

OPERATIONAL GUIDE ON

# **GENDER**



# **HIV/AIDS**

A RIGHTS-BASED APPROACH



Prepared for the  
**UNAIDS Interagency Task Team on Gender & HIV/AIDS**

2005



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UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS

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## Foreword

The 2003 initiative of the UNAIDS Inter-agency Task Team on HIV/AIDS and Gender reflects the enhanced concern of the international community that the escalating impact of the HIV/AIDS epidemic on women and girls globally is occurring in the context of profound gender, class, age and other inequalities.

The Resource Pack sets out the status of the AIDS epidemic globally and how it links with gender based inequality and inequity. It analyses the impact of gender relations on the different aspects of the HIV/AIDS epidemic and makes recommendations for effective programme and policy options. It includes a review paper for expert consultation 'Integrating gender into HIV/AIDS Programmes' prepared by Geeta Rao Gupta, Daniel Whelan, and Keera Allendorf, International Center for Research on Women (ICRW) on behalf of the WHO, and 17 Fact Sheets with concise information on gender related aspects of HIV/AIDS, prepared by the different UN agencies involved.

The Operational Guide, developed by the Royal Tropical Institute (KIT), the Netherlands, seeks to give guidance to development practitioners by providing a coherent conceptual framework from a gender and rights perspective and a set of guidelines, checklists and tools for programme implementation. The guide represents the work of the KIT Social Development and Gender Equity team and associates. These include Maitrayee Mukhopadhyay, Marguerite Appel, Nandinee Bandopadhyay, Rangan Chakravarti, Emma Bell and Sue Enfield. Mirjam van Donck deserves specific acknowledgement for writing the final version of the guide.

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## 1. About this Operational Guide

### Why this Operational Guide?

It is increasingly recognised that HIV/AIDS thrives on and intensifies inequalities. Put differently, the inadequate realisation of human rights facilitates the spread of HIV and worsens the impact of HIV/AIDS. Gender inequality and poor respect for the human rights of women and girls is a particularly critical factor in the HIV/AIDS epidemic:

- ♦ In 1997, four out of ten people living with HIV/AIDS worldwide were women. By 2004, women made up almost 50% of people living with HIV/AIDS. In countries where heterosexual transmission is the main mode of HIV transmission, women are more likely than men to be infected with HIV. In sub-Saharan Africa, close to six out of ten adults (15-49 years) infected with HIV are women. The highest 'gender gap' in HIV infection rates is recorded between young women and men between 15-24 years old. Understanding why women and girls are more likely to become infected with HIV brings us into the domain of gender relations and gender inequality.
- ♦ Because a growing number of women and girls are being infected with HIV, women and girls will make up a significant proportion of those requiring appropriate treatment and care. For those women and girls who are pregnant or who are breastfeeding their babies, it is not only their own health and lives that are at stake, but also that of their babies. Past experience has shown that there are many barriers to the realisation of women's right to health and to life. One of these obstacles is the tendency of households to spend more money on medical treatment for men than for women.<sup>1</sup> Other barriers relate to inadequate reproductive and sexual health services; negative attitudes of health workers towards women and girls, resulting in poor treatment; and, women's neglect of their own health needs, amongst others.<sup>2</sup>
- ♦ Women and girls, more than boys and men, are likely to assume responsibility for those who are sick and in need of care, like orphans. Because young adult women are disproportionately affected by HIV/AIDS, it is often elderly women and young girls who step into these roles. The burden of care is particularly heavy and onerous when public and private support services are lacking or unable to cope with the demand. Other impacts of the HIV/AIDS epidemic also tend to affect women, men, girls and boys differently. For example, girls are more likely than boys to be taken out of school to help out in the household and as a cost-saving measure.
- ♦ HIV/AIDS-related stigma and discrimination tends to intertwine with and reinforce existing prejudices and inequalities. Women and girls are often blamed for bringing disease and death into the family, regardless of whether and how they may have contracted HIV.

Both from the point of view of effectiveness and from the perspective of social justice, HIV/AIDS programming must therefore take account of the gender dimensions of the HIV/AIDS epidemic. At the same time, addressing gender equality is possibly the most effective strategy in reducing vulnerability to HIV infection and in enhancing the capabilities of individuals, households and communities to cope with the consequences of HIV/AIDS. When the human rights of women and girls are truly respected and when women and girls are able to engage their male counterparts as equal partners in the household, the community, the workplace, at school and in politics, the epidemic will cease to spread so rapidly and will no longer cause such devastation.

The premise of the Operational Guide is that in order to enhance the effectiveness of HIV/AIDS programming:

- i) Inequalities based on gender relations have to be acknowledged and addressed;
- ii) The reduction of these inequalities should be integral to the strategic response to HIV/AIDS (as much as it should be integral to development programming in general);
- iii) The strategic response has to be informed by the experiences and perspectives of women and girls and should contribute to their empowerment;
- iv) The role of men and boys in promoting gender equality must also be addressed.

### Purpose of this Guide

The Operational Guide tries to make the relationship between gender, human rights and HIV/AIDS obvious to those working in the development sector. More than that, it seeks to give guidance to development programmers and practitioners on how to keep these complex linkages in mind when going about their daily business. The Operational Guide gives this support by providing a coherent conceptual framework and a set of guidelines/checklists and tools. The checklists aim to provide HIV/AIDS programmers and other development practitioners with a tool to assess the extent to which their work contributes to gender equality. The tools are meant to help development programmers deepen their understanding of the linkages between gender, human rights and HIV/AIDS and respond strategically to these challenges. Of course, tools and techniques are hardly ever universally applicable. When applied in practice, the techniques and approaches presented in this Operational Guide have to be adapted to local circumstances.



The checklists and tools in this Operational Guide will be most valuable and effective if those directly affected by the proposed programme or intervention are involved. However, in choosing the tools and techniques an attempt has been made to propose tools that can be used by development programmers individually or collectively to initiate a gender and rights-based approach to HIV/AIDS programming and to development work more generally. From here, more participatory techniques and tools can be employed to deepen and entrench this approach.<sup>3</sup>

The Guide complements the paper *Integrating Gender into HIV/AIDS Programming* enclosed in this resource pack, which provides valuable information on what a gender approach to development entails. The paper also presents a more in-depth analysis, backed up by concrete examples, of how gender mediates vulnerability to HIV infection and how the impacts of HIV/AIDS (including the need for treatment and care) affect women, girls, men and boys differently.

Another useful resource in the resource pack is the fact sheet titled *HIV/AIDS, Gender and Human Rights*. This fact sheet summarises how human rights relate to HIV/AIDS, which human rights are most pertinent in relation to HIV/AIDS, and what human rights instruments and other important documents exist to address the gender dimensions of HIV/AIDS.

### Who this Guide is for

The Operational Guide aims to be helpful to people working in the development sector, whether they find themselves in government, international development organisations, NGOs or community organisations. It specifically targets those working in the field of HIV/AIDS, but it also hopes to be of use to development programmers and practitioners in a more general sense.

Whereas the first target group (HIV/AIDS programmers) is probably obvious for a Guide concerned with HIV/AIDS, the suggestion that it is also intended for those not working explicitly on HIV/AIDS may need some explaining. The starting point of this Guide is that gender, human rights and HIV/AIDS are inseparable from development. This is particularly the case in countries with a severe HIV/AIDS epidemic. It also applies to those countries where the epidemic is still latent, but where the possibility exists that HIV may spread rapidly in the near future. Recognising that these development challenges are interconnected means, for example, that those concerned with reducing poverty need to understand:

- ♦ How poverty affects women and men, girls and boys differently;
- ♦ How poverty is a manifestation of the inadequate realisation of basic rights to shelter, food, health, education, income, and so on;
- ♦ How poverty enhances vulnerability to HIV infection;
- ♦ How HIV/AIDS enhances poverty and how this is experienced differently by boys and girls, men and women.

### Structure of the Operational Guide

The next section summarises what a gender and rights-based approach to HIV/AIDS means. It clarifies the key concepts and the linkages between these concepts. Because the emphasis in this Guide is on practice ('what' and 'how to') rather than theory, Section 2 is deliberately kept quite short. For those interested in more information, Appendix 1 describes the conceptual framework underpinning the Operational Guide in more detail.

Sections 3-6 identify four critical operational areas of development programmers: Programming (Section 3), Funding Support (Section 4), Communication (Section 5) and Networking & Advocacy (Section 6). It could be argued that participation and monitoring & evaluation are also important operational areas that should be taken into account. The approach adopted in this Guide is that participation and monitoring & evaluation are not separate areas of operational activity, but need to be part and parcel of the four operational areas identified. The participation of women and girls, including women and girls living with HIV/AIDS, is a core human rights principle and has to be an integral aspect of each operational area. Likewise, in each operational area the importance of monitoring the effectiveness and impact of interventions needs to be taken into account. An effort is therefore made to incorporate concerns related to participation and monitoring & evaluation into each operational area.

Each operational area is related to the core components of a comprehensive response to HIV/AIDS, i.e. vulnerability reduction and prevention of new infection; provision of improved care and services; and, mitigation of the social and economic impacts of HIV/AIDS. Each section starts with a brief introduction, which summarises the importance of this particular operational area for HIV/AIDS.

The introduction is followed by a checklist to allow development programmers to assess whether gender equality is sufficiently taken into account in relation to the three components of a comprehensive response to HIV/AIDS. The possible answers are 'yes', 'somewhat' and 'no'. At times, in the case where 'no' or 'somewhat' is ticked, reference is made to a particular tool that will assist the user to broaden her/his understanding and to incorporate the omitted dimensions into her/his work. The tools are reflected in Section 7. At other times, the motivation for doing something, or doing it in a particular way, is found in Section 2 or Appendix 1.



