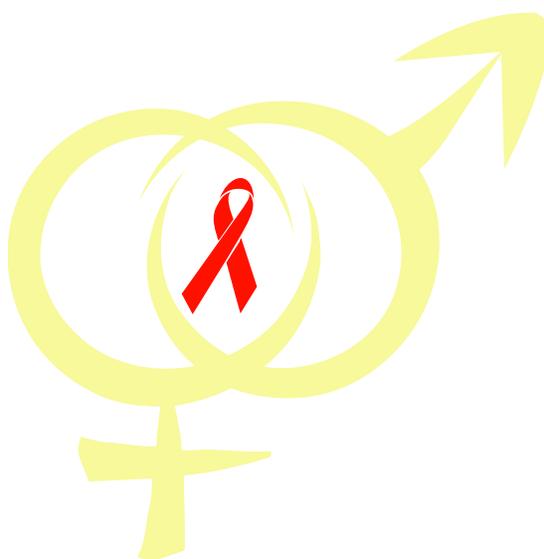


INTEGRATING
GENDER ISSUES
INTO HIV/AIDS PROGRAMS:

An Operational Guide



Prepared by The Gender and Development Group (PREM)
The World Bank, Washington, DC
November, 2004

This Operational Guide has been prepared by A. Waafas Ofosu-Amaah and M. Yaa Pokua Afriyie Oppong (PRMGE), in collaboration with colleagues from around the World Bank. Peer reviewers were Michael Azefor (AFTH3), Mary Mulusa (LCSHH) and Subhash Hira (WBIHD). The team is grateful for their guidance and advice during the preparation of the report. Drafts of this guide were also shared with several World Bank staff, including: Francisca Ayodeji Akala (MNSHD), C. Mark Blackden (AFTPM), Jonathan Brown (HDNGA), Shiyao Chao (ECSHD), Kees Kostermans (AFTH2), Jacomina P. De Regt (AFTS1), Sheila Dutta (AFTH1), Gita Gopal (WBIST), Wacuka Ikua (AFTH1), Patricio V. Marquez (ECSHD), John F. May (AFTH2), Nadeem Mohammad (AFTHV), Shimwaayi Muntemba (AFTPM), Hnin Hnin Pyne (SASHD), Richard M. Seifman (AFTHV), Susan Stout (OPCRX), Bachir Souhlal (MNSRE), Cecilia Valdivieso (PRMGE), David Wilson (HDNGA), and Albertus Voetberg (AFTHV). Their guidance at various stages during the compilation of the guide is gratefully acknowledged.

TABLE OF CONTENTS

Table of Contents	iii
Preface	iv
Acronyms and Abbreviations	v
1. Introduction	1
2. Why Integrate Gender Issues into HIV/AIDS Programs and Policies?	2
<i>Gender and HIV/AIDS: What do we know?</i>	2
<i>Integrating gender into HIV/AIDS programs</i>	3
3. HIV/AIDS Programming from a Gender Perspective	6
1. Use checklists to identify interventions that address female and male vulnerability and risk factors	6
2. Form strategic partnerships with leaders who can influence political strategies to reach vulnerable and at-risk groups of males and females	11
3. Design and implement HIV/AIDS operations that address gender-based differences	11
4. Develop and use gender-sensitive indicators for monitoring and evaluation	12
4. Two Promising Approaches	15
4 (a). <i>St. Vincent and the Grenadines (SVG): HIV/AIDS Prevention and Control Project</i>	15
4 (b). <i>Uganda HIV/AIDS Control Project (MAP)</i>	16
Annex 1	18
<i>Institutions and leadership roles regarding gender concerns and HIV/AIDS</i>	18
Annex 2	20
<i>Examples of messages in HIV/AIDS campaigns about empowering women, especially in sexual decision-making, and promoting inter-personal communication on sexual matters between males and females</i>	20
Annex 3	21
<i>Examples of gender-sensitive education, care and support in prevention, treatment and care programs and projects</i>	21
Annex 4	23
<i>Examples of creating supportive environments to combat discrimination and stigma</i>	23
Annex 5	25
<i>Examples of addressing HIV/AIDS and gender issues in the project cycle</i>	25
Annex 6	27
<i>Examples of how to incorporate gender considerations in terms of reference (TORs) for HIV/AIDS operations</i>	27
Annex 7	35
<i>Examples of HIV/AIDS and gender issues and concerns in two critical sectors</i>	35
Annex 8	37
<i>Glossary of terms</i>	37
Annex 9	38
<i>Useful websites</i>	38

PREFACE

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

To date, the World Bank has contributed approximately US\$1.7 billion to fight the pandemic. The extent to which these resources contribute to a sustainable response depends on how well the work addresses the gender-based cultural, social, economic and legal vulnerabilities and risks that fuel the epidemic. In recent years, there has been a steady rise in the quality of analysis of both male and female gender-based risks and vulnerabilities in project design. However, follow-through on these issues during implementation and monitoring needs to be strengthened.

This Operational Guide offers practical examples of how to strengthen HIV/AIDS programs by integrating a gender perspective. As such, it will be useful to National HIV/AIDS program management teams, national policy makers, as well as World Bank staff. As this Operational Guide is meant to be a dynamic and evolving tool, the team would welcome additional practical examples from its users for inclusion in future updates.

Keith Hansen
Manager
ACTafrica

Karen Mason
Director
Gender and Development

Debrework Zewdie
Director
Global HIV/AIDS Program

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
APL	Adjustable program lending
BCC	Behavior change communication
BSS	Behavior surveillance survey
CBO	Community-based organization
CHAI	Community HIV/AIDS initiative (Uganda MAP)
CSO	Civil society organization
CSW	Commercial sex worker
FBO	Faith-based organization
FGM	Female genital mutilation
HARRP	HIV/AIDS Rapid Response Project (The Gambia MAP)
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
IEC	Information, education, communication
IDU	Injecting drug user
IPC	Inter-personal communication
MAP	Multi-country HIV/AIDS Program
M & E	Monitoring and Evaluation
MSM	Males who have sex with males
MTCT	Mother-to-child transmission
NAC	National AIDS Commission
NAS	National AIDS Secretariat
NGO	Non-Governmental Organization
OVC	Orphans and other vulnerable children
PAD	Project Appraisal Document
PCT	Project Coordination Team
PLWHA	People living with HIV/AIDS
PSD	Program support documents
STI	Sexually transmitted infection
SVG	St. Vincent and the Grenadines
TA	Technical Advisor
TORs	Terms of reference
TST	Technical support team
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VCT	Voluntary counselling and testing

1. INTRODUCTION

This Operational Guide provides specific guidance to national HIV/AIDS program management teams, public-sector ministries, private sector entities, and non-governmental and community-based organizations (NGOs/CBOs) implementing World Bank-financed HIV/AIDS programs and projects, as well as the World Bank's operational staff who design these programs and projects. It provides concrete examples of the integration of gender concerns into all stages of project preparation, implementation, monitoring and evaluation (M&E). The immediate objective is to provide the tools needed to identify and analyze gender-specific issues and concerns in HIV/AIDS programs and make appropriate provisions in HIV/AIDS operations to address these concerns. The ultimate goal of this Operational Guide is to enhance the effectiveness of HIV/AIDS interventions by ensuring that the gender inequalities that underlie the epidemic are addressed.

This Operational Guide is part of the collection of tools that is now available to assist staff and clients with HIV/AIDS programming (see box 1.1 below).

Box 1.1: Operational guides and tools for Bank-financed HIV/AIDS programs

Many operational guides and tools for Bank staff and clients working on HIV/AIDS issues have been compiled into a generic operational manual focusing primarily on Africa. This manual offers a comprehensive, varied selection of tools for preparing, implementing and monitoring HIV/AIDS programs - www.worldbank.org/afr/aids/gom/gom.htm. Typically, however, these tools do not have explicit guidance on gender inequalities and their social and economic consequences.

The most recent addition to the manual is a baseline assessment of the treatment of gender issues in one sub-region in Africa - www.worldbank.org/afr/aids/gom/gom_sub-manuals.htm

The current Operational Guide complements the baseline assessment. It will be updated as additional materials become available.

2. WHY INTEGRATE GENDER ISSUES INTO HIV/AIDS PROGRAMS AND POLICIES?

HIV/AIDS poses an unprecedented threat to human welfare and socio-economic development. In many regions of the world, including Africa, the Caribbean and parts of Asia, heterosexual transmission plays a major role in HIV infection and is therefore greatly affected by gender-based power relations and gender disparities. The epidemic is becoming increasingly feminized: globally, nearly 50 percent of people living with HIV are female. In Sub Saharan Africa – the continent most ravaged by the epidemic – females are close to 60 percent of those infected with the virus, and are 75 percent of infected 15-24 year olds. This growing feminization of the pandemic not only reflects women's greater physiological vulnerability to infection, but also their social and psychological vulnerability created by a set of interrelated economic, socio-cultural and legal factors. This increasing feminization of HIV/AIDS also stresses the need for policies and interventions to focus on transforming gender roles and relations between males and females to support the deep-rooted behavior change necessary to stem the spread of HIV/AIDS. Males can become part of the solution to the pandemic by focusing on their roles and responsibilities and actions they can take to reduce their own and their partners' and families' risk of HIV/AIDS.

