



GENDER MAINSTREAMING INTO THE NATIONAL RESPONSE TO HIV AND AIDS IN ZIMBABWE

A Training Guide



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MAINSTREAMING GENDER IN HIV AND AIDS PROGRAMMING

GENDER MAINSTREAMING IN THE NATIONAL RESPONSE TO HIV AND AIDS

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ACRONYMS

AIDS	Acquired Immune-deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral Virus
ASO	AIDS Service Organisations
CBO	Community Based Organisation
HBC	Home Based Care
HIV	Human Immune Virus
IEC	Information, Education and Communication
MDG	Millennium Development Goals
MoHCW	Ministry of Health and Child Welfare
M & E	Monitoring and Evaluation
MWAGCD	Ministry of Women's Affairs, Gender and Community Development
NAC	National AIDS Council
NARF	NAC Activity Report Form
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
PEP	Post Exposure Prophylaxis
RH	Reproductive Health
STI	Sexually Transmitted Illness
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WASN	Women and AIDS Support Network
WGHA	Women, Girls and HIV and AIDS
WHO	World Health Organisation
ZAN	Zimbabwe AIDS Network
ZDHS	Zimbabwe Demographic Health Survey
ZNASP	Zimbabwe National AIDS Strategic Plan

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GENERAL INTRODUCTION:

Nearly 30 years into HIV epidemic, there is a growing recognition that the HIV and AIDS epidemic thrives on and exacerbates socio-economic inequalities. HIV infection is spreading most rapidly in both rich and poor countries amongst people who are socially and economically marginalized. This is so because of complex range of factors, including lack of access to income generating activities, employment, lack of access to health and social services; lack of appropriate information and support; inability to afford prevention, treatment care and support; social exclusion and the need to adopt livelihoods strategies that satisfy immediate survival needs.

Gender inequality and poor respect for the human rights of women and girls is particularly a critical factor in the HIV epidemic. Gender inequality is intimately linked to the spread of HIV and AIDS among women and men. Gender roles and gender relations influence the extent to which women and men

- are vulnerable to HIV infection;
- can access quality treatment and care; and
- are affected by the negative social and economic consequences of HIV and AIDS.

Gender related determinants of vulnerability to HIV

In Zimbabwe heterosexual transmission is the most common form of transmission of HIV and research has shown that women are more infected than men and girls are three times more infected than boys. The risk of HIV infection can be minimized if men, women, boys and girls take precautions to have safe consensual sex. However the discretion to choose, when, with whom, and how to have sex including the decision to protect oneself or partner from HIV is not a matter of individual choice. The ability to make such a decision is profoundly influenced by socio-cultural norms about appropriate male and female behaviour (including sexual behaviour), the unequal power relations, and unequal economic conditions of women and men. These norms and power imbalances constrain the ability of women and girls to choose the terms of sexual engagement, negotiate safe and consensual sex, and leave oppressive relations for fear of losing male support.

In many societies, Zimbabwe included, the morality of women and girls depends largely on their passivity and ignorance of sexual matters. The ideal of feminine behaviour and sexuality rests on the notion that women/girls should be subordinate, dependent and obedient and that virginity, chastity and motherhood are critical virtues of women and girls. The subordinate status of women and girls often means that the enjoyment of human rights like the right to food security, shelter and education, health and work is mediated by dependent on or secondary to men and boys. Without the equal enjoyment of human rights, women and girls generally lack the power and material foundation to negotiate sexual relationships as equal partners hence HIV infection rates tend to be higher among women and girls as compared to men and boys. The greater

economic and social power of older men makes sexual relations with them often the only option for young women for young women living in poverty. In turn, the lesser social and economic power of young women both because of their gender and age constrains their ability to bargain for safe and consensual sex thereby increasing their ability to HIV and AIDS.

In countries where the general population's prevalence is high and women's social status is low, the risk of HIV infection through sexual violence is high (UNAIDS 2005). In the context of rape and sexual abuse, whether by boyfriend or husband, women are list able to refuse sex or insist on protective measures. Violent sexual acts are most likely to result in lacerations which significantly enhance the risk of contracting HIV or other STIs. Often fear of violence or abandonment often prevents women and girls from discussing faithfulness or safe sex practices with their partner. Violence must not be tolerated. UNAIDS Executive Director echoed the same sentiments at IWC 2010 when he said;

“Violence against women is unacceptable and must not be tolerated,” “By robbing them of their dignity, we are losing the opportunity to tap half the potential of mankind to achieve the Millennium Development Goals. Women and girls are not victims; they are the driving force that brings about social transformation.”

Gender dimensions of treatment and care

Women especially young women make up a significant proportion of people living with HIV and AIDS hence the need for appropriate treatment, care and support. The right to health of women and girls need to be recognized. Sexual and reproductive health are often inadequate, the quality of health care for women and girls is compromised. It is not surprising that women themselves tend to neglect their personal health needs, nutrition and medical care in favour of others especially children. The stigma associated with HIV and AIDS merely serves to enhance these factors and tends to further restrict women's and girls' access to health services. Because of their inferior social status and the cultural sensitivities associated with HIV women are often blamed for bringing disease and death into the family. They run the risk of being labeled promiscuous or loose, bringing their moral and social status into disrepute. Fear of rejection and loss of support is preventing many women and girls from finding out their status.

Gender related consequences of HIV and AIDS

Women and Girls more than men and boys are likely to become primary care givers of those who are infected and affected by HIV and AIDS. Often they fulfill this role in the absence of adequate health care facilities and without proper support mechanisms. When mothers become ill or die of AIDS related illnesses, the burden of care, tends to fall on elderly women and young girls with significant implications on their quality of life. As a result the young girls and young women may be forced to forfeit their education and employment.

Women more than men are also at risk of losing their forms of social protection or livelihoods due to HIV and AIDS. In many societies including Zimbabwe widows, children and unmarried women lose properties; confiscated from them by relatives of the deceased father/husband or other male relations. Finally the eroding impacts of HIV and AIDS are likely to affect women more than men.

Table 1: Gender implications of HIV and AIDS

These include:

- Enhanced burden of care on women, elderly women included and girls
- A disproportionate number of women losing employment and girls likely to drop out of school to help with household tasks including caring for the sick.
- Loss of assets/property and social and economic protection of women and girls
- Sex work as a livelihood strategy, associated with increased risk of HIV infection
- Enhanced possibility of stigmatization of women and girls as vectors of disease, which may increase violence and abuse of women.

Gender dimension of the national response to HIV and AIDS

The response is founded on six cross-cutting principles;

- **Human rights based approach**-the discrimination and violation of human rights influence both the spread of HIV and women's access to treatment care and support
- **Participation**- the successful implementation of the national response depends on the meaningful and equal participation of women and girls of all age groups and status (positive women and girls, those with disabilities, sex workers, migrant women, refugees, women in prisons men and boys.
- **Evidence informed and ethical responses**-HIV and AIDS epidemic impacts differently on women and girls and men and boys, and that the AIDS responses need therefore to be evidence-informed and context-specific.

- **Partnership**-NAC recognizes the importance of partnerships with relevant stakeholders for the successful implementation of the national response. As a result all players are key in the response to HIV and AIDS nationwide. These

include human rights organisations, civil society, networks of positive women, private sector, faith based organisations, adolescents and young people's networks, organizations of men and boys, traditional leaders, donors and government departments.

About the training Guide

National AIDS Council, has realized the need to make gender and human rights an integral part of the national response to HIV and AIDS because of the disproportionate impact HIV and AIDS is having on women and girls. The guide is a demonstration of the importance NAC places on taking on gender and human rights issues in the national response. This training guide offers an opportunity to generate knowledge and information as well as acquire tools and skills that will be useful in the daily work of AIDS actors

The training guide is made up of seven chapters as follows:

Chapter 1: Focuses on critical gender concepts and the contextual factors that are important for understanding the links between gender, human rights and HIV and AIDS as they relate to HIV and AIDS programming.

Chapter 2: Focuses on Gender and human rights emphasizing on efforts to and activities to respond to the gender dimension of the pandemic.

Chapter 3: This chapter discusses both theoretical and practical scenario of taking gender on board in HIV and AIDS programming.

Chapter 4: Discusses Gender analysis, providing guidance and tools to implementers to collect, analyze and know their epidemic and develop appropriate interventions and response.

Chapter 5: Discusses the gender dimension of prevention, care and support and treatment.

Chapter 6: It focuses on gender, HIV and advocacy. It discusses advocacy for change from a gender perspective including women and girls.

Chapter 7: This chapter focuses on monitoring and evaluation

Chapter 8: Focuses on coordination on gender equality of HIV and AIDS programmes

Why the Guideline

It is recognized that HIV and AIDS thrives on and intensifies inequalities. The inadequate realization of human rights facilitates the spread of HIV and worsens the impact of HIV and AIDS. This guideline was developed in response to the pressing need to assist AIDS and Human rights actors to address the persistent gender inequality and human rights violations that put women more than men at greater risks and vulnerability to HIV. The guide tries to make the relationship between gender, human rights and HIV and AIDS obvious to those working in the development sector and in particular those working with AIDS issues.

Purpose of the Guide

The guide will assist development programmers and AIDS actors including programmes managers/M & E officers deepen their understanding of the linkage between gender, human rights and HIV and AIDS and respond strategically to these challenges. This guide operationalizes NAC gender policy and expands on the Zimbabwe National Strategic Plan and the Action Framework addressing Women, Girls and Gender Inequality (2010-2015).

Who is the guide for?

The guide specifically targets those working in the field of HIV and AIDS; public and private sector. It is equally helpful to people working in development sectors, NGOs and community organizations,

Chapter 1: Basic Concepts on Gender Mainstreaming.

Introduction

The Ministry of Health and Child Welfare recognizes that health is a social issue and an integral part of the overall development of the nation. The development of a nation depends on the full and equal participation of healthy men and women. It is widely recognized that gender based inequalities play a key role in restricting women's and girl's abilities to protect themselves from HIV. Men are far more likely to start and control sexual interactions and reproductive decision-making than women and this restricts women's ability to adopt behavior that reduces their risk of infection. Men can choose when and with whom they have sex and what methods, if any, they use to protect themselves.

Objectives:

- To establish a common understanding among the participants of the key gender concepts and critical HIV and AIDS issues.
- To discuss the gender concepts and their implications to HIV and AIDS.

Methodology:

Question and answer, group discussion, brainstorming

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography)

- Ask the participants to discuss in buzz groups the key gender concepts and how they relate to HIV and AIDS.
- Summarise by making a presentation about these key concepts and ensure the participants have a common understanding of these concepts.

Critical gender concepts in HIV and AIDS Programming

Gender refers to the social differences between females and males throughout the life cycle that are learnt and deeply rooted in every culture are changeable over time and have wide variations both within and between cultures. Gender determines the roles, power and resources for females and males in any culture. Historically, attention to gender relations has been driven by the need to address women's needs and circumstances as they are typically more disadvantaged than men. Addressing gender issues in HIV and AIDS programming is about realizing protection and realization of human rights of men and women regardless of age, ethnicity, religion and any other factor so that they can fulfill any other human potential

Sex refers to the biological/physiological differences between women and men that are universal and fixed.

Sex roles are biological differences between men and women e.g. women bear and breast feed babies whilst men don't.

Gender role are socially defined roles of women and men. Gender roles and relations influence access to, and use of, care and support services for women/girls and men/boys living with HIV and AIDS. Women/men, boys/girls tend to experience the HIV and AIDS epidemic and try to cope with its consequences.

Gender analysis examines the relationship between females and males and their access to and control of resources, their roles and the constraints they face relative to each other. A gender analysis should be integrated into any situation analysis to ensure that gender-based injustices and inequalities are not perpetuated in HIV and AIDS programming.

Gender planning refers to planning that recognizes that because men and women have different roles, needs and responsibilities, they also have different practical and strategic interests that should be reflected in the planning process.

Gender balance is about the equal and meaningful participation of women and men in all areas of work, programme/project planning initiatives. Achieving balance in staff balance or programmes beneficiaries improves the overall effectiveness of our policies and programmes.

Gender disaggregated data are being consistently collected and analysed by sex and age. Sex-and age-disaggregated data should be collected and analysed routinely to understand the impact of HIV and AIDS response on the total population. Sex disaggregated data on at-risk populations such as women, girls, people living with disabilities, orphans and vulnerable children should be collected to ensure that their specific needs are being addressed.

