



# Gender sensitive approaches to HIV/AIDS

A training kit for peer educators

Commonwealth Youth Programme



**COMMONWEALTH**  
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A training kit for peer educators

# foreword

The Commonwealth Secretariat supports governments and civil society in their efforts to curb the HIV/AIDS pandemic – recognised as a Commonwealth emergency by Heads of Government (CHOGM Durban 2001). Sixty percent of the global number of persons affected with HIV/AIDS come from Commonwealth countries and recent statistics show that women and girls make up close to sixty per cent of those suffering from HIV/AIDS. This means education and training should be oriented to meet the needs of women and girls and that men and boys must be part of the "learning curve" of the target groups using the training tool. Previous materials produced by the Commonwealth have reflected the multisectoral nature of HIV/AIDS and recent work has added a "gender lens" to this perspective. This material accompanies the Secretariat's publication "Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach", but can also be a stand alone training tool.

This publication is produced in collaboration with the Commonwealth Youth Programme, and was prepared by Mrs Valencia Mogegeh, Ms Imelda Molokomme and Ms Patricia Pheresi, all from Botswana, a country with high prevalence rates. Editorial assistance was given by Nancy Spence, Rawwida Baksh, Cindy Berman and Joseph Amuzu. Our sincere thanks to Rupert Jones-Parry for publication support.

It has been with vignettes and stories that reflect an African milieu, where we have seen the heart of the pandemic. But its simple messages and training exercises transcend the physical context and can be easily adapted to the Asia, Caribbean and Pacific context by downloading the CD Rom and making contextual changes. It is hoped that its straightforward and appropriate approach can be used in schools, in community groups and with peer educators to begin to sensitise and mobilize community efforts to help mitigate the spread of HIV/AIDS.

## **Nancy Spence**

Director, Social Transformation Programmes Division, Commonwealth Secretariat

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Published by:  
Commonwealth Secretariat  
Marlborough House  
Pall Mall, London SW1Y 5HX,  
United Kingdom

photocopying, recording or otherwise without  
the permission of the publisher.

ISBN: 978-0-85092-815-0

Further copies may be purchased from:  
Publications Unit  
Commonwealth Secretariat  
Telephone: +44 (0)20 7747 6342  
Facsimile: +44 (0)20 7839 9081  
Email: [publications@commonwealth.int](mailto:publications@commonwealth.int)  
Website: <http://www.thecommonwealth.org>

Designed by Julie Nelson Rhodes  
Printed in the UK by the Charlesworth  
Group, Wakefield

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It is recognized globally that the power differences that exist between women and men have a huge influence on the lives of both. Increasingly, the emphasis has moved away from a focus on sex discrimination – which is attributed to biological differences – towards an understanding of how gender roles assigned by society to women and men affect equality issues. HIV prevention and protection efforts are failing to stem infections among women and girls because they do not take into account such issues as gender relations and sexual behaviour. The Gender and Development approach recognises the profound effect which gender-based roles have on the sharing of responsibilities and access to resources and benefits between women and men. It also acknowledges that these roles have a major impact on the balance of power, often to the disadvantage of women. Because of their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness and use of condoms. It is precisely these inequalities that must be addressed in order to reduce women's vulnerability to HIV and AIDS. Gender inequalities manifest themselves in many areas of daily living: in politics, health, social and economic spheres, businesses, occupations, the environment and others. Discrimination combined with the belief that men are superior, denies women opportunities, resources, dignity, respect and decision-making powers at all levels of society, in homes, organisations, communities and nations. Efforts to prevent new HIV infections among women and girls, promoting equal access to HIV care and treatment, protecting women's property and inheritance rights, and reducing violence against women must be made in order to change the current imbalance.

It has been recognised that HIV/AIDS is not solely a health problem. To address the pandemic successfully, a gender perspective has to be mainstreamed into a broad-based, multi-sectoral response.

There is a critical challenge for governments, civil society organisations and international agencies to ensure that HIV/AIDS programmes and policies meet the needs of

those who are most vulnerable to the social and economic impact of the pandemic – especially women and girls. Prevention, treatment, care and support programmes and approaches that do not take account of gender inequalities cannot be successful, as they will exclude the majority of those most vulnerable and susceptible to HIV/AIDS infection and its impact.

It is essential that limited human and financial resources should be used effectively and efficiently, and there is an urgent need to ensure that budgets, programmes, strategies and policies are gender-sensitive and reach the root causes and consequences of the pandemic at household, community, national and regional levels.

Action must be taken to ensure that women and girls have



access to sexual and reproductive health services and commodities, and that there is equality in the provision of drugs for treating HIV/AIDS and opportunistic infections, and also to the care of those infected.

A gender analysis of HIV/AIDS will demonstrate a number of differences in the way women and men are affected by the disease. For example, different roles, experiences and strategic needs of women make them more susceptible to infection. Such an analysis will lead to more appropriate responses.

This training manual therefore applies a gender perspective to HIV/AIDS in the context of broad-based multi-sectoral approaches. It is intended to assist managers and planners at different levels to identify the gender aspects of HIV/AIDS and to factor these into all policies, programmes, projects and activities.

## About the Manual

For the past decade, emphasis has been placed on the development of a multi-sectoral approach in the development and implementation of National AIDS Prevention and Control programmes. There are many positive benefits from this approach, not least the involvement of sectors other than health in HIV/AIDS, which is a developmental issue.

Increasingly, however, it has been recognized that HIV/AIDS is also a gender issue. This requires that existing multi-sectoral approaches should be viewed with a "gender lens" to ensure that the needs and concerns of both women and men are addressed in policies, strategies and programmes at all levels including national and sectoral.

## Purpose of this Manual

The manual represents another initiative by the Commonwealth Secretariat to mainstream gender equality into all government policies and programmes, as mandated by Commonwealth Heads of Government through the 1995 Commonwealth Plan of Action on Gender and Development and its Update (2000–2005).

The manual will be used to assist policy makers, programme

planners and key stakeholders to mainstream gender into HIV/AIDS multi-sectoral national and sectoral policies, plans and programmes. This will ensure that gender becomes a cross-cutting issue in HIV/AIDS and that all programmes and activities of the different sectors are gender sensitive.

It is also intended to assist programme managers to filter the gender mainstreaming approach down to the community level, where the greatest impacts of HIV/AIDS are being felt. The manual draws on case studies from a number of countries, and thus has pan-Commonwealth application.

The manual is designed to provide appropriate information for users at various levels. In this regard, it is structured in such a way that the trainer can select a relevant starting point based on the needs and levels of the trainees.

## Objectives

The objectives of the manual are to:

- Define and analyse HIV/AIDS multi-sectoral approaches
- Define and analyse gender concepts, impacts and gender mainstreaming processes within the area of HIV/AIDS



- Facilitate gender mainstreaming into multi-sectoral responses to HIV/AIDS

### Training Approach

The manual utilises a highly participatory approach and takes into consideration the specific needs of adult learners. It draws a number of participatory methods including brainstorming, self-reflection exercises, case studies, checklists, testimonies and other creative methods that the facilitator can develop as appropriate. Lecturing/formal presentation is kept to a minimum. Summaries are provided at the end of each activity to reinforce learning.

### Target Group

The people who will benefit from this manual are at the management levels of a wide range of organisations. This is the essence of the multi-sectoral approach, which involves participation by many stakeholders from different organisations at all levels of the society. The following groups will find the manual useful:

Representatives from:

- The government sector, including National AIDS Commissions, HIV/AIDS Focal Points in all Ministries: Health, Gender, Planning, Education, Agriculture,

Information and Communication and Youth. All Government Ministries should be involved in developing an HIV/AIDS programme and therefore should also be skilled in applying a gender perspective to their existing multi-sectoral approach

- Youth peer educators, working through the Commonwealth Youth Programme
- Ministries of Youth Affairs
- Youth networks and caucuses throughout the Commonwealth
- The private sector and labour organisations such as trade unions
- Community leaders, church leaders, traditional healers
- Persons living with HIV/AIDS
- NGOs active in HIV/AIDS programmes
- Young people and youth organisations
- Men's groups
- Women's groups
- Tertiary training institutions including universities

- The media
- Donor agencies
- Other key stakeholders



### Introduction

This session explores the gender issues and relates them to HIV/AIDS in order to address the gaps and enhance efforts in HIV/AIDS prevention, treatment and care. Participants will be given an opportunity to think through and identify gender issues in HIV/AIDS including:

- ✂ Demonstrating the benefits of using a gender lens
- ✂ Exploring the gender concepts
- ✂ Exploring how gender issues in HIV/AIDS affects:
  - women
  - men
  - girls
  - boys
- ✂ Paying attention to cultural issues, marginalized and vulnerable groups (making visible the invisible)

#### 🔑 Activity objectives

- To critically explore and create awareness of gender issues, including stereotypes, attitudes and behaviours about men and women in society.
- To examine beliefs, values, social norms and practices that influence the vulnerability of women, men, girls and boys to HIV/AIDS
- To explore how HIV/AIDS is experienced differently by women, men, boys and girls
- To discuss how identified gender gaps can be addressed to enhance efforts in HIV/AIDS prevention, treatment and care.