Gender inequality is a serious obstacle to sustainable poverty reduction and socio-economic development, in part through its impact on HIV/AIDS. Research conducted by the World Bank shows that the more unequal the relations between men and women in a country, the higher its HIV prevalence rates. For example, in South Asia, where the epidemic is in its early stages, the low status of women has been identified as one of the main risk factors. Because the epidemic is largely fuelled by gender-based cultural, social, economic and legal vulnerabilities and risks, addressing the interconnections between gender inequality and the risk factors for infection or the burden of care can yield significant payoffs. All development programs, and especially HIV/AIDS interventions, can contribute to a sustainable response to the epidemic if such programs and interventions recognize and address gender-based inequalities and risks.

Gender and HIV/AIDS: What do we know?

Gender inequalities underlie the spread of the HIV/AIDS epidemic, and manifest themselves as follows:

- The primary mode of HIV/AIDS transmission is sexual. Because gender norms shape attitudes towards and information sharing on sex, sexuality, sexual risk-taking and fidelity, they play a critical role in determining the course of the epidemic. In some societies, gender norms require females to remain ignorant, passive, subordinate and faithful in sexual relations while simultaneously promoting the notion that men ought to be knowledgeable and experienced. This may prevent both sexes from accessing preventative or curative information and services.
- A series of vulnerability factors (which vary by sex, age and context) influence the engagement in risky behaviors. Determinants of female vulnerability include poverty, cultural and sexual norms, violence, legal issues that impede women's access to assets, information and services, and physiological factors. For males, risky behavior is associated with poverty, long-distance employment, incarceration, and cultural and sexual norms.

- Youth – both male and female – are particularly vulnerable and at risk due to risky behaviors such as unprotected sex, injecting drugs, commercial sex, and limited empowerment (particularly for girls).
- Limited empowerment, restricted access to and control over resources, assets and opportunities, economic dependence of females on males and associated power differences between the sexes, particularly in sexual relations, are associated with women’s limited control over their own health, the timing, context and safety of intercourse, and vulnerability to gender-based violence. Gender-based violence increases female vulnerability to HIV infection.
- In some contexts, female responsibility for care giving reduces girls’ and women’s participation in productive and economic activities (including education) as the epidemic spreads. This in turn constricts women’s social and economic opportunities, further contributing to the cycle of poverty, lack of empowerment, and vulnerability to infection.
- In some contexts, laws and regulatory frameworks discriminate against women and reinforce women’s subordinate status in such spheres as: property and inheritance rights; marriage; employment; rape and sexual harassment; and reproductive rights.
- Physiologically, women are more susceptible to HIV infection than men are. Transmission during sexual intercourse is almost twice as likely to lead to female infection as to male infection.
- In some contexts, gender-based cultural practices such as female genital mutilation (FGM) and widow inheritance may increase the spread of the virus.
- Stigma and the culture of silence and denial exacerbate the epidemic by preventing diagnosis and care seeking, and reducing communication between sexual partners.

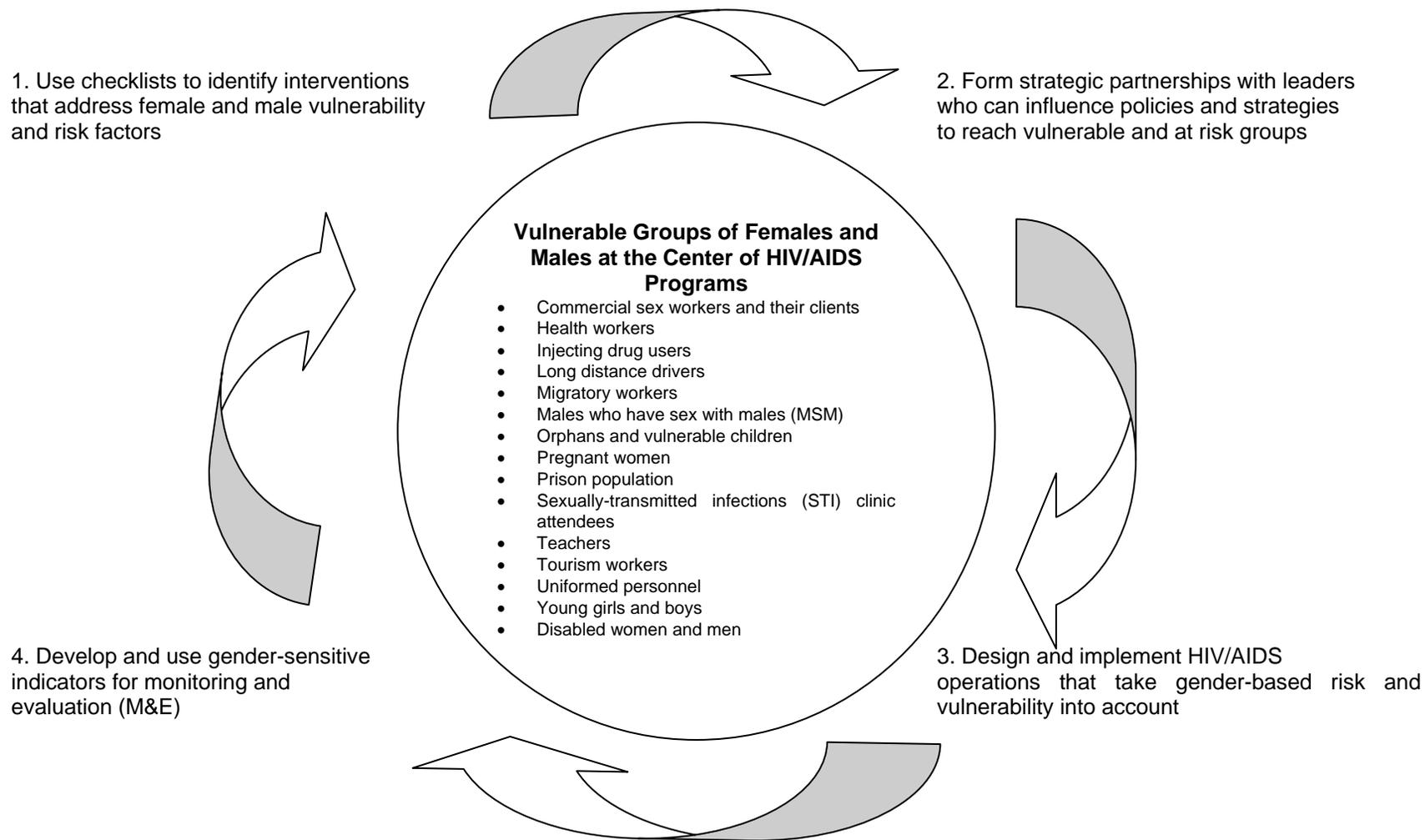
Integrating gender into HIV/AIDS programs

HIV/AIDS does not respect social boundaries: children, youth, women and men are all susceptible to infection and potentially exposed to risk, especially when they lack the power to protect themselves. Because individuals may be both vulnerable and at risk based on their age and sex, a gender-sensitive approach to HIV/AIDS policy making, programming, and implementation should focus on vulnerable and at-risk populations. A common perception is that such an approach requires separate, “stand-alone” projects dealing specifically with women’s issues or, occasionally, with men’s issues. Another common perception is that such an approach requires a complicated, time-consuming and therefore costly process. However, experience shows that neither perception is correct. A gender-sensitive approach to HIV/AIDS programming needs four complementary, interrelated steps ([Figure 2.1](#)):

1. Use checklists to identify appropriate interventions that address specific female and male vulnerability and risk factors.
2. Form strategic partnerships with leaders who can influence policies and strategies to reach vulnerable and at-risk groups of males and females.
3. Design and implement HIV/AIDS operations that take gender-based risk and vulnerability into account.
4. Develop and use gender-sensitive indicators for monitoring and evaluation (M&E).

The four-step approach suggested above is applicable both in all types of institutional settings – including government and other public sector institutions at national and local levels, as well as with NGOs and community-based organizations. The remaining sections of this Operational Guide describe the main elements of these four basic steps. There are several good examples and promising approaches on how to integrate gender issues into HIV/AIDS operations from a variety of organizations. Many of these examples appear on the UNAIDS website. Because this Operational Guide targets World Bank operational staff and their program management teams in client countries, the main examples used to illustrate these four basic steps are drawn primarily from World Bank-financed operations.