Gender sensitivity is the ability to recognize gender issues i.e. the ability to recognize women's, girls', men's and boys' distinct perceptions and interests arising from their gender role. Gender sensitivity is the beginning of gender awareness which is more analytical and more questioning of gender disparities.

Gender discrimination means that individuals are treated differently on the basis of their sex. In many societies Zimbabwe included, this is maintained by structural discrimination against women in the distribution of income, access to resources and participation in decision-making.

Gender equality means that there is no discrimination on the basis of person's sex in the allocation of resources e.g. treatment, care and support of HIV infected people. It denotes equal value of men and women, boys and girls whether able bodied or none. Gender inequality is generated both by society's written and unwritten norms, rules and shared understandings. Gender equality may be measured in terms of equality of opportunity or results.

Gender inequality and power relations between women and men often create dynamics where women are more vulnerable to HIV infection and less able to negotiate or insist on safe sex in heterosexual relations. This is true in and out of marriage, in shorter and longer term relationships and in commercial as well as non-commercial sex. It is important to note the disproportionate vulnerability of younger women in relationships with older men or long term relationships, where women may have difficulty in negotiating risk reduction with their partners who may be engaging in risk behaviour outside the relationship. In many contexts, orphaned girls are more vulnerable to mistreatment than orphaned boys. Women widowed as a result of AIDS are more likely to suffer economic exploitation and less likely to be able to replace lost family income. Gender norms and expectations also make men and boys vulnerable to HIV as by influencing male sexuality and risk-taking and making men and boys less likely to seek medical care when ill.

Gender equity means fairness and justice in the distribution of benefits and responsibilities. A gender equity approach would ensure that women have a fair share with men of the benefits of an HIV and AIDS programme, equal access to social services, including education, property and inheritance and equal pay for work of equal value.

Gender stereotyping occurs when men and women are persistently attributed certain characteristics or roles thereby creating a belief that these characteristics are linked to gender. Gender stereotyping reinforces gender inequality by portraying assumptions and conditions that maintaining the inequality as biologically or culturally fixed.

Gender Needs

- a) **Practical gender needs** focus on the immediate needs of women and men. These are met without challenging gender inequalities they are linked to areas where women and men have primary responsibilities and include the need for access to health care, water and sanitation, food and shelter.
- b) **Strategic gender needs** are needs for more control over one's life, needs for property rights and for safe space e.g. for women outside the household. They are based on the understanding and analysis of women's subordinate position in society. Actions to bring about structural and social changes are required to address strategic needs requirements. A girl's practical need for an education can be addressed in a strategic way if that education includes a rights-based curriculum that expands her horizons and enables her to consider a life different from one that is predetermined by her gender.

Sexual health represents an aspect of health that is more inclusive than reproductive health. It includes the enhancement of personal relations, respect for the security of the person and the physical integration of the human body as expressed in human rights documents, and the right to make decisions concerning sexuality and reproduction free of coercion and violence.

Sexual rights include the human rights of women, men, boys and girls to have control over and decide freely and responsibly on matters related to their sexuality.

Sexuality is the social expression of a biological drive. An individual's sexuality is influenced by explicit and implicit rules imposed by society. These vary according to gender, age, economic status, religion and education.

Gender based violence is an umbrella term for any harmful act that is perpetuated against a person's will and that is based on socially ascribed/gender differences between females and males. Examples include sexual violence, rape, sexual exploitation, forced prostitution, domestic violence, trafficking, early marriage, harmful traditional practices, widow inheritance and honour killings.

Reproductive health is the state of physical, mental and social wellbeing in all matters relating to reproduction and to the reproductive system. It includes a satisfying and safe sex, life, the ability to have children and the freedom to decide if, when and how often to do so. It also includes the right of women and men to be informed and to make choices about their sexuality, to decide when and with whom to have sex, and to have access to effective methods of protection against HIV infection and pregnancy.

Vulnerability is the likelihood of being exposed to HIV infection because of a number of factors or determinants in the external environment, which are beyond the control of a person or particular social group. Women and girls from poor communities are among those with enhanced vulnerability to HIV infection as a result of unequal gender relations and entrenched gender inequality.

Rights-based approach. In the rights-based-approach scenario, identify the rights holders and the duty-bearers

Rights-holders are individuals and social groups that have particular entitlements. All human beings are rights-holders under the Universal declaration of Human Rights. In certain contexts there are often specific social groups whose human rights are not fully realized, respected or protected. More often than not these groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants and children. The approach also considers rights-holders as active agents in the realization of human rights.

Duty-bearers have a particular responsibility to respect, promote and realize human rights and to abstain from human rights violation. These include state actors-armed forces etc. Individual duty-bearers include parents, local organizations, private companies, aid donors and international institutions.

Why does gender matter in HIV and AIDS programming.

Zimbabwe has experienced one of the highest levels of HIV infections in the world. Gender inequality is fueling the HIV and AIDS epidemic with women and girls being more at risk than their male counterparts. Women and girls constitute the majority of new HIV and AIDS infections (80%) in Southern Africa. Women also carry a heavy and growing burden of HIV and AIDS-related care and support, often due to culturally defined, unequal gender roles.

It is important to recognize that the social roles and responsibilities of men and women are different resulting in different health needs and risks for each sex. These needs and their consequences vary throughout the life span. There is therefore need to cater for these differences when planning for HIV and AIDS responses for different groups of people.

In analysis of the HIV and AIDS situation in Southern Africa, it is crucial to consider gender issues. Most HIV infections are transmitted through sexual intercourse and heterosexual intercourse accounts for the largest proportion. Gender and sexuality influence availability, access and quality of treatment, care and support

Power is fundamental to both sexuality and gender. The power underlying any sexual interaction, heterosexual or homosexual determines how sexuality is expressed and experienced. Power determines whose pleasure is given priority and when, how and with whom sex takes place. The power balance in gender relations is unequal in that it favours men. This translates into unequal balance of power in heterosexual interactions. Male pleasure has priority over female pleasure and men have greater control over when and how sex takes place than women. An understanding of male and female sexual behaviors requires how gender and sexuality are constructed through a complex interplay of social, cultural and economic forces that affect the distribution of power

What does a gender and rights-based approach to HIV and AIDS mean?

- It contributes to the realization of human rights as reflected in the Universal declaration of Human Rights and other international human rights instruments.
- It adheres to international Human rights standards and principles
- It supports the development of the capacities of duty-bearers to meet their obligations and to/or of rights-holders to claim their rights.

Rights based approach

Discrimination and violations of human rights influence both the strength of HIV and women's access to care and treatment. HIV response must be based on and infused with a full respect for human rights for all and greater gender equality

The rights based approach;

- is a focus on strategies for empowerment which support rights holders with power, knowledge, capacities and resources to ensure that they can be active agents in the development process, thereby taking control of their own destinies
- implies a special attention is given to marginalized groups and that strategies are adopted to ensure the elimination of disadvantage and vulnerability in a given context

Gender inequality issues are fundamentally about human rights.

- A woman's rights perspective requires that the realities of women and girls are central to any interpretation of human rights and their application
- Equality is not only about equal access to opportunities and services but also requires the removal of institutional barriers and historical disadvantage. Vulnerability reduction and HIV and AIDS prevention, care and access to services, impact mitigation and support for coping capabilities are clear areas of intervention for strategic response to HIV and AIDS. The commonalities that enhance vulnerability to HIV infection include:
 - Factors that limit access to care and services, and human rights implication to HIV e.g. lack of food security, work, education and healthcare which could also be likely impacts of HIV and AIDS epidemic.
 - Observance of human rights contributes to HIV prevention and HIV impact mitigation.

CHAPTER 2: GENDER, HUMAN RIGHTS AND HIV AND AIDS

Introduction

HIV and AIDS is a preventable and manageable disease that has been turned into a pandemic by ignorance, neglect and violation of human rights. Gender inequalities in status and rights, access to productive assets and workloads as well as gender based violence are at the core of young girls' and women's greater HIV vulnerability and risk. Rights to information and education promotes the right to comprehensive prevention, treatment and care in education curriculum which places HIV and AIDS in the context of sexual and reproductive health rights and facilitates gender and power analysis. HIV and AIDS most deeply affect those least able to enjoy their rights, the poor, the weak, the least educated and the most stigmatized in the society. These include among others the women, children and the disabled. With feminization of the HIV epidemic, integration of gender equality and human rights into HIV and AIDS programming becomes key.

Objectives:

- To establish the link between violation of human rights and the spread of HIV and AIDS
- To create an environment for participants to critically analyse HIV and AIDS as a human rights issue
- To enable the participants to integrate human rights issues into HIV and AIDS programming.

Methodology:

Question and answer, lecture, buzz group discussions

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography)

- Participants brainstorm on the definition of human rights and how this relates to HIV and AIDS.
- Participants discuss in groups on the human rights, children's rights and women's rights that relate to reducing vulnerability to HIV and AIDS
- Participants discuss in groups on the human rights dimension of prevention, treatment, care and support.
- Participants make presentations on the above.

Why Gender and rights based approach

Gender roles and gender relations influence the extent to which women and men, girls and boys

- are vulnerable to HIV infection
- can access quality treatment and care
- are affected by the negative social and economic consequences of HIV and AIDS

Human Rights defined:

Human rights are inclusive of rights in all spheres that include civil, political, economic, social and cultural. They express recognition and respect for human dignity. They are therefore universal and belong equally to all human beings. The human rights that relate critically to reducing vulnerability to HIV and AIDS and mitigation at the impact of the epidemic are found in existing human rights instruments.

In 1948 the United Nations drafted and approved the Universal Declaration of human Rights comprising 30 articles

- The right to liberty security and freedom
- The right to dignity
- The right to work
- The right to education
- The right to social security and services
- The right to equality-equal protection before the law
- The right to marriage and family life
- The right to health

Human Rights, Gender and HIV and AIDS

Basic human rights principles are core elements for effective strategies to address the intersection of gender and HIV. Rights based programming principles stresses

- the universality and inalienability (all people everywhere in the world are entitled to human rights, which no person or institution can take away from them)
- Indivisibility, inter-dependence and interconnectedness (civil, cultural, economic, political or social rights are inherent to the dignity of a person and have equal status as rights)
- Equality and non discrimination (all individuals are equal and are entitled to their human rights without discrimination of any kind)
- Participation, inclusion, accountability and empowerment (all people are entitled to active, free and meaningful participation).

In the current world of HIV and AIDS it has been necessary to assess the epidemic in the context of human rights. Safeguarding these rights can enable people to avoid infection or if already infected to cope more successfully with the effects of the epidemic.

Denials of these basic human rights limit people to defend their autonomy, develop viable livelihoods and protect themselves. It leaves them more vulnerable to both infection and the impact of the epidemic on their lives. The disease most deeply affects those least able to enjoy their rights, the poor, the weak, the least educated and the most stigmatized in the society.

Right to Health:

Ensure equal and adequate access to the means of prevention, treatment and care for such vulnerable populations with lower social and legal status as women, girls, children and people with disabilities.

Protocol to the African Charter on Human rights and people’s rights; on human rights in Africa. Says: “Prevention is key to curbing spread of AIDS in Africa and containing its ultimate impact”.

Table 2. Importance of respecting Human Rights in relation to HIV and AIDS

Human Rights	Manifestation of Abuse
1. Right to information	No information provided on <ul style="list-style-type: none"> - Post exposure prophylaxis(PEP) - Abortion - parent to child transmission - one’s rights though one is sick
2. Right to dignity	Abusive language, sexual abuse, gender based violence
3. right to equality	Attitude of community, stigmatization and discrimination even in cases of HIV infections.
4. Right to employment	Loss of paid work on disclosure of HIV status
5. Right to property when husband dies	Denying someone inheriting property left to them by a deceased relative e.g. house and goods
6. Right to freedom of choice	Forced marriages, forced out of school to look after sick relatives

What happens when human rights are respected in HIV and AIDS cases?

- Reduce vulnerability to HIV infection
- Lessens the adverse impact of HIV and AIDS on the infected and affected
- Empowers individuals and communities to respond to HIV

What happens when human rights are denied in HIV and AIDS cases?