#### 📦 Materials

- Pens
- Writing pads
- Bostik
- Flip chart boards and paper
- Marker
- Overhead projector or power point

#### 🎤 Method

- Use of case study, story, poem or role play on proposed thematic areas (violence against women and children, socio-cultural issues, socio-economic factors, health related aspects)

#### 🕒 Time

120 minutes

#### 📋 Process

- Divide the participants into three groups
- Distribute one activity to each group
- Introduce the activity and distribute the guidelines for each group
- Allow 60 minutes for group work and 60 minutes for feedback/roleplay/presentation
- Facilitate a report back session
- During the group plenary discussion record the key findings on flip chart and post them on the wall, to facilitate overall summary of the session and for constant reference as well as linking to subsequent activities



## Case study

### Read the case study carefully and answer the questions

Twenty-year old Nnini is a newly recruited cleaner at a government institution. After she lost both her mother and father, she decided to leave her home village and go to the city to look for work. She was soon hired on very poor pay. She met a fairly rich man, Henry, who was willing to take care of her – housing, food, clothing, and all other needs. Nnini could not resist the temptation of living in a big, well-furnished house with a boyfriend. He was her first partner. She then moved out of the little room in her uncle's house to stay with him.

One day she began to notice sores on her body. Little did she know that she was infected with HIV. She thought the body sores might be normal. After a few days she realised that more sores were appearing. She

started worrying and thought endlessly about going for a test. However, she was not confident enough to face voluntary testing. She got weaker and weaker until she was advised by her friend to go for the test once and for all. After three months she plucked up courage and went for a test, as she did not have comprehensive information about HIV/AIDS. She was diagnosed HIV positive. Her days were darkened when she learnt about the results. She was not able to afford the drugs on her own. She felt that her future possibilities were bleak, and her life had changed drastically. She no longer enjoyed the company of friends. She spent days and nights thinking of her orphanhood, and especially of her mother. She decided to break the news to Henry, who was furious and accused her of promiscuity. He evicted her from his luxurious house. There was nowhere for her to

go except to her uncle, the only close relative she had. She decided to break the news to him as well, hoping that he would sympathise with her situation, but he was furious. He accused her of irresponsibility, carelessness, and promiscuous behaviour. He told her to rent a house somewhere far from where he lived. He ordered her to stop using his surname, as she had been a disgrace to the family. She was devastated. The man she had thought so highly of had cut her off and even changed his address. She felt miserable and rejected.

After some time Henry got married to one of Nnini's best friends. They had two children, both of them diagnosed HIV positive. The last Nnini heard was that both Henry and his wife had left employment because of ill health and were on antiretroviral drugs.

### ? Questions

- What are some of the pertinent issues surrounding Nnini's experience with HIV/AIDS?
- What are the underlying causes of Nnini's responses and reactions?
- What are some of the pertinent issues surrounding Henry's experience?
- What are the underlying causes of Henry's responses and reactions?
- What are some of the issues that are reflected in the uncle's response and reaction to Nnini's situation?
- What programmes do you know of that could have helped Nnini solve her problem?
- How are all these issues likely to impact on Henry's children?
- What programmes could be used to further strengthen support for Nnini, Henry and his family, especially the children?





## A short story, poem or role play

- Discuss and write a short story, poem or role play that will draw out issues of vulnerability in HIV/AIDS for both women and men.
- Draw upon some of the following thematic issues to guide your input in writing the short story, poem or role play: violence against women; poverty; land, property and inheritance; health related aspects; attitudes of religious and traditional community leaders.
- You should identify the issues that will form the basis of your story, poem or role play, and also identify some initiatives that could address the gender gaps.
- During the report back session ask participants from other groups to list the issues highlighted in the short story, poem or role play. The ensuing discussion will be based on the issues identified by the presenting group, as well as additional ones contributed by other participants.



## Role play He has AIDS / she has AIDS

The following exercise is a role play to highlight the differences and attitudes towards men and women, and the stigma and discrimination experienced by people living with HIV/AIDS.

- There should be around 5-7 people in this role play – form several groups if numbers exceed this.
- Participants should select a scenario and act it out – for example: a doctor breaking the news; the family reaction; community reaction; and workplace issues. **In this role play men should act as women and women should play men.**
- Points of focus for the group discussion could be stigma/and discrimination between men and women and the power dynamics.
- The group should talk about the feelings that emerge from acting out these scenarios
- The group should conclude the exercise by summarising the areas of gender-based discrimination in the lives of people living with HIV/AIDS.

The following grid may be used to summarise group discussions

	HUSBAND	WIFE
Doctor breaking news		
Family/reaction		
Community/reaction		
Workplace issues <ul style="list-style-type: none"> <li>• employer</li> <li>• co-workers</li> </ul>		
Medical treatment		
Other		



## Summary points for the facilitator

There are profound differences in the underlying causes and consequences of HIV/AIDS infections in women and men, reflecting differences in biology, sexual behaviour, social attitudes and pressures, economic power and vulnerability.

### Gender Imbalance

There is worldwide recognition that power differences exist between women and men, girls and boys. These power differences find explanation in the patriarchal system that persists in many societies. As a result of some cultural beliefs, norms and values negatively manifest themselves in the lives and relationships of women and men. Attitudes, stereotypes and prejudices are perpetuated at individual and organisational levels. These result in acts of discrimination. In many of the heavily affected countries young people comprise the fastest growing group of new HIV infections. Young girls outnumber boys in some countries by 5:1.

### Statistics

The Facilitator should obtain up to date statistics from relevant sources such as the UNAIDS web site.

### Male Dominance and Vulnerability

Men are at risk and vulnerable as well to HIV infection. This is exacerbated by social lives,

attitudes and expected behaviours for men to be dominant and assertive in sexual relationships. Male migration and mobility is also common, particularly in developing countries. Men are forced by economic circumstances to leave their homes and find jobs in urban areas to support their families, and often take wives and/or other multiple sexual partners. This situation increases chances of HIV infection and transition. Alcohol, drug and substance use and abuse are also contributory factors to the spread of HIV/AIDS.

Men need to be involved in prevention and education, and should be empowered to adopt healthier sexual behaviour. Efforts to empower men could include:

- working with men in groups to share their experiences and ideas around sex and sexuality, addressing also the issue of HIV/AIDS
- breaking down prejudices about men who have sex with men, and promoting safe sex and healthy lifestyles amongst them
- risk-taking behaviours among men, especially among those who work in dangerous and/or isolated environments (for example reducing delays at

border crossings for truck drivers will decrease the time they are away from their families).

There is need also to provide health information, education counselling and other services related to HIV and the implications of male behaviour for women, families and communities. Information on male responsibilities for the prevention, treatment and care for HIV/AIDS is also crucial.

Gender-based programmes can help men realise that changing the dynamics of male-female relationships so that they are based on collaboration and partnership. This will create a supportive environment in the home and community, also sharing the burden of HIV care.

### Stigma and Discrimination

The ideology of male superiority perpetuates economic deprivation; it is internalised by both women and men and is different across cultures.

Women are routinely tested for HIV/AIDS when they are pregnant as a measure to protect the unborn child. Since the fathers may not have been tested, the women are blamed as the vectors of the epidemic (to partners and children), even though it is most often the husband who passes the HIV



infection to his wife. She may be labelled as promiscuous and is often abused, abandoned or even killed. The man may then seek to marry again, often a younger woman who is believed to be uninfected and therefore safe and who, in turn, will be exposed to HIV.

In cultures where HIV is seen as a sign of sexual promiscuity, HIV-positive women face greater stigmatisation and rejection than men. Those with least access to information or capacity for protection can be excluded from health benefits and treatments and are often blamed for being responsible for HIV infection.