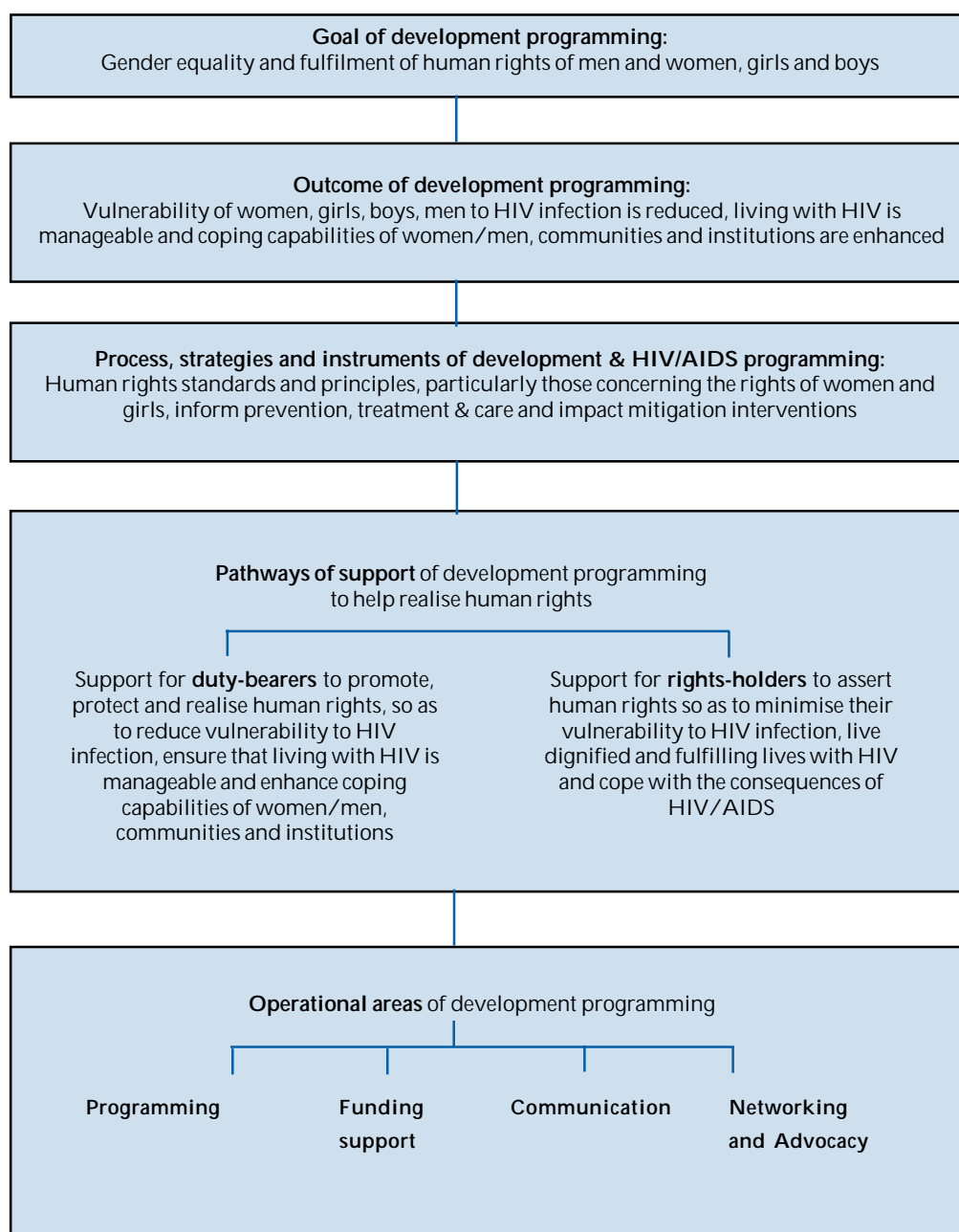


Following the Conclusion (Section 8), Section 9 presents a list of useful resources for further reading. The last section (10) is a glossary of the key concepts used in the Operational Guide, especially in Section 2. To facilitate easy reading, definitions of these concepts are also given in boxes in the text, as the terms occur.

Graph 1 reflects the conceptual framework and structure underpinning this Operational Guide. The next section will say more about the top three boxes of the graph, whereas the bottom part of the graph is dealt with in Sections 3-6.

The focus of this Operational Guide is on promoting a gender and rights-based approach to HIV/AIDS in development programming. The Operational Guide does not explicitly address workplace issues. These issues are extensively addressed in the ILO education and training manual *Implementing the ILO Code of Practice on HIV/AIDS and the World of Work*. It is clear, though, that the internal environment in which development programmers and practitioners work has a significant impact on the nature and quality of development work. It also affects the credibility of an organisation to promote a gender and rights-based approach to HIV/AIDS. Thus, a key challenge facing development organisations, of whatever kind, is to 'lead by example' and be an enabling, gender-sensitive and inclusive organisation.

**Graph 1 : Operationalising a gender and rights-based approach to HIV/AIDS**





### Box 1. Women increasingly affected by HIV

In recent years, the overall proportion of HIV-positive women has steadily increased. In 1997, women were 41% of people living with HIV; by 2004, this figure rose to almost 50%. This trend is most marked in places where heterosexual sex is the dominant mode of transmission, particularly the Caribbean and sub-Saharan Africa. Women also significantly figure in many countries with epidemics that are concentrated in key populations such as injecting drug users, mobile populations, and prisoners.

#### Sub-Saharan Africa

Nowhere is the epidemic's 'feminization' more apparent than in sub-Saharan Africa, where 57% of adults infected are women, and 75% of young people infected are women and girls. Several social factors are driving this trend. Young African women tend to have male partners much older than themselves – partners who are more likely than young men to be HIV-infected. Gender inequalities in the region make it much more difficult for African women to negotiate condom use. Furthermore, sexual violence, which damages tissues and increases the risk of HIV transmission, is widespread, particularly in the context of violent conflict.

In countries where the general population's prevalence is high and women's social status is low, the risk of HIV infection through sexual violence is high. A survey of 1366 women attending antenatal clinics in Soweto, South Africa, found significantly higher rates of HIV infection in women who were physically abused, sexually assaulted or dominated by their male partners. The study also produced evidence that abusive men are more likely than non-abusers to be HIV-positive (Dunkle et al., 2004).

#### Asia

Similar factors are threatening women in South and South-East Asia, but the overall impact in the region is much lower because the epidemic in most countries is concentrated among injecting drug users and other key populations. At the end of 2004, women accounted for 30% of infections, a slight increase compared to end-2001 estimates. In South Asia, women's low economic and social position has profound implications. Congruence between indicators of women's poor status and their HIV vulnerability suggests a close link between patriarchy and HIV in South Asia (UNDP, 2003). Women typically have limited access to reproductive health services and are often ignorant about HIV, the ways in which it can spread and prevention options. Social and cultural norms often prevent them from insisting on prevention methods such as use of condoms in their relations with their husbands.

#### Global increases, global inequality

Increases in the percentage of HIV-infected women also appear to be rising in: North America (25% in 2004, compared to 20% in 2001); Oceania (21% in 2004, compared to 17% in 2001); Latin America (36% in 2004, compared to 35% in 2001); the Caribbean (49% in 2004, compared to 48% in 2001), and Eastern Europe and Central Asia (34% in 2004, compared to 32% in 2001). While it is difficult to compare all the regional factors causing this increase, it is clear that gender inequalities – especially the rules governing sexual relationships for women and men – are at the heart of the matter.

(UNAIDS 2004, *2004 Report on the Global AIDS Epidemic*, Geneva: UNAIDS, p.22 and *AIDS epidemic update, December 2004*, Geneva, UNAIDS/WHO.)



## 2. Gender and HIV/AIDS: Towards a rights-based approach

### Why a gender and rights-based approach to HIV/AIDS?

As the paper Integrating Gender into HIV/AIDS Programming enclosed in this resource pack highlights, it is increasingly clear that gender roles and gender relations influence the extent to which women and men, girls and boys:

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

Appendix 1 explains in some detail how **gender**, and particularly **gender inequality**, increases **vulnerability** to HIV infection. It also describes how gender roles and gender relations influence access to, and use of, care and support services for women/girls and men/boys living with HIV/AIDS. Finally, attention is given to the different ways in which women and men, girls and boys tend to experience the HIV/AIDS epidemic and try to cope with its consequences.

Preventing the spread of HIV, ensuring that HIV/AIDS is a manageable disease for those infected with HIV, and successfully averting and mitigating the multiple impacts of HIV/AIDS can only be done successfully if gender issues are effectively integrated into HIV/AIDS programmes. At the same time, as noted in Section 1, reducing gender inequality in all its facets and manifestations and transforming gender stereotypes and gender relations is possibly the most effective strategy in reducing vulnerability to HIV infection. It is equally critical in enhancing the capabilities of individuals, households and communities to cope with the consequences of HIV/AIDS.

Addressing gender issues is not a matter of occasionally or haphazardly including a focus on women (and/or girls) in HIV/AIDS programming. Rather, what is at stake is the equal protection and realisation of human rights of men and women, regardless of age, ethnicity, religion, class or any other factor, so that they can realise their full human potential. Central to such an approach is an understanding and ability to challenge concepts of **masculinity** and **femininity** that make both men/boys and women/girls vulnerable to HIV infection and that prescribe specific roles for men/boys and women/girls in coping with the consequences of HIV/AIDS. These concepts, and their expressions in day to day reality, vary in different socio-cultural contexts. Overall, a gender-inclusive approach to HIV/AIDS may require that interventions are rethought and redesigned using frameworks that protect and promote rights, reduce inequality and harness the substantive participation of those who are most affected. It may also be possible to draw on, or further build on, existing good practice.<sup>4</sup>

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

The *UN Common Understanding on the Human Rights Based Approach to Development*<sup>5</sup> identifies three core features of a rights-based approach:

1. It contributes to the realisation of human rights as reflected in the Universal Declaration of Human Rights and other international human rights instruments.
2. It adheres to international human rights standards and principles (see Box 2).
3. It supports the development of the capacities of '**duty-bearers**' to meet their obligations and/or of '**rights-holders**' to claim their rights.

**Gender** refers to the rules, norms, customs and practices through which the biological differences between males and females are transformed into social differences between men and women, boys and girls. As a result, women/girls and men/boys are valued differently and have unequal opportunities and life chances.

**Gender equality** means equality of treatment under the law and equality of opportunity for women and men. Gender inequality is generated both by society's written and unwritten norms, rules and shared understandings. It is pervasive across societies and is the most prevalent form of social inequality. It cuts across other forms of inequality such as class, caste, race and ethnicity. The rationale for addressing gender inequality is not only that it exists in all societies, but that it exists at all levels.

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

**Femininity** refers to the qualities or characteristics considered appropriate for women/girls. **Masculinity** refers to the qualities or characteristics considered appropriate for men/boys. What is considered appropriate female or male behaviour, or what are considered female or male virtues and qualities, depends on the cultural context and time. It can also differ depending on factors such as class, age, ethnicity and other social differences. This means that there are multiple femininities and masculinities in any given context. The dominant ideologies of femininity expect women/girls to be subordinate, obedient and dependent; passive in sexual relations; virgins, chaste and monogamous; and privilege motherhood as the primary reason for having sex. The dominant ideologies of masculinity expect men/boys to be independent, dominant, invulnerable aggressors and providers, strong and virile. However, dominant ideologies can be changed. The implication for HIV prevention is that gender identities and the masculinities and femininities that these give rise to do change and can be modified.



An essential feature of a rights-based approach is a focus on strategies for empowerment, which support 'rights-holders' (or their representative organisations) with power, knowledge, capacities and resources to ensure that

The starting point of a rights-based approach is to identify rights-holders and corresponding duty-bearers.

**Rights-holders** are individuals and social groups that have particular entitlements. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected. More often than not, these groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants and children, for example. A rights-based approach does not only recognise that the entitlements of rights-holders need to be respected, protected and fulfilled, it also considers rights-holders as active agents in the realisation of human rights and development – both directly and through organisations representing their interests.

**Duty-bearers** are those actors that have a particular responsibility to respect, promote and realise human rights and to abstain from human rights violations. The term is most commonly used to refer to state actors, but non-state actors can also be considered duty-bearers. An obvious example is private armed forces or rebel groups, which under international law have a negative obligation to refrain from human rights violations. Depending on the context, individuals (e.g. parents), local organisations, private companies, aid donors and international institutions can also be duty-bearers.

they can be active agents in the development process, thereby taking control of their own destinies. It implies that special attention is given to marginalised groups and that strategies are adopted to ensure the elimination of disadvantage and vulnerability in a given context. In other words, a rights-based approach is underpinned by a careful assessment of who or which social groups are marginalised in a particular context, what the nature of their vulnerability is, and what strategies for empowerment are required to enable these social groups (or their organisations) to change their lives for the better.

Although the Common Understanding does not make explicit reference to gender considerations or the rights of women, gender inequality issues are fundamentally about human rights. A women's rights perspective requires that the realities of women and girls are central to any interpretation of human rights and to the application of these rights and related obligations. This requires an understanding of the historical, social, cultural, economic, political and legal barriers that impede the realisation of genuine equality for both men/boys and women/girls.<sup>6</sup> In other words, equality between men and women, boys and girls is not simply achieved by enabling equal access to opportunities and services (commonly referred to as 'formal equality'); it also requires the removal of institutional barriers and historical disadvantage to ensure that women/girls and men/boys can access, use and benefit from these services and opportunities (referred to as 'substantive equality').

The international community has adopted a number of key instruments and important documents, which provide a clear framework and mandate for addressing gender inequality in general and for addressing the gender dimensions of HIV/AIDS through the protection and promotion of human rights (see Box 3).