- Inadequate information
- Lack of accessibility to affordable medicines to protect the right to life and the right to health.
- Discrimination and denial of the right to employment.
- Lack of privacy, confidentiality and loss of dignity.

Lack of human rights protection fuels the epidemic in at least three major ways;

1. Stigma and discrimination
 - Increase the impact of the epidemic on people living with HIV and AIDS and those presumed to be infected as well as their families and associates.
 - Hinders prevention efforts as people continue to keep status a “secret” avoiding disclosure, not seeking counseling, testing, treatment and support.
2. Vulnerable groups
 - People vulnerable to infection due to violation of their economic, social and cultural rights
3. Civil and political rights
 - Violation of rights, which makes it difficult or impossible for civil society to respond effectively to the epidemic.

Table 3: Key International Commitments on Gender and HIV and AIDS

Document	HIV	Human Rights
Beijing declaration platform for action of the fourth World Conference on women 1995.	Reproductive rights rest on the recognition of the ...right to attain the highest standard of sexual and reproductive health.... The social, development and health consequences of HIV and other sexually transmitted diseases need to be seen from a gender perspective.	The conference reaffirmed that the human rights of women and the girl child are inalienable, integral and indivisible part of universal human rights. Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.

23 rd Special session of the General Assembly (Beijing +5-2000)	...Measures addressing the health of women and girls, given their special vulnerability regarding sexually transmitted infections, including HIV and AIDS and other sexual and reproductive health problems..remains unacceptable.	
Twenty-first special session of the UN General Assembly (Five year review and appraisal of the ICDP programmes of Action/ICDP+ 5- 1999)	To reduce vulnerability to HIV and AIDS infection, at least 90% of young men and women, aged 15-24, should have access by 2005 to preventive methods- such as female and male condoms, voluntary testing, counseling and follow up and at least 95% by 2010.	The special session called on Governments to ensure that the human rights of women and girls, particularly the freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation, were respected, protected and promoted through the development, implementation and effective enforcement of gender sensitive policies and legislation.
Declaration of commitment on HIV and AIDS (2001)	Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls	Realization of human rights and fundamental freedom for all is essential to reduce vulnerability to HIV and AIDS
	..the need to have an urgent, coordinated and sustained response to the HIV and AIDS epidemic	
Political Declaration on HIV and AIDS (2006)	..concerned by overall expansion and feminization of the pandemic and the fact that women now represent 60% of people living with HIV and AIDS in Africa, and that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV and AIDS.	Reaffirming that the full realization of all human rights and fundamental freedom for all is an essential element in the global response to the HIV and AIDS pandemic... recognizing that addressing stigma and discrimination is also a critical element in combating the global HIV and AIDS pandemic.

UN Millennium Declaration and the Millennium Development Goals (2000)	MDG 6: Target 6A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS. Target 6B: achieve by 2010 universal access to treatment to HIV for all those who need it.	
UN Security Council resolution 1325 on women, peace and security 31 October 2000	Request the secretary General to provide to Member States training guidelines on the protection and materials on the protection, rights and the particular needs of women, as well as on the importance of involving women in all peacekeeping...as well as HIV and AIDS awareness training into their training programmes	Reaffirming also the need to implement fully international humanitarian and human rights law that protects the rights of women and girls during and after conflicts
2005 World Summit (high-level plenary meeting of the 60 th session of the General Assembly)	..Broad multisectoral coverage for prevention, care treatment and support, mobilization of additional bilateral, multilateral and private sources and substantial funding of the Global Fund to fight AIDS, TB and Malaria	Eliminating all forms of discrimination and violence against women and girl child...
UN Guidelines on HIV and Human rights 2006	<p>There is a tendency to stigmatize women as vectors of diseases, irrespective of the source of infection</p> <p>Sex workers often face mandatory testing with no support for prevention activities to encourage or require their clients to wear condoms with little or no access to health-care services.</p>	

<p>CSW Resolution on Women, the girl child and HIV and AIDS (2008)</p>	<p>Stresses the need to increase and coordinate political and financial commitment to address gender equality and equity in national HIV and AIDS responses and urges governments to work towards effectively reflecting in their national policies strategies and budgets the gender dimension of the pandemic</p>	<p>Also urges the governments to ensure that the dignity, rights and privacy of people living with HIV and AIDS, in particular women and girls, are protected.</p>
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CHAPTER 3: GENDER MAINSTREAMING

Introduction

Gender mainstreaming is an organizational approach that put gender issues at the centre of organizational processes and programmes. It involves building gender analysis into existing staffing, systems, structures, policies and programmes and ensuring the equal participation by and benefit of women and men from organizational programmes, processes and resources. If successful, it can contribute to empowering women to take control of their lives and to help men understand and take appropriate action when the need arises. In practice, many mainstreaming efforts by NGOs and CBOs have had little success, often due to lack of staff with necessary skills and lack of political will.

Objectives:

- To enable the participants to understand the rationale for mainstreaming gender in their organizations.
- To enable participants to identify opportunities for mainstreaming gender in programmes on HIV and AIDS
- To enable the participants to understand the rationale behind and the process in mainstreaming gender in HIV and AIDS programmes

Methodology:

Question and answer, lecture, buzz group discussions

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography)

- Participants brainstorm on the definition and levels of gender mainstreaming
- Make a presentation about the definition of
 - a) gender mainstreaming
 - b) gender mainstreaming approaches
 - c) gender mainstreaming process
- Suggest levels of gender mainstreaming and encourage participants to share their own experience in gender mainstreaming.

Definition of gender mainstreaming:

This is a globally recognized strategy for achieving gender equality. It is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes in all areas and at all levels. It is a strategy of making women's and men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes so that women and men benefit equally. Gender mainstreaming promotes gender equality as a fundamental value that is reflected in development programmes and institutional practices. It redresses the disadvantaged position of women in relation to men.

Gender mainstreaming:

- Systematically ensures that gender considerations are placed at the centre of policies, programmes, processes and activities
- Integrates gender concerns in the analysis, formulation and monitoring of policies, programmes and projects and the systems that supports them, in order to promote gender equality and empowerment of women.
- Involves more than having equal numbers of men and women in current structures and activities; it is about changing institutions, policies programmes, projects and processes so that they promote gender equality

Why Gender mainstreaming in HIV and AIDS programming?

Strategies to prevent the spread of HIV and AIDS have focused on the promotion of condom use, reduction of numbers of sexual partners and treatment of sexually transmitted illnesses. Many of these responses have failed to address the socio-cultural, economic and power relations between and among women and men, boys and girls. The following gender issues should be kept in mind:

- Women are physiologically more vulnerable to HIV and AIDS infection than men.
- Women and girls assume greater responsibility than men and boys in the care of the sick and dying family members and this caring role has become more of a burden to them.
- Unequal power relations based on gender and age, facilitate gender based violence in the form of sexual abuse, rape and sexual harassment. This is often exacerbated by marginalization of women, increasing their vulnerability to sexual victimization and HIV and AIDS. In most cases the perpetrators of this violence are men and boys.
- Stereotypes related to HIV and AIDS and association with marginalized groups (e.g. sex workers, men having sex with men) contributing to blame of women for HIV transmission. Fear of stigma and discrimination curbs preventive measures and admittance to self-risk.
- Low social status and economic dependency leading to lack of control over sexual decision making.
- Cultural silence surrounding issues of child sexual abuse or women/girls abuse.
- Widespread and accepted practice of multiple sexual partners for men, undermining many HIV prevention interventions.

Rationale for gender mainstreaming in AIDS Service Organisations:

- Gender mainstreaming is based on the recognition that organizations implementing policies and programmes in response to HIV and AIDS as well as the communities where these programmes and policies are being implemented are themselves gendered structures.
- Gender mainstreaming in HIV and AIDS programming requires an understanding and response to:
 - Institutional issues related to Gender
 - Control over sexual relations within and outside the marriage
 - Violence against women and girls
 - Gender differences in the need for information and access to information.
 - Issues of communication between men and women, men, boys and girls.
 - Gender related legal and human rights issues
 - The unequal distribution of power between men and women
 - Gender related marginalization and stigma

Three gender mainstreaming approaches;

- ***Gender specific***
 - Gender specific policies, programmes and projects are the quickest methods of reducing gaps in form of discrimination and oppression in a health system/organization. The approach is biased towards women and it services to empower them e.g. the promotion of the female condom seeks to empower the woman with a tool for HIV and STI prevention. This result in the improvement of relationship between men and women for example a couple may end up using the female condom to prevent STI and HIV infection.
- ***Gender neutral***
 - Here men and women are seen as a homogenous group. There is no identification of women's and men's needs and interest. Strategies and projects are being designed for a homogenous group, not considering the gender roles of women and men in such programmes. It leaves the existing divisions of resources and responsibilities intact.
- ***Gender transformative/redistributive***
 - This is the most culturally and politically challenging option to gender mainstreaming. The approach does not only seek to channel resources to women and men within the existing framework, but may require men and women to give up certain privileges and take on certain responsibilities in order to achieve greater equality in social relation. Male involvement in reproductive programmes e.g. in Home Based Care is an effort to employ the transformative approach in programmes.

Gender sensitive approach enables an organisation's programmes, planners and implementers to understand the relationship between gender and HIV and AIDS that will enable them to develop gender-sensitive plans, strategies and programmes that will have more sustainable outcomes.

Levels/stages of gender mainstreaming in an organization

- Policies (including vision and mission)
- Structures
- Culture and values
- Systems and procedures
- Human resources
- Goals
- Strategies
- Objectives
- Inputs (including financial resources/gender budgeting)
- Activities
- Stakeholders (women's organizations/man's organisations important here)
- Results
- Programme implementation
- Monitoring
- Reporting
- Evaluation.

Actions to ensure gender equality in organisations

1. Mainstream gender into organisational policies and programmes

Strategies:

- a) Review current policies and processes for integrating gender dimensions.
- b) Sensitise health service providers and AIDS actors on gender and HIV and AIDS
- c) Strengthen the capacity of the organization management, board members, policy makers,
- d) Integrate gender into all health and AIDS related training programme.

1. Strengthen networks for gender mainstreaming

Strategies:

- a) Establish a mechanism for inter-sectoral collaboration on gender mainstreaming across all relevant sectors and at all levels

- b) Enhance collaboration with all stakeholders including development agencies, men and women's organisations involved in gender and health issues.

2. Promote gender sensitive HIV and AIDS research

Strategies:

- a) Ensure the use of qualitative methods of data collection in all HIV and AIDS research in order to take into account the life experiences and expectations of women and men, boys and girls.
- b) Conduct a gender oriented research in order to identify gender concerns in HIV and AIDS related issue.
- c) Advocate for gender sensitive research by national institutions and AIDS organizations involved in research.

3. Ensure the disaggregation of data on the basis of sex, age and HIV and AIDS related social factors

Strategies:

- a) Review the existing data collection methods with a view to integrate a gender perspective
- b) Train all M & E and health service providers on how to interpret gender disaggregated data for policy formulation, programme planning and decision making.
- c) Promote utilization of gender disaggregated data

4. Ensure equal participation of women, men, boys and girls and those with disabilities in the planning processes of AIDS activities in their communities.

Strategies:

- a) Review institutional practices that either hinder or promote the effective participation of women, men, boys and girls and address them accordingly
- b) Motivate men and women, boys and girls to participate as equal partners in needs identification, decision-making, planning and implementation of HIV and AIDS related programmes in their respective communities.
- c) Target men, women, boys and girls in AIDS programmes

5. Develop gender sensitive IEC materials that promote mutual understanding and respect in health related matters.

Strategies:

- a) Develop HIV and AIDS messages which encourage men and women, boys and girls to assume responsibility of their own health and that of others.
- b) Develop gender sensitive health and HIV and AIDS messages that target boys and girls.
- c) Extend sexual and reproductive health to men and boys and girls so as to ensure equal access to reproductive health services.

6. Monitor and evaluate Gender mainstreaming programmes and strategies

Strategies:

- a) Develop gender sensitive indicators, targets and benchmarks (baseline) for monitoring the different impact of AIDS programmes and policies on women, men, boys and girls
- b) Conduct periodic reviews and evaluation basing on the indicators, targets and benchmarks.
- c) Compile and disseminate reports to relevant stakeholders
- d) Encourage actions based on findings of the periodic reviews.