### **Socio-economic and cultural factors**

Women are more vulnerable to infection and more likely to risk unsafe sex. This situation is further aggravated by social and cultural attitudes. Although women and men are now dying of HIV/AIDS, the patterns of infection are significantly different. Due to the inequalities that women and girls suffer as a result of HIV/AIDS, they experience the impact of HIV/AIDS the most severely. Women and girls tend to bear the main burden of caring for sick family members, the elderly and children. They thus often have

less care and support when they themselves are infected. Factors that increase women's vulnerability to HIV/AIDS infection and to the impact of AIDS include:

- lack of decision making in sexual relationships
- lack of control over sex and reproduction
- lack of assertiveness
- growing female poverty
- trafficking and sex work
- lack of information
- stigma and discrimination
- women's care-giving role
- harmful practices (early marriage, wife cleansing, tampering with the vagina)
- lack of resources

### **Strategies to empower women include:**

- Education and information about their bodies and sex
- Access to female controlled prevention methods – including female condoms and microbicides



## Summary points for the facilitator

- Provision of skills training in communication about sex and the use of the condom in order to foster inter-partner communication
  - Improvement of their access to economic resources and ensure that they have property and inheritance rights
  - Ensure that they have access to health services and to HIV and STI prevention technologies that they can control
  - Increase social support for women by offering them opportunities to meet in groups
  - Making resources available for promoting sexual and family responsibilities among boys and men
  - Promotion of women's decision making at household, community and national levels through supporting their leadership and participation.
- food, shelter or other needs, and that much of this sex is unsafe. They are also vulnerable in some countries to being coerced into sexual slavery.
- Lack of Information**  
Because girls are often denied the right to education, and illiteracy rates are high amongst women, they often have limited or no access to information about HIV/AIDS, sexuality and reproductive health. These social and cultural factors contribute when they endorse women's innocence about sexual matters.
- Lack of information about their bodies may also prevent women from identifying and getting treatment for sexually transmitted infections including HIV/AIDS. Very little is known about HIV in women as men have been the vast majority of subjects in studies on which the treatment of HIV and opportunistic infections are based.

Worldwide, there are increasingly more poor women than poor men, a phenomenon commonly referred to as the 'feminisation of poverty'. This has meant that some women and girls increasingly find it necessary to exchange sex for money,



Current policies on HIV/AIDS that target specific sectors often have limited positive impacts. The reasons for this are many – including insufficient efforts to translate these policies into effective community-based programmes. It is also essential to target other important units such as the individual, the family and community level institutions. This session recognises the strategic linkages of these community level units of intervention to national efforts in combating HIV/AIDS. Until individuals, families and community-based institutions especially organisations of PLWHAs are involved and fully participate in decision making and strategies to deal with HIV/AIDS prevention, treatment and care, it is likely that current efforts will continue to yield limited results.

The aim of this session is to explore the impacts of HIV/AIDS at the level of the individual, the family and the community, and to better understand the different impacts of HIV/AIDS on women and men. The session also seeks to assess the resource implications of HIV/AIDS prevention, treatment and care. This session provides parallel activities to recognise varying inputs that are needed for different levels of planning. It is important that national policy should be informed by the needs and priorities on the ground, and incorporate lessons and good practices of local/community based organisations. At the same time there needs to be clear and focussed planning of activities and allocation of resources to ensure that national policies are translated into action. The impact of these interventions should be visible at a community level.

**Session Objectives** The session objectives include:

- ⌘ Assessing the impact of HIV/AIDS at the individual, family and community levels
- ⌘ Assessing the resource implications of HIV/AIDS prevention, treatment and care
- ⌘ Facilitating the development of strategies that will promote HIV/AIDS prevention, treatment, and care.



## Session 2 Contents

## Activity 1 Individual, family, and community level initiatives

**Activity 1** Individual, family and community level initiatives and strategies

- Case study 1
- Case study 2
- Case study 3
- Testimony

### Activity 2

- Exercise 1: project/ programme appraisal
- Exercise 2: stakeholder analysis

#### ☐ Process for all activities

- Divide the participants into 4 groups
- Assign one case study to three groups and the testimony to the fourth group and explain the group work process
- Summarise each case study and testimony in plenary discussions including the guiding questions before the group work
- Allow 45 minutes for discussion in groups and 35 minutes for plenary report back
- Facilitate a report back session, allowing other groups to ask questions and make comments to reinforce the key emerging issues
- Record the key emerging issues on the flip chart and post it on the wall, for constant reference and linking to subsequent activities.

#### 🔍 Activity 1 objectives

- To create awareness of how different expectations based on roles, status and economic power of women and men impact on the HIV/AIDS pandemic, and how the pandemic impacts on these.
- To explore how individuals, families and community level institutions respond to the impact of HIV/AIDS.

#### 📁 Materials

Case studies  
Flip chart  
Markers  
Adhesive putty

#### 🕒 Time

80 minutes

#### 🗣️ Method

Use of case studies, group discussions, and group presentations

#### ☐ Process

Refer to the case studies that have been provided for this activity.



### Patty's experience

Patty is married and has nine children. The seven older children used to live with her mother. In 1999 Patty was diagnosed HIV positive. Her husband threw her out with their two youngest children. When Patty was thrown out of the marital home, which was characterised by extreme violence, she went to live with her mother. Her father had died of HIV/AIDS in 1995. In 2000

her mother also died of HIV/AIDS. Patty now has to care for the nine children all by herself. None of the children are at school and some are malnourished. They live in one room, a corner of which is partitioned off and used to generate income by selling small household commodities. This meagre income and what the older girls can earn from selling sex keeps the family alive. No help has been

forthcoming from Patty's husband or from her in-laws and other extended family relatives. Patty is becoming weaker and weaker, and is in and out of hospital. She is extremely depressed and stays indoors, avoiding contact with the community.

#### ? Questions – Community Institutions

- Identify the problems experienced by Patty and give the possible causes for these.
- Who is most affected by these problems? And why?
- What assumptions and arguments emerge in Patty's story?
- In Patty's story who is at risk of contracting HIV/AIDS and why?
- If Patty lived in your community, what forms of support could she expect for her children and herself?
  - from her family?
  - from the community?

#### ? Questions – Policy Makers

- Identify the problems experienced by Patty and give the possible causes for these.
- Who is most affected by these problems? Why?
- What assumptions and arguments emerge in Patty's story?
- What policy inputs should be taken into consideration to manage the risk factors for HIV infection?
- What forms of national, regional and local support services should be made available to Patty and her children?



### Ayanda's Story

Ayanda is 26 years old. When her partner died of HIV/AIDS he left her with two children aged three and five. Immediately following the death of her partner, Ayanda was also diagnosed HIV positive. She lives in a shack near a dumping site in Maritime City. Ignorant of her HIV/AIDS status, her aunt invited Ayanda to stay with her. Soon the information that she was HIV positive spread like wild fire. The neighbours started talking. Some of her aunt's close friends advised her to evict Ayanda from the house. People in the community would stare at Ayanda as she walked the streets. They would avoid communicating with her, including those who used to be her friends. Finally, Ayanda's aunt advised her that the mourning period was over and that she should go back to her "home". She also promised to provide Ayanda with basic necessities.

In desperation Ayanda sought help and support from a charitable organisation for vulnerable children, as she got weaker and weaker. A year has passed and the organisation has not made a decision on how they intend supporting her in spite of Ayanda's frequent visits. They keep postponing

their decision and turning her away. She then approached the local social worker, who has been promising to visit Ayanda to assess her case.

Ayanda is back in the shack and the City Council is threatening to evict her. She is unemployed and destitute and the children have nothing to eat. Her aunt has not provided her with the basic necessities as promised. Ayanda is becoming increasingly depressed.



### ? Questions – Community

- What are the problems inherent in this case? List them.
- Who do these problems affect and why?
- Which community structures and institutions should be responding to Ayanda's problems (Government/business and civil society, NGOs)? How?
- If you were in Ayanda's aunt's position, what would you have done?
- Is there a referral system within your community to facilitate service provision for Ayanda?
- How can this system be improved to enhance service provision?
- How can community level institutions and organisations be assisted to develop strategic partnerships in service delivery?



### ? Questions – National

- What are the problems inherent in this case? List them.
- Who do these problems affect and why?
- What legislative measures can be taken to respond to Ayanda's situation and that of her children?
- How can policy and programme development be improved to ensure direct translation that both women and men benefit from programme delivery?
- What monitoring mechanisms should be developed to promote result-oriented programmes?





### Something to share from Zwinila

When the HIV/AIDS epidemic hit Zwinila country in 1985, numerous activities emerged, undertaken by different sectors in the economy. Information dissemination messages such as "AIDS kills", "abstain", "be faithful", "condomise", "live positively to live long" emerged. Different messages from different sectors flooded the market. The church, NGOs, health, education and the private sectors had their share in the development of messages. Years later, assessment through various studies indicated that there was no significant progress in reducing the impact of the disease. The Government of Zwinila became very concerned and decided to declare HIV/AIDS a national crisis. The National Policy on HIV/AIDS was formulated in 1998. Programmes and projects were put in place to address the crisis. A number of structures were established to implement HIV/AIDS specific programmes and projects.

According to existing literature resulting from a number of studies:

- condom use has not been as successful as expected, especially among the youth and women
- violence against women and sexual exploitation of children under 16 years continues to be a major problem
- teenage pregnancy is rife in the country
- HIV/AIDS prevention messages are said not to work
- introduction of the female condom has not been successful – because of problems of accessibility, cost and negative experiences during sex
- children complain particularly about parent's non-communication on issues of sex, sexuality and HIV/AIDS. Parents also complain about the deviant behaviour among children that result in social problems
- the health sector continues to mount workshops to expose women to the mother to child vertical transmission interventions. Women are targeted at health centres, clinics and health posts to enhance their appreciation for this intervention aimed at saving the future generation. Antiretroviral therapy drugs are now free for those who have tested HIV positive.