In relation to HIV/AIDS, a gender and rights-based approach implies:

### Box 2. Human rights principles in development work

According to the UN Inter Agency Common Understanding on the Human Rights Based Approach to Development, human rights principles guide all programming in all phases of the programming process, including assessment and analysis; programme planning and design; implementation; and, monitoring and evaluation. Among these principles are:

- *Universality and inalienability*: All people everywhere in the world are entitled to human rights, which no person or institution can take away from them.
- *Indivisibility, inter-dependence and inter-connectedness*: Civil, cultural, economic, political or social rights are all inherent to the dignity of a person and have equal status as rights. Also, the realisation of one right often depends upon the realisation of another right.
- *Equality and non-discrimination*: All individuals are equal and are entitled to their human rights without discrimination of any kind, whether on the basis of race, colour, sex, ethnicity, age, language, religion, political or other opinion, national or social origin, disability, property, birth or any other factor. This also implies an explicit focus on those who are most marginalised and/or most vulnerable to human rights abuses.
- *Participation, inclusion and empowerment*: Every person and all peoples are entitled to active, free and meaningful participation in, contribution to and enjoyment of civil, economic, social, cultural and political development in which human rights and fundamental freedoms can be realised.
- *Accountability and Rule of Law*: States and other duty-bearers are answerable for the observance of human rights and have to comply with norms and standards enshrined in international human rights instruments that they have ratified. When they fail to do so, rights-holders are entitled to claim redress before a competent court or other adjudicator.

Source: United Nations Common Understanding on the Human Rights Based Approach to Development (2003)



- ♦ Understanding the nature and extent of vulnerability to HIV infection of women, girls, men and boys and the gender-related barriers to HIV prevention (including lack of power, resources, skills and information), and putting the rights of women and girls central to programmatic responses aimed at curbing HIV spread;
- ♦ Understanding the social, cultural, economic, political and institutional barriers experienced by women, men, girls and boys living with HIV/AIDS in accessing and benefiting from treatment and care and putting this understanding central to programmatic responses aimed at providing universal treatment and care;
- ♦ Understanding the differential implications of HIV/AIDS on women and men, girls and boys at household, community, societal and economic level and ensuring that programmatic responses equally support the coping capabilities of women/girls and men/boys in a manner that challenges and changes gender stereotypes.

### Box 3. Important human rights instruments for gender equality and HIV/AIDS

A number of human rights instruments and policy documents have been adopted by the international community, which provide the framework for addressing the gender dimensions of HIV/AIDS. As such, these instruments also provide a tool for monitoring progress towards the realisation of these rights. The key instruments for gender equality and HIV/AIDS include:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Convention on the Rights of the Child (CRC)
- International Conference on Population and Development (ICPD) Programme of Action and ICPD+5 Key Actions
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- International Covenant on Civil and Political Rights (ICCPR)
- International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (MWC)
- United Nations General Assembly Declaration of Commitment on HIV/AIDS
- United Nations General Assembly Declaration on Violence Against Women
- International Guidelines on HIV/AIDS and Human Rights
- The Millennium Declaration

Table 1 serves as an example of how the rights-based approach embraced by UN agencies can be interpreted through a gender lens and applied to HIV/AIDS. The interpretations offered in Table 1 are suggestive rather than comprehensive. These would obviously need to be operationalised through the development of specific strategies, processes and instruments. The 'how to' question will be more specifically dealt with in Sections 3-7 of this Operational Guide.

Before turning to operational questions, a few points related to Table 1 are worth noting. Firstly, although vulnerability reduction and HIV prevention, care and access to services, impact mitigation and support for coping capabilities are clearly demarcated areas of intervention, in reality these represent a continuum of inter-related components of a comprehensive and strategic response to HIV/AIDS. For one, there are commonalities in the factors that enhance vulnerability to HIV infection, the factors that limit access to care and services, and the human rights implications of HIV/AIDS. For example, lack of food security, work, education and health are not only contributing factors to HIV vulnerability, but also likely impacts of the HIV/AIDS epidemic. Thus, the observance of human rights contributes to both HIV prevention and HIV/AIDS impact mitigation and can break the vicious cycle of vulnerability and a deterioration in the human rights situation. Also, there is evidence that interventions related to one particular component of HIV/AIDS programming can have beneficial implications for other components. For example, it has become widely accepted that the provision of appropriate treatment and care like voluntary counselling and testing (VCT) is not only a care strategy, but links treatment to HIV prevention and vulnerability reduction.

Secondly, the realisation of human rights – and more specifically of gender equality – is imperative regardless of the scale and stage of the HIV/AIDS epidemic. In countries and communities with a low HIV prevalence rate, the promotion of gender equality and human rights is integral to HIV prevention. In these countries, addressing the socio-economic realities of women and girls (integral to development work in general) can be the most effective pre-emptive and pro-active strategy for preventing HIV/AIDS from reaching epidemic proportions. In countries or communities with high HIV prevalence rates and where the epidemic is at a mature stage, the promotion of gender equality and human rights is relevant for all three components of a comprehensive response to HIV/AIDS. It is also critical for breaking the vicious cycle of vulnerability and reduced coping capability associated with HIV/AIDS.

Thirdly, it is important to remember that not all women, girls, boys or men are the same. Societies and communities tend to hold different expectations of men and women depending on their age, ethnic background, class, marital status, and so on. These factors also influence the extent to which women/girls and men/boys are able to challenge social expectations, overcome institutional constraints and are empowered to assert their human rights. Thus, in addressing the commonality of experiences of women and girls (as well as of men and boys), it is important not to lose sight of their diversity and of the specificity of their experiences.<sup>7</sup> This further



reinforces the need for a context-specific understanding of gender relations and gender inequality and for culturally sensitive programmes and projects. More specifically, within the context of HIV/AIDS this means not simply a focus on the differences between women/girls and men/boys in terms of their levels of vulnerability to HIV infection, to stigma and social exclusion and to other consequences of the HIV/AIDS epidemic. It also means giving careful consideration to those women, girls, boys or men with higher than average vulnerability to HIV infection (for example, women/girls from ethnic minorities, sex workers, men/boys who have sex with men, or women and men who are exposed due to their work situation), who are most at risk of social exclusion (e.g. widows), who are disproportionately affected by the epidemic (e.g. girls in child-headed households), and those who are least empowered to cope with the epidemic and its devastating consequences.

*Practical gender needs* stem from the gender roles and responsibilities of women and girls in society. These needs are practical in nature and are often related to inadequacies in living conditions, such as water provision, housing, health care, and so on. Practical gender needs do not challenge the division of labour between women/girls and men/boys or the subordinate position of women and girls in relation to men and boys.

*Strategic gender needs* are the needs women and girls identify because of their subordinate position to men and boys in society. These needs vary according to particular socio-cultural contexts. Strategic gender needs relate to the division of labour between women/girls and men/boys and to issues of power and control. These needs may include issues such as legal rights, domestic violence, equal wages and women's control over their bodies. Meeting strategic gender needs helps women and girls to achieve greater gender equality.

Finally, in addressing the complex challenges of gender and HIV/AIDS, it will be necessary to set priorities and make strategic choices about where and how to intervene. The distinction between **practical gender needs** and **strategic gender needs** might be useful to help in this process.<sup>8</sup> Addressing practical gender needs can make an immediate difference in the lives of women and girls. It can make their household responsibilities less cumbersome and time-consuming. For example, if water is provided in the house, women and girls no longer have to collect water elsewhere. It can also result in an improvement in their health and well being. But addressing practical gender needs does not automatically mean that the power relations between women and men, girls and boys are challenged and changed. Having access to water in the house does not mean that men and boys will help out with household chores, like cooking, doing the dishes or washing clothes. Addressing strategic gender needs means challenging the power relations and division of labour between women/girls and men/boys and promoting gender equality at home, at work, in the legal and political arena and in society at large. It is therefore important when setting priorities that the strategic gender needs of women/girls are not ignored.

The challenge to integrate a gender approach into development work is obviously not new or restricted to HIV/AIDS. Yet, possibly more than any other developmental challenge to date, HIV/AIDS brings into sharp focus the particular socio-economic, political, labour, cultural and legal position of women and girls. HIV/AIDS cannot be dealt with effectively unless the human rights of women and girls are at the centre of the response.



Table 1 : Application of the rights-based approach to HIV/AIDS from a gender perspective

	Vulnerability reduction and HIV prevention	Provision of improved care and services	Impact mitigation and support for coping capabilities
<p><b>Outcome:</b> Development programming to advance human rights</p>	<ul style="list-style-type: none"> <li>All women, girls, boys and men have the power, skills, knowledge and resources to protect themselves and/or others from HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>All women, girls, boys and men living with HIV can have dignified and fulfilling lives</li> </ul>	<ul style="list-style-type: none"> <li>All women, girls, boys and men have their human rights protected and realised and have the power, resources, infrastructure and support required to cope with the consequences of HIV/AIDS</li> </ul>
<p><b>Process, strategies and instruments:</b> Development programming to be based on human rights standards and principles</p>	<ul style="list-style-type: none"> <li>Based on the principles of universality, equality and non-discrimination, all aspects/phases of development programming to overcome gender inequality and to challenge and change gender stereotypes and cultural concepts of masculinity/femininity that serve to facilitate HIV spread</li> <li>All phases of development programming to address the specific nature of vulnerability to HIV infection of women, girls, boys and men, based on a recognition of the indivisibility and inter-dependence of human rights</li> <li>Effective and meaningful participation and inclusion of women from various backgrounds in all phases of programming</li> <li>Processes, strategies and instruments contribute to the empowerment of women/girls (and men/boys) to challenge and change gender stereotypes and to protect themselves from HIV infection, rather than being disempowering</li> <li>Processes, strategies and instruments to contribute to accountability towards women, girls, boys and men and accountability on progress made in reducing vulnerability to HIV infection of women, girls, boys and men (e.g. through gender indicators)</li> </ul>	<ul style="list-style-type: none"> <li>Based on the principles of universality, equality and non-discrimination, women, girls, boys and men to have equal access to all necessary services and to be treated equally, with dignity and respect</li> <li>All phases of development programming to contribute to the health and well being of women, girls, boys and men living with HIV/AIDS (informed by an assessment of the specific prevention treatment and care support needs of women/girls and men/boys), based on a recognition of the indivisibility and inter-dependence of human rights</li> <li>Effective and meaningful participation and inclusion of women, girls, boys and men living with and affected by HIV/AIDS in all phases of programming</li> <li>Processes, strategies and instruments contribute to the empowerment of women, girls, boys and men living with HIV/AIDS to challenge and change gender stereotypes and to access appropriate services</li> <li>Processes, strategies and instruments to contribute to accountability towards women, girls, boys and men living with HIV/AIDS and accountability on progress made in relation to accessibility, use and quality of necessary services for women, girls, boys and men living with HIV/AIDS (e.g. gender indicators)</li> </ul>	<ul style="list-style-type: none"> <li>Based on the principles of universality, equality and non-discrimination, all aspects/phases of development programming to strengthen coping capabilities of women, girls, boys and men and to challenge gender stereotypes that serve to place undue responsibility for impacts of HIV/AIDS on women and girls</li> <li>All phases of development programming to enhance the coping capabilities of women, girls, boys, men, communities and organisations in dealing with HIV/AIDS to ensure human rights are protected and fulfilled, based on a recognition of the indivisibility and inter-dependence of human rights</li> <li>Effective and meaningful participation and inclusion of women, girls, boys and men directly and indirectly affected by HIV/AIDS</li> <li>Processes, strategies and instruments contribute to the empowerment of women/girls (and men/boys) to challenge and change HIV/AIDS-related stigma and to cope with the consequences of HIV/AIDS</li> <li>Processes, strategies and instruments to contribute to accountability towards women, girls, boys and men and accountability on progress made in mitigating impacts and enhancing coping capabilities of women, girls, boys and men (e.g. gender indicators)</li> </ul>
<p>Development programming to <b>support duty-bearers</b> to promote, protect and realise human rights</p>	<ul style="list-style-type: none"> <li>Advocate for the adoption of multi-pronged and multi-sectoral strategies to reduce the vulnerability of women and girls to HIV infection through the realisation of human rights</li> <li>Support capacity development for duty-bearers and state institutions to institutionalise a gender approach to human rights in general and the reduction of gender-related vulnerability to HIV infection in particular</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for the adoption of multi-pronged and multi-sectoral strategies to ensure equal and appropriate treatment and care services for women, girls, boys and men in accordance with international human rights standards</li> <li>Support capacity development for duty-bearers and state institutions to ensure the delivery of appropriate, inclusive and gender-sensitive treatment and care services for women, girls, boys and men living with HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for the adoption of multi-pronged and multi-sectoral strategies to address the multiple impacts of HIV/AIDS on men/women, communities, society and organisations (including the state), which ensure the protection and realisation of human rights</li> <li>Support capacity development for duty-bearers and state institutions to ensure the delivery of appropriate, inclusive and gender-sensitive impact mitigation strategies</li> <li>Support efforts to prevent and mitigate the eroding impacts of HIV/AIDS on the capability of duty-bearers and the state to fulfil their responsibilities to respect, protect and realise human rights</li> </ul>
<p>Development programming to <b>support rights-holders</b> to assert human rights</p>	<ul style="list-style-type: none"> <li>Support comprehensive, inclusive and gender-sensitive life skills development and HIV/AIDS education tailored to the needs of specific groups (e.g. women and girls)</li> <li>Support rights education and skills development in advocacy and lobbying to ensure women, girls, boys and men know and are able to assert their rights, with specific focus on gender inequality and women's rights</li> </ul>	<ul style="list-style-type: none"> <li>Support rights education and skills development in advocacy and lobbying to ensure women, girls, boys and men living with HIV/AIDS know and are able to assert their rights related to health and other aspects of development, with specific focus on gender inequality and women's rights</li> </ul>	<ul style="list-style-type: none"> <li>Support rights education and skills development in advocacy and lobbying to ensure women, girls, boys and men affected by HIV/AIDS are able to assert their rights, with specific focus on women's rights and gender inequality</li> </ul>