Table 4: Gender Mainstreaming Checklist for Health Project Cycles/ Health Programs¹

Program me/ Project Phase	Important Gender Checklist
<i>Problem Identification</i>	<ul style="list-style-type: none"> √ What aspects of the epidemic does the project address? √ What bearing do gender disparities have on the extent of problem being addressed? √ What gender disaggregated data relevant to HIV/AIDS are available, including incidence, prevalence, risk factors and other epidemiological and laboratory information? √ To what extent is the project going to empower affected and infected women and the poor households in the community? √ To what extent have socio-economically disadvantaged women and men been involved in the identification and selection of the HIV/AIDS program/ project? √ Has a gender situational analysis been conducted in view of the epidemic? √ What major gender gaps exist in the elements of HIV/AIDS as addressed by the programme/project? √ What are the major causes for the gender disparities contributing to spread of the epidemic? √ What are the practical and strategic gender needs for women and men in the context of HIV/AIDS as addressed by the programme/project? √ Do project implementers and target beneficiaries need gender awareness training in perspective of the epidemic's dimensions being focused on by the programme/project?

¹ Gender Mainstreaming Training Manual, Dr. Matshalaga, 2003

<i>Goals and Objectives</i>	<ul style="list-style-type: none"> √ Do project goals and objectives explicitly attempt to address gender gaps pertinent to HIV/AIDS? √ Do they pay attention to the removal of gender related discriminatory practices relevant to attaining optimal health and prevention control and care and support related to the epidemic? √ Do goals and objectives have targets based on gender sensitive health indicators?
<i>Planned Activities</i>	<ul style="list-style-type: none"> √ Do the private sector and NGOs involved in this programme/project need gender sensitization training, particularly in the context of HIV/AIDS issues? √ Is gender awareness training for all needing groups satisfactorily budgeted for? √ Does the type of programme/project intervention take active account of the relevant gender issues including those identified in the problem diagnosis or are programme/project activities showing the “gender fade away” syndrome? √ Are planned activities empowering for men and women, not only in terms of their traditional gender interests , but with respect to the gender redistributive/transformational goals and objectives? √ How SMART, from a gender perspective, are the planned interventions and activities? √ Have male involvement strategies in HIV/AIDS response been taken into account when designing activities?
<i>Monitoring</i>	<ul style="list-style-type: none"> √ Have the gender monitoring indicators for this programme/project been clearly outlined, and have the health indicators been designed from a gender perspective? √ Does the monitoring process involve consultation with all the relevant stakeholders? √ Are there any identifiable aspects of the programme/project showing positive or negative impacts of engendering the process already?
<i>Evaluation</i>	<ul style="list-style-type: none"> √ Is the project evaluation team gender sensitive with respect to HIV/AIDS related issues? √ Do the TORs for the programme/project indicate the need to evaluate the gender impact of the programme/project in terms of improving quality of health (by optimal HIV/AIDS related prevention, control, care, support and treatment) as aimed through the programme/project goals

CHAPTER 4: GENDER ANALYSIS

Introduction

To mainstream Gender issues in HIV and AIDS programmes, ASOs, NGOs and CBOs have to know about the gender-related power relationships in their community.

The interaction between a community and an organization should be analysed in relation to each specific programme area, e.g. IEC programmes, peer education, counseling, home-based care and support programme, advocacy, research, monitoring and evaluation. Gender analysis involves assessing the way in which HIV epidemics affect women, and girls differently from men and boys by reviewing national responses to these differentials, identifying key gaps in addressing women, men, boys and girls vulnerabilities to infection.

Objectives:

1. To develop an understanding of how differences in the lives of women and men contribute to HIV risk and how program effectiveness might be improved
2. To enable participants to review gender analysis tools and utilize these by applying them to an identified HIV and AIDS programmed/project.

Methodology:

Case studies, group discussions, buzz group discussions

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography)

- Read about gender analysis frameworks and tools from available resources.
- Participants discuss the term gender analysis, what purpose it serves.
- Explain to participants how they should go about the gender analysis process
- Use an appropriate case study to bring out gender issues in a situation and how these could be addressed in HIV and AIDS programming.
- Participants discuss different analytical tools

What is Gender Analysis?

Gender analysis is the process of systematically gathering and analysing information on the gender organization of communities and institutions. It examines the difference between disparities in the roles that men and women play, the power imbalances in their relationships, needs, constraints, opportunities and the impact of these differences on their lives. The analysis is conducted in order to ascertain who is positioned where,

who does what, who has access to what resources and opportunities, who needs what resources and opportunities and who benefits from what resources and opportunities. In HIV and AIDS issues, a gender analysis examines how these differences determine differential exposure to risk, access to health services/care, e.g. treatment, prevention measures and HIV and AIDS information and realization of rights. Gender analysis must be done at all stages of an intervention, i.e. priority setting, data collection, design, implementation and evaluation of programmes and policies.

Purpose of Gender analysis

Gender analysis helps to create an understanding of problems experienced by disadvantaged people in the community for example women, girls and the people with disabilities, the causes of the problems, obstacles to overcome them and possible solutions. Analysing gender roles and the influences of social, cultural, economic, environmental and political realities in the context of a particular community or group of people contributes to the development of interventions. These interventions might address the needs and participation of men and women within a particular context. It helps to understand the effects of HIV and AIDS on women and men, girls and boys and the difference in capacity to lessen these effects or to participate in HIV and AIDS programmes initiatives. Gender analysis also provides baseline data from which to measure change and project effectiveness.

The analysis should focus on:

- a) The gender implications of the current and future HIV and AIDS policies.
- b) The differential impact of HIV and AIDS programmes strategies on women and men, girls and boys by age group.
- c) The effect of HIV and AIDS policies and programmes on different social groups of women and men, girls and boys.

Key questions used to analyse gender relations and development

1. The development context and patterns in an area, answering the questions *what is getting better? what is getting worse?*
2. Who does what? (*activities-women's roles, men's roles*)
3. How? (*access to resources-health services, information on HIV and AIDS prevention*)
4. Who owns what? (*ownership of assets*)
5. Who is responsible for what? (*obligations-division of labour and how this may relate HIV and AIDS programming*)
6. Who is entitled to what (*claims, rights e.g. property and inheritance rights, reproductive rights*)
7. Who controls what (*income, spending-resources to enable access to treatment*)
8. Who decides what (*power- can a wife say no to unprotected sex to the husband*)
9. Who gets what (*distribution of resources*)
10. Who gains what, who loses what?
11. Why? (what is the basis for this situation (rules norms and customs)

Table 5: Checklist for Gender Equality Programming.

Gender Analysis
1. All needs assessments have included gender issues in the information gathering and analysis phases.
2. Women, girls, boys and men are consulted (together and separately) about their concerns, information needs, opinions and solutions to key issues.
3. Mechanism for routine exchange of information, voluntary counseling and testing activities are established and functioning.
4. Data are being consistently collected and analyzed by age and sex
5. Sex disaggregated data are included routinely in reports and the implications for programming are addressed

Issue: Knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls.

Programming needs to be underpinned by an inclusive participatory approach, which enables women, men, boys and girls to voice their understandings of their reality and to influence policy and practice. Lack of attention to gender inequality and power imbalances between women and men is one of the key challenges to effective HIV planning and programming. Patterns of infection between women and men vary thus denoting the importance of “**know your epidemic**” phenomenon.

Accurate information is the foundation of strong and effective strategies and plans. This include basic information on sex, age and route of transmission of people living with HIV, as well as an understanding of how gender inequality and harmful gender norms influence the spread and consequences of the epidemics. It is also important to understand the strengths and weaknesses of existing policies and programmes in gender terms to identify critical gaps so that responses can be better targeted and strengthened.

Recommendation 1: Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response)

Results:

- Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls, in the context of HIV exist through a process of comprehensive and participatory data collection, including on male and female differentials in the epidemic, and better inform the implementation of the effective policies and programmes that promote and protect the rights and meet the needs of women and girls.

- Harmonized gender equality indicators are used to better capture the socio-cultural, economic and epidemiological factors contributing to women's and girl's risks and vulnerability to HIV.
- Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls are in place at the country level.

Actions: Strengthen capacity and support governments to;

- Collect and analyse new and existing epidemiological and qualitative data disaggregated by sex, age (5-year cohorts of all age groups) and setting, on how the epidemic affects women and girls, by helping convene and supporting national processes in collaboration with women living with HIV.
- Use data collected on women and girls in the context of HIV to develop sound interventions and activities for more effective planning of HIV programmes for women and girls, as well as generating strategic information, for allocating resources and budgets, and developing national key advocacy messages to be promoted by government at all levels.
- Equip and support community-based women's groups and networks of women living with HIV to collect and use data, on how the epidemic affects women and girls, to monitor programmes to assess their human rights impact and to contribute to national data collection.
- Promote and enable analysis of male/female differentials by age in national HIV and AIDS research agendas; in partnership with national research institutions, women's organizations and network of positive women.
- Support partners to track expenditure of country-level resources allocated to programmes for women, girls' gender equality and HIV in the national AIDS spending assessments so that resources and results can be tracked and quality improved.

Accountability: National authority, including NAC, responsible for the national response. Civil society and ZNNP+ including networks of positive women, female sex workers and other relevant stakeholders should be responsible.

Results: Harmonized gender equality indicators are used to better capture the socio-cultural, economic and epidemiological factors contributing to women's and girl's risks and vulnerability to HIV.

Action:

- Convene a national participatory process to update the UNGASS/HIV core indicators through existing mechanisms to measure women and girls inequities in the context of HIV.

Results: Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls are in place at the country level.

Action:

- Support partners and AIDS actors to: undertake analysis of how HIV- related policies affect women and girls with specific focus on socio-cultural factors, stigma and discrimination and economic barriers that hamper women and girls to exercise their human rights.

Recommendation 2: Reinforce the translation of political commitments into scale –up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support from all partners.

Actions:

- National authorities to incorporate actions to achieve regional and national commitments on the rights of women and girls into their national strategic HIV plans, in consultation with women’s organizations, groups of positive women, national women’s mechanisms and organizations of men and boys working for gender equality and ensure scale-up action and gender-responsive budgeting at the country level.
- Facilitate the launch of “know your rights” campaign, and support the provision of free and accessible legal aid services to enable women and girls to claim their rights.
- Advocate for the national HIV–legislation that protect the right of women and girls and monitor enforcement.

Recommendation 3: Champion leadership for enabling environment that promotes and protects the women’s and girls’ human rights and their empowerment, in the context of HIV through increased advocacy and capacity, and adequate resources.

Results: Women and girls are empowered to drive transformation of social norms and unequal power relations, in the context of HIV.

Actions:

- Strengthen capacity and facilitate coalition building among women’s groups, networks of positive women, men working for gender equality, AIDS activists and human rights groups to create pressure groups reduce stigma and discrimination and advocate for and advance gender equality and women’s rights and empowerment in the context of HIV.

Results: Strong, bold and diverse leadership for women, girls and gender equality, for their participation in decision-making, in the context of HIV.

Actions:

- Strengthen the leadership skills of women, young women and girls living with HIV to ensure that their rights and needs are addressed through national HIV responses.

Critical Factors fueling transmission of HIV

- (a)** At individual level
 - Modes of sexual behaviour
 - Health avoiding behaviour
 - Biological and physiological factors
- (b)** At household and community level
 - Lack of leadership
 - Migration, mobility and displacement
 - Lack of access to basic social services
- (c)** Societal factors
 - Organization of sexuality and power
 - Poverty and inequality

Gender Dimension of risks and vulnerabilities

- Younger women are at high risk because the physiological immaturity of their reproductive system provides less of a barrier to HIV transmission.
- In most African societies the feminine ideal is characterized by women's passivity, ignorance and expectations that they will defer to men's prowess with multiple partnerships. These factors contribute to risk of infection in both men and women. Many women express powerlessness at being unable to exercise control over when sex takes place. Under situations of violence or threat of violence, women are severely constrained in their ability to take measures to protect themselves against infection or insist that their male partners take precautions.
- Gender norms often determine what women and men are supposed to know about sex and sexuality. This therefore limits their ability to accurately determine their level of risk and to acquire accurate information and means to protect themselves from HIV infection. In most African societies it is regarded inappropriate for women to seek out or have extensive knowledge about sexuality or reproductive health.
- The vulnerability of women to HIV infection is compounded by a host of factors including, cultural, economic and legal factors that put them at risk. Women are expected to tolerate men's infidelity even in the AIDS era and tolerance and silence may cost them their lives. The low status of women makes socially vulnerable to HIV, for all these discriminatory limit their opportunities to be informed about the function of their bodies, sexuality, and health.