Provision and advice on infant feeding is fused with interventions on the mother to child vertical transmission programme. Male participation in efforts to combat HIV/AIDS is increasing, for example, through civil society initiatives such as Men Against AIDS or Men, Sex and AIDS. The media constantly educates the public on these programmes. In spite of this massive campaign only a few women have come forward for the mother to child vertical transmission programme

caregivers of the PLWAs and other chronically ill patients. The burden on women is becoming increasingly heavy.

Some girls are seriously interrupted in their educational development, as they have to be withdrawn from school to care for sick family members and dependants (eg orphans and the elderly). The number of orphans in the country is escalating. Children are increasingly becoming heads of households.

- more women than men have sought voluntary testing. Women and girls across the country are the main
- Poverty among female-headed households has increased.

### ? Questions – Community

- Why are the messages not working?
- What are the root problems in this case study, despite efforts to combat HIV/AIDS?
- What impact does this have on national efforts to combat HIV/AIDS?
- Why are women not being proactive in taking up the programmes targeting them specifically?
- Why are men not participating as expected, for example, voluntary testing or the use of the condom?
- How can national policies and programmes be strengthened to respond more effectively to the epidemic?
- What are the underlying HIV/AIDS challenges between parents and children?
- To strengthen the national policies on HIV/AIDS as well as programmes and projects, what are the major issues
  - for women?
  - for men?
  - for youth?





## Testimony

"My husband passed away due to HIV/AIDS when he was 35; he was ill for six months. He used to work as a general labourer on a big farm and only came home at weekends. We have eight children, but the last two both died of HIV/AIDS. This leaves me with six children to feed. It is very difficult. The two eldest have had to leave school to try and earn money, but I am trying to keep the youngest four in school.

In the early stages of my husband's illness we could cope. It became difficult when he lost his job. We had to spend a lot of his savings on special food for him, and he lost his medical aid cover. I grow maize and try to make money selling crochet work, but it is not sufficient. I cannot get a well-paid job. These days it is

even more difficult as a woman.

My husband's employers helped with the funeral expenses and will pay me a small pension for four years. As he had not worked there for long, the amount is insufficient. However, my husband's brother is supposed to take care of us. Although he knows our problems he did not help at all during my husband's illness or after his death. Now he wants to marry me, but I suspect his aim is to inherit my husband's estate, as is commonly practised in this community. I am lucky because my husband left a letter instructing that his property was to remain with the children and me and that I should not marry his brother in the traditional way. My husband had realised that marrying his brother would automatically transfer ownership of the family

estate to him. My children would lose out on their inheritance. Fortunately, the head man and the other village elders support this decision, because they know that this brother did not help us when my husband was alive. Otherwise it would have been very hard for me to refuse. I have to think of my children. But by refusing to marry him I lose any hope of help from him.

If I die the older children will have to take care of the young ones. I cannot trust my husband's brother, and I do not think his first wife would treat them well. My own two sisters cannot take the children because their husbands will not allow it. It is not traditional and they have their own families. The women take care of the children, but it is the husbands who must make the decision about this."

### ? Questions

- What are the positive aspects highlighted in this testimony?  
Discuss and record the key ones.
- What negative aspects can you draw from this testimony?
- What issues do these raise for households and the communities?
- What resources are available to the wife?
- What other implied resources could be drawn upon by the wife from the community?
- What community resources be used to benefit the wife, her family and the community?
- Are there issues from the case study that are applicable in your own local context?  
Identify and discuss two or three major issues of concern.
- How can the legal systems be strengthened to protect women's rights  
e.g. to property and decision-making?



## Activity 2 Project/programme appraisal and stakeholder analysis



**Exercise 1** is project/  
programme appraisal  
**Exercise 2** is stakeholder  
analysis

### 🔑 **Activity 2 objectives**

- The purpose of this exercise is to stimulate reflection on existing HIV/AIDS programmes and projects at different levels. Participants conduct a quick analysis of participation rates by women and men. They then propose actions that need to be taken specifically by women and men to promote more equal participation.

### 📄 **Materials**

Based on your experience in your country, highlight one or two programmes and projects that support HIV/AIDS prevention, treatment and care. Examples can be highlighted from household, community, sub-regional or national project/programmes.

Project descriptions should provide brief background, overview of activities, resources, implementors and other stakeholders.

Flip charts  
Markers  
Adhesive putty

### 🕒 **Time**

120 minutes

### 🗣️ **Method**

Divide into 4 groups – 2 groups discuss project/programme appraisal and 2 groups discuss stakeholder analysis.

### 📋 **Process**

- Agree within the group which project will be used.
- Allow 60 minutes for group work and 60 minutes for plenary report back.
- Assign one person to describe the project's objectives, activities and budget (if possible).
- Discuss the questions.
- During plenary report back have a full discussion on all of the key issues raised by these exercises. Record summary points on a flip chart.



## Exercise 1 Project/programme appraisal

### ? Discussion questions

- What programmes and projects exist to support HIV/AIDS prevention, treatment and care at family, community and national levels?
- State the target group for each programme or project?
- What is the response rate of women and men for each of these programmes and projects?
- What factors influence the participation of the different target groups such as women, men and youth in these programmes and projects?
- How can equity in participation of various target groups be enhanced?
- What specific actions need to be taken by men to facilitate improved participation of both women and men in these programmes and projects?
- How could men be more involved?
- What specific programme interventions could be undertaken to address the needs and vulnerabilities of women to HIV/AIDS?
- What specific actions need to be taken amongst young people to facilitate their increased participation in HIV/AIDS programmes and projects?
- What should be the policy response to improve participation of key stakeholders?





The following key issues emerge from the exercise in this session – these should be highlighted as a summary:

### **Socio-economic**

- Sex work and transactional sex – restricted opportunities for girls due to poverty
- Economic deprivation, poverty and women's dependency on men
- Imbalances in the sharing of responsibilities between women and men
- Violence: physical, emotional and psychological suffered by women and children
- Inadequate shelter, food and clothing.

### **Stigma and discrimination**

- Stigma, negative attitudes and behaviours that discriminate against PLWHAs.
- Male and female vulnerability due to harmful traditional practices.
- Disincentives to access services and voluntary counsellors and testing (VCT) because of stigma and inappropriate venues for these services

### **Community-based support**

- Care burdens and additional dependants
- Depleted resources and social capital at household and community level
- HIV/AIDS responsive community leaders
- Inadequate support services such as counselling, testing and general public education that should facilitate informed decision-making in HIV/AIDS
- Lack of co-ordination of efforts in service delivery.

### **Legislation**

- Women's rights to property ownership
- Need to protect the lives and privileges of people living with HIV/AIDS as well as those affected by the epidemic.

### **National level interventions**

- Policies and programmes do not filter down to local communities

### **Gender analysis in HIV/AIDS**

Research has demonstrated that HIV/AIDS impacts differently on the lives of females and males. It is therefore imperative that any response to the epidemic should begin by recognising

that females and males are likely to have different strategic needs and therefore different interventions. This recognition calls for a gender analysis, to identify the different impacts of HIV/AIDS on females and males. The gender analysis will serve as an organisational tool, encompassing principles that will bring out the nature of social relationships between females and males in a conceptual manner. The analysis will reveal social realities, life expectations and economic circumstances. It will further provide the information on the following aspects:

- a framework to analyse and develop policies, programmes, projects and legislation
- research and collecting data that recognises that women and men are not the same in terms of race, ethnicity, and sexual orientation, for instance. This should highlight the fact that women and men, are affected differently by the HIV/AIDS epidemic.

The analysis identifies how the conditions and experiences of women and men make them susceptible to infections. The collection and use of sex and age disaggregated data revealing the roles of females



## Summary points for the facilitator

and males is critical. The data needs to be more qualitative rather than quantitative, analysed in a gender sensitive way. The data can then be fed into policies, programmes, projects and activities which highlight the gender issues.

### **The strategies**

Both women and men need to be empowered to protect themselves against HIV/AIDS.

Women need information and education, skills, access to services and technologies, access to economic resources, social capital and the opportunity to have a voice in decision-making at all levels.

Men need to become partners in prevention and education, and to be encouraged to adopt healthier sexual behaviour. This means that in addition to health information, education, counselling and services, they should be provided with information about the gender dimensions of HIV/AIDS and the implications of their behaviour for women, families and communities.