Figure 2. 1 Four Complementary and Inter-related Steps for Integrating Gender into HIV/AIDS Projects



3. HIV/AIDS PROGRAMMING FROM A GENDER PERSPECTIVE

1. Use checklists to identify interventions that address female and male vulnerability and risk factors

The HIV/AIDS epidemic is driven by a complex mix of factors, including poverty, cultural norms, sexual norms, violence, legal frameworks and physiological factors. In a given context, different groups may be more or less vulnerable or at risk than others. Many HIV/AIDS programs target “vulnerable and at-risk groups,” often without necessarily differentiating between males and females within such groups. In determining what gender-sensitive policies and strategies to adopt and which interventions to implement, it is important to pinpoint exactly which risk or vulnerability factors are at play and for which group of men or women.

For example, as shown in box 3.1 below, specific groups of males may be at an increased risk of HIV infection. Gender-sensitive programming in such situations requires articulating a rationale that focuses on men and boys, and taking an approach that treats men as part of the solution.

Box 3.1: Male Inclusion – Targeting Specific Groups of Males at High Risk of HIV Infection

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

A gender-sensitive HIV/AIDS intervention is one that targets different groups of vulnerable and at-risk groups of males and females with specific interventions that address their needs, as well as those of partners and others with whom they interact. The following three checklists contain examples of interventions that address the different risk and vulnerability factors affecting females, males, and adolescents, respectively:

CHECKLIST OF APPROPRIATE INTERVENTIONS TO ADDRESS FEMALE VULNERABILITIES & RISK FACTORS¹

1. Reducing Poverty and Economic Dependency

- Improve women's access to education and training in the long-term and paid employment in the short term, for example, programs to retain girls caring for HIV-positive parents in school.
- Alter inheritance and property laws/customs that impede women from gaining access to property and resources, particularly after the death of the husband.
- Include income generating/livelihood activities for HIV-positive women in HIV/AIDS projects.
- Help commercial sex workers (CSWs) to demand 100 percent condom use from all clients and assist them to transition into other income-generating activities.
- Incorporate social and economic support for people living with HIV/AIDS (PLWHA), including home-based care.

2. Addressing the Negative Effects of Cultural Norms

- Focus on reducing the stigma associated with HIV/AIDS at national, regional and local levels and involve the media.
- Develop locally appropriate and culturally sensitive Mother-to-Child-Transmission (MTCT) prevention communication strategies that address denial, stigma, fear, gender roles and victimization.
- Encourage influential members of the government and community to speak up about AIDS and provide active leadership.
- Incorporate social and economic support for PLWHA, including home-based care, in HIV/AIDS projects, e.g., provide incentives for males to participate in care giving.
- Offer financial, social support and training and education opportunities to female AIDS orphans to prevent a recurring cycle of poverty and infection.

3. Changing Sexual Norms

- Provide sex education to both girls and boys, starting at an early age, before they become sexually active.
- Educate adults, adolescents, and children about gender relationships, negotiating safe sex, and the rights of both men and women to request condom use, or to say "no" to unwanted or unsafe sex.²
- Provide training to educators, health care professionals, and government and community leaders about HIV/AIDS. All training should include a section on how gender norms and gender inequalities create different vulnerabilities for men and women.

¹ This list was developed as a joint effort between the Bank's Gender and Development Group in PREM (PRMGE) and the Africa Region Health team (AFTH2) in a publication entitled, "*HIV/AIDS Projects in the Africa Region: a Baseline Assessment*." The illustrative examples are a combination of suggestions from a variety of sources, including UNIFEM, UNAIDS, UNDP, WHO, and the World Bank, and are available as part of the generic operational manual: <http://www.worldbank.org/afri/aids/gom/submanuals/12%20Gender%20HIV-AIDS.pdf>.

² Several good models exist including the "Say No..if you are not ready" materials targeted at adolescent boys and girls in the Caribbean. The materials are produced by the Caribbean Family Planning Affiliation Limited with support from the Canadian International Development Agency (CIDA).

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

4. Reducing Violence Against Women

- Train Voluntary Counseling and Testing (VCT) counselors to ask questions about partner violence and develop safe disclosure plans for individual clients. For example, AIDS counselors should know how to refer clients who fear partner violence to support services.
- Develop and test community-based interventions that raise awareness and change norms about violence. Encourage the development of an ethic of responsibility among men and women for the health and well-being of their sexual partners and children as the foundation of efforts to prevent both violence and HIV transmission.
- Commission studies that examine the prevalence of violence against women and its relation to HIV/AIDS transmission.
- Encourage community groups/organizations that deal with violence against women to join HIV/AIDS projects, and support the formation of such groups.
- Enact and enforce laws that punish perpetrators of violence against women and help women leave risky and violent relationships. Governments need to enforce international conventions and national laws designed to protect women from violence.
- Train authorities to be more sensitive to issues regarding violence against women.

5. Improving Laws, Law Enforcement, and Legal Access

- Implement legal literacy programs and legal aid services to promote and enforce women's rights under customary and statutory law.
- Enact and enforce laws that protect women from violence.
- Improve legislation governing inheritance and property, so that women have property rights regardless of their marital status.
- Train judges, police and other legal and judicial system personnel to be more sensitive to issues regarding sexual violence against women.
- Enact and enforce laws that allow adolescents to participate in VCT programs.

6. Addressing Physiological Factors

- Make both female and male condoms accessible to all, including young girls, in ways that do not stigmatize them for sexual activity.
- Educate women about HIV/AIDS and other STDs, including how to negotiate safe sex, and encourage them to seek testing/treatment.
- Test and treat women for STDs in ways that avoid disclosure or embarrassment.

7. Ending Female Genital Mutilation

- Enlist community organizations/leaders in the fight against FGM. This is especially important because many people who favor the practice view the fight against it as "Westernization," or as imposed by the international community.

- Educate communities about the dangers of FGM.
- Encourage alternative roles and offer alternative income and livelihood possibilities for traditional cutters.
- Support legislation that prohibits FGM.

CHECKLIST OF APPROPRIATE INTERVENTIONS TO ADDRESS MALE VULNERABILITIES & RISK FACTORS

1. Reducing Poverty

- Enhance educational, livelihood, and labor force opportunities for men and young adult males. Focus such programs especially on poor communities where males tend to migrate for work and spend long periods away from their families.
- Establish training programs that educate adolescent and adult males about gender roles and encourage men to respect women's rights. Include programming that addresses sexual abuse, assault and coercion.
- Develop programs to deepen understanding of male roles and masculinities in specific cultural settings and strengthen male participation and involvement in caring for families.

2. Mitigating Long-distance Employment Risks

- Create focused interventions to target groups of men involved in long-distance employment.³

3. Addressing the Negative Effects of Cultural Norms

- Focus on reducing stigma associated with HIV/AIDS at national, regional and local levels and involve the media.
- Encourage influential members of the government and community to speak up about AIDS and provide active leadership.
- Incorporate social and economic support for PLWHA, including home-based care, in HIV/AIDS projects, e.g., provide incentives for men to participate in care giving.
- Encourage males to take a more active role in the care of PLWHA.

4. Changing Sexual Norms

- Encourage men to engage in consistent condom use without question, because men are involved in almost every case of transmission, and usually have the power to protect themselves and their partners.
- Involve men in all HIV/AIDS prevention strategies, given that the existing means for prevention (male and female condoms) require the full participation of the male partner.
- Educate and encourage men and boys, from an early age, to respect women's rights to request condom use and say "no" to unwanted sex.

³ An example of this is the World Bank-financed Abidjan-Lagos Transport Corridor (ALTC) initiative, which focuses on HIV prevention among high-risk groups situated along the West African Coast.

- Develop and test community based interventions that raise awareness and change norms about violence. Encourage the development of an ethic of responsibility among men and women for the health and well-being of their sexual partners and children.
- Provide training to educators, health care professionals, and government and community leaders about HIV/AIDS. All training should include a section on how gender norms and inequalities create different vulnerabilities for men and women.
- Provide sex education to both girls and boys, starting at an early age, before they become sexually active.

5. Reducing Homophobia

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

6. Protecting Incarcerated Populations

- Provide behavior change communication (BCC), information, and condoms to prisoners—addressing both heterosexual and homosexual transmittal of HIV/AIDS.

7. Protecting Injecting Drug Users

- Provide necessary voluntary counseling and testing and needle-exchange programs to injecting drug users (IDUs).

CHECKLIST OF APPROPRIATE INTERVENTIONS TO ADDRESS ADOLESCENT VULNERABILITIES & RISK FACTORS

- Provide sex education to both girls and boys, starting at an early age, before they become sexually active, including messages about safe sex, abstinence and communication among intimate partners.
- Educate adults, adolescents, and children about gender relationships, negotiating safe sex, and the rights of both men and women to request condom use, or to say “no” to unwanted or unsafe sex.
- Provide training to educators and health care professionals delivering HIV-related education, prevention, and treatment services to work effectively with young people, and to consider gender-related vulnerabilities and risks.
- Make condoms accessible to all, including adolescent girls and boys, in ways that do not stigmatize them for sexual activity.
- Encourage open discussion of sex, focusing on educators, parents, health care professionals, and government/community leaders, as well as young people.
- Improve young people’s access to non-judgmental and user-friendly sexual health services.