- Early marriages increase women's vulnerability to the infection. Marriage to an older man sets an increased power imbalance between husband and wife in terms of experience, authority and economic autonomy. Girls are often forced to leave school when they marry due in part, to the early onset of pregnancies and child bearing. The impairment of their education and low employment prospects guarantees that power inequality will continue throughout their adulthood.
- Macro economic and political situations encourage many men and women to leave their homes and families in search of work or safety in towns and mines. Many migrant women and girls, some boys and men turn to sex work to support themselves and their families. Some are made vulnerable by the disruption to their families and social networks.
- While male condoms are effective when used consistently and correctly, there are many gender related barriers that limit their use. Traditionally condoms were associated with illicit sex and STDs. Therefore women who attempt to introduce condoms into a relationship are more often perceived as unfaithful or over prepared. Condom use may conflict with their own or their partners desire to conceive. The female condom, though equally useful, it still poses equal problems in perception.

Table 6: Common Social Norms that place young women and men at high HIV risk

Young Women	Young Men
Sexually ignorant: Young women and girls are usually expected to know little about sex and sexuality. This lack of knowledge puts them at a heightened risk for HIV infection.	Sexually Knowledgeable: Young men and boys are often expected to know about sex and sexuality. This expectation of knowledge may deter them from seeking information about HIV and AIDS for fear of appearing ignorant about sexual matters and therefore unmasculine.
Passive: Young women and girls are often expected to be passive. This gender role may lead to sexual passivity and domination by male partners. This leaves young women with little control over when, where and how sexual activities occur, including the use of condoms	Aggressive: Young men and boys are often expected to pursue numerous sexual partners and to be in control of sexual encounters. Young men and boys who adhere to these aggressive behaviours and engage in unprotected sex may place themselves and their partners at risk.
Sexually innocent: Many African societies place high value on virginity and sexual inexperience among young, unmarried women. Young women and girls who exhibit sexual and reproductive experience, such as seeking out information and care regarding sexual health matters or knowing how to use a condom may be reviewed as promiscuous	Sexually experienced: Young men and boys are often expected to experiment with sex during their adolescence. In many societies sexual experience among boys and men is encouraged by peers and seen as a matter of prestige. Such activities coupled with unprotected sex increase risk.

Gender and Sexuality

Power is fundamental to both sexuality and gender. The power underlying any sexual interaction, heterosexual or homosexual, determines how sexuality is expressed and experienced. Power determines whose pleasure is given priority and when, how and with whom sex takes place. The unequal power balance in gender relations favours men. This translates into an unequal balance of power in heterosexual interactions. Male pleasure has priority over female pleasure and men have greater control than women over when, where and how sex takes place. Men are expected to initiate sex and women discouraged and labeled as loose if they do.

Prevailing norms of masculinity encourage men to be sexually adventurous, even predatory while prevailing norms on femininity encourage women to be innocent” and compliant – and discourages demonstrations of sexual knowledge or pleasure.

Different reasons for having sex:

- **men:** pleasure, domination and control, reproduce, social expectation and peer pressure, in exchange for favours given
- **women:** to please men, in exchange for favours and services, to give men children, to fulfil social expectation, pleasure?

Consequently

- Women have less control over their sexuality- determining how to express it.
- Women are subordinated to men, are often treated as property to be purchased and sold or disposed of. Their sexual needs are not considered important and their expression of sexual pleasure is discouraged.
- The subordinate role of women often exposes them to gender violence and sexual abuses and violations
- An understanding of male and female sexual behaviour requires an awareness of how gender and sexuality are constructed by a complex interplay of social, cultural and economic forces that affect the distribution of power.

Gender Analysis Tools

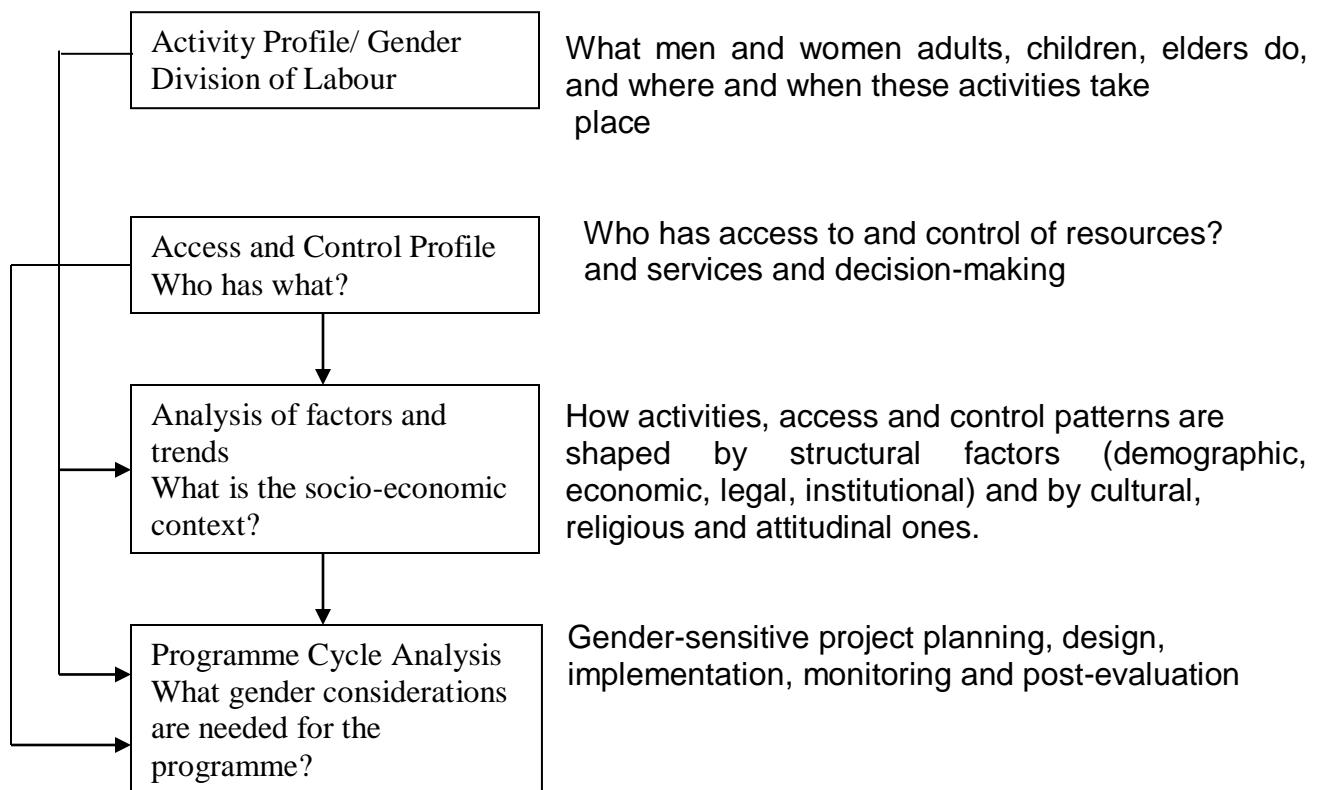
Gender analysis tools and approaches are practical instruments designed to help users facilitate the integration of a gender analysis into their work. They are step-by-step tools for carrying out gender analysis, which help to raise questions, analyze information, and develop strategies to increase women's and men's participation in and benefits from programmes.

Several different Gender Analysis tools exist today. However, while there are a number of frameworks to guide the process of gender analysis there is no fail-proof formula for

conducting a gender analysis in development projects/programmes that focus on HIV and AIDS. Project planners must select, adapt or develop appropriate methods and tools according to project needs, and use the results in the decision-making process. Which tool is best depends on what it is used for. No gender analysis tool is likely to be perfect or comprehensive enough because each selects a limited number of factors as important.

Typical gender analysis framework has four key tools and is carried out in two main steps. First, information is collected for the Activity Profile and the Access and Control Profile. Then this information is used in the analysis of factors and trends influencing activities and in the project cycle analysis.

Fig 1. Gender Analysis of Projects/Programmes



Tool 1: Activity Profile Analysis/ Gender Division of Labour:

The Activity Profile usually considers all categories of activities: productive, reproductive, community-related service. It identifies how much time is spent on each activity, how often this work is done (e.g., daily or seasonally), which periods are characterized by a high demand for labor, and what extra demands the programme inputs will make on women, men, and children.

The Activity Profile also identifies where the activities take place, at home or elsewhere (the village, marketplace, fields, or urban centers), and how far these places are from the household. This information gives insights into female and male mobility, and allows an assessment of the impact of the programme on mobility, method of travel, travel time for each activity, and potential ways of saving time.

Issues considered under Activity Profile include:

- Production of goods and services
- Reproductive and human resource maintenance activities
- Community work
- Community organization and activities

Tool 2: Access and control Analysis

The Access and Control Profile considers productive resources such as: land, equipment, labor, capital and credit, and education, and training. It differentiates between access to a resource and control over decisions regarding its allocation and use. It enables planners to consider whether the proposed project/programme could undermine access to productive resources, or if it could change the balance of power between men and women regarding control over resources.

The profile examines the extent to which women are hindered from participating equitably in projects/programmes. For example, if women have limited access to income or land, they may be unable to join groups, which provide production inputs and commercial opportunities, or to access HIV treatment and cares services. In some subgroups, men may also suffer the same disadvantage.

Tool 3: Factors and Trends Analysis

This analysis considers the structural and socio-cultural factors that influence the gender patterns of activity and access and control in the project/programme area such as:

- demographic factors, including household composition and household headship;
- general economic conditions, such as poverty levels, income distribution, internal terms of trade, and infrastructure;
- cultural and religious factors;
- education levels and gender participation rates; and
- political, institutional, and legal factors.

The analysis considers the following: Which policies and programs aimed at ensuring women's participation could affect the project? Which community norms and beliefs could influence women's participation in the project's activities? Are there laws or regulations that could affect women's participation in the project or their access to its benefits?

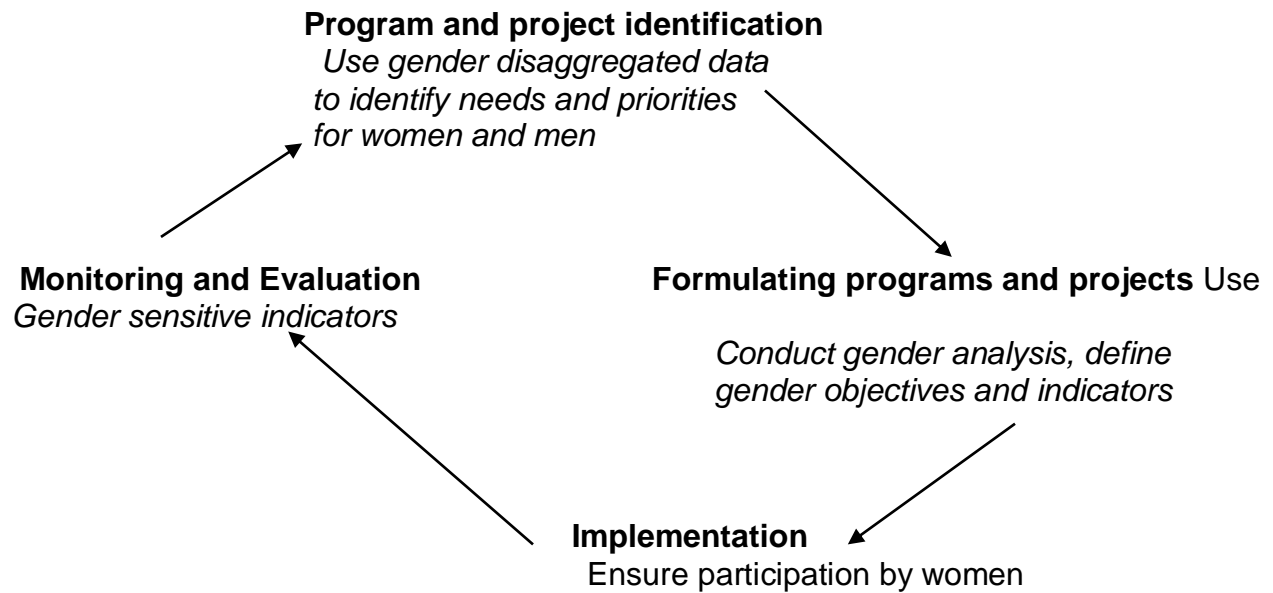
Tool 4: Program cycle analysis

This analysis will indicate if and where the objectives and methods proposed for the project/programme should be modified to improve the chances that the project will succeed and to minimize the likelihood that women will be disadvantaged as a result of it. Some questions that may need to be considered in this analysis deal with production processes, training, information, participation, access, institution building, project framework etc.