Young persons need programmes and projects specifically targeting young women and men based on the following principles:

- Participation in programme planning, implementation, monitoring and evaluation
- Provision of youth friendly services and centres
- Parental involvement, guidance and supportive communication
- Sensitisation and education of boys and men about their sexuality and behaviour
- Establishment of networks for young people including those living with HIV/AIDS, for the protection of human rights and promotion of acceptance by society
- More commitment and more decision-making by young people themselves about their sexual behaviour and influence on peers.

### **National response**

Policy makers should recognise the importance of the involvement and enrolment of stakeholders, particularly at community level, from planning through to implementation, monitoring and evaluation of programmes.



The aim of this session is to facilitate focused and systematic inclusion of a gender dimension as an integral part of the multi-sectoral approach to HIV/AIDS. The session therefore seeks to:

- ⓧ deepen the participants' understanding of the multi-sectoral response to HIV/AIDS at national and community levels
- ⓧ develop an appreciation for a Gender Management System (GMS) for HIV/AIDS
- ⓧ introduce basic tools for exposing gender gaps in processes of policy programme development, implementation and evaluation.

Once identified, these gender gaps serve as crucial points for further investigation on how the strategic needs of women and men could be addressed in a manner that should lead to improved impacts on their lives.

**Session Objectives** The session objectives include:

- ⓧ Analysing the multi-sectoral response to HIV/AIDS
- ⓧ Exploring a gender management system (GMS) for HIV/AIDS
- ⓧ Discussing tools for mainstreaming gender into HIV/AIDS policies, programmes and activities.



## Activity 1 Defining the multi-sectoral response to HIV/AIDS

### Activity objectives

- To define the multi-sectoral response to HIV/AIDS
- To identify the strengths and weaknesses of a multi-sectoral response to HIV/AIDS, and determine conditions conducive to its successful implementation.

### Materials

Flip chart  
Markers  
Adhesive putty  
Transparencies

### Time

60 minutes

### Method

Brainstorming and group discussions

### Process

Conduct a short plenary discussion on the multi-sectoral response to HIV/AIDS. Guiding questions can include the following:

- What do you understand the multi-sectoral approach to mean?
- What are some of the sectors that should be involved?
- How can it be applied to HIV/AIDS?
- Who are the key actors in HIV/AIDS?
- What resources would be needed in a multi-sectoral approach to HIV/AIDS?
- What are the essential success factors for a multi-sectoral approach to HIV/AIDS?

Record all key points from the responses on a flip chart for all participants to see.



<b>ACTORS</b>	<b>GOVERNMENT</b>	<b>BUSINESS</b>	<b>CIVIL SOCIETY ORGANISATIONS</b>
	<ul style="list-style-type: none"> <li>• Heads of state</li> <li>• Government Ministers and MPs Political leaders at central and local government levels</li> <li>• Civil servants at central and local government levels</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Executives Managing Directors</li> <li>• Boards of Directors</li> <li>• Managers</li> </ul>	<ul style="list-style-type: none"> <li>• University and educational leaders</li> <li>• Religious and community leaders including traditional and spiritual healers</li> <li>• NGOs</li> <li>• Trade union leaders</li> <li>• Leaders of professional associations</li> <li>• Traditional political leaders</li> <li>• PLHA, people affected, orphans</li> </ul>
	<b>SECTORS</b>	<ul style="list-style-type: none"> <li>• Health</li> <li>• Education</li> <li>• Social Welfare</li> <li>• Water and Sanitation</li> <li>• Finance</li> <li>• Labour</li> <li>• Transport</li> <li>• Industry, Commerce,</li> <li>• Agriculture</li> <li>• Defence</li> <li>• Culture and National Heritage</li> <li>• Home Affairs</li> <li>• Public Service</li> <li>• Information and Broadcasting</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance</li> <li>• Banking</li> <li>• Beverages</li> <li>• Human Resource Development</li> <li>• Construction</li> <li>• Tourism, Pharmaceuticals</li> <li>• Mining</li> <li>• MFI, medium and small enterprises</li> </ul>
<b>RESOURCES</b>	<ul style="list-style-type: none"> <li>• Human resources</li> <li>• Physical infrastructure</li> <li>• Funds</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources</li> <li>• Physical infrastructure</li> <li>• Funds</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources, immediate families and extended families</li> </ul>

### ? Questions

- What are the missing components, elements or key players? Record them on a flip chart.
- Summarise the discussion by highlighting the need for gender and youth components for the multi-sectoral response.





## Transparency 2

### Framework for a multi-sectoral response at national level

session 3 Gender sensitive responses to the multi-sectoral approach to HIV/AIDS

<b>ACTORS</b>	<b>GOVERNMENT</b>	<b>BUSINESS</b>	<b>CIVIL SOCIETY ORGANISATIONS</b>
	<b>SECTORS</b>	<b>BUSINESS</b>	<b>CIVIL SOCIETY ORGANISATIONS</b>
	<b>RESOURCES</b>	<b>BUSINESS</b>	<b>CIVIL SOCIETY ORGANISATIONS</b>
	<ul style="list-style-type: none"> <li>• Heads of state</li> <li>• Government Ministers and MPs Political leaders at central and local government levels</li> <li>• Civil servants at central and local government levels</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Executives</li> <li>• Managing Directors</li> <li>• Boards of Directors</li> <li>• Managers</li> </ul>	<ul style="list-style-type: none"> <li>• University and educational leaders</li> <li>• Religious and community leaders including traditional and spiritual healers</li> <li>• NGOs</li> <li>• Trade union leaders</li> <li>• Leaders of professional associations</li> <li>• Traditional political leaders</li> <li>• PLHA, people affected, orphans</li> </ul>
	<ul style="list-style-type: none"> <li>• Health</li> <li>• Education</li> <li>• Social Welfare</li> <li>• Water and Sanitation</li> <li>• Finance</li> <li>• Gender/Womens</li> <li>• Labour</li> <li>• Transport</li> <li>• Industry, Commerce,</li> <li>• Agriculture</li> <li>• Defence</li> <li>• Culture and National Heritage</li> <li>• Home Affairs</li> <li>• Public Service</li> <li>• Information and Broadcasting</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance</li> <li>• Banking</li> <li>• Beverages</li> <li>• Human Resource Development</li> <li>• Construction</li> <li>• Tourism, Pharmaceuticals</li> <li>• Mining</li> <li>• MFI, medium and small enterprises</li> </ul>	<ul style="list-style-type: none"> <li>• NGOs and charitable organisations</li> <li>• Women's organisations and groups</li> <li>• Professional associations</li> <li>• Religious organisations</li> <li>• Traditional, community and cultural leaders</li> <li>• PLHA</li> <li>• Media</li> <li>• Traditional healers</li> </ul>
	<ul style="list-style-type: none"> <li>• Human resources</li> <li>• Physical infrastructure</li> <li>• Funds</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources</li> <li>• Physical infrastructure</li> <li>• Funds</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources, immediate families and extended families</li> </ul>

- Participants should do a quick analysis of the positions of women, men, young and older persons.
- What implications does this have on decision-making, policy development and implementation?
- Propose ways of enhancing equitable participation in decision-making within the multi-sectoral response context for HIV/AIDS.
- To summarise the discussion use the Commonwealth framework (Transparency 2) for a multi-sectoral response to HIV/AIDS at national and community levels.

# Transparency 3

## Framework for a multi-sectoral response at community level



<b>ACTORS</b>	<b>GOVERNMENT</b>	<b>BUSINESS</b>	<b>CIVIL SOCIETY ORGANISATIONS</b>
	<ul style="list-style-type: none"> <li>Local government officers and chiefs</li> <li>Bureaucrats</li> <li>Local chiefs and community leaders</li> <li>Social welfare officers</li> <li>Politicians</li> <li>Health workers</li> <li>Agricultural, forestry and veterinary extension workers</li> <li>Other development workers</li> </ul>	<ul style="list-style-type: none"> <li>Commercial farmers</li> <li>Traders</li> <li>Retailers and food sellers</li> <li>Pharmacies</li> <li>Manufacturers</li> <li>Media</li> </ul>	<ul style="list-style-type: none"> <li>PLHA</li> <li>Traditional, religious, political and community leaders</li> <li>Teachers</li> <li>Parents and grandparents</li> <li>NGOs, CBOs and ASOs</li> <li>Women's organisations and groups</li> <li>Trade unions</li> <li>Vulnerable groups</li> <li>Community media</li> <li>Associations e.g. women, youth, poverty action,</li> <li>Subsistence farmers</li> <li>Formal and informal sector workers</li> <li>Community volunteers</li> <li>Traditional and faith healers</li> </ul>
	<b>SECTORS</b>	<ul style="list-style-type: none"> <li>Transport</li> <li>Industry, trade and mining</li> <li>Education</li> <li>Health</li> <li>Legal and justice</li> <li>Community development</li> <li>Culture</li> <li>Youth</li> <li>Agriculture</li> <li>Information</li> <li>Traditional, political, community leaders' associations</li> </ul>	<ul style="list-style-type: none"> <li>Transport</li> <li>Industry, trade, commerce and mining</li> <li>Retailing</li> </ul>
<b>RESOURCES</b>	<ul style="list-style-type: none"> <li>Primary health centres</li> <li>Schools and other government facilities</li> <li>Funds</li> </ul>	<ul style="list-style-type: none"> <li>Volunteers and mentors</li> <li>Funds</li> <li>Skills</li> <li>AIDS aware workforce</li> <li>Commodities e.g. condoms, drugs</li> </ul>	<ul style="list-style-type: none"> <li>People</li> <li>Trained professionals</li> <li>Aware media</li> <li>Community groups e.g. handicraft, income generation</li> <li>Human spirit, inner strength</li> <li>Families</li> </ul>



- Repeat the process as in Transparency 1 of analysing the positions of women, men and young persons for Transparency 2: Framework for multi-sectoral response at community level
- The exercise should be done in groups.