### 3. Programming

Programming, either by design or by default, makes an impact on the human rights situation in a particular country or community.

- ♦ *Development Programming can enhance, perpetuate or minimise those factors that make particular communities or social groups vulnerable to HIV infection.* For example, poverty reduction strategies aimed at enhancing household income may in fact increase the spending power of men without having the same effect on women, because household income is not necessarily shared equitably between all members of the household. As a result, income inequality between men and women would be reinforced and power imbalances further entrenched. In contrast, income generating and employment creation programmes targeting women could increase their economic independence, which in turn could help minimise the vulnerability of women to HIV infection.
- ♦ *HIV/AIDS Programming may also, unintentionally, reinforce gender stereotypes and unequal gender relations.* For example, programmes aimed at the prevention of mother-to-child transmission targeting pregnant women and mothers may, in fact, reinforce the notion that the responsibility for the health and wellbeing of a child rests only with a mother and that men do not have to take responsibility in this regard. Programmes targeting the joint involvement of women and men may help to shift these entrenched notions.
- ♦ *Programming also has a bearing on how people infected with HIV experience life with HIV/AIDS – whether they can live dignified and fulfilling lives, or whether they face discrimination, fear and a debilitating disease.* Again, this does not just apply to HIV/AIDS Programming (although this is undoubtedly critical and needs to be designed, implemented and monitored quite carefully). It also applies to Development Programming in general terms, which may have *unintended* implications for people living with HIV/AIDS and for care and access to services. For example, evidence from structural adjustment programmes has revealed that the reduction of resource allocations to the health sector (informed by market principles and the ‘user pays’ principle) has served to weaken an already fragile health system in many developing countries.<sup>9</sup> Such measures impact on the capacity of the health sector to provide universal, quality health care and, more specifically, to provide appropriate health care for people living with HIV/AIDS.
- ♦ *Programming can aggravate or mitigate the impact of HIV/AIDS on the coping capabilities of women/girls and men/boys, households, communities, organisations and socio-economic and political institutions.* For example, where Programming contributes to robust and capacitated organisations, whether in civil society or the state, these organisations may be in a better position to avoid or lessen the capacity erosion associated with HIV/AIDS, thereby avoiding the negative impact on these organisations to protect, promote and fulfil human rights. In countries and communities with a generalised HIV/AIDS epidemic, such generic interventions for capacity development should still be complemented by institutional assessments of the likely and manifest impacts of HIV/AIDS, which in turn need to inform the formulation of appropriate strategies to pre-empt and mitigate such impacts.
- ♦ *Programming needs to be underpinned by an inclusive participatory approach, which enables women, men, boys and girls to voice their understandings of their reality and to influence policy and practice.* Participation, inclusion and empowerment is one of the main principles guiding all phases of the programming process.<sup>10</sup>

In essence, a gender and rights-based approach in Programming will aim to contribute to the key outcomes identified in Table 1. At the same time, it will try to ensure that all phases, strategies and instruments of the programming process are based on human rights principles. In other words, these outcomes and human rights principles form the yardstick for measuring both progress and process in comprehensively responding to HIV/AIDS.

Gender and rights-based programmes are always implemented in local cultural contexts. For these programmes to be the most efficient and to meet their goals, the key to success is to understand the local context and adapt the approach accordingly (for example, by carrying out a thorough stakeholder analysis, partnering with all local actors, adopting culturally-sensitive language and means of communication, and so on). International human rights and local cultures should not be opposed: for communities and individuals to accept and promote universal rights, they have to understand them from their own socio-cultural background and acknowledge the value they bring to their daily lives.





### Checklist for a gender and rights-based approach to HIV/AIDS in Programming

<i>Vulnerability reduction and prevention of HIV infection</i>	Yes	Somewhat	No
Is provision made for the involvement of women and girls and their representative organisations in the design of programmatic interventions aimed at reducing vulnerability to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme consciously challenge and transform gender stereotypes and power imbalances between men and women, boys and girls? <i>(See Tool 1: Assessing power in the context of HIV/AIDS)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme encourage a discussion about socio-cultural norms and dominant interpretations of masculinity/femininity and related gender roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the programme informed by an assessment of the specific factors enhancing the vulnerability of women/girls and men/boys to HIV infection (and/or of specific groups of women, girls, men and boys), rather than focusing exclusively on individual behaviour? <i>(See Tool 2: Vulnerability mapping)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme pay careful attention to local socio-cultural realities in the context of which gender rights will be implemented, and does it use culturally sensitive approaches to reduce vulnerability to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme contribute to the empowerment of women and girls? <i>(See Tool 3: Empowerment model)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are opportunities created for men and boys who want to resist and transform gender-related norms and roles? <i>(See Tool 3: Empowerment model)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are men encouraged to be involved in programmes aimed at the prevention of mother-to-child transmission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme address gender-based violence, including gender-based violence in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme actively and directly contribute to the protection and realisation of human rights for all, particularly of marginalised groups and those with enhanced vulnerability to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are clear and gender-specific indicators adopted to ensure that the process and outcome of the programme can be monitored and reviewed in accordance with human rights standards and principles? <i>(See Tool 4: A gender sensitive monitoring and evaluation system)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provision of improved care and services</i>			
Is adequate provision made to ensure that people living with HIV/AIDS, particularly women and girls and their representative organisations, are involved in the design, implementation and monitoring of the programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme challenge and transform stereotypes and stigma associated with HIV/AIDS, in particular those that – unconsciously or deliberately – place blame for the spread of HIV on women/girls in general or on specific groups of women/girls (or specific groups of men/boys)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme contribute to equitable access to and use of appropriate health care and treatment options for both women and men, girls and boys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the programme informed by an assessment (conducted with people living with HIV/AIDS) of the specific treatment, care and support needs of women/girls and/boys men living with HIV/AIDS? <i>(See Tool 5: HIV/AIDS services and support maps)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	Somewhat	No
Does the programme develop culturally sensitive approaches to promoting improved and gender equitable access to treatment, care and support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Home-Based Care programmes seek to involve both men and women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Home-Based Care programmes accompanied by appropriate systems of reward and recognition, to avoid that such programmes add to the (unrewarded) burden of care on women and girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are clear and gender-specific indicators adopted to review whether equitable access to treatment translates into equitable use and benefit for women/girls and men/boys? (See Tool 4: A gender sensitive monitoring and evaluation system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact mitigation and support for coping capabilities</b>			
Is adequate provision made to ensure that women, particularly elderly women and young girls and their representative organisations, are involved in the design, implementation and monitoring of impact mitigation interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme encourage men and boys to take on care-related and domestic tasks and to shift the burden of care for people living with HIV/AIDS and their dependents away from women and girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme address the financial difficulties brought on by HIV/AIDS, which often disproportionately affect women and girls (e.g. through loss of work and income, a decline in food intake or reduced education prospects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the programme informed by an assessment of the gender implications of HIV/AIDS and the extent to which HIV/AIDS is likely to undermine or threaten the realisation of human rights for women, girls, boys and men respectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme actively challenge and overcome HIV/AIDS-related discrimination in relation to access to services and opportunities (e.g. employment, shelter, etc.), with a specific focus on HIV/AIDS-related discrimination affecting women and girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme pay careful attention to local socio-cultural realities, and are culturally sensitive approaches developed in addressing and pre-empting the gender-specific consequences of HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an assessment of social groups at risk of social exclusion and/or discrimination due to HIV/AIDS taken place (e.g. orphans, widows, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an assessment of labour groups of men and women at risk of HIV/AIDS impact and/or discrimination taken place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme enhance the coping capabilities of all, particularly of those disproportionately affected by the HIV/AIDS epidemic (e.g. women, girls, widows, orphans, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme contribute to the strengthening of systems, procedures and organisational capacity of both duty-bearers and rights-holders to help pre-empt or mitigate the eroding impacts of HIV/AIDS on organisations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are clear and gender-specific indicators adopted that allow for an assessment of the impact of HIV/AIDS and impact mitigation efforts on the realisation of human rights and gender equality? (See Tool 4: A gender sensitive monitoring and evaluation system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 4. Funding Support

Instead of (or in addition to) initiating or executing specific programmes or projects, development organisations may make financial resources available to projects and programmes of other organisations. This is particularly the case for international development organisations, like donor agencies, international NGOs and UN agencies, but it may also apply to governments and local NGOs. Funding support can therefore be an important operational area of development programmers.

Like Programming, Funding Support can make an impact on the human rights situation in a particular country or community, which in turn has implications for the extent to which women and men, boys and girls are vulnerable to HIV infection, can live dignified and fulfilling lives regardless of HIV infection, and are able to cope with the eroding impacts of the HIV/AIDS epidemic.

At the same time, Funding Support can be targeted explicitly towards HIV/AIDS prevention, treatment and care and/or impact mitigation interventions. As with Programming, the guiding principle for Funding Support is to ensure that both development programmes in general and HIV/AIDS-specific projects and programmes are informed by human rights principles and standards and contribute to the protection and realisation of human rights and gender equality.

The tools and checklist for a gender and rights-based approach to HIV/AIDS in Programming are likely to be useful in determining whether to provide financial support or to assess the effectiveness of Funding Support. The checklist below gives more specific questions to guide decisions regarding financial support.