Particularly within the Project framework, the following issues need to be considered:

- Do the planning assumptions (at each level of the planning framework or logical framework, for example) adequately reflect the constraints on women's participation in the programme?
- Do project performance indicators identify the need for data to be collected, disaggregated by gender? Will changes in the gender division of labor be monitored? Will data on women's access to and control over resources be collected during the project/programme?
- Can the project meet both practical gender needs (supporting and improving the efficiency of women's and men's productive roles) and strategic gender needs (improving gender equity through women's participation in the project/programme)?
- Do the goals, purposes, or objectives of the programme explicitly refer to women or reflect women's needs and priorities?
- Do the project inputs identify opportunities for female participation in programme management, in the delivery and community management of goods and services, in any planned institutional changes, in training opportunities, and in the monitoring of resources and benefits? Will the project resources be relevant and accessible to poor women in terms of personnel, location, and timing?

Fig 2: Overview of project/program planning cycle



Other Tools

Institutional/ Environmental Analysis

The analysis reviews the capacity of implementing organizations to contribute to the planned project. Structural mechanisms within the organization, such as gender policies, gender committees or gender monitoring frameworks indicate a commitment to gender issues. Information to consider includes perceptions and attitudes of staff, skills for gender programming, management support for integrating gender issues and the gender balance in the overall staffing and decision-making processes.

CHAPTER 5: GENDER-RELATED DIMENSION OF PREVENTION, TREATMENT AND CARE

Introduction

HIV and AIDS is a preventable and manageable disease that has been turned into a pandemic by ignorance, neglect and violation of women's rights. The disease most deeply affects those least able to enjoy their rights, the poor, the weak, the least educated and the most stigmatized in the society. These include among others women, girls, children and people with disabilities. The global efforts to slow down or stop the spread of HIV and AIDS have changed over the history of the pandemic. Because most of HIV infection (80%) is via sexual intercourse, it is logical that the strongest efforts be focused on preventing sexual transmission of the virus (UNAIDS 2002). The promotion of behavioural change among women, men and girls and boys is important for the prevention of the spread of the epidemic as well as minimizing its impact.

Some consensus has emerged among experts that the subordination of women and girls in Africa caused by strong patriarchal social systems and related women's rights abuses constitute a major driving force of the AIDS epidemic.

In Zimbabwe about 80% of all new infections in the age group of 15-24 are among young women and girls. Stigma and discrimination compromise one of the most important strategies of fighting the epidemic, that of disclosure of one's status. Stigma and discrimination happens in health care system. Acute discrimination is experienced when people living with HIV and AIDS try to access healthcare. Young women and girls and worse still people with disabilities are discouraged from seeking that help because of the stigmatization they may receive from some health practitioners and even from their society.

Treatment initiatives of the epidemic with education efforts that inform communities about HIV and AIDS and its gender dimension can reduce stigma associated with it.

Objectives

To enable participants to

- Critically analyse the prevention, treatment and care realities of HIV and AIDS from a gender perspective.
- Identify major HIV and AIDS prevention strategies and the challenges women, girls, and other vulnerable groups face
- Debate on variety of ways to effectively mitigate HIV and AIDS among women and girls including empowering them

Methodology

Group discussion, lectures, and case studies

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography)

- Participants discuss gender issues among men, women, boys and girls in prevention of HIV, treatment, care and support.
- Participants discuss different constraints faced by women, men, boys, girls and people with disabilities in accessing, treatment, care and support.
- Participants discuss how these could be addressed

Summarize the discussions and ensure that participants share experiences in relation to gender and the above discussion topics.

Table 7: Gender Issues in HIV and AIDS prevention and treatment of opportunistic infections

GENDER SPECIFIC ISSUES				
RESPONSE TO STIs & HIV & AIDS PREVENTION				
	Women	Men	Boys	Girls
	Knowledge			
	- usually disadvantaged in level of education - restricted access to information on sexuality - myths and misconceptions	- may be ignorant - myths and cultural beliefs - homosexuals compromised	disadvantaged in getting information	disadvantaged in getting information
	Condom Use			
	- cannot access or afford female condom - lack of negotiation and decision making powers with partner due to economic dependence, lack of education, poor self esteem and worth - fear of suggesting condom use due to taboo associated	- myths about use such as 'real' men don't use, it will influence virility and enjoyment, certain jobs increase risk taking behaviour - use of alcohol and other toxics		

Abstinence			
-peer pressure - coercion by men	- peer pressure - expected to be more experienced	-peer pressure	-peer pressure -encouraged to be experienced
Pregnancy, ART & Breastfeeding			
- ignorant about possibility to protect unborn child - unaffordable and inaccessible - fear of testing and status disclosure prior to getting ARVs - may choose unsafe abortion Breastfeeding -- expected to do so, fear of stigmatizations - unable to afford access to substitutes	May be ignorant		
Faithful			
- accepting partner having multiple partners - pushed into unfaithful situations by economic and emotional insecurities	- polygamy and multiple sex partners		
Disclosure			
- fear of disclosure to partner or to self, continue to result in spread of disease - stigma and discrimination controlled	- fear of stigmatization and discrimination continue to behave as before		
Forced sex			
- coercion by men - expected to fulfill men's sexual desires - lack of education, finance - fear of violence if resists male sexual advances - workplace sexually harassed	- in prisons - during wars - for economic reasons	-	Sexual abuse, rape

RESPONSE TO HIV & AIDS CARE & SUPPORT			
Caring for themselves			
<ul style="list-style-type: none"> - expected to child bear frequently - poor access to nutrition - poor access to prophylaxis overworked (triple role), less stress control strategies <ul style="list-style-type: none"> - poor access to advice 	<ul style="list-style-type: none"> - poor health seeking behaviours “real’ men don’t get ill, weak, feel pain or ask for help 		
RESPONSE to HIV & AIDS TREATMENT			
Knowledge			
-ignorant on treatment issues	-may be knowledgeable about treatment matters	not easily obtained - get from peers	not easily obtained - get from peers
Accessibility, affordability, quality			
cannot access, afford quality treatment/ARVs <ul style="list-style-type: none"> - fear of breach of confidentiality when accessing healthcare - don’t access treatment because in denial 	fear of mockery for not being a real man when seeks treatment <ul style="list-style-type: none"> - advantaged when seek treatment - can usually afford and has access - don’t access treatment because of denial 		fear of mockery for not being a real man when seeks treatment <ul style="list-style-type: none"> - advantaged when seek treatment - can usually afford and has access - don’t access treatment because of denial

Cost of Home Based care

Home based care (HBC) is defined by the World Health Organization as the provision of health services by formal and informal caregivers in the home in order to promote, restore and maintain a person's maximum level of comfort, function and health, including care towards dignified death.² Home-based care applies to all diseases and is not restricted to the care of people living with HIV and AIDS. However, in sub-Saharan Africa, it is almost synonymous with care for people living with HIV and AIDS because most patients who benefit from such care are infected. HBC services are mainly provided by women.

Home-based care has many advantages, including that patients are cared for in familiar environments and die with loved ones by their side. In addition, HBC reduces the burden on public health facilities and lowers costs such as those related to transporting the sick to and from hospitals. In the absence of adequate state resources for hospitals and medical professionals, home based care has become the primary way of providing care for the large numbers of people living with HIV.

Challenges in accessing ART

Gender inequalities in society block women's, girls' poor groups' access and interaction with health services, including those for HIV treatment and care. To address gender inequalities in HIV treatment, care and prevention, it is crucial to consider the constraints for women, girls and people with disabilities when accessing such services in different settings and design interventions accordingly. Women's access is affected by limited mobility, childcare and lack of treatment literacy. In addition women have specific reproductive health concerns, which

require patience, respect and security to be addressed by HIV treatment and care providers.

Affordability

While anti-retroviral therapy is critical, it is only one of several components in a continuum of treatment and care. Other essential components needed to compliment ARVs include laboratory and diagnostic tests, palliative care, VCT, management of opportunistic infections and including prophylaxis. In most cases these come at a cost.

The cost of ART is a major barrier for most low-income groups including women and vulnerable children who are disadvantaged in their access to cash. The cost include traveling to hospitals, food expenses, fees for complementary support services like blood tests, chest x-rays and counseling. Whilst in most public hospitals in the sub-Saharan region governments have declared that ARVs and OI drugs are to be offered for free, there are hidden costs in accessing these.

² WHO, 2003

Availability

Despite the fact that ARVs have gone down in some countries in the region, availability continues to be a problem in resource poor settings. The standard care in ARV therapy requires viral load monitoring and CD4 T-cell counts. Both of these services are expensive and available in limited institutions. Facilities for ARV therapy in most societies in the region currently focus on urban health institutions with better infrastructure and they need to scale up to rural communities where the majority of the women live. There are an inadequate number of health care centres particularly in rural areas. In this context, there is even a further reduction of the treatment sites to the detriment of women's health. Characterized by long waiting lists, corruption and nepotism, accessing ARVs sometimes remains a major obstacle to health care delivery. Women who are in the rural areas, those with no medical aid cover and the unemployed are the ones more affected by the urban location of these centres.

Adherence Issues

The administration of ARVs is only a tiny component of treatment. Monitoring of the person on the drugs is equally important. For example, incidences of drug reactions, resistance or adverse effects, all of which could be life threatening can be averted.

Evidence currently indicates that once a person begins treatment, with protease inhibitor, it must continue uninterrupted for a lifetime in order for it to be effective. Interruptions in treatment allow the virus to resume its characteristics, rapid replication, providing the opportunity to generate resistant mutant strains no longer responsive to available antiretroviral drugs. The development of drug resistant HIV strains can pre-empt the benefits of a prescribed treatment protocol.

Cultural Practices and Beliefs

Cultural and social barriers too can affect women's access to care and treatment especially in the African context. Women are usually on the receiving end because culture dictates that they are second-class citizens. In some cases when decisions have to be made about who should receive treatment, women can, willingly or unwillingly, choose that her husband seek treatment first since he is the breadwinner. She then has to wait until the husband gets well, and goes back to work before it becomes her turn to seek treatment.

Managing STIs

Access to early diagnosis and treatment of Sexually Transmitted Infections (STIs) and other infections are important to care. In the presence of an STI, the rate of transmission of HIV from an infected person is greater. This is the case because STIs inflame membranes and causes them to break, giving easier passage to the virus. In women, many STIs are either asymptomatic or progress unnoticed due to ignorance. Many women may be unable to distinguish between discharges of an infection from a normal vaginal discharge.

Education for girls

Anecdotal evidence has shown that education for girls delays onset of sexual activity, and early sexual debut. This means it also reduces the number of sexual relationships. Research has shown that an increase in the number of sexual relationships is a factor in the transmission of HIV. According to UNICEF, education is the fundamental building block for women's empowerment and social transformation. Girls who are educated are more likely to delay marriage, postpone childbearing and plan families.

Mitigation

While the need to mitigate the effects of HIV and AIDS is increasingly acknowledged, it is equally important to recognize that food and livelihood security is a key element of prevention. Food and livelihood insecurity often leads people into behaviours and strategies that increase their risk of infection, such as migration and prostitution. To make matters worse for women and girls there are systems that deny her the right to own and control productive resources such as land and limit her access to food especially when she is on TB or antiretroviral treatment. Sustainable livelihood issues in HIV and AIDS responses at various levels require a *fresh* look by different actors.