2. Form strategic partnerships with leaders who can influence political strategies to reach vulnerable and at-risk groups of males and females

In almost all settings, both governmental and non-governmental agencies are at the forefront of prevention, treatment and care initiatives. Governments and non-governmental institutions, faith-based organizations (FBOs), and the private sector all have critical roles to play and responsibilities to assume in addressing the epidemic, as they are often the strategists and implementers of HIV/AIDS-related policies and programs. Their leadership roles are also vital. For example, in many societies, having a national institution or public figure speaking openly about HIV/AIDS can contribute significantly to reducing stigma, addressing denial, and breaking the culture of silence.

It is important to focus not just on the organization in the abstract and the *implementation arrangements* through which initiatives are directed, but also on the *individuals who lead* them in setting agendas, prioritizing issues and making budgetary decisions. HIV/AIDS programmers and practitioners who understand the leadership roles of key institutions and organizations, and who form strong partnerships with them, are more likely to achieve their gender-related objectives. [Annex 1](#) provides examples of key organizations and institutions and their leadership roles in maintaining attitudes and policies about gender and HIV/AIDS issues.

3. Design and implement HIV/AIDS operations that address gender-based differences

Once the gender-specific risk and vulnerability factors and main partners are identified, designing and implementing gender-sensitive HIV/AIDS interventions requires integrating the following key elements into program design, with a focus on the World Bank's project cycle:

- Messages about empowering women in advocacy programs and projects ([Annex 2](#));
- Gender-sensitive peer education in prevention, treatment and care programs and projects ([Annex 3](#));
- Supportive environments to combat discrimination and stigma in prevention, treatment and care programs ([Annex 4](#)); and
- Gender-relevant considerations at all stages of the project cycle ([Annex 5](#)).

The practical application of the suggestions outlined in these annexes and their impacts on a proposed operation depend considerably on the availability of both technical tools and financial resources to ensure that the project teams can access the required skills at the right time. This means that even at the design stage, HIV/AIDS operations need to be explicit about key questions that would enable specific tasks, analyses, partnerships, and timelines to be accomplished, and gender-relevant goals to be achieved. For example, how does the composition of inter-ministerial or inter-departmental working groups and task forces established as part of a multi-sectoral response ensure that a gender strategy is developed? By what mechanisms can a multi-sectoral response ensure that gender issues in critical sectors become part of the task force's strategic work program? What does a program's operational manual say about gender issues and their monitoring? By what processes are the needs for gender analyses identified, transformed into fully costed tasks, and incorporated into the implementation plan for a specific operation? What specific terms of reference (TORs) would ensure that gender-relevant tasks are

performed during implementation? This Operational Guide presents the following two additional tools to illustrate answers to some of these questions:

- Gender-sensitive terms of reference (TORs) for HIV/AIDS operations ([Annex 6](#)); and
- Gender-specific HIV/AIDS issues in critical sectors ([Annex 7](#)).

4. Develop and use gender-sensitive indicators for monitoring and evaluation⁴

Integrating monitoring and evaluation (M&E) into program design is critical for determining the program's efficacy, efficiency and sustainability. Monitoring is the assessment of ongoing activities and progress. It centers mostly on the inputs, outputs, and processes related to an activity. Evaluation is the episodic assessment of overall achievements and results. It centers mostly on the outcomes and impacts.

Gender-sensitive M&E requires a mix of input, output, process, outcome and impact indicators that reveal the extent to which an activity has addressed the different needs and constraints of women and men. This information should feed into the program on a continual basis to improve implementation and maximize efficacy and efficiency. M&E systems consist of multiple components, such as surveillance systems, research and financial monitoring. Each component relies on indicators. Gender-sensitive indicators make it easier to assess the effectiveness with which the gender dynamics of the epidemic are being addressed in the project or program.

Developing gender-sensitive indicators

The choice of appropriate gender-sensitive indicators varies according to project goals, the state of the epidemic, the level of understanding of how gender issues affect the spread of HIV/AIDS, and the availability of both quantitative and qualitative sex-disaggregated data. In general, gender-sensitive indicators: are gender-specific; take into account existing gender differences in sexual behavior; and address risk and vulnerability factors that often differ for females and males, such as age, socio-economic status, and physiological, cultural, and legal factors. Thus, gender-sensitive indicators should be related to the goals and targets established by a country, or by the international development community, such as the Millennium Development Goals, or the United Nations General Assembly Special Session (UNGASS) Declaration on HIV/AIDS. Examples include:

UNGASS

- Article 37: By 2003, address gender-based dimensions of the epidemic;
- Article 53: By 2005, ensure that at least 90% of men and women aged 15-24 have access to IEC; and
- Article 61: By 2005, ensure development and accelerated implementation of national strategies for women's empowerment

Program-specific

- 2005 increase by 20 percent the number of organizations providing skills to young women and alternative life skills to sex workers; and

⁴ This section of the Guide is drawn from a Fact Sheet prepared in July, 2003 by the World Bank as input to the work of the United Nations Inter-Agency Task Team (IATT) on gender and HIV/AIDS.

- By end of 2004, increase to ----- the number of NGOs and CBOs preparing and implementing community and civil society initiatives on gender issues.

Information sources for gender-sensitive indicators

Indicator selection depends on a variety of factors, including the resources available for data collection and the gender issues that are most relevant to the project. Efforts to expand national capacity to collect sex-disaggregated data should include partnerships with national statistical offices, health ministries, and community-based organizations and groups working on gender-specific issues at all stages of the project cycle. Table 3.1 presents a sample set of such gender-sensitive indicators and their relevant program goals and information sources.

Table 3.1. Examples of Gender-Sensitive Indicators for HIV/AIDS Programs

Program Goals or Components	Gender-Sensitive Indicators	Information Sources
<p>I. Overall HIV/AIDS Goal</p> <ul style="list-style-type: none"> ✓ Millennium Development Goal 6 - Combat HIV/AIDS ✓ Control the prevalence, spread, and negative effects of HIV/AIDS 	<p>Impact indicators (overall measurable HIV/AIDS impacts, especially reduced transmission and prevalence):</p> <ul style="list-style-type: none"> ✓ Prevalence among 15-24 year olds, by sex (including pregnant women) ✓ Rate of mother-to-child transmission ✓ Life expectancy by sex 	<ul style="list-style-type: none"> ✓ National statistical reports ✓ UNAIDS, UNICEF, WHO data
<p>II. Overall Program Goals</p> <p>Mitigate the socio-economic impact of HIV/AIDS by:</p> <ul style="list-style-type: none"> ✓ reducing HIV transmission by targeting high-risk groups among females and males, and reducing stigma; ✓ improving treatment, care and support for HIV/AIDS patients; and ✓ strengthening the national capacity to respond to the epidemic. 	<p>Outcome indicators (e.g., changes in behavior or skills needed to achieve outcomes):</p> <ul style="list-style-type: none"> ✓ No. of women and men who know at least two methods of protection against HIV/AIDS ✓ No. of women who report using a condom with all partners [during the last 12 months] ✓ Proportion of sex workers (male and female) who report condom use with last client ✓ Nos. of women and men using referral systems between VCT, health care services and community-based organizations 	<ul style="list-style-type: none"> ✓ Mid-term and completion reports ✓ Household and special surveys, such as Behavioral Surveillance Surveys (BSS)

Program Goals or Components	Gender-Sensitive Indicators	Information Sources
<p>III. Program Component Prevention programs targeting males and females in high-risk groups</p>	<p>Input indicators (the people, training, equipment and resources needed to achieve outputs):</p> <ul style="list-style-type: none"> ✓ Percentage of HIV/AIDS budget targeting gender-sensitive measures ✓ Sectoral ministries that have incorporated gender-sensitive HIV/AIDS issues in annual plans ✓ No. of gender-HIV/AIDS training sessions for govt. staff and peer educators ✓ % of line ministry staff by sex who are active in HIV/AIDS programs 	<ul style="list-style-type: none"> ✓ Annual plans of sectoral ministries, ✓ Monitoring, disbursement, or supervision reports
<p>IV. Program Component or Sub-Component Strengthen national capacity for gender-sensitive responses to the HIV/AIDS epidemic</p>	<p>Output indicators (activities and services delivered to achieve outcomes):</p> <ul style="list-style-type: none"> ✓ Participation of women's organizations in HIV/AIDS policy development, implementation & monitoring ✓ No. of programs or orgs. providing skills to women and men and alternative life skills to sex workers ✓ No. of gender-sensitive HIV/AIDS prevention programs integrated into school curricula ✓ No. of stigma reduction activities, and % of males and females enrolled 	<ul style="list-style-type: none"> ✓ Mid-term and supervision reports ✓ Special studies

4. TWO PROMISING APPROACHES

This section presents two promising approaches from recent World Bank-funded initiatives that have effectively integrated some of the guidance highlighted in the preceding sections. The St. Vincent and the Grenadines operation illustrates the integration of gender issues in all the key design elements, while the Uganda HIV/AIDS (MAP) operation presents an example of how gender considerations are followed through during the implementation phase.