Conclude the session by sharing the following Commonwealth definition of a multi-sectoral approach.

### **What is a multi-sectoral approach to HIV/AIDS?**

*"A multi-sectoral response means involving all sectors of society – governments, business, civil society organisations, communities and people living with HIV/AIDS – at all levels – pan-Commonwealth, national and community – in addressing the causes and impact of the HIV/AIDS epidemic. Such a response requires action to engender political will, leadership and co-ordination, to develop and sustain new partnerships and ways of working, and to strengthen the capacity of all sectors to make an effective contribution."*

(Commonwealth Secretariat, 2001)

### **Analysis of a multi-sectoral response to HIV/AIDS**

This activity provides participants with the opportunity to do a quick analysis of the application of a multi-sectoral approach to HIV/AIDS initiatives. Participants will also focus on the strengths, weaknesses, opportunities and threats of a multi-sectoral response to HIV/AIDS. Divide participants into groups. Each group should attempt as many of the following questions as possible.

What current sector-based HIV/AIDS activities do you know of? Record these on the table on the next page::



SECTORS BY GROUP	ACTIVITIES	LEVELS (e.g. national or community)
<b>Government</b> <ul style="list-style-type: none"><li>• Education</li><li>• Agriculture</li><li>• Defence</li><li>• Finance</li></ul>		
<b>Business/Private</b> <ul style="list-style-type: none"><li>• Banking</li><li>• Construction</li><li>• Tourism</li><li>• Enterprises</li></ul>		
<b>Civil Society</b> <ul style="list-style-type: none"><li>• NGOs</li><li>• CBOs</li><li>• Care providers</li><li>• PLWA</li><li>• Tradition healers</li><li>• Faith healers</li><li>• Sex workers</li><li>• Religious organisations</li><li>• Professional associations</li><li>• Traditional and community leaders</li></ul>		



1. Are there activities that are implemented by more than one sector, within or across groups? (For example, within the government group – Education and Health, or across groups – Health and NGOs).

- Give examples of these common activities.
- What deliberate measures are being taken to recognise these commonalities in programme initiatives?

2. What steps are being taken to address duplication of programmes across sectors?

3. Are there activities that are exclusively implemented by certain sectors?  
Give examples.

4. What should institutions and organisations do to strengthen support for and improve service provision to people living with AIDS and affected persons?

5. How can networking and collaboration be made more strategic in order to enhance efficiency in the provision of services?

Discuss group findings in plenary. Record the key issues on a flipchart. Post on the wall for linking activities at a later stage.

For the Multi-sectoral scenario of activities refer to the Summary notes for the Facilitator for a conclusion to this sub-activity.

To conclude this activity participants should continue in their group discussions to answer the following questions:

1. What are the strengths of a multi-sectoral response to HIV/AIDS?
2. What are some of the challenges that are likely to be encountered in the implementation of a multi-sectoral response to HIV/AIDS?
3. How can identified challenges be addressed?
4. What conditions are necessary for the successful implementation of a multi-sectoral response to HIV/AIDS?

Discuss group reports in plenary and share objectives and key aspects of a multi-sectoral approach to HIV/AIDS as follows:

- To link HIV/AIDS to all poverty reduction strategies and other actions aimed at improving quality of life.

- To recognise that people living with HIV/AIDS (PLWHAs) must be central to responses and that their participation and empowerment to enable them to take effective action themselves and with others is essential to success.

- To promote political will and mobilise action to break the silence about HIV/AIDS, reduce discrimination and stigma, protect the human rights of PLHA, provide effective programmes to prevent, treat, care for and mitigate the impact of HIV/AIDS, and mobilise and make available resources for civil society organisations engaged in prevention and care.

- To pay particular attention to the specific needs of adolescents and young people, especially girls, in order to prevent them from becoming infected.

- To address the needs of vulnerable and disadvantaged groups, such as the majority of women and girls in developing countries, those living in poverty, street children, the disabled, migrants, refugees, sex workers, people in detention, those living in conflict zones, injecting drug users, and men who have



sex with men.

- To ensure that the needs of those caring for PLHA are taken into account.
- To promote policies that enable communities to take effective action themselves and with others to prevent HIV infection and to improve the quality of life of PLHA.
- To facilitate partnerships among all agencies at local, national and international levels, recognising the important roles that civil society and the private sector can play.
- To expand efforts and improve methods for prevention, treatment and care. This includes providing access to affordable drugs that alleviate the symptoms and opportunistic infections associated with HIV and reduce parent-to-child transmission, and vigorously pursuing innovative measures including vaccines, microbicides and traditional and complementary therapies that are appropriate and affordable for those living in developing countries.

Key aspects of a multi-sectoral approach to HIV/AIDS are to:

- Consider HIV/AIDS and its implications in all areas of policy-making
- Involve all sectors in developing a framework to respond to the epidemic
- Identify the comparative advantages and roles of each sector in implementing activities
- Encourage each sector to consider how it is affected by HIV/AIDS and how its actions impact on the disease
- Develop partnerships within government and between the public sector, private sector and civil society.

(Source: Commonwealth Secretariat, 2001)



## Activity 2 Mainstreaming gender into the multi-sectoral response to HIV/AIDS

### 📌 Activity objective

To explore basic principles of a gender management system and relate them to the multi-sectoral response to HIV/AIDS.

### 🗣️ Method

Presentation and interactive involvement of participants.

### 📋 Process

- Present the following using transparencies
- Elaborate on the presentation by giving examples
- Give participants an opportunity to ask questions for clarification and make comments to enhancing sharing of information

### What is a Gender Management System (GMS)?

- A Gender Management System (GMS) is a Commonwealth approach to gender mainstreaming. It is a network of structures, mechanisms and processes put in place within an existing organisational framework. The structures guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of the organisation's work, in order to achieve greater gender equality within the context of sustainable development. A gender management system can be established at any level of government or the private sector, or in institutions such as universities, intergovernmental organisations, NGOs, and CBOs.
- GMS aims to create an enabling environment within which gender issues can be identified and addressed in all development planning and programme implementation efforts. The system also promotes the advancement of gender equity through:
  - Demonstration of necessary political will
  - Forging of a active partnership of stakeholders including government, business/private

- sector and civil society
- Institutional/organisational capacity building to ensure effective gender mainstreaming for all policies and programmes, and
- Sharing of information based on experience, particularly regarding good practice.



- Essential elements of a Gender Mainstreaming System





### **Application of a Gender Management System to HIV/AIDS**

It is an established fact that unequal power relations between women and men fuel the spread of HIV. GMS principles can be directly applied to HIV/AIDS in an attempt to understand how these power relations manifest themselves, and to bridge the gender gaps existing in current strategies and interventions.

The purpose is to:

- Promote commitment, programme ownership and co-ordination at all levels for an integrated gender sensitive multi-sectoral response to the control and prevention of HIV/AIDS.
  - Increase understanding of the impact of culture, gender and social relations to the spread and prevention of HIV/AIDS.
  - Increase gender awareness and gender analysis skills required for designing gender responsive HIV/AIDS policies and programmes
  - Respond directly to the needs of women, men and young people infected and affected by HIV/AIDS
  - Take appropriate action particularly with regard to men's contribution to controlling the pandemic.
- Change women's and men's values, attitudes and behavioural patterns that fuel the pandemic.
  - Modify existing structures and systems (such as legal, educational, economic), which support the existing power imbalance between women and men in society.
  - Identify stakeholders and possible partners at all levels in order to strengthen efforts to combat HIV/AIDS.
  - Share experiences, resources, and exchange information, ultimately leading to better co-ordination and collaboration.
  - Prepare a plan of action with concrete activities at all levels in order to target women and men effectively, as well as girls and boys in the fight against HIV/AIDS.
  - Build capacities for a gender sensitive multi-sectoral response to HIV/AIDS within relevant government and non-government sectors, for greater efficiency.