Access to and control over productive resources including land is critical for woman to sustain her life and that of the family in the best of ways. ³A study in Zimbabwe by Sibanda in 1991 revealed that African men preferred a form of succession that does not make their wives the principal beneficiaries of their property. Being deprived of property and or inheritance rights is synonymous to being deprived of a livelihood which will lead to economic hardships and poverty among women and girls. This will make them more vulnerable to HIV and AIDS as they may resort to sex work for a living and get exploited by men.

³Zimbabwe National Plan of Action(NPA) on Women and Girls and HIV and AIDS (2006-2010)

CHAPTER 6: GENDER, HIV AND ADVOCACY

Introduction

National AIDS Council (NAC) recognizes advocacy as a critical component of AIDS programme but developing a gender perspective in HIV and AIDS advocacy strategy is a complex task because it challenges power relations between men and women and boys and girls and sometimes between governments and communities. It is however a mistake to assume that there is likely to be automatic enthusiasm for addressing gender in any development initiative and more HIV and AIDS. Policies of gender equality are likely to be resisted because they contradict many people's traditional beliefs and are likely to be perceived as threatening male interests.

Objectives:

- To increase understanding of advocacy and its role in the prevention and control of the spread of HIV and AIDS among vulnerable groups (men, women, boys and girls and people living with disabilities).
- To develop skills in advocacy for prevention, treatment care and support and control of HIV and AIDS.

Methodology:

Group discussions, case studies.

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography)

- Participants discuss key concepts in advocacy
- Explain the key steps in advocacy
- Participants discuss gender sensitive strategies that can be used in advocacy for prevention, care and control of HIV spread.
- In groups participants discuss ten key advocacy messages to prevent HIV and AIDS in girls and young women and present in plenary

What is advocacy?

Advocacy is defined as a pursuit for influencing outcomes including public policy and resource allocation decisions within political, economic and social systems as well as restrictions that directly affect people's lives. Advocacy consists of organized efforts and actions based on the reality of facts. These organized actions seek to highlight critical issues that have been ignored and submerged, to influence public attitudes and to enact and implement laws and public policies so that visions of what should be just and decent society becomes a reality. Advocacy has purposeful results to enable social justice advocates gain access and voice in the decision making of relevant institutes to change the power relationships between these institutions and the people affected by advocacy.

Why advocate?

- To build support for a common cause, to voice for the voiceless(women, girls, the disabled, orphans and vulnerable children and the poor)
- To influence others to support it
- To influence legislation that affects it.

Critical terms in advocacy

- Lobbying
- Communication
- Participation
- Power relations

What is lobbying?

Lobbying is a strategic process of convincing those in the corridors of power to make decisions or to exert their influence in favour of an advocacy cause. Well before the negotiations and dialogue, there is need to lobby key decision making leadership in an attempt to influence their positions for proposed gender responsiveness in HIV and AIDS programmes. Tactics may include discussing the benefits of gender considerations in HIV and AIDS issues over a working dinner or lunch.

Key principles in people-centred advocacy strategies⁴

Legitimacy

Legitimacy is more than legality. It is both about ethics and politics. It is the sense of deep commitment, accountability, communicability and action that helps to derive legitimacy. It is relative and fosters credibility. Each arena of advocacy demands a particular type of legitimacy.

Communication

Advocacy is a communicative act and a set of actions that involve communications designed to promote social action. Advocacy involves the following: communicate to convince, convince to change, change to commit, and commit to covert to the cause. Communication is an attitude - a willingness to share, to learn to reach out and speak out. The clarity of the message is as important as the choice of the medium. An effective communication strategy involves the creative use of symbols, language, information, knowledge, poetry and politics. Such a process involves learning from the people affected and infected, men and women, boys and girls what their needs are, their problems and constraints. Advocacy communication needs to be consistent, continuous, creative, compelling and convincing.

⁴ Human Rights connections- What is People-centred Advocacy by J. Samuel: accessed at www.hrconnection.org/print/advocacy/people.htm

Participation

Participation is a principle based on an inclusive moral choice. It means sharing power, legitimacy, freedom responsibilities and accountability. It is a means to include as many people as possible in the process of social change, in this case men, women, boys and girls infected with and affected by HIV and AIDS, and the government.

If they don't participate, they experience

- loss of dignity
- feelings of worthless
- feelings of powerlessness
- increase in mental/psycho-social illness.

Decision on who participates, how they participate, and for what purpose also shapes the HIV and AIDS response strategy and message. Any approach should consider the categories of participants and relevance of their engagement to the response

The most common arena for success in advocacy includes changes in policies, programmes, elections, laws, processes, budgets and regulations of public institutions.

Participation also involves an ability to understand and appreciate differences. Transparency is a prerequisite for true participation. People-centred advocacy always considers every aspect of the policy process and negotiation in terms of the real impact it can bring to the lives of the poorest women and children and men too. The gendered responses to HIV and AIDS, requires that women, girls, boys and girls participate in programmes and projects concerning them as individual groups.

Power

There is need to understand the power relationships within the society. An issue needs to be framed the way people feel and perceive it. It needs to be understood in terms of power relationships within the society, politics of the state and policy priorities.

Ten steps in advocacy and lobbying⁵

1. **Identify the Gender and HIV and AIDS advocacy issues** that can be influenced by public action, e.g. widow inheritance and property rights. Women in marriage are traditionally denied to use condoms even when they know that their husbands are promiscuous. Promoting the integration of gender –responsive HIV counseling techniques in the training curriculum of health service providers will be an issue for advocacy.
2. **Clarify the purpose** and objectives for the target group

⁵ Adapted from Gender Advocacy programme(GAP)

3. Know the facts.

How many women in a community complained about the problem? Which level of class of women? What is their level of education?

4. Understand the system.

Understand the power relations at household level; what are the social and cultural factors that come into play? Understand the approaches others have taken to respond to the issues and how your organization can link with the ongoing process.

5. Timing

Each movement presents different political opportunities and constraints. The widow inheritance issue can use the process of a white paper, the condom issue can be dealt with at school, workplace or during the AIDS week in that country.

6. Identify target audience.

Practically these could be decision makers and the second lot is the ground that can put pressure on the decision makers.

7. Develop a Gender and HIV and AIDS message.

Based on your research of the issue, define a clear position and formulate the desired outcomes, e. g. when advocating for a particular change in a law, you should outline the rights that are desired and offer alternative proposals to current legislation. Select gender sensitive channels of communications

Messages can be communicated by:

- Conducting regular educational sessions in a community
- Holding public events
- Utilizing the media through media events, press releases, press conferences and newspaper features
- Production of lobbying materials like flyers or t-shirts
- Preparing discussion papers on the issue for wider dissemination
- Lobbying meetings with key actors
- Production of position papers
- Petitions
- Campaigns

8. Build support and identify opportunities

- Give information to people who could put pressure on decision makers, e.g. community based organizations.

- Build the capacity of key actors to be agents of change on that particular issue. This capacity- building process should include gender conceptualization, participatory methodologies, advocacy skills training as well as social skills building related to the particular issue to be addressed.

9. Mobilize resources

- Get funding for research and the lobbying on Gender in HIV and AIDS issues.
- Build confidence in the donor by being very clear on the objectives and the expected outcome. Implement the advocacy activities. Communicate through a variety of media.

10. Monitoring and evaluation

Examine the results of your efforts and monitor its application.

The advocacy team should meet regularly for feedback, reflection and monitoring on the strategy. Some of the questions to be asked are:

- Are we making progress towards our goal?
- Are the plans working well or do they need adjustment?
- Is the information reaching its target?
- Are the target decision makers sympathizing with our demands?

Key advocacy messages to prevent HIV and AIDS in Girls and Young Women

Goal 1: Improve the accessibility of sexual and reproductive Health Services

1.1 Key Message 1: Link HIV prevention and sexual and reproductive health policies and programmes

Table 8: Key linkages include (see table below)

Sexual & Reproductive Health	Key linkages	HIV and AIDS prevention, treatment, care and support
Family Planning	Learn HIV status	
Maternal and infant care	Promote safer sex	
Management of sexually transmitted infections	Integrate HIV with Maternal and infant health	
Management of other sexually and reproductive health problems		

Sexual and reproductive health services need to be linked with HIV programmes e.g. if a girl accesses antiretroviral therapy from an HIV and AIDS service; she should also be offered treatment for other sexually transmitted infections. The linkage also helps to address specific barriers to access such as the stigma that can be associated with dedicated HIV services. It reduces the cases of referrals and creates one stop shop.

Action

Work with key policy makers such as the Ministry of Health to plan the rapid linkages of priority areas of HIV prevention and sexual and reproductive health for women and girls. Emphasize the urgency of integrating youth-friendly and gender sensitive VCT into sexual and reproductive health outlets.

1.2 Key Message 2: Scale up key HIV Prevention services, especially the provision of voluntary counseling and testing

Scaling up key prevention strategies can be effective when carried out by and with girls and young women themselves, peer-education etc. Use condoms (female and male) still remain key in prevention strategies.

Action

Encourage the relevant Ministry of Health to integrate both female and male condoms into the essential HIV prevention package. Sensitise Parliamentarians on HIV vulnerability factors on women and girls. Let the girls and women speak for themselves to the parliamentarians. Encourage universal access.

1.3 Key Message 3: Expand positive prevention services for people living with HIV

Positive prevention is a vital element of comprehensive action on HIV prevention. The efforts are effective if they follow key guiding principles; promotion of human rights, rights to privacy, confidentiality, informed consent and voluntary disclosure, embracement of shared ownership, including placing the responsibility for safer and responsible sexual behaviour.

Girls and women living with HIV and AIDS have a right to sexual and reproductive health including a safe and satisfying sex life thus they have a right to accessing a full range of high quality and appropriate services. In practice, girls and young women are simply not expected to have sexual relationships and are stigmatized because of their status.

In some cases while a young woman might be offered antiretroviral therapy by an HIV non- governmental organization, she might not be offered information and commodities to plan pregnancies.

Action

Advocate for explicit commitment to positive prevention among AIDS coordinating organizations within the AIDS strategies and for this to be reflected in relevant annual work plans and budgets. Call for indicators to monitor stigma and discrimination against girls and women living with HIV. Promote active involvement of women and girls who are living with HIV in the discussions.

1.4 Key Message 4: Make sexual and reproductive health services youth-friendly and gender sensitive.

Youth friendly and gender sensitive approaches are important for increasing access to services that are key to HIV prevention e.g. provision of voluntary counseling and testing and female/male condoms.

Action

Conduct participatory research to identify main barriers to accessing sexual and reproductive health services, prevention and treatment packages for girls and women. Use the evidence to advocate for rapid and comprehensive action to address the barriers.

1.5 Key message 5: Enforce comprehensive national legislation that protects the rights of girls, young women and people living with HIV.

Comprehensive and harmonized national laws and policies that affirm and protect the rights of girls and young women are vital for HIV prevention. Usually where supportive national legislation is in place, there is also often a low level of awareness about it, particularly at the community level. As a result there could be little legal support for affected girls and young women to take legal action through for example, courts.

Action

Promote the implementation of international commitments and statements that support the enforcement of comprehensive national legislation in relation to HIV

GOAL 2 Expand Socio-Economic Opportunities for Girls and young Women

1.6 Key Message 6: Increase economic options, including developing innovative partnerships.

In many societies girls and young women are financially dependent on male family members and partners. This can dramatically increase their vulnerability to HIV and AIDS. The impact of HIV and AIDS on girls and young women is most severe where poverty has its tightest hold and where socio-economic imbalances between males and females are greatest. Poverty can lead girls and young women to engage in transactional relationships.

Action

Advocate for women's and girls' empowerment.

1.7 Key Message 7: promote approaches that address gender inequality and provide a full range of HIV prevention options.

Girls' and young women's vulnerability to HIV is increased by a number of gender-related inequalities e.g. gender-based violence and sexual exploitation, gender related poverty with unequal economic and education opportunities. Communities based programmes need to directly and comprehensively address gender inequality within the local context and empower girls and young women.

Action

Highlight examples of good practices that demonstrate the benefit of approaches that address gender inequality. e.g. use of Stepping Stones life skills training package that promote gender equity within human rights framework. Promote the implementation of international commitments and statements that support the promotion of approaches that address gender inequality and provide a full range of HIV prevention.

1.8 Key message 8: Strengthen leadership skills and involvement in decision making.

Girls and young women have vital contributions to make to all stages of policies and programmes for HIV and AIDS prevention. In reality, they are usually under represented, and sometimes plainly absent from, the forums where decisions relating to HIV prevention are made and resources are allocated. Many interventions are developed for, rather than by and with girls and young women. Where participation occurs it is often tokenistic.