4 (a). St. Vincent and the Grenadines (SVG): HIV/AIDS Prevention and Control Project

Item	Gender-sensitive action
Project development objective	To support the Government in preventing and managing the spread of HIV/AIDS and, '[mitigating] the socio-economic impact of the disease.'
Identifying risk and vulnerability factors by age and sex	<p>Background analysis indicate the following key gender-based HIV/AIDS trends:</p> <ul style="list-style-type: none"> ✓ 0.9 percent national prevalence rate masks the increasing feminization of the epidemic as indicated by the narrowing male to female ratio of seropositive individuals (from 8:1 initially to 1.8:1 currently); ✓ In 2003, 27 percent of confirmed HIV cases were female; ✓ Particularly vulnerable and at-risk groups include: out-of-school boys and girls; young girls; AIDS orphans; transient workers (sailors etc); MSMs (homosexuality is illegal); prisoners and commercial sex workers (CSWs); ✓ Stigma and discrimination surround HIV/AIDS; the resulting culture of silence precludes access to information, services, and treatment, further fueling the epidemic; ✓ Young girls engage in early high-risk sex. In 2002, 22 percent of births in SVG occurred to girls aged 10-19; ✓ Transactional sexual relationships exist, particularly among females and males involved in the tourism industry; and ✓ Gender-based violence, rape and incest, drug abuse and alcoholism are suspected risk factors, but no baseline data are available to substantiate their significance and scale.
Forming strategic partnerships	One of the project components is focused on scaling up the response by key public sector institutions, such as the National AIDS Secretariat, Ministry of Health, Prime Minister's Office, and the Ministries of Education, Tourism, and Social Development, especially its Gender Affairs Division.

Item	Gender-sensitive action
<p>Designing and implementing HIV/AIDS interventions that address gender-based differences</p>	<p>The Gender Affairs Division will spearhead efforts involving: Training of their own staff on the relationships between gender inequality and HIV/AIDS;</p> <ul style="list-style-type: none"> ✓ Sensitizing other government ministries about the importance of addressing gender-based inequalities and gender issues in their policies and in the services provided for SVG society; ✓ Promoting sex-disaggregated data as a basis for improving policy formulation and M&E; ✓ Incorporating gender issues in community sensitization in HIV/AIDS activities, radio programs and interventions targeted at specific segments of the population (e.g., in and out-of-school boys and girls); and ✓ Working with civil society organizations (CSOs) on advocacy and capacity building initiatives to ensure that the CSOs effectively address the concerns of different at-risk and vulnerable groups, sensitively address issues of stigma and discrimination, and effectively monitor and evaluate their programs.
<p>Monitoring and Evaluation Framework</p>	<p>Indicators of safe sexual practices among vulnerable/high risk populations include:</p> <ul style="list-style-type: none"> ✓ Median age at which men and women aged 15-24 had their first sexual intercourse; ✓ Percent males and females 15+ years old with more than one sex partner last year; and ✓ Percent men and women 15+ years old using condoms.

4 (b). Uganda HIV/AIDS Control Project (MAP)

Technical Support Mission: Findings and Recommendations on Gender-Specific Issues

A technical support mission for the Uganda HIV/AIDS Control Project in May 2003 addressed both gender and social development issues. The tasks included reviewing this operation’s social and gender dimensions to identify good practices, promising approaches and emerging challenges, and suggesting new approaches, building on the promising approaches ,and addressing the challenges.

Good practices identified:

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

Emerging challenges:

- The project's emphasis on supporting orphans and widows posed a risk of: a) reinforcing the gender division of labor; b) imposing additional burdens on females in the care economy; and c) perpetuating male and female gender stereotypes and labor divisions;
- Men's limited involvement in community-led HIV/AIDS initiatives (CHAIs), primarily because of inadequate information about HIV/AIDS interventions that specifically target males, represented a missed opportunity to fully incorporate the needs of males for the benefit of the community as a whole; and
- The need for the project to pay attention to the interconnections between male and female issues, sexual violence and the legal dimensions of HIV/AIDS.

Proposals to address the emerging challenges:

1. Consider designing community programs that focus on *more male involvement* in MAP-funded activities at all age levels. This could be done by including gender issues in the terms of reference for the TA, gender-sensitive criteria for the selection of projects, and gender messages targeting males in IEC activities.
2. Consider *reviewing and amending the draft TORs of the Technical Advisor on Gender Issues* to ensure that the TA's primary tasks are explicitly stated as, *inter alia*:
 - Prepare a gender mainstreaming situation assessment to document the status, challenges, needs and opportunities. This could be a free-standing assessment or linked to a social assessment of the project, if one is being done;
 - Develop a new generation of IEC that provides or reinforces a clear gender message and a much stronger link between sensitization, education, and stigma reduction, with the ultimate goal of transforming attitudes and behavior; and
 - Review the selection criteria for CHAI projects (the project components designed to fund community-led HIV/AIDS initiatives) to strengthen their gender and social-responsiveness content, with special emphasis on improving male involvement.
3. Consider incorporating plans to review the *gender dimensions and gender equality impacts of the project* (either in a subsequent supervision mission or the mid-term report) so that lessons can be integrated into future project activities.

ANNEXES (HYPERLINKS): EXAMPLES OF HIV/AIDS PROGRAMMING FROM A GENDER-AWARE PERSPECTIVE

ANNEX 1.

Institutions and leadership roles regarding gender concerns and HIV/AIDS

Type of Institutions, Organizations and Leadership Clusters	Roles Played vis-à-vis Gender Concerns
(1) PUBLIC SECTOR INSTITUTIONS	
<ul style="list-style-type: none"> ✓ Heads of State ✓ Cabinet members ✓ Key sector ministers and senior staff ✓ Parliamentarians ✓ Central government leaders ✓ Regional and provincial leaders ✓ Traditional (and tribal) leaders ✓ Municipal and community leaders 	<ul style="list-style-type: none"> ✓ Appreciating the gendered nature of the epidemic and positively influencing the evolution of gender roles, especially in the market economy through policies and budget allocations ✓ Revising societal norms of propriety and working to reduce stigmas and discrimination ✓ Influencing social and political change ✓ Reinforcing/revising laws (customary, religious and statutory) and policies on gender, social inclusion and discrimination ✓ Integrating gender information into priority setting, policy making and implementation
(2) NATIONAL AIDS COORDINATING ORGANIZATIONS	
<ul style="list-style-type: none"> ✓ Health policy makers ✓ Public health specialists ✓ Development policy makers and specialists ✓ Other AIDS coordination agencies 	<ul style="list-style-type: none"> ✓ Eliminating detrimental gender stereotypes ✓ Gender awareness and gender analytical skills for policy, program and project design and implementation. For example, investing in gathering and analyzing sex-disaggregated data and gender-sensitive monitoring and evaluation ✓ Eliminating stereotypes about PLWHA ✓ Leaders vis-à-vis gender-sensitive M&E, sex-disaggregated data collection, more effective distribution of female condoms, AIDS education programs ✓ Understanding implicit and explicit impact of laws and policies on gender-based risk and vulnerability, and integrating this knowledge into objectives, content, design of programs

Type of Institutions, Organizations and Leadership Clusters	Roles Played vis-à-vis Gender Concerns
(3) PRIVATE SECTOR LEADERS	
<ul style="list-style-type: none"> ✓ Employers ✓ Business associations ✓ Trade unionists ✓ Professional associations 	<ul style="list-style-type: none"> ✓ Reducing the gender segregation of jobs and professions ✓ Promoting healthy lifestyles for staff e.g., supplying employees with condoms; providing AIDS prevention training to workers, etc. ✓ Reinforcing positive behaviors ✓ Adopting progressive medical, insurance, and disability benefits for staff. Formulating and implementing non-discriminatory PLWHA benefits, labor force and employer policies, privacy of information practices for males and females
(4) CIVIL SOCIETY LEADERS	
<ul style="list-style-type: none"> ✓ Federations of women's NGOs and associations ✓ Association of Women Jurists; legal aid clinics and legal literacy/education associations and NGOs ✓ Philanthropic organizations (Lion's Clubs, Rotary Clubs, Sororities, etc) 	<ul style="list-style-type: none"> ✓ Influencing and reinforcing positive social, cultural roles of males and females ✓ Upholding/revising social, religious and cultural mores and norms ✓ Influencing social change and community attitudes ✓ Mobilizing inclusive, non-discriminatory support for PLWHA ✓ Sex education
(5) EDUCATION LEADERS	
<ul style="list-style-type: none"> ✓ University professors, lecturers, and administrators ✓ High school teachers and staff ✓ Elementary school teachers ✓ Vocational school teachers ✓ Educational curricula designers ✓ Parent/Teacher Associations 	<ul style="list-style-type: none"> ✓ Influencing and reinforcing positive social and cultural norms of masculinity and femininity ✓ Sex education ✓ Reducing stigmas and negative attitudes toward HIV/AIDS and PLWHA
(6) OPINION LEADERS	
<ul style="list-style-type: none"> ✓ Media ✓ Faith-Based Organizations ✓ Celebrities 	<ul style="list-style-type: none"> ✓ Changing gender stereotypes ✓ Influencing popular culture and norms

ANNEX 2.