## A gender sensitive multi-sectoral response to HIV/AIDS in a nutshell

### Background

How did GMS come into being?

- Efforts by countries to promote equality of opportunities and outcomes between women and men
- Some progress made in addressing gender gaps, gender mainstreaming efforts intermittent, lack of coordination, difficulties in determining national aggregate performance
- Mandate of 5 & 6 Women's Ministers' meetings

### What is a GMS for HIV/AIDS?

- A Commonwealth approach for gender mainstreaming in HIV/AIDS
- A network of structures, mechanisms and processes developed within an existing framework to address HIV/AIDS
- It should guide and encourage the planning, monitoring and evaluation process of integrating gender into all areas of work related to HIV/AIDS
- Should lead to enhanced levels of gender equality and equity so that both women and men benefit from HIV/AIDS interventions, within the context of sustainable development

### Who can use it?

It can be established at any level of government or institution, intergovernmental organisations, NGOs, CBOs, private sector, etc.

### Mission

To ensure gender equality and equity in the fight against HIV/AIDS through

- Promoting political will
- Forging a partnership of stakeholders
- Building capacity
- Sharing good practice

### Objectives

- To promote systematic and consistent gender mainstreaming into HIV/AIDS policies, plans, programmes and activities at all levels
- To assist state and non-state actors to acquire gender sensitisation, analysis and planning skills necessary for development and implementation of national HIV/AIDS strategies, policies, plans and programmes
- To strengthen the capacity of National HIV/AIDS Coordinating Agencies to direct, advise and coordinate national gender mainstreaming efforts in the area of HIV/AIDS

- To create an enabling gender inclusive environment in the fight against HIV/AIDS and address the differential impact of the pandemic on women and men at all levels.

### GMS stakeholder approach

Broad principles:



### GMS essential components

- Enabling environment
- The GMS process
- GMS structures
- GMS mechanisms



### Assumptions and risks

Application of GMS principles to HIV/AIDS is carried out with the assumptions that governments:

- Will adopt a multi-sectoral approach to HIV/AIDS, if they have not already done so.
- Have an obligation to promote gender equality and human rights as enshrined in international and regional human rights standards, and other mandates.
- Can put in place a constitutional and legislative framework to promote the gender equality and protect the human rights of women, address gender-based violence, and protect the rights of people living with HIV/AIDS.
- Have the political will at the highest level to do all that is necessary to promote gender equality and in particular, address discrimination against women in all HIV/AIDS interventions.
- Will be able to commit the human, institutional and financial resources necessary for effective gender mainstreaming in all HIV/AIDS policies, programmes and activities.

- Will increase the effectiveness of current strategies and control the HIV/AIDS pandemic by targeting women and girls.
- Will promote multi-disciplinary efforts and the implicit interdepartmental collaboration and co-ordination within and outside government structures. Successful implementation of a GMS in HIV/AIDS depends on joint and co-ordinated effort at different levels of government, private sector and with the civil society.
- Will increase women's involvement in decision-making processes in the political, public and private sectors, which is fundamental to combating HIV/AIDS.

The risks include:

- Focussing interventions towards women because of their vulnerability may lead to misconception that this is a woman's issue.
- Stereotyped attitudes and behaviours about men and women may prevent or ignore the need for gender specific interventions.
- Lack of information and lack of co-ordination and collaboration amongst

agencies and sectors may lead to duplication of efforts or adhoc responses with no/little follow up.

- The top-down approach typical of bureaucratic structures is likely to be imposed on all initiatives, and this may sabotage the multi-sectoral response to HIV/AIDS.
- The low priority given to gender issues is likely to impact negatively on the amount of resources allocated to promote a deeper understanding of the gender dimensions of HIV/AIDS and how these could be integrated into all policies and programmes.
- The inadequate representation of women at all levels of decision-making continues to limit their direct inputs into efforts to combat HIV/AIDS.



### Group Exercise

This exercise can be done in plenary or by small groups. The purpose is to consolidate a gender sensitive approach to the multi-sectoral response to HIV/AIDS. Several sectors could be discussed, depending on available time and level of group engagement in the exercise. If you decide to have small group discussions, each group can be assigned a sector.

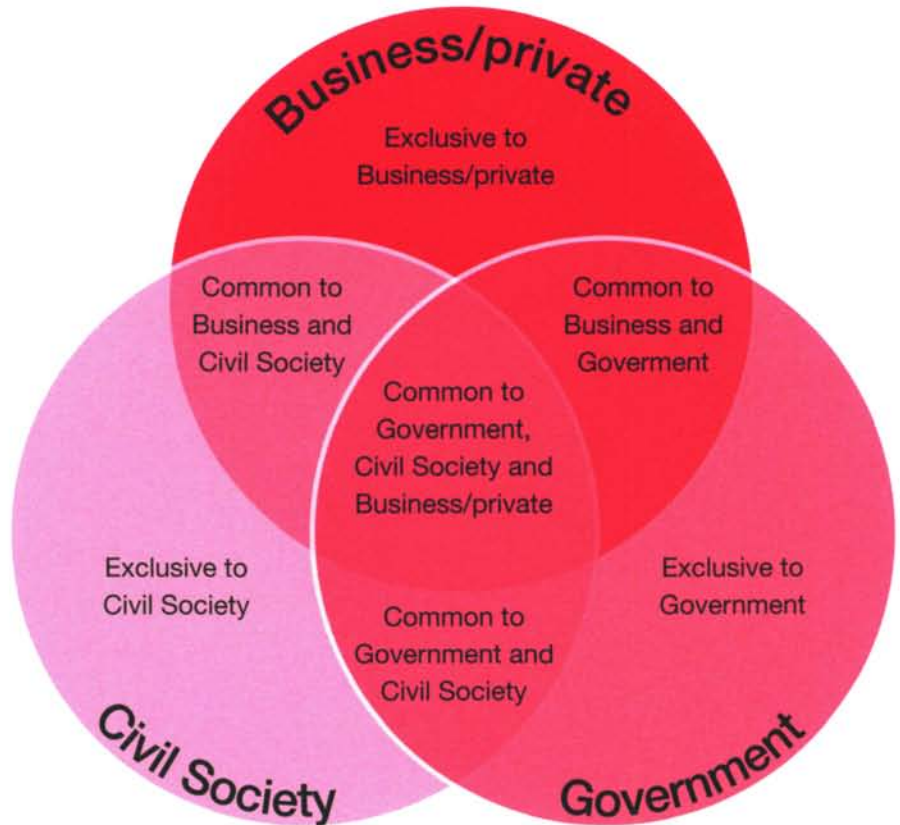
SECTOR	IMPACTS OF HIV/AIDS. WHO IS AFFECTED MORE? WHY?	OVERALL AND SPECIFICALLY TARGETED POLICY/ACTION
Agriculture		
Defense		
Education	Student absenteeism because they have to care for sick relatives. Girls are affected more.	Develop support structures for care provision to enable more girls to finish education
Business		
Home-Based Care**		



\*\* Special consideration

Conclude plenary discussions for this session by emphasising that as a consequence of the gendered impacts of HIV/AIDS, women and men, girls and boys experience the pandemic differently. As such all policy and programme measures taken to combat HIV/AIDS must necessarily be based on the actual respective experiences of women and men, girls and boys, and how these measures are likely to impact on their lives. This is the essence of gender responsive policy and programme development.

**Emerging Multi-sectoral Scenario of Activities**



This is a very simple illustration of a highly complex multi-dimensional programme intersection situation.

The diagram illustrates that various sectors within government, business and civil society undertake activities for the implementation of their respective HIV/AIDS programmes.

Respective groups, such as government, business or civil

society, may exclusively implement some activities. Other activities may be common across two groups, for example government and civil society, government and business, or civil society and business. There will also be a core of activities that will be common across all three groups.

It is important to appreciate that common activities will not necessarily translate into shared or complementary programmes. Therefore the multi-sectoral



## Summary points for the facilitator

response to HIV/AIDS is based on the following principles:

- Addresses HIV/AIDS as a development issue
- Considers the context of the epidemic
- Takes an integrated and cross-cutting approach to HIV/AIDS
- Involves all sectors
- Depends on effective leadership and co-ordination
- Builds on comparative advantages and existing strengths
- Means taking action at every level
- Means sharing responsibility
- Is based on working together for a common purpose and therefore thrives on finding new ways of working with different partners
- Depends on good communication
- Requires transparency and accountability
- Requires capacity building and resource mobilisation

- Is simply dynamic

### **Mainstreaming gender into the multi-sectoral response**

An understanding of the gender issues and dimensions of HIV/AIDS must be central to the analysis of causes and contributory factors.

It is vital that in developing and applying this multi-sectoral response, the concept of gender is included at every stage. Understanding gender issues and dimensions of HIV/AIDS must be central to the analysis of causes and contributory factors as well as to the planning and execution of responses, whether these are aimed at preventing transmission or mitigating the impacts of the disease.

