baseline study using sex- and age-disaggregated data; ◆ Conduct gender-sensitive assessment of social, cultural, and economic aspects of the epidemic and gender inequality; and ◆ Identify gender-related priorities and objectives using existing information. Ensure that objectives of specific project components specify gender-relevant goals. 	<p>JAMAICA HIV/AIDS Prevention and Control Project (2nd APL) 2002 This project provides a good example of gender relations analysis that provides explicit information about the social, cultural, and economic aspects of the epidemic and their gender impacts. It notes that in Jamaica, female vulnerability to HIV/AIDS is linked to male sexual priority, economic vulnerability and dependency on males, physical and sexual violence against women, rape, and the machismo culture that accepts and encourages multiple sexual partnerships for men, as well as homophobia. Gender stereotypes allow women to be blamed for spreading HIV/STIs.</p>
Appraisal	
<ul style="list-style-type: none"> ◆ Ensure that implementation arrangements provide an opportunity for addressing gender issues; and ◆ Incorporate gender issues and considerations into the Logical Framework (PAD project summary). 	<p>MOZAMBIQUE HIV/AIDS Response Project, 2003 The Community and Civil Society Initiatives (CCSI) component will address the gender dimensions of the epidemic through establishing mechanisms to:</p> <ul style="list-style-type: none"> ◆ Ensure that the preparatory process for community subprojects includes comprehensive analysis of gender (and other social issues) that leads to selection of appropriate responses (for example, income-generating activities for women); ◆ Ensure female participation and representation on decision-making bodies; and ◆ Collect gender-disaggregated data for all activities funded under the CCSI facility.

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Key Issues to Address in the Project Cycle	Selected Country-Specific Examples from Project Document
Monitoring and Evaluation	
<ul style="list-style-type: none"> ◆ Specify gender-sensitive performance indicators for monitoring and evaluating progress of gender-relevant targets; ◆ Systematically record data that are disaggregated by age and sex; and ◆ During implementation, rely on such data to assess the impact of the project on different groups of men and women. 	<p><i>THE REPUBLIC OF SENEGAL HIV/AIDS Prevention Project (MAP 2) 2001. Outcome/Impact Indicators: By 2006</i></p> <ul style="list-style-type: none"> ◆ 70% of boys aged 15 to 19 report using a condom during their last sexual encounter; ◆ 30% of women aged 20 to 49 are familiar with the female condom; ◆ 80% of women aged 20 to 49 know at least two methods of protection against HIV/AIDS; ◆ 65% of adult males report using a condom with an irregular partner during the past 12 months; ◆ 60% of women aged 20 to 49 report using a condom with an irregular partner during the last 12 months; and ◆ 6.80% of men in uniform use condoms with irregular partners.
Implementation and Supervision	
<ul style="list-style-type: none"> ◆ Incorporate gender-relevant provisions into supervision terms of reference, with specific goals for each project component; and ◆ Propose adjustments to ensure that gender-specific targets set in project documents will be met during implementation and reflect these in supervision Aide Memoirs. 	<p><i>Uganda MAP – Technical Support Mission Terms of Reference: Gender-specific tasks:</i></p> <ul style="list-style-type: none"> ◆ Review the overall gender dimension of the operation; ◆ Review and identify good practices and promising approaches, and if necessary, suggest ways of bridging existing gaps and strengthening current weaknesses; and ◆ Make an effort to identify emerging problems and challenges to the integration of a gender perspective. <p>Additional tasks that enable gender-relevant issues to be addressed:</p> <ul style="list-style-type: none"> ◆ Review of social dimensions of the operation, focusing on particularly sensitive aspects of HIV/AIDS prevention and mitigation efforts, such as promotion of condoms by FBOs and CBOs; and ◆ As a key element of this work, recommend capacity-building strategies for civil society and the private sector, and more effective means of including the most vulnerable social groups, including mechanisms of the MAP Project Fund to insure proper representation and participation of civil society groups in the local response component.

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