Examples of messages in HIV/AIDS campaigns about empowering women, especially in sexual decision-making, and promoting inter-personal communication on sexual matters between males and females

PROGRAM ASPECTS	MALES	FEMALES
Advocacy and Communication	ADOLESCENT BOYS	ADOLESCENT GIRLS
	<p><i>St. Vincent and the Grenadines HIV/AIDS Prevention and Control Project, 2004</i></p> <p>The project would support the Gender Affairs Division in the Ministry of Social Development to include gender issues in a variety of initiatives, including:</p> <ol style="list-style-type: none"> 1. Community sensitization in HIV/AIDS activities; and 2. Radio programs and interventions targeting in and out-of-school boys and girls. 	<p><i>Trinidad and Tobago - HIV/AIDS Prevention and Control Project, 2003</i></p> <p>Studies in Trinidad and Tobago suggest that young girls engage in transactional sex. To address this, the project would expand the Health and Family Life Education (HFLE) program and other projects aimed at, inter alia:</p> <ol style="list-style-type: none"> 1. Building the self-esteem of young women, thereby improving their ability to engage in alternative income-earning activities or to negotiate safe sex.
	ADULT MEN	ADULT WOMEN
	<p><i>Government of Pakistan HIV/AIDS Prevention Project, 2003</i></p> <p>Behavior Change Communication (BCC) activities would target:</p> <ol style="list-style-type: none"> 1. Mass-media campaigns focusing on explicit market segmentation so that activities are tailored to important sub-populations, especially: <ul style="list-style-type: none"> • young men and women; • opinion leaders; and • urban employed males. 2. Inter-personal communications (IPC) by “lady health workers.” 	<p><i>Djibouti - HIV/AIDS, Malaria and Tuberculosis Control Project, 2003</i></p> <p>The community-based initiatives component includes essential legal activities at the community level, for example:</p> <ol style="list-style-type: none"> 1. Information and education to strengthen the defense and negotiation capacity of women, young boys, and young girls; 2. Legal counseling and assistance for: <ul style="list-style-type: none"> • survivors of sexual violence; and • persons living in affected families and whose social rights are threatened or violated.

ANNEX 3.

Examples of gender-sensitive education, care and support in prevention, treatment and care programs and projects

MALES	FEMALES
ADOLESCENT BOYS	ADOLESCENT GIRLS
<p>WHAT Develop and provide age-specific HIV/AIDS education programs that teach boys (in home, school and religious settings) about:</p> <ol style="list-style-type: none"> 1. The positive and negative aspects of existing concepts of masculinity and femininity; 2. Gender and age-specific HIV/AIDS risks and vulnerabilities; 3. Peer education for both in-school and out-of-school boys; 4. Support groups/clubs that provide context-specific messages and opportunities for networking and involvement in community prevention and care activities; and 5. Youth-friendly integrated health services for treatment of STIs, provision of condoms and counseling services. <p>HOW <i>Djibouti HIV/AIDS, Malaria and Tuberculosis Control Project, 2003</i> One of the project components will work with the Ministry of Youth and Sports (whose mandate includes the mobilization of adolescents who do not attend school) to provide:</p> <ol style="list-style-type: none"> 1. Peer education for youth of both genders who do not attend school; 2. Social communication through theater, debates between adolescents of the same gender, and cultural events both in urban and rural settings; 3. Youth mobilization, especially in urban settings; 4. Professional training for the youth who are engaged in peer education; 5. Training of peer educators; and 6. Capacity strengthening in IEC/HIV/AIDS in the Youth Directorate. 	<p>WHAT Develop HIV/AIDS education programs that teach girls about:</p> <ol style="list-style-type: none"> 1. The positive and negative aspects of dominant notions of masculinities and femininities; 2. Gender and age-specific HIV/AIDS risks and vulnerabilities; 3. Peer education for in and out-of-school girls that reinforce self-esteem and confidence building skills; 4. Sexuality education that includes negotiating, self-esteem, and confidence-building skills; 5. Support groups/clubs that provide context-specific messages and opportunities for girls to network and be involved in community prevention and care activities; 6. Age-specific livelihood activities as a deterrent to transactional sexual activities; 7. Youth-friendly integrated health services for treatment of STIs, provision of condoms and counseling. <p>HOW <i>Central African Republic Multisectoral HIV/AIDS Project, 2001</i> The project's social analysis identified pregnant women and young girls who engage in transactional sex as high risk groups. The project will support:</p> <ol style="list-style-type: none"> 1. Efforts to reduce infection among adolescent girls; and 2. Specific programs for women who sell sex as a means of survival.

MALES	FEMALES
ADULT MEN	ADULT WOMEN
<p>WHAT Provide:</p> <ol style="list-style-type: none"> 1. Work place HIV/AIDS prevention programs, utilizing both peer education and counseling services; 2. HIV/AIDS prevention programs in special circumstances, e.g., in prisons, among CSWs' clients, long distance drivers etc.; 3. Community forums that provide opportunity to discuss the impacts of gender roles and culture on gender-based risk; and 4. Voluntary counseling and testing (VCT) services. <p>HOW <i>Mozambique HIV/AIDS Response Project, 2003</i> The project objectives and priorities include:</p> <ol style="list-style-type: none"> 1. Gender-specific targeting of at-risk groups, through promotion of safe sex practices among the population at high risk of infection, estimated at some 1.6 million persons who include, inter alia, sex workers and their clients, teachers, and highly mobile populations such as truckers; and 2. Gender-relevant interventions that focus on STI control and treatment, voluntary testing and counseling. <p><i>Jamaica HIV/AIDS Prevention and Control Project, 2001</i> The project emphasizes:</p> <ol style="list-style-type: none"> 1. Gender-relevant interventions, including an overall goal of changing gender relations in a machismo culture; and 2. Gender-sensitive peer education, equal access to information, education and prevention intervention, and sensitizing men. 	<p>WHAT Provide:</p> <ol style="list-style-type: none"> 1. Work place HIV/AIDS prevention programs utilizing both peer education and counseling services; 2. Prevention programs in special circumstances, e.g., for CSWs; 3. Community forums that provide opportunity to discuss gender roles and culture and their effects; and 4. VCT services. <p>HOW <i>Jamaica HIV/AIDS Prevention and Control Project, 2001</i> Gender-relevant interventions, including an overall goal of changing gender relations in a machismo culture. To achieve this goal, the project would:</p> <ol style="list-style-type: none"> 1. include messages for empowering women, especially in sexual decision-making; 2. promote female-controlled methods, such as female condoms, 3. improve condom negotiations skills; and 4. develop gender-sensitive care and support for women living with HIV/AIDS. <p><i>Mozambique HIV/AIDS Response Project, 2003</i> The project objectives and priorities include:</p> <ol style="list-style-type: none"> 1. Gender-specific targeting of young women and sex workers; 2. Increasing the negotiating power of women and girls, and mobilizing communities; and 3. Vocational training, and development of income generating activities for affected families <p><i>Djibouti - HIV/AIDS, Malaria and Tuberculosis Control Project, 2003</i> Gender-specific targeting of CSWs and women who work in bars, through peer education, special STI/HIV prevention measures, and condoms (free and/or at least possible cost).</p>

ANNEX 4.

Examples of creating supportive environments to combat discrimination and stigma

MALES	FEMALES
HOW	WHAT
<ol style="list-style-type: none"> 1. Collect baseline data on behavior, prevalence to facilitate the identification of the needs of special groups of vulnerable and at-risk males 2. Provide counseling services, peer education, and training for males living with HIV/AIDS or as partners of the infected, with specific targets and key performance indicators to ensure that vulnerable and at-risk women will be reached 3. Training of community health care workers. 	<ol style="list-style-type: none"> 1. Collect appropriate data on infection rates among high-risk or vulnerable women and include their needs in project goals 2. Provide counseling, peer education and training services for infected patients, their partners and families;
<i>Jamaica HIV/AIDS Prevention and Control Project, 2001</i>	HOW
<p>This project provides a good example of rapid assessments to collect baseline data. Project documents note that:</p> <p>MSM account for around 6 percent of AIDS cases in Jamaica. However, given the illegal status of and the strong stigma around homosexuality in Jamaica, this is likely to be an underestimate. At the same time, a high percentage (25 percent) of AIDS cases are reported as "unknown transmission," of which 80 percent are male. It is suspected that MSM mode may be responsible for a significant proportion of "unknown transmission" AIDS cases. The project will address this issue by:</p> <ol style="list-style-type: none"> 1. Striving to reduce the marginalization of MSM as part of the campaign against stigma and discrimination; and 2. Targeting MSM with peer education, VCT and STI management. 	<p><i>Central African Republic Multisectoral HIV/AIDS Project, 2001</i></p> <p>Key performance indicators include:</p> <ol style="list-style-type: none"> 1. 50 percent of pregnant women counseled and tested for HIV/AIDS; and 2. 80 percent of pregnant women tested positive will be treated with Nevirapine. <p><i>Republic of Moldova AIDS Control Project, 2003 (P074122)</i></p> <ol style="list-style-type: none"> 1. The project would help to: 2. Disseminate the MTCT protocol; 3. Support universal VCT at ante-natal clinics; and 4. Provide HIV-positive pregnant women with short courses of ARV and infant feeding options.