### Checklist for a gender and rights-based approach to HIV/AIDS in Funding Support

<i>Vulnerability reduction and prevention of HIV infection</i>	Yes	Somewhat	No
Is the project, programme or intervention explicitly directed towards the promotion and realisation of human rights and gender equality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention not simply focus on behavioural change through awareness raising, but enhance the power, skills, knowledge and resources of rights-holders, particularly women and girls, to protect themselves and others from HIV infection? <i>(See Tool 3: Empowerment model)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the participation of women and girls an integral component of the design, implementation and monitoring of the project, programme or intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention seek to transform dominant masculinities (based on power and authority over women and on male virility without responsibility) in support of more equal relationships between men and women, boys and girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme pay careful attention to local socio-cultural realities in the context of which gender rights will be implemented, and does it use culturally sensitive approaches to reduce vulnerability to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention encourage male involvement in programmes aimed at the prevention of mother-to-child transmission and in couple counselling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention contribute to more knowledgeable and better equipped organisations to support rights-holders, particularly women and girls, and to actively protect and realise their human rights in order to reduce vulnerability to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention contribute directly to the empowerment and skills development of rights-holders, particularly women and girls, to advocate for and assert their human rights? <i>(See Tool 3: Empowerment model)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does financial support enable the establishment and/or maintenance of appropriate and gender-sensitive monitoring and evaluation systems, which facilitate accountability of duty-bearers and allow for independent assessments of progress achieved in reducing vulnerability of women/girls and men/boys to HIV infection? <i>(See Tool 4: A gender sensitive monitoring and evaluation system)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Provision of improved care and services

	Yes	Somewhat	No
Is funding support made available for treatment and care, not just for HIV prevention initiatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention promote universal and equitable access to appropriate treatment for women/girls and men/boys living with HIV/AIDS and, where necessary, provide targeted support for those social groups that have previously been excluded from accessing care and support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention identify socio-cultural obstacles to the goal of universal and gender equitable access, and elaborate culturally-sensitive approaches to overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the project, programme or intervention initiated, owned and executed by people living with HIV/AIDS, in particular women and girls living with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention actively involve people living with HIV/AIDS, especially women and girls, in the stages of design, implementation and monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention help to minimise or overcome capacity erosion due to HIV/AIDS in organisations of people living with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention help to reduce gender stereotypes and stigma associated with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does financial support enable the establishment and/or maintenance of appropriate and gender-sensitive monitoring and evaluation systems, which facilitate accountability of duty-bearers and allow for independent assessments of progress made in enabling equitable access to care for women/girls and men/boys? (See Tool 4: A gender sensitive monitoring and evaluation system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Impact mitigation and support for coping capabilities

Is funding support made available for impact mitigation and support for coping capabilities, not just for HIV prevention initiatives and treatment and care programmes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention help to protect and realise the human rights of newly vulnerable groups due to HIV/AIDS, like widows, girls in affected households, grannies who look after AIDS orphans, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention safeguard the continued and expanded realisation of human rights threatened by HIV/AIDS, such as the right to work, shelter, food security, and so on, particularly with respect to women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention contribute to a better understanding of the capacity erosion associated with HIV/AIDS in state institutions, workplaces and/or civil society organisations? (See Tool 6: Organisational impacts of HIV/AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention help to prevent, minimise or overcome capacity erosion due to HIV/AIDS in state institutions to ensure that the state can fulfil its legal and moral obligations to protect and realise human rights and gender equality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, programme or intervention help to prevent, minimise or overcome capacity erosion due to HIV/AIDS in civil society organisations to ensure a robust civil society that can advocate for and contribute to the realisation of human rights and gender equality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will financial support for the project, programme or intervention strengthen a multi-sectoral and multi-stakeholder approach to impact mitigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does financial support enable the establishment and/or maintenance of appropriate and gender-sensitive monitoring and evaluation systems, which facilitate accountability of duty-bearers and allow for independent assessments of progress made in relation to safeguarding human rights and gender equality? (See Tool 4: A gender sensitive monitoring and evaluation system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 5. Communication

Communication is an important operational area of development work in general and HIV/AIDS work in particular. It concerns the production and dissemination of information, views and messages in various forms and through various media, such as annual reports, guidelines, policy documents, research reports, information leaflets, training modules, advocacy materials, emails or letters, and so on. Often unwittingly, communication can serve to entrench particular norms and ideas that produce and reinforce unequal power relations. For example, a poster campaign on HIV prevention targeting young people in Africa used different slogans for young women and young men. The poster for young women read “Smart girls say no to sex before marriage”, whereas the poster for young men read “Smart guys say no to casual sex”. These messages reinforce the notion that virginity is a female virtue, but not something that is valued in young men.<sup>11</sup> At the same time, communication can be a key tool in challenging and transforming these ideas and power imbalances. The challenge for development programmers is to tap into this potential and to use communication for social change.

Communication is considered one of the most important activities in HIV/AIDS programming. Here, too, it can either fail to curb the spread of HIV infection and even enhance stigma and discrimination against those living with and affected by HIV/AIDS, or it can play a critical role in empowering people to act to prevent HIV/AIDS and in overcoming HIV/AIDS-related stigma and prejudices. What is critical for effective communication is:

- ♦ that the information is accurate, simple and appropriately targeted;
- ♦ that it takes into consideration the local context; and,
- ♦ that, by building culturally sensitive messages, it produces the right motivation for people to transform their ideas, practices and behaviour in a long-term and sustainable manner.

Of course, information alone is often not enough to make people change their minds and alter their behaviour, because knowledge is not the only – or even the most important – factor that makes people act in particular ways. There are, for example, a range of reasons why people engage in sexual activity: because they want to have children, for pleasure or to experiment, to be accepted by their peers or partners, to express their power and domination of women and out of a sense of entitlement (including rape), for ritual purposes, or out of necessity to earn some money or get food.<sup>12</sup> The commonly used ‘ABC’ of HIV prevention campaigns (abstain, be faithful, use a condom) fails to fully address these different motivations for engaging in sexual activity.

Communication messages and materials must also take account of the broader environment in which people live and what influence this environment has on their ability to act on certain knowledge and information. Here, the issues of power, skills and resources are important to consider. For example, often women are not in a position to discuss sexual matters with their partners, even if they suspect that these men have other sexual liaisons and are not practicing safe sex. The men may deny it, blame these women for being immodest or unfaithful, get angry, become abusive and violent, or even threaten to leave them and withhold economic support. If communication fails to acknowledge these contextual factors, it may leave people feeling more disempowered, because they are expected to do (or not do) certain things which are beyond their discretion and control.

In addition, information and communication messages must be appropriately packaged and targeted to ensure the most effective, or possibly the widest, reach possible. This requires clarity on who the intended audience is, how best to reach this audience and what the information or message is supposed to achieve. For example, written material is obviously not the best way to inform an illiterate or semi-literate audience or those who lack time to read - which generally applies to women from poor and informal settlements. A more effective way of reaching women in informal settlements may be through local radio or through participatory methods, like group discussions or community theatre.

Another important issue relates to who conveys the message and whether this person or organisation has sufficient credibility to make an impact on the audience. It is now proven that the messenger is as important as the message: local politicians, religious leaders, traditional healers and midwives are cultural resources and are likely to be in the best position to deliver appropriate and effective messages to their communities. Because HIV/AIDS is such a sensitive issue, using peer educators may be the most effective strategy to reach particular audiences.

In countries with high HIV prevalence rates, it is crucial that communication not only focuses on HIV prevention, but also on living with the consequences of HIV/AIDS. Thus, people living with HIV/AIDS need to have appropriate information on treatment options, nutrition, sexual and reproductive health, their rights and what to do if their rights are violated. Similarly, people directly affected by HIV/AIDS like orphans and widows require information on available support mechanisms and how to assert their rights. Of course, communication for change would not merely be concerned with providing information to those infected with and affected by



HIV/AIDS, but also with confronting and transforming the norms and stereotypes that perpetuate inequality and social exclusion, particularly on the basis of gender.

There are obvious limitations to what communication can achieve: communication approaches by themselves can do little to tackle social vulnerability to the epidemic. The key challenge for effective communication is to be grounded in and relevant to local realities, whilst seeking to destabilise and transform those norms and practices that are harmful and do not adhere to human rights standards and principles.

### Checklist for a gender and rights-based approach to HIV/AIDS in Communication

<i>Vulnerability reduction and prevention of HIV infection</i>	Yes	Somewhat	No
Are communication messages and strategies designed with the active involvement of women/girls and men/boys? <i>(See Tool 7: Elements of an effective and gender-sensitive communication strategy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a positive image of women/girls and men/boys conveyed that does not disempower others? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are gender stereotypes, double standards and dominant perceptions of masculinity and femininity assessed and challenged, rather than reinforced? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are culturally sensitive messages identified to effectively challenge gender stereotypes and perceptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is information and knowledge on HIV prevention appropriately packaged and targeted for both women/girls and men/boys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are women, girls, boys and men involved in the delivery of the message as peer educators, in ways that adequately break through gender stereotypes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the information and messages relevant and empowering, for example by acknowledging the structural and systemic barriers on individual behaviour? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clear and unambiguous rejection of gender-based violence and of the social norms that condone this human rights violation and is this position argued for in culturally sensitive ways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is reliable and appropriate information on sexual health provided in a way that encourages open and honest communication about sexuality and sexual health between partners, between parents and children and among peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a discussion encouraged on how the empowerment of women and girls could help reduce the spread of HIV infection and on how prevention of HIV infection is a joint responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provision of improved care and services</i>			
Are communication messages designed in relation to living with HIV/AIDS, not just in relation to HIV prevention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are communication messages and strategies designed with the active involvement of people living with HIV/AIDS, particularly women and girls? <i>(See Tool 7: Elements of an effective and gender-sensitive communication strategy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are positive and dignified representations of women/girls and men/boys living with HIV/AIDS portrayed? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	Somewhat	No
Are people living with HIV/AIDS, particularly women and girls, involved in the delivery of communication messages (as peer educators)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is information and knowledge on treatment and care options, nutrition, sexual and reproductive health, basic rights (including labour rights) and rights enforcement mechanisms appropriately packaged and targeted for both women and men, girls and boys living with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are communication messages relevant and empowering for women/girls and men/boys living with HIV/AIDS? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact mitigation and support for coping capabilities</b>			
Are communication messages and strategies designed with the active involvement of dependents of people living with HIV/AIDS, particularly women and girls, and those most directly affected by the devastating consequences of the epidemic at community and societal level? <i>(See Tool 7: Elements of an effective and gender-sensitive communication strategy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are positive representations of dependents of people living with HIV/AIDS portrayed, especially of orphans (especially girls), widows and elderly care givers? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are dominant gender stereotypes and perceptions of femininity and masculinity in relation to responsibility for care and domestic tasks challenged, rather than reinforced? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are culturally sensitive messages identified to effectively challenge these gender stereotypes and perceptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is explicit attention given to make visible the oft-unnoticed roles played by women and girls in coping with the consequences of HIV/AIDS and to challenge the fact that this is considered normal? <i>(See Tool 8: The ACCEPT principle - Positive messages for change)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is information and knowledge on impact mitigation interventions appropriately packaged and targeted for women, men, girls and boys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the communication contribute to a positive portrayal of adoption and fostering, which is relevant for both AIDS orphans and for people living with HIV/AIDS who desire to have a family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 6. Networking & Advocacy

Networking is often so embedded in the daily operations of development programmers and practitioners that it may not be recognised as a separate operational area. It is essentially about establishing working relationships of different intensity, ranging from informal and occasional contact to formalised partnerships and alliances, with UN agencies and development partners, state institutions and duty-bearers within the state apparatus, civil society organisations, academic institutions and the private sector. Although Networking is related to all operational areas identified in this guide, it has particular relevance for Advocacy.

Advocacy is a critical area of operations for development programmers. It is defined as “working with and on behalf of rights-holders to influence policies and the actions of others to improve the fulfilment of human rights and gender equality”<sup>13</sup>. Interpreted in this way, Advocacy entails two approaches that should be inter-related and mutually supporting. On the one hand, it involves capacity development and support for rights-holders so that they can assert their rights. On the other hand, Advocacy is concerned with exerting direct influence on policy, implementation and resource allocation so that human rights and gender equality are respected, protected and realised, both in development programming in general and in HIV/AIDS programming in particular. This implies a focus on the responsibilities and obligations of various duty-bearers in state institutions, in civil society, the private sector (as employers, but also in terms of corporate social responsibility), the media or international institutions.