Gender Mainstreaming calls for skills in gender-based understanding, analysis and planning; the capacity to collect and interpret sex-disaggregated data; a commitment by government to take action to achieve gender equality; and the availability of human, technical and financial resources.

Gender concerns have not been adequately addressed in existing multi-sectoral responses to HIV/AIDS, partly because there is a skills gap

in gender sensitisation and analysis among senior policy makers, middle level professionals and others involved in the design and implementation of these responses.

Gender Mainstreaming is missing in multi-sectoral responses due to lack of gender related skills, gender sensitisation and analysis for those involved in policy development and implementation.

- Building capacity for training in gender sensitisation and analysis
- Establishing system-wide processes in each sector to oversee programme development, implementation, monitoring and evaluation, taking into account women's and men's needs, interests and contributions
- Enhancing capacities for the collection, analysis and use of sex-disaggregated data.
- Gender analysts and decision makers need to factor in gender indicators in their preparation of policy guidelines. These indicators should be culturally appropriate.



- Policy makers must take into consideration the different impacts of messages on men and women, for example, the public message of promoting safer sex.
- Policies and programmes should attempt to reach vulnerable populations in a broad based way.
- Both short- and long-term gender sensitive strategies need to be developed from community to national level. The short-term strategies might focus on people's immediate needs such as information, support for home-based care and access to treatment for STIs. More long-term strategies need to address the underlying social and cultural structures that sustain gender inequality.

Examples of HIV/AIDS Issues and Responses by Sector (Refer to pages 64 – 76 of Gender Mainstreaming in HIV/AIDS: Taking a Multi-sectoral Approach)



The session aims at developing a framework that will assist stakeholders to prepare action plans for mainstreaming gender into HIV/AIDS. It also motivates stakeholders through an empowerment process to assume the position of change agents.

### Session objectives:

- ⌘ To facilitate a process that will assist stakeholders in developing implementable plans.
- ⌘ To impress upon stakeholders the critical issue of being a change agent in the process of mainstreaming gender into HIV/AIDS.



## Activity 1 Developing a framework for a plan of action

### **Activity objective**

To assist participants with a framework on which their action plans will be based.

### **Materials**

Flipchart/grid  
Overhead projector/power point  
Transparencies  
Pens  
Adhesive putty

### **Time**

120 minutes

### **Method**

Group work  
Plenary presentations

### **Process**

- Present the sample action plan on the next page and explain the purpose and process of the activity
- Divide the participants into groups
- Distribute the guiding questions for participants to answer in their groups
- Allow 90 minutes for preparation of action plan
- Facilitate brief reports back from each group and record the emerging issues on the flipchart (30 minutes)

### **? Guiding Questions**

1. What is your overall aim in your plan of action?
2. What are your immediate, medium and long-term objectives?
3. What outcomes and outputs do you want to achieve?
4. Who are your major target groups/stakeholders for implementation of the action plan?
5. Indicate a timeline with specific months and dates by which you will achieve each activity
6. How will you measure success/achievement of intended outcomes?





**Overall objective: the overall objective is to embark on a mobilisation strategy of all critical stakeholders for HIV/AIDS gender mainstreaming programme**

OBJECTIVES	ACTIVITIES	LEAD	ASSUMPTIONS AND RISKS	OUTCOMES AND OUTPUTS	INDICATORS OF SUCCESS	TIME FRAME
To obtain a buy in process from critical stakeholders for mainstreaming gender into HIV/AIDS	Consultative meetings and workshops		Senior level stakeholders sensitised on the programme Donors willing to fund.  Initial resistance of gender considerations Trivialisation of gender issues and doing it piecemeal		Meetings and workshops have occurred and reports produced. Few gender advocates on HIV/AIDS begin to surface. Buy in process obtained to a reasonable level	

**Overall objectives: to create a deeper understanding of the relationship between gender and HIV/AIDS**

OBJECTIVES	ACTIVITIES	LEAD	ASSUMPTIONS AND RISKS	OUTCOMES AND OUTPUTS	INDICATORS OF SUCCESS	TIME FRAME
To create a deeper understanding of key gender concepts and how these impact on HIV/AIDS	Workshops on mainstreaming gender into HIV/AIDS		Mobilisation activities for stakeholder enrolment have occurred  Gender is a sensitive issue  Cultural practices will be a hindrance		Workshops conducted and reports produced and circulated  Feedback obtained for future programmes	



Overall objective: to initiate a process policy review and formulation

OBJECTIVES	ACTIVITIES	LEAD	ASSUMPTIONS AND RISKS	OUTCOMES AND OUTPUTS	INDICATORS OF SUCCESS	TIME FRAME
To examine policies and procedures that are gender blind and formulate new policies for mainstreaming gender into HIV/AIDS	Review of existing documents of different sectors  Preparation of a situational analysis by sectors  Development of a gender policy on HIV/AIDS		Gradual removal of stereotypes  Stakeholders are gender aware  Time constraints  Policies are not harmonised		Documents reviewed and gender gaps identified  Situational analysis produced and circulated  Gender policy in place	

## Activity 2 Empowering action agents for mainstreaming gender into HIV/AIDS



### 📌 Activity objective

To facilitate a process that empowers stakeholders to carry the process forward with commitment and passion.

### 🕒 Time

45 minutes

### 👥 Method

Group work  
Checklist

### 📋 Process

- Divide the participants into groups
- Distribute a check list with principles of commitment with guiding questions
- Allow 25 minutes for discussion
- Facilitate a report back session
- Record the key emerging points on flip chart

### 📁 Materials

Flip chart  
Overhead projector/power point  
Transparencies  
Pens  
Adhesive putty

### ? Check list and guiding questions

1. Win friends, allies and opponents
2. Build a forceful team
3. Tailor positive strategies and messages to overcome false images
4. Focus on facts
5. Involve converted men and women
6. Target a critical mass

### ? Questions

1. Do you agree with the items on this checklist?
2. What is missing on this checklist?
3. How does change occur most effectively (what qualities, resources, institutional support are needed?)? Make this as practical and simple as possible.





An action plan for mainstreaming gender into HIV/AIDS requires a stakeholder involvement and enrolment strategy. This approach will allow work to be done in an integrated manner.

In the process of developing an action plan, follow the format and information stated below:

- Develop of an overall objective which encompasses the entire picture depicted
- Formulate focused objectives which are specific, measurable, achievable, realistic and time bound (SMART)
- Develop activities that will assist you to achieve your objectives
- Identify lead actors that will undertake the activities and perform according to the plan
- Document any assumptions and risks inherent in achieving the objectives
- Document resources – human, financial and physical
- Develop verifiable indicators to assess the level of achievement of the objectives in a qualitative and quantitative manner.

For mainstreaming gender into HIV/AIDS, an empowerment process is critical for the following reasons:

- To motivate committed agents of change
- To obtain ownership of the process

The agents of change will have the ability, passion and compassion to implement the programme successfully.

They will be able to:

- Win friends
- Allies and opponents
- Build a forceful team
- Tailor positive strategies and messages
- Expose and highlight false images and messages
- Focus on facts
- Involve committed men and women
- Target critical mass.

Such change agents should embrace the following principles:

- Commitment
- Consideration
- Compassion
- Capacity
- Core business orientation.

Change agents that embrace the above principles will gain:

- Self-esteem in conducting their activities
- Associative strengths to build on each other's efforts
- Resourcefulness contributing to a body of knowledge, and skills
- Action planning skills and team-work
- Responsibility for the action plan developed.

# FOREWORD

For the past decade, emphasis has been placed on the development of a multi-sectoral approach in the development and implementation of National AIDS Prevention and Control programmes. There are many positive benefits from this approach, not least the involvement of sectors other than health in HIV/AIDS.

HIV/AIDS is a development issue – affecting all sectors of society – economic and social development, education, public services, food security, to name a few.

At the heart of this pandemic lies gender inequality. Inequality between men and women – in personal relationships, in the household and community, and in society as a whole – is what drives and perpetuates HIV/AIDS. This requires that existing multi-sectoral approaches should be viewed with a "gender lens" to ensure that the needs and concerns of both women and men are addressed in policies, strategies and programmes at all levels including national and sectoral.

The manual represents another initiative by the Commonwealth Secretariat to mainstream gender equality into all government policies and programmes, as mandated by Commonwealth Heads of Government.

The people who will benefit from this manual are at the management levels of a wide range of organisations. This is the essence of the multi-sectoral approach, which involves participation by many stakeholders from different organisations at all levels of the society.

This training manual therefore applies a gender perspective to HIV/AIDS in the context of broad-based multi-sectoral approaches. It is intended to assist managers and planners at different levels to identify the gender aspects of HIV/AIDS and to factor these into all policies, programmes, projects and activities.

ISBN 978-1-84859-862-1



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