Special Groups of Infected and Affected People	
Orphans	<p>WHAT Create support networks, programs and special centers for orphaned boys and girls.</p> <p>HOW <i>Malawi Multi-Sectoral HIV/AIDS Project (MAP), 2003</i> The impact mitigation component is designed to address the needs of particularly vulnerable members of society, especially: orphans and other vulnerable children (OVCs), widows and widowers, and the dependent elderly, by working with public sector institutions, CBOs, FBOs and local governments to provide:</p> <ol style="list-style-type: none"> 1. Educational support and training activities for OVCs; 2. Income generation activities for vulnerable households (those with chronically ill family members, orphans, dependent elderly); 3. Community-based and institutional care for orphans; and 4. Psycho-social support (including inheritance planning) for affected families.
Spouses and Surviving Partners	<p>WHAT</p> <ol style="list-style-type: none"> 1. Provide support networks for widows and widowers that include coping skills. These networks could also act as advocacy groups for the rights and protections needed by their surviving partners; and 2. Review laws pertaining to widows' inheritance rights (under both customary and statutory laws) for gender sensitivity. <p>HOW <i>Nigeria HIV/AIDS Program Development Project, 2001</i> Work with the Ministry of Women's Affairs to:</p> <ol style="list-style-type: none"> 1. Promote legislation on the rights of orphans, widows and people living with HIV/AIDS to avoid disinheritance and discrimination.
Sexual Minorities	<p>WHAT</p> <ol style="list-style-type: none"> 1. Rapid assessment for baseline data on behavior, prevalence, needs, etc., (see Jamaica HIV/AIDS Project); 2. Counseling services for infected patients, their partners and families; 3. Peer education and support activities; and 4. Training of community health care workers to build capacity for supervision and assisting with care of infected patients. <p>HOW <i>The People's Republic Of Bangladesh – HIV/AIDS Prevention Project, 2000</i> The High Risk Group Interventions component targets MSM, IDUs and CSWs' clients, focusing on group education activities to promote:</p> <ol style="list-style-type: none"> 1. Behavior change communication; 2. STI treatment; and 3. Condom promotion.

ANNEX 5.

Examples of addressing HIV/AIDS and gender issues in the project cycle

Key Issues to Address in the Project Cycle	Selected Country-Specific Examples from Project Document
Identification and Preparation	
<ul style="list-style-type: none"> ✓ Conduct gender-sensitive baseline study using sex and age disaggregated data; ✓ Conduct gender-sensitive assessment of social, cultural and economic aspects of the epidemic and gender inequality; and ✓ Identify gender-related priorities and objectives using existing information. Ensure that objectives of specific project components specify gender-relevant goals. 	<p>JAMAICA HIV/AIDS Prevention and Control Project (2nd APL) 2002</p> <p>This project provides a good example of gender relations analysis that provides explicit information about the social, cultural and economic aspects of the epidemic and their gender impacts. It notes that in Jamaica, female vulnerability to HIV/AIDS is linked to male sexual priority, economic vulnerability and dependency on males, physical and sexual violence against women, rape, and the machismo culture which accepts and encourages multiple sexual partnerships for men, and homophobia. Gender stereotypes allow women to be blamed for spreading HIV/STIs.</p>
Appraisal	
<ul style="list-style-type: none"> ✓ Ensure that implementation arrangements provide an opportunity for addressing gender issues; and ✓ Incorporate gender issues and considerations into the 'Logical Framework' (the project summary of the PAD). 	<p>MOZAMBIQUE HIV/AIDS Response Project, 2003</p> <p>The Community and Civil Society Initiatives (CCSI) component will address the gender dimensions of the epidemic through establishing mechanisms to:</p> <ol style="list-style-type: none"> 1. Ensure that the preparatory process for community sub-projects includes comprehensive analysis of gender (and other social issues) that leads to selection of appropriate responses (e.g., income-generating activities for women); 2. Ensure female participation and representation on decision-making bodies; and, 3. Collect gender-disaggregated data for all activities funded under the CCSI facility.

Key Issues to Address in the Project Cycle	Selected Country-Specific Examples from Project Document
Monitoring and Evaluation	
<ul style="list-style-type: none"> ✓ Specify gender-sensitive performance indicators for monitoring and evaluating progress of gender-relevant targets; ✓ Systematically record data that are disaggregated by age and sex; and ✓ During implementation, rely on such data to assess the impact of the project on different groups of men and women. 	<p><i>THE REPUBLIC OF SENEGAL HIV/AIDS Prevention Project (MAP 2) 2001.</i> <i>Outcome/Impact Indicators: By 2006</i></p> <ol style="list-style-type: none"> 1. 70% of boys aged 15 to 19 report using a condom during their last sexual encounter; 2. 30% of women aged 20 to 49 are familiar with the female condom; 3. 80% of women aged 20 to 49 know at least two methods of protection against HIV/AIDS; 4. 65% of adult males report using a condom with an irregular partner during the past 12 months; 5. 60% of women aged 20 to 49 report using a condom with an irregular partner during the last 12 months; and 6. 80% of men in uniform use condoms with irregular partners.
Implementation and Supervision	
<ul style="list-style-type: none"> ✓ Incorporate gender-relevant provisions into supervision terms of reference, with specific goals for each project component; and ✓ Propose adjustments to ensure that gender-specific targets set in project documents will be met during implementation and reflect these in supervision Aide Memoirs. 	<p><i>Uganda MAP – Technical Support Mission Terms of Reference:</i> <i>Gender-specific tasks:</i></p> <ol style="list-style-type: none"> 1. Review the overall gender dimension of the operation; 2. Review and identify good practices and promising approaches, and if necessary, suggest ways of bridging existing gaps and strengthening current weaknesses; and 3. Make an effort to identify emerging problems and challenges to the integration of a gender perspective. <p><i>Additional tasks that enable gender-relevant issues to be addressed:</i></p> <ol style="list-style-type: none"> 1. Review of social dimensions of the operation, focusing on particularly sensitive aspects of HIV/AIDS prevention and mitigation efforts such as promotion of condoms by FBOs and CBOs; and 2. As a key element of this work, recommend capacity building strategies for civil society and the private sector, and more effective means of including the most vulnerable social groups, including mechanisms of the MAP Project Fund to insure proper representation/participation of civil society groups in the local response component.

ANNEX 6.

Examples of how to incorporate gender considerations in terms of reference (TORs) for HIV/AIDS operations

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

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

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

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

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

1. **Develop a gender and HIV/AIDS Strategy Document**
 - 1.1 Review the strategic issues identified by the Committee.
 - 1.2 Build a strategy document around these strategic issues, including;
 - 1.2.1 Conducting an extensive literature review both for the region and Kenya.
 - 1.2.2 Analyzing this information in the context of gender and HIV/AIDS prevention and care in Kenya.
 - 1.2.3 Suggesting strategic directions and priorities for Kenya's gender and HIV/AIDS agenda.
 - 1.2.4 Review GoK's Strategic Plan in light of the Strategy Document and identify gaps in the Strategic Plan.
 - 1.2.5 Facilitate a workshop to disseminate the strategy document and develop points for action.
 - 1.2.6 Work with the Gender and HIV/AIDS Committee to develop a work plan and budget.
2. **Deliverables:**
 - 2.1 Hard and disc copies of a gender and HIV/AIDS bibliography.
 - 2.2 Hard and disc copies of a gender and HIV/AIDS strategy document, maximum 25 single-spaced pages.
 - 2.3 Hard and disc copies of a document that highlights gaps in the Strategic Plan and where the Gender and HIV/AIDS Strategy Document elaborates the Strategic Plan and/or goes beyond the priorities contained in the Strategic Plan (maximum 5 double spaced pages).
 - 2.4 Hard and disc copies of a dissemination workshop report.

- 2.5 Hard and disc copies of a work plan and budget.
3. **Reporting to:** The Co-Coordiators of the Gender and HIV/AIDS Committee.

SAMPLE TERMS OF REFERENCE FOR GENDER-SPECIFIC HIV/AIDS ACTIVITIES (LONG)

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

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

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

1.0 Background Information – HIV/AIDS in Kenya

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

In 1990, adult prevalence stood at 3.1 percent rising to 9 percent in 1998 and estimated 12 percent in the year 2000. The national average deaths due to full-blown AIDS currently stand at 500 daily. Among pregnant mothers attending antenatal clinics (6-15%) and (25-40%) are reported in the low and high prevalence areas respectively. The actual prevalence is higher as only reported cases form the basis of statistical inference. The age most affected by HIV/AIDS is 15 to 50 years with the highest concentration in the 15 to 25 years' age group.