Advocacy for gender equality and for a stronger commitment to (and realisation of) human rights needs to involve and draw on the views, experiences and expectations of women/girls and men/boys from different socio-cultural and economic backgrounds. In other words, the principles of participation, inclusion and empowerment are key to effective and legitimate advocacy. At the same time, advocacy is most effective if it is based on collaboration between like-minded organisations, which share a similar vision of a gender equitable society. Such collaboration can take many forms, with different degrees of organisation, varying from informal networking to networks, coalitions and alliances.<sup>14</sup> What form of collaboration (or combination thereof) is most appropriate depends on the advocacy issue, the institutional environment and organisational factors.

### Box 4. Requirements for effective advocacy

There are at least five requirements for effective and legitimate advocacy for a gender and rights-based approach to HIV/AIDS:

1. *Understanding the socio-cultural and political context:*
  - What is the prevailing human rights situation?
  - What is the nature of gender relations and how does gender inequality manifest itself in this particular context?
  - How does lack of respect for or fulfilment of human rights and gender inequality impact on vulnerability to HIV infection, the ability to live dignified and fulfilling lives with the virus and the capability to cope with the various impacts of the epidemic at household, community, labour, socio-economic and institutional levels?
2. *Understanding the nature of institutional responsibilities and the limitations of current responses to protect, promote and realise human rights and gender equality:*
  - Who are the duty-bearers in this particular situation and what is their legal and/or moral obligation?
  - To what extent are they executing their responsibility in relation to human rights and gender equality?
  - What are the causes of inadequate or weak realisation of human rights?
3. *Recognising the 'strategic levers for change':*
  - Who are the likely change agents within the institution and among social partners (employers and trade unions) and how can they be supported?
  - What kind of support, incentives or pressure is most likely to expedite the execution of responsibility by duty-bearers to protect, promote and realise human rights and gender equality?
4. *Building alliances and partnerships:*
  - Which organisations have expertise in this particular area that could complement or strengthen our expertise?
  - Which organisations and influential individuals are likely to support this particular issue or cause and share a similar vision of a gender equitable society?
5. *'Leading by example':*
  - Is our work informed by an understanding of the socio-cultural context?
  - Is it based on an understanding of our role in protecting, promoting and realising human rights?
  - Are clear strategies in place to ensure that our organisation strengthens its capacity to promote a gender and rights-based framework to HIV/AIDS?
  - Is there a clear monitoring framework that enables our organisation to monitor performance in this respect and that facilitates accountability?





For Advocacy to be effective in promoting a gender and rights-based approach to HIV/AIDS a number of conditions have to be met. These requirements are summarised in Box 4.

**Checklist for a gender and rights-based approach to HIV/AIDS in Networking & Advocacy**

<i>Vulnerability reduction and prevention of HIV infection</i>	Yes	Somewhat	No
Does regular networking and alliance building take place with organisations working towards the protection and realisation of human rights and gender equality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does regular networking and alliance building take place with women/girls and their organisations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do networks and partner organisations empower women/girls and their organisations to voice their needs and interests and assert their rights, thereby contributing to the minimisation of their vulnerability to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do partner organisations espouse a gender and human rights-based approach to development in general and to HIV/AIDS in particular, both in principle and in practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do duty-bearers meet all legal and moral obligations to protect and realise the human rights and entitlements of women/girls and men/boys, particularly those at risk of contracting HIV? <i>(See Tool 10: SWOT/SWOC analysis, and Tool 11: Assessment of duty-bearers' fulfilment of obligations)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have sufficient resources (financial and human) been allocated to ensure the effective implementation of a gender and rights-based approach to HIV prevention and to the development process in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have duty-bearers, particularly state institutions, employers and trade unions, adopted a gender-sensitive monitoring system to ensure that processes and outcomes related to HIV/AIDS programming can be monitored and reviewed in accordance with human rights standards and principles? <i>(See Tool 4: A gender sensitive monitoring and evaluation system)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are duty-bearers accountable to rights-holders in terms of the promotion of gender equality and the reduction of the vulnerability of women to HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can UN agencies bring pressure to bear on duty-bearers to address the context of vulnerability by promoting human rights and gender equality and/or to ensure duty-bearers are accountable to women and men who are most vulnerable to HIV infection? <i>(See Tool 12: "Carrots, Sticks &amp; Jockeys" – Identifying levers of power and influence)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provision of improved care and services</i>			
Does regular networking and alliance building take place with people living with HIV/AIDS and their representative organisations, and more specifically with women and girls living with HIV/AIDS and their organisations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do networks and partner organisations empower people living with HIV/AIDS and their representative organisations, and more specifically with women and girls living with HIV/AIDS and their organisations, to voice their needs and interests and assert their rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are people living with HIV/AIDS, especially women and girls, represented on formalised networks and partnerships and are they enabled to take on roles of authority and be visible in the public domain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	Somewhat	No
Do duty-bearers meet all legal and moral obligations to protect and realise the rights and entitlements of all people living with HIV/AIDS, regardless of gender? (See Tool 10: SWOT/SWOC analysis, and Tool 11: Assessment of duty-bearers' fulfilment of obligations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are sufficient resources (financial and human) allocated that will allow for the fulfilment of legal and moral obligations of duty-bearers to ensure living with HIV/AIDS is manageable and all people living with HIV/AIDS can live dignified and fulfilling lives? (See Tool 11: Assessment of duty-bearers' fulfilment of obligations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have duty-bearers, particularly state institutions, adopted a gender-sensitive monitoring system that will allow for monitoring and review of the extent to which equitable access to care translates into equitable use and benefit for women, girls, boys and men living with HIV/AIDS? (See Tool 4: A gender sensitive monitoring and evaluation system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are duty-bearers accountable to women and men living with HIV/AIDS in terms of access to treatment, care and support and the effective realisation of their human rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can our organisation bring pressure to bear on duty-bearers to enhance access to treatment, care and support for both women and men living with HIV/AIDS and to ensure their human rights are realised and/or to ensure that duty-bearers are accountable to women and men living with HIV/AIDS? (See Tool 12: "Carrots, Sticks & Jockeys" – Identifying levers of power and influence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Impact mitigation and support for coping capabilities

Do networks and partner organisations include an explicit and comprehensive focus on the human rights implications of HIV/AIDS, with particular emphasis on the implications for women and girls and for gender equality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are duty-bearers analysing the human rights implications of HIV/AIDS, including the extent to which the capacity of duty-bearers to fulfil their legal and moral obligations may be eroded by HIV/AIDS, and strategising accordingly to prevent a deterioration of the human rights situation? (See Tool 10: SWOT/SWOC analysis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are sufficient resources (financial and human) allocated to ensure that all women/girls and men/boys have the power, resources and support required to cope with the consequences of HIV/AIDS and to ensure that the HIV/AIDS epidemic does not result in an erosion or violation of human rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have duty-bearers, particularly state institutions, adopted a gender-sensitive monitoring system that allows for an assessment of the impact of HIV/AIDS and impact mitigation efforts on the realisation of human rights and gender equality? (See Tool 4: A gender sensitive monitoring and evaluation system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are duty-bearers accountable to women/girls and men/boys affected by HIV/AIDS (especially widows, grandmothers/elderly women looking after AIDS orphans, orphans and child-headed households) in terms of progress achieved in mitigating the impacts of HIV/AIDS and enhancing their coping capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can our development organisation bring pressure to bear on duty-bearers to enhance the coping capabilities of women/girls and men/boys and ensure the continued fulfilment of human rights and gender equality regardless of HIV/AIDS and/or to ensure duty-bearers are accountable to women/girls and men/boys affected by HIV/AIDS? (See Tool 12: "Carrots, Sticks & Jockeys" – Identifying levers of power and influence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

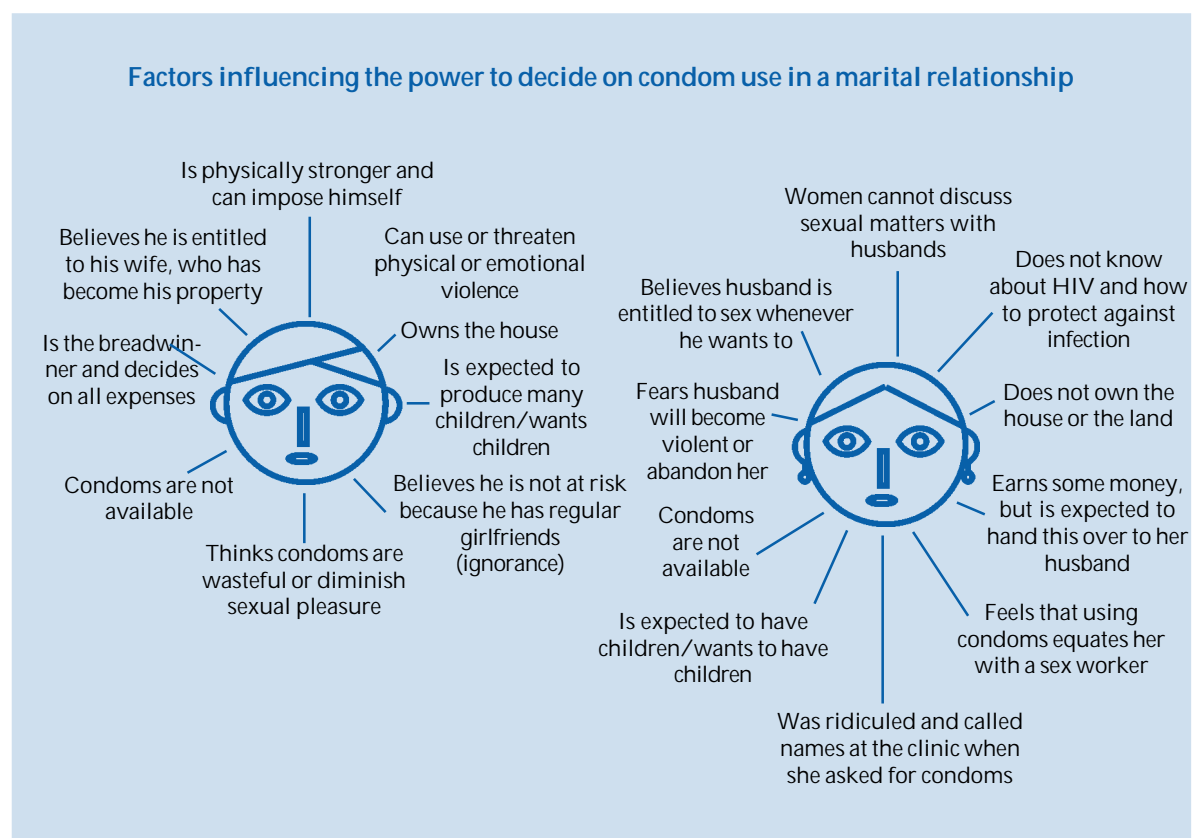


## 7. Selected Tools

### Tool 1: Assessing power in the context of HIV/AIDS

1. Identify a particular context or practice associated with the spread of HIV.
2. Divide a piece of paper in two. Write in the middle of the left side who in this particular context has the power to decide and influence the decision of others to use HIV prevention technologies ('powerful person/group'). Write in the middle of the right side who the other party is that lacks this power ('subordinate person/group').
3. Brainstorm the various factors that influence those with the power to determine the nature of sexual contact and with the power to protect themselves and/or others from HIV infection. Note these factors around the 'powerful person/group' on the left side of the page.
4. Brainstorm the various factors that constrain the ability of those who lack the power to determine the nature of sexual contact and to protect themselves and/or others from HIV infection. Note these factors around the 'subordinate person/group' on the right side of the page.

Below an example is presented of applying this analysis to the lack of condom use in a marital relationship.



The same methodology can be slightly amended to explore the possibilities for and barriers to (or the pros and cons of) using the female condom. This could be done as a second step, following the exploration of factors influencing the power to decide on condom use in a marital relationship as illustrated in the example. The discussion could then focus on whether the introduction of the female condom would change the power balance and what control could be achieved by women when they use the female condom.