Action

Promote the implementation of international commitments and statements that support strengthening girls' and young women's leadership skills and involvement in decision making. Promote development of 'safe space' within national policy making forums working on HIV and AIDS for free participation by young women and girls.

GOAL 3: End child marriage

1.9 Key message 9: Outlaw child marriage in all areas of national legislation, enforce supportive legislation and work with gatekeepers to change social norms.

Child marriage violates international human rights. It seriously compromises the development and health of girls and young women. Those affected are more likely to be withdrawn from school and less likely to access sexual and reproductive health services. It is a common misconception that marriage provides a 'safe haven' from HIV.

It can infact increase girls and young women's vulnerability compared to their unmarried peers. This is for many reasons including that child brides may be more sexually active, under pressure to become pregnant, socially isolated from services, less able to negotiate condom use and more likely to be victims of gender-based violence. Meanwhile, their husbands are typically older, are less likely to use condoms and have had, or continue to have, more than one sexual partner.

Action

Engage community and religious leaders in advocating against child marriage to government officials, parliamentarians at local, state and national levels. For example develop a statement against child marriage that is signed by such leaders and present it to a parliamentary hearing.

CHAPTER 7: GENDER, HIV AND MONITORING AND EVALUATION

Introduction

Monitoring and evaluation is increasingly recognized as an important tool that enables us to collect and use information for planning, resource mobilization, resource allocation review and management. It builds accountability in terms of use of project resources. Information generated through this process will provide project implementers with a clear basis for tracking progress and decision making.

According to the Ministry of Health and Child Welfare (MoHCW), the main mode of transmission of HIV is heterosexual contact with an infected partner which accounts for 92% of the infections. This is followed by pre-natal transmission which accounts for 7% of the infections the remaining 1% is accountable by other modes of transmission. Women and young girls constitute the highest proportion of those infected by HIV. MoHCW estimated that in 2005, 56% of HIV infected people are women. The 2005-6 Zimbabwe Demographic and Health Survey (ZDHS) shows that girls between 15 and 19 years are two times more likely to be infected with HIV than boys of their age group. The current economic hardships that have resulted in hyperinflation and increased income inequality between men and women, has increased women's and girls' vulnerability to HIV infection.

Monitoring represents an ongoing activity to track project progress against planned tasks. Experience learned will provide feedback to enhance the ongoing learning experience and improve the planning process and effectiveness of interventions.

The National AIDS Council will continue to be the overall responsible agency to oversee the national monitoring of the WGHA programme. In the framework of the 'Three Ones' all the six key areas of the programme will have standard indicators which were developed and are included in the National Activity Reporting Form (NARF) and be used to measure progress against set objectives. Activities will be monitored through NAC/MWAGCD structures from the provincial level through to the village level, within the framework of the National HIV and AIDS M&E system.

Objectives:

1. To monitor all HIV and AIDS programmes for gender sensitive approaches in the national response
2. To sensitize the participants on the national gender sensitive indicators

Methodology:

Group discussions, brainstorming, lectures

Tips to the facilitator;

Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography).

Monitoring

- 2 A process that systematically and critically observes events connected to a project which enables us to adapt our activities to a given conditions.
- 3 Includes periodic recording, analysis, reporting and storage of data on key indicators.
- 4 Aims at ensuring that inputs, work schedules and outputs are according to plan, and provide recording of process. If relevant information is given at the right time, monitoring can work as an early warning system, and reaction can follow in good time. It is important then to record the most important changes and put forward information and impressions at the right time in order to be used in decision making. Changes or unplanned effects should also be recorded.

Evaluation:

Deals with assessment of project **performance** (compares achievements with expected outputs concerned with the use of resources and timeliness of activity), **relevance** (its relationship to problem and objectives, closely related to women and girls and other vulnerable groups), **quality** (adherence to acceptable standards of scientific work and precision) as well as **impact** (the broad changes e.g. access to prevention measures and treatment of HIV related opportunistic infection).

Gender dimension of monitoring and evaluation

Monitoring and evaluation are complimentary activities in project planning and implementation. Evaluation draws on data created during monitoring process. The project's monitoring and evaluation system should explicitly measure the project's effects on women, girls, men and boys and other vulnerable groups. Different groups of people (men, women, girls, boys and those with disabilities) should participate in the collection and interpretation of data.

“Know your country's epidemic” and response in gender terms

It is important that HIV monitoring, surveillance and evaluation fully captured information about the gender dimensions of the epidemic, periodically conduct stand alone gender assessments to gather essential supplementary data. This will ensure that the epidemiological analysis answers the questions; who is getting infected? In what circumstances? Where is this happening?

What NAC and Key implementing Partners can do;

- Track HIV infections by sex, age and patterns of serodiscordance in couples
- Collect and analyse information on why women and men are getting infected and include attention to concurrent relationships, sex between men, transactional sex and intergenerational sex in analysis of sexual transmission data.
- Conduct HIV related socioeconomic assessments to examine the differential impact of HIV on females and males with special attention to people living with HIV and marginalized populations; and analyze the findings by age and other variables such as education and economic status

Gender and participation

For programming to be meaningful, a critical first step is participation; ensuring that groups that are differently affected by the epidemic in a country (e.g. women, men, girls as well as boys, people with disabilities and those of different sexualities) are meaningfully involved in the development, execution and evaluation of AIDS strategies.

Decisions on who participate, how they participate and for what purpose also shapes the impact of AIDS response. The active participation of people affected by the crisis in identifying needs and designing and implementing HIV and AIDS programmes to address those needs substantially improves programmes effectiveness and sustainability.

Indicators

These are quantitative and qualitative criteria for success that enable us to measure or assess the achievement of project objectives.

Types of indicators include:

Input indicators-describes what goes in the project e.g. number of hours of training, amount of money spent, and quantity of information distributed.

Output indicators-describe project activities such as the number of people trained, the number of women, girls or people with disabilities, the number of policy makers at a briefing.

Impact indicators- are harder to measure, as they measure the actual change in conditions such as attitudes as a result of training, changed practices e.g. behaviour change in view of HIV and AIDS.

Table 9: GENDER AND HIV AND AIDS NATIONAL RESPONSE INDICATORS

STRATEGIC AREA # 1 : PREVENTION	
OBJECTIVE	INDICATORS
Reduced vulnerability of women and girls, men and boys to HIV infection	Number of women and girls trained in negotiation skills for safer sex
	Number of women and girls with disabilities trained in negotiation skills for safer sex
	Number of women and girls who report being able to access and use consistently female condoms
	Number and type of gender sensitive IEC materials produced and distributed
	Number of women accessing PMTCT services
	Number of men who are aware and taking appropriate action to support their partners/spouses on PMTCT programme
	Number of women and girls reporting health seeking behaviour on HIV and STIs
Improved response to gender-based violence as it relates to HIV and AIDS	Number of traditional, religious and local/community leaders trained in GBV as it relates to HIV and AIDS
	Number of sexual abuse and GBV cases reported, investigated and finalized
	Number of rape survivors who access PEP
	Number of service delivery points administering PEP
STRATEGIC AREA # 2: CARE, SUPPORT AND TREATMENT	
OBJECTIVE	INDICATORS
Gender equity in access to care, support and treatment services	Number of women and girls accessing services on care, support and treatment Number of men and boys accessing services on care, support and treatment
	Number of women and girls with disabilities accessing services on care, support and treatment Number of men and boys with disabilities accessing services on care, support and treatment
Reduced burden of HIV and AIDS related care and support on women and girls	Number of men and boys involved in providing care and support services
	Number and type of sensitization activities on increased involvement of boys and men in HIV and AIDS related care and support

STRATEGIC AREA # 3: MITIGATION	
OBJECTIVE	INDICATORS
Enhanced quality of life for women and girls in view of HIV and AIDS	Number of women and girls sensitized on their property and inheritance rights
	Number of men and boys sensitized on property and inheritance rights
	Number of women and girls assisted to start livelihoods projects
	Number of women and girls accessing counseling and psychosocial services
STRATEGIC AREA # 4: CAPACITY BUILDING AND ADVOCACY	
OBJECTIVE	INDICATORS
Strengthened capacity for gender mainstreaming in HIV and AIDS programming within public sector, civil society and private sector	Number of organizations that have gender and HIV and AIDS policies in place
	Number of organizations implementing gender and HIV and AIDS programmes
	Number of organizations with gender based budgets on HIV and AIDS
	Number of women in decision making positions on HIV and AIDS programming
Increased advocacy in gender mainstreaming in the national response	Number of advocacy issues identified
	Number of lobby group meetings
	Number of leaders reached with advocacy initiatives
	Number of leaders taking appropriate action on the advocacy issue

Data requirement for the indicators

- All needs assessments have included gender issues in the information gathering and analysis phases.
- Women, girls, boys and men are consulted (together and separately) about their concerns, information needs, opinions and solutions to key issues.

- Mechanism for routine exchange of information, voluntary counseling and testing activities are established and functioning.
- Data are being consistently collected and analysed by age and sex
- Sex disaggregated data are included routinely in reports and the implications for programming are addressed

Strategy for monitoring and evaluating

The monitoring and evaluation will be conducted through various processes which include:

Process monitoring of the activities looking at whether the planned activities are being implemented, whether the programme is on target and what needs to be changed.

Output monitoring checking on the outputs of the programme and

Outcome monitoring to assess whether any change took place.

CHAPTER 8: COORDINATION ON GENDER EQUALITY IN HIV AND AIDS PROGRAMMES

Introduction

Coordination is essential to effective programming and HIV and AIDS response. Gender equality is integral to every issue and area of work. When it comes to addressing the gender dimension of HIV and AIDS responses, joint planning, the exchange of information and collaboration across all AIDS service organisations, NGOs and local civil society is crucial.

The Zimbabwe National HIV and AIDS Strategic Framework notes that there are many international, national, governmental and non-governmental organizations committed to fighting HIV and AIDS and hence the need for well coordinated efforts for impact.

Objectives:

- To create space necessary for the effective gender sensitive approaches to HIV and AIDS response
- To effectively coordinate all national HIV and AIDS programmes and strategies and ensure their gender responsiveness.
- To establish a common understanding among the participants of the key elements in gender responsive coordination

Methodology:

Discussion and lecture

Tips to the facilitator;

- Facilitator should prepare for this session, reading other resource materials on the topic (see list of resources used under bibliography).
- Participants share their experiences in coordinating HIV and AIDS programmes from a gender perspective

Gender responsive coordination

- Establish a gender support network particularly with organizations which have gender specific expertise or women's organizations that are in HIV and AIDS. The main purpose of the network is to facilitate dialogue making sure that people are informed of key issues and developments in terms of changing conditions and needs of women, men, boys, girls and vulnerable groups in the affected communities. It is a means of encouraging more integration of gender perspectives into all HIV and AIDS programmes. This network comprises representatives from civil society, government, NGOs and international organizations.

- A network is only as effective as its members and if the participants are not at senior enough level or do not have experience in gender-related issues, they cannot be fully functional
- In some cases it is important to have a gender advisor to the network who will provide technical support and guidance to the Gender network.
 - They can help to think, plan and design assessments and interventions so that gender dimensions are not lost.
 - They can point to gaps in information and data.
- The network ensures communication across sectors.
- Advisors are facilitators of a process; they help technical staff to see things with a gender lens.
- It is important that all actors see how things are being implemented, so that the needs of women, girls, boys and men are being met. They should also assess, prioritise and implement gender sensitive programmes.

Effective Coordination.

- Conduct situation analysis and needs in view of HIV and AIDS prevention, treatment, care and support, for all groups of people.
- Develop common strategies- share goals and identify common priorities.
- Convene coordinating forums with stakeholders
- Set aside adequate funds for coordinating.

Check list to assess gender coordination efforts

- Identify a gender focal person in the implementing organization
- Gender networks are established at national, provincial, district and ward levels
- Disaggregated data are collected, analysed and used in planning and implementation.
- Gender analysis age and sex disaggregated data are routine part of reporting.
- Each sector has a gender action plan and routinely reports on the status of gender indicators provided in the M &E framework.
- Training in gender mainstreaming is key in capacity strengthening.

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