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

A medium term plan formulated in 1987 focused on the prevention and control of HIV/AIDS. Other areas of concern in the plan were creating national awareness campaigns, publishing guidelines on testing and counseling as well as strengthening sero-positive surveillance and laboratory services as well as training health care providers in case management of People Living with AIDS (PLWHAs). The plan was later reviewed in 1991 to introduce changes in the implementation of HIV/AIDS related activities through decentralization and greater advocacy in HIV/AIDS control and prevention. The results of the review culminated in the formulations of a second medium term plan for the years 1992 – 1996. This plan sought to bring together

stakeholders (including NGOs and CBOs) other than the health providers into active participation in the fight against HIV/AIDS. Such organizations continue to be involved in education, condom promotion and other related activities contributing to the deceleration of infections and spread of the scourge. The Kenya AIDS NGOs Consortium (KANCO) was created to make it easier to involve the NGO community in the fight. Religious organizations have also been incorporated into the fight against the scourge.

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

1.1 Gender Dynamics in HIV/AIDS Epidemic

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

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

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

The Government of Kenya realizes that gender responsive planning, programme development, monitoring and evaluation cannot be successful without the existence of clearly defined indicators for tracking progress being made in increasing women's access to and control of resources as well as participation in interventions that are meant to address their specific needs. The UNDP/GOK HIV AIDS and Development Project recognizes this and aims at developing and implementing clearly defined gender responsive monitoring and evaluation indicators for tracking progress in HIV/AIDS epidemic interventions. Such indicators would allow one to evaluate the impact of the programmes being implementation and their overall impact to the development of the country and point out to gender related changes that take place in the society

over time. It is therefore imperative to incorporate into policy formulation and programme implementation gender responsive monitoring and evaluation indicators to track progress made in gender mainstreaming.

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

2.0 Purpose of the Consultancy

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

2.1 Objectives

The specific objectives of the task are to:

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

3.0 Specific Tasks

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

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

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

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

4.0 Expected Outputs and deadlines

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

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

5.0 Profile of consultants

The consultants should have a minimum of a Masters Degree in the Social Sciences or Public Health and demonstrated expertise in the area of gender and HIV/AIDS. The consultant should

have excellent writing and analytic skills and a demonstrated track record in gender and HIV/AIDS analysis, research and training. Computer skills are also essential.

SAMPLE TERMS OF REFERENCE FOR GENDER-SPECIFIC HIV/AIDS ACTIVITIES (MAP OPERATION)

The Gambia HIV/AIDS Rapid Response Project (HARRP): Terms of Reference
Communities & Civil Society Initiatives (CCSI) Consultancy

Background

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

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

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

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

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

Objective

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

Scope of Work and Deliverables

The consultant will provide support to NAS officials in Banjul in addressing gender imbalances within the Communities and Civil Society Initiatives (CCSI) component of the HARRP Project.

Specifically, s/he will perform the following tasks:

- Assisting the National AIDS Secretariat (NAS) in implementing the National AIDS Strategy and Plan of Action with a special focus on the promotion of HIV/AIDS prevention programs among women and young girls, addressing gender imbalances issues;
- Facilitating the ongoing national awareness campaign on the social inclusion of AIDS-affected individuals (among them, special attention will be given to women, orphans and Men having Sex with Men);
- Enhancing the educational campaign targeted to officials in all sectors of government and civil society to mainstream relevant gender issues in their agenda;
- Assisting NAS to organize awareness seminars in Banjul, main cities and rural areas providing government officials with the strategic tools to fight the stigma against women and People Living With HIV/AIDS (PLWHAs);
- Establishing contacts with the civil society and the representatives of the private sector so as to include or strengthen existing attention to some neglected fundamental gender issues (e.g., violence against women, homosexuality, Commercial Sex Workers);

- Writing progress reports on the current participatory programs targeted to community and civil society across the country, with specific focus on gender imbalances and vulnerability issues;
- Providing support to the World Bank Liaison Office in The Gambia and to the Task Team Leader at the World Bank headquarters in Washington DC, as required in daily office tasks.
- Writing a final report containing recommendations for the reduction of gender imbalances and the curbing of stigma affecting marginalized social categories in The Gambia, so as to enhance a more effective implementation of the HARRP Project and the National AIDS Strategy.

ANNEX 7.

Examples of HIV/AIDS and gender issues and concerns in two critical sectors

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

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

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

1. Do women and men put themselves at greater risk in these settings than those in other educational institutions or the general populace?
2. What is known about “sex work,” exchanging sex for favors as a means of sustaining oneself financially, as a means of maintaining academic standing or improving grades, or as a means of obtaining luxuries?
3. What services (information, resources, counseling) are available for female and male students?
4. What is known about rape and sexual violence on campuses? Who are the violators and survivors? What programs are in place to address these problems?
5. Homosexuality – do programs specifically target homosexuals and provide safe sex counseling?
6. Bisexuality, especially linked to the culturally sensitive issues of social notions of femininity and masculinity, which may cause an increase in this activity: How much do we know about male bisexuality in these settings?
7. Do HIV/AIDS strategies, programs and activities on campuses specifically target at-risk and vulnerable populations?

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

The key issue is how to establish and implement a viable legal and regulatory framework that acknowledges (and responds accordingly to) the differential impacts of the pandemic on males and females. Some key questions to ensure this include:

1. Does the legal system promote safe and secure environments for youth, especially girls, and legitimize good quality and youth-friendly information and sexual health services?

2. What are the appropriate legal provisions for privacy and confidentiality in voluntary-counseling and testing services? For example, do they promote separate counseling for males and females?
3. What anti-stigma and anti-discrimination laws, policies, strategies, practices and educational programs exist, and how do they affect the sexual and economic exploitation of females?
4. Is the willful transmission of HIV/AIDS (including marital rape and spousal forced sex) regulated, by whom, and with what penalties and recourse for those who have been sexually violated?
5. What are the appropriate provisions in national reproductive laws and policies, and in what ways do they enable women to make decisions free of coercion, violence and discrimination or promote access to safe HIV/AIDS and STI services and information?
6. How do legal literacy and legal aid services promote and enforce women's rights under customary and statutory law?
7. What mechanisms, policies, and programs are in place to sensitize law enforcement officials, the police, members of the judiciary, and other key law and justice sector professionals about the gender and legal dimensions of the epidemic?

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

ANNEX 8.

Glossary of terms

Gender refers to the socially constructed roles ascribed to males and females. These roles are learned, change over time, and vary widely within and across cultures. Studies have shown that different gender roles result in disparities in male and female rights, responsibilities, access to and control over resources and voice at the household, community and national levels. Due to these gender differences and disparities, males and females often experience poverty in different ways; may have different priorities, constraints and preferences with respect to development (and poverty reduction) interventions; and can contribute to and be affected differently by development interventions.

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

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

Gender Analysis examines the access and control that males and females have over resources. This includes analyzing the sexual division of labor, and the control women and men have over the inputs required for their labor and the outputs (benefits) of their labor. It also refers to a systematic way of determining men's and women's often differing development needs and preferences and the different impacts of development on women and men. Gender Analysis takes into account how factors of class, race, ethnicity or other factors interact with gender to produce different (usually discriminatory) results.

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

Gender Mainstreaming is the process of considering and integrating the implications for females and males of planned development interventions, including legislation, policies, programs and projects, in all areas and at all levels. It is a strategy for addressing the different concerns, perspectives and experiences of males and females in all aspects of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that males and females can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

ANNEX 9.

Useful websites

WORLD BANK

World Bank HIV/AIDS Homepage:

www.worldbank.org/hiv_aids/

GenAIDS: Gender and HIV/AIDS resource center of the World Bank.

www.worldbank.org/gender/genaids/home.htm

UNAIDS

UNAIDS Homepage

www.unaids.org/en/default.asp

Gender and HIV/AIDS

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

The Global Coalition on Women and AIDS: A UNAIDS Sponsored Initiative

womenandaids.unaids.org/

UNIFEM

Gender and HIV/AIDS Web Portal

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

POPULATION COUNCIL

Gender, Sexuality, and HIV/AIDS, Horizons. Research Update

www.populationcouncil.org/pdfs/horizons/rs/Re_gender_hiv.pdf

ICRW

HIV/AIDS

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

BRIDGE

Gender and Development in Brief. Issue 11: Gender and HIV/AIDS

www.ids.ac.uk/bridge/dgb11.html

STEPPING STONES

Gender, Sexual Health, HIV/AIDS, Gender Violence

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

GENDER-SENSITIVE HIV/AIDS INDICATORS

Beck, Tony. 1999. A quick guide to Using Gender-Sensitive Indicators. London: The Commonwealth Secretariat.

www.thecommonwealth.org/gender/ (Under Publications)

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

www.acdi-cida.gc.ca/cida_ind.nsf/0/7b5da002feaec07c8525695d0074a824?OpenDocument