#### NOTE:

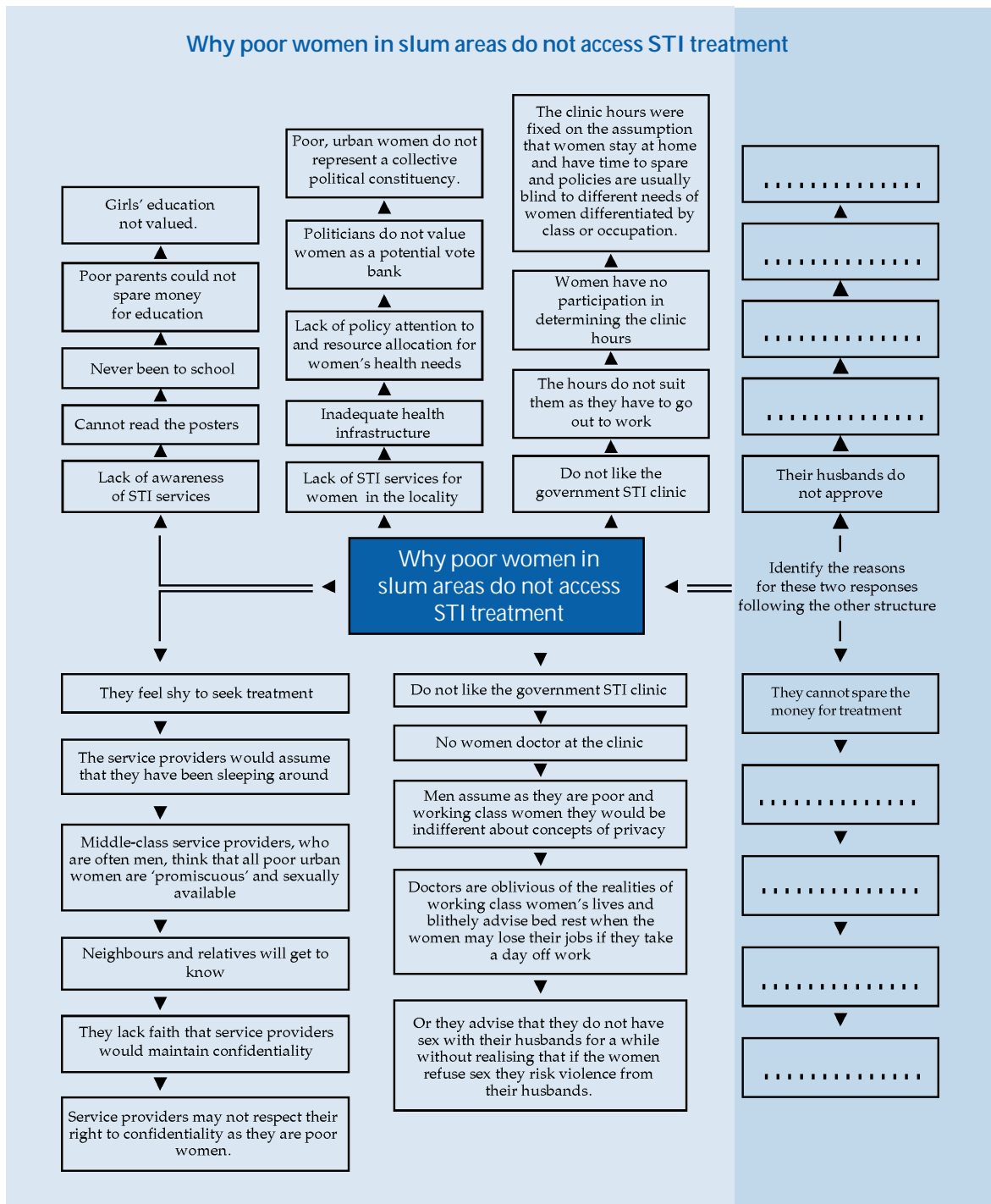
To turn this analysis into a strategic tool for intervention, one could continue to explore the following:

- i) Is there any overlap, similarity or linkage between the factors on the left side of the page and those on the right side of the page?
- ii) In relation to each of the factors identified, what steps are needed to minimise, remove or change those factors?
- iii) How will these interventions empower those who are currently less powerful to challenge and change existing power relations?
- iv) How will these interventions persuade those who are currently more powerful to transform existing power relations?



## Tool 2: Vulnerability mapping

1. Identify a specific factor that enhances the risk of HIV infection for women in general or for a specific group of women (e.g. married women, teenage girls, adolescent women, migrant women, etc.).
2. Locate this factor in a circle and draw a series of concentric circles around it.
3. Ask why the women in question take that particular risk or fail to avoid taking that risk. Write the obvious answers in the second circle.
4. With each factor or cause identified, continue to ask 'why is this so?' and write the corresponding answer in the next circle. Link it with the original response.
5. Continue this process until systemic and structural gender barriers have been revealed.



**NOTE:**

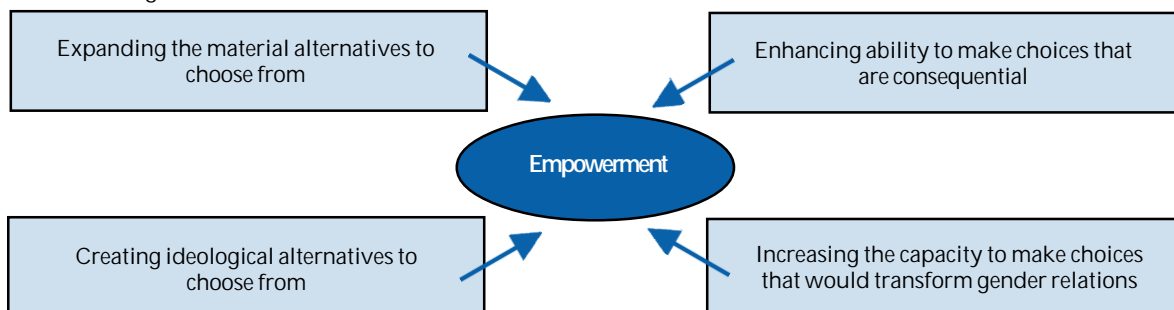
A similar tool is to draw a problem tree, which shows causes and effects of a particular problem. This tool can also be used strategically, to rank the identified factors and define objectives for intervention.



### Tool 3. Empowerment model

The diagram below allows for an assessment of the extent to which proposed strategies and activities result in the empowerment of women and girls or men and boys and the transformation of gender relations. Empowerment requires that all four domains are addressed.

An example can be made of girls in high school who have sexual liaisons with older men, which puts them at risk of contracting HIV.



Kabeer N (1999), *Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment*, Development and Change 30, 2, 435-464

1. *Does the intervention expand the material alternatives these girls can choose from?*  
Girls may engage in sexual liaisons with older men for various reasons. This could include the need to get money for school fees and educational materials, to get personal goods like clothes, make-up or music, to buy food for their family, and so on. Educating these girls about the risk of unprotected sex does not address the material basis that may lead them to sexual liaisons with older men who have spare cash. An empowering strategy would seek to address the economic factors that drive young girls to exchange sex for money or other goods.
2. *Does the intervention increase the ability of these girls to make choices that are consequential?*  
An enabling and empowering intervention should expand the choices these girls can make that would have a significant impact on their health and life. Increasing awareness about the importance of safe sex and the provision of gender-sensitive health services, possibly at schools, can be important elements in achieving this. Such services will have to be provided in a supportive and non-judgmental manner, to ensure that these girls are not stigmatised and condemned.
3. *Does the intervention create ideological alternatives for these girls to choose from?*  
Providing material options is important, yet insufficient to change the social norms that give older men more authority and power over young girls or to overcome the lack of self-esteem experienced by these girls. For these girls to be able to refuse sexual encounters with older men, or to be determining the nature of the sexual relationship on an equal basis, they need to have a different image of themselves, recognise their rights and realise that sexual relationships should be based on equality, honesty and reciprocity. The role of interventions is to be able to provide these ideological alternatives.
4. *Does the intervention increase the capacity of these girls to make choices that would transform unequal gender relations?*  
Individually, these girls may not be able to challenge and transform the unequal power relations embedded in the relationship between older men and young girls. Collectively, however, they are likely to be in a better position to understand and assert their rights. In addition, there may be a need for broader societal, cultural, institutional or legal changes to protect the rights of these girls and contribute to their empowerment. One example that comes to mind is to pass a law criminalising sex with minors, to ensure that this law is enforced and that appropriate, gender-sensitive reporting mechanisms are in place.

### Tool 4. A gender-sensitive monitoring and evaluation system

Gender indicators are imperative to measure progress towards the realisation of gender equality. Indicators need to be developed at the outset, since the collection of information about indicators has to be incorporated into the design of the project or programme.

A good monitoring and evaluation system is based on, and contributes to the development of, baseline data that reflects the existing situation. Within an organisation, baseline data provides a common starting point for a situation analysis and for developing strategic interventions. It is therefore important that baseline data is disaggregated on the basis of gender, age and other pertinent factors within a particular context.



In addition, a good monitoring and evaluation system includes:<sup>15</sup>

- ◆ *Process indicators and impact indicators:* Process indicators measure what is being done and how it is carried out. An example of a process indicator is whether young women have been involved in HIV awareness activities. Impact indicators assess what results are being achieved or what change is being effected. An example of an impact indicator is whether more young men have used condoms the last time they had intercourse.
- ◆ *Quantitative indicators and qualitative indicators:* Quantitative indicators measure change through figures, whereas qualitative indicators help to assess the quality of the change achieved. For example, a quantitative indicator could be the number of men accompanying their wives or girlfriends to a meeting with the nurse on the prevention of mother-to-child transmission. A qualitative indicator could be how this information has changed the behaviour of these men in taking responsibility for preventing HIV transmission.
- ◆ *Indicators that reflect the situation of different groups:* It is important to assess the impact of a project or intervention on different groups, and in particular those less powerful and whose human rights are insufficiently realised. This focus is necessary in relation to both the process and the impact of the intervention.
- ◆ *Indicators that are linked to the objectives of the project or programme:* For example, if the objective of the project is to help reduce the stigma experienced by people living with HIV/AIDS, an indicator to measure progress towards achieving this objective could be the level of willingness to care for someone living with HIV/AIDS.
- ◆ *Indicators that are relevant to those who will use them:* Indicators have to be meaningful to those who implement and benefit from the project or intervention, not just to potential donors. Ideally, indicators are formulated through participatory methods.
- ◆ *Indicators that can be verified:* Unless evidence can be provided to substantiate a particular indicator, it is not a meaningful indicator. This also implies that the means of verification need to be clear, as well as where responsibility for verification lies.
- ◆ *Mechanisms for disseminating the results of monitoring and evaluation exercises:* Distributing the results will enhance accountability, particularly to those affected by the project or intervention.

Examples of gender indicators to measure progress in reducing vulnerability to HIV infection:

- ◆ Proportion of women, girls and young people in general involved in design and implementation of the project/programme and at what level;
- ◆ Willingness of boys and men to use condoms with their wives/girlfriends;
- ◆ Decrease in the number of rapes and other forms of sexual abuse;
- ◆ Decrease in HIV incidence among young women, pregnant women, women living in slums, etc.
- ◆ Specific policy changes safeguarding women's rights to retain their jobs, own land, housing, assets, etc.

Examples of gender indicators to measure progress in guaranteeing a dignified and fulfilling life for women and men infected with HIV/AIDS:

- ◆ Proportion of women involved in design and implementation of the project/programme and at what level;
- ◆ Number of women trained as Home Based Care Workers and their ability to fulfil their tasks well;
- ◆ Number of men trained as Home Based Care Workers and their ability to fulfil their tasks well;
- ◆ Number of men disclosing their HIV status to their partners;
- ◆ Perceived wellbeing and sense of belonging, as expressed by women and men living with HIV/AIDS.

Examples of gender indicators to measure progress in enhancing coping capabilities of women and men:

- ◆ Proportion of women involved in design and implementation of the project/programme and at what level;
- ◆ Change in nutritional status of girls and boys in households affected by HIV/AIDS;
- ◆ Number of advocacy activities effected by women's organisations and the impact of these activities in qualitative terms;
- ◆ Specific policy changes safeguarding the rights of widows or child-headed households to land, housing, assets, income, etc.

### Tool 5. HIV/AIDS services and support maps

HIV/AIDS services and support maps can be drawn in relation to small geographical areas, like neighbourhoods or communities, or larger areas, like cities, districts or countries.

1. The first step is to collect and reflect baseline data about where appropriate public services are located, like clinics providing anti-retroviral treatment, social security pay out offices, home-based care programmes, and so on. Non-governmental, community-based, workplace-based and private facilities and support services can also be indicated on the map, using different colours to identify different service providers.
2. Once the baseline data has been mapped, the second step is to ascertain who uses these services and facilities. From a gender perspective, it is important to ascertain whether men and women living with HIV/AIDS equally benefit from these services and facilities.
3. The third step is to assess whether there are obvious gaps in the services and support provided to both



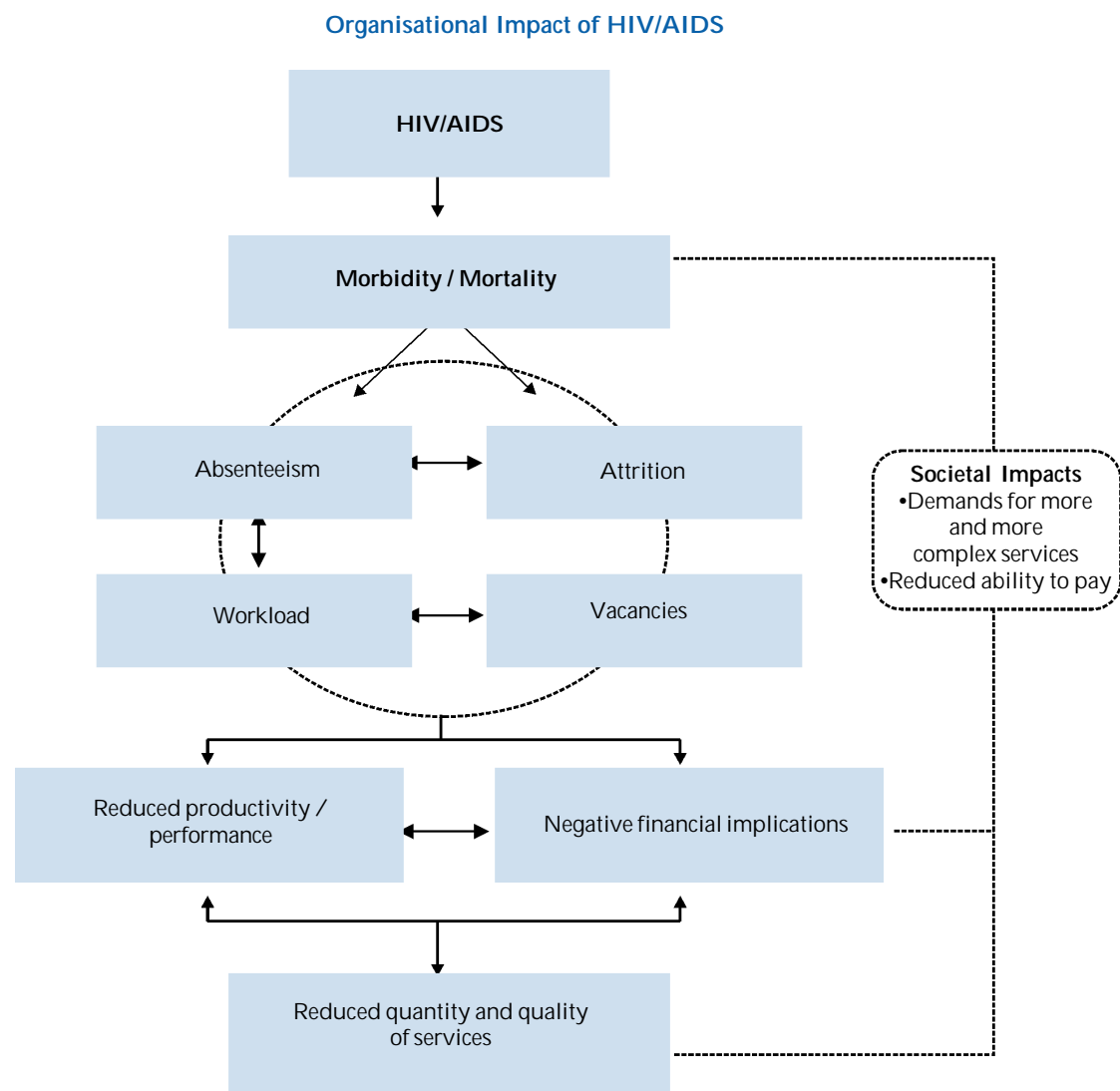
women and men living with HIV/AIDS. These could be listed outside the demarcated area where current services and support structures are indicated.

4. This can form the basis for step four, which is to formulate strategies and interventions that seek to overcome the gaps identified.

This tool is most effective when it is used by women and/or men (girls and/or boys) living with HIV/AIDS to identify what services and support mechanisms are required to live dignified and fulfilling lives, regardless of HIV infection, and to what extent their rights are being protected and realised.

### Tool 6. Assessing organisational impacts of HIV/AIDS

The graph below summarises how HIV/AIDS affects organisations and consequently affects the capacity of organisations to deliver on developmental mandates. It illustrates how internal organisational impacts of HIV/AIDS and external societal impacts of the epidemic are mutually reinforcing to erode the capability of organisations to promote development and fulfil human rights obligations.



Source: UNDP Regional Project on HIV and Development in sub-Saharan Africa (2002), *Conceptual Shifts for Sound Planning: Towards an Integrated Approach to HIV/AIDS and Poverty*, UNDP Regional Project on HIV and Development in sub-Saharan Africa, Pretoria - p 19

To conduct an assessment of the impact of HIV/AIDS on the organisation and its capacity to deliver on developmental mandates and fulfil human rights obligations, the following information is essential:

#### Morbidity:

- The number and proportion of staff infected with HIV by gender;
- The number and proportion of staff infected with HIV by sector or unit and gender;
- The number and proportion of staff infected with HIV by skills level and gender.

**Mortality:**

The number of AIDS-related deaths among staff by gender (in the absence of this information, general trends in relation to mortality among staff can be observed);

The number of AIDS-related deaths among staff by sector or unit and gender (in the absence of this information, general trends in relation to mortality among staff can be observed);

The number of AIDS-related deaths among staff by skills level and gender (in the absence of this information, general trends in relation to mortality among staff can be observed).

**Absenteeism:**

The number of days taken as sick leave by those infected with HIV or, if such information is not available, general trends in relation to sick leave taken;

The number of days taken as compassionate leave or special leave by women and men (general trends can be observed if no direct link with caring responsibilities or funeral attendance due to HIV/AIDS can be asserted);

**Attrition:**

See mortality for attrition due to death;

The number of resignations, retrenchments or dismissals of women and men which are likely to be HIV/AIDS-related (as a result of ill health and poor performance).

**Vacancies:**

The number of vacancies due to death, resignation, retrenchment or dismissal which are likely to be HIV/AIDS-related (in the absence of such information, general vacancy trends may be observed);

**Workload:**

The changing nature and burden of workload affecting women and men as a result of absenteeism and vacancies, which could potentially be HIV/AIDS-related.

**Financial implications:**

The cost of providing treatment, care and support to employees (and possibly their spouses) infected with HIV;

The cost of medical insurance and health benefits due to HIV/AIDS;

Pension/retrenchment/dismissal payouts for women and men which may be HIV/AIDS-related (in the absence of such information, general trends may be observed);

Funeral costs due to HIV/AIDS-related deaths (or, in the absence of such data, deaths in general);

Overtime payouts for staff due to enhanced workload resulting from absenteeism and vacancies;

Loss of income (rates and taxes, service fees, etc.) due to reduced ability of clients/consumers/citizens to pay for services as a result of a reduction in consumable household income due to HIV/AIDS.

**Productivity**

Number of working days lost due to HIV/AIDS-related absenteeism and vacancies.

**Service provision**

Quantity and quality of services provided in relation to past performance and changing demand (due to HIV/AIDS – see societal impacts in the graph).

An alternative graph for assessing the impact of HIV/AIDS on enterprises is presented below. This graph had been adapted by the ILO and is included in Module 1 of the manual *Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual*. The following clarification accompanies the graph:

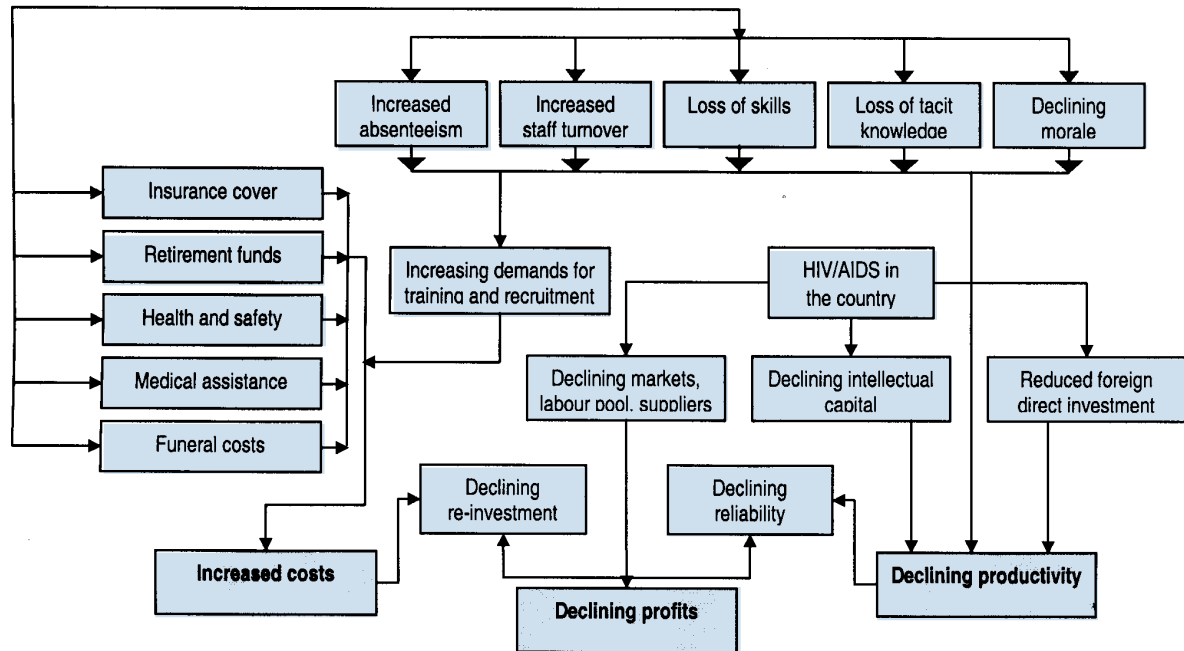
At the enterprise level AIDS-related illnesses and deaths reduce productivity and increase labour costs. Enterprises in all sectors in seriously affected countries report increases in absenteeism (due to illness, the burden of care, and bereavement), in labour turnover (due to illness and death) and in the costs of recruitment, training and staff welfare (including health care and funeral costs). Absenteeism has a particularly disruptive effect upon production. Loss of skills and knowledge make it difficult to replace staff, even where there is a pool of unemployment. The workload of non-infected workers rises, to the detriment of their morale.

Increased insurance payouts are reflected in rising premiums. Health care costs increase, particularly in enterprises which extend medical services to employees' dependents. The costs of HIV/AIDS for enterprises are both direct and indirect. Many of the hidden costs have only recently become apparent, and include psychological pressures on managers faced with decisions that could have life and death consequences for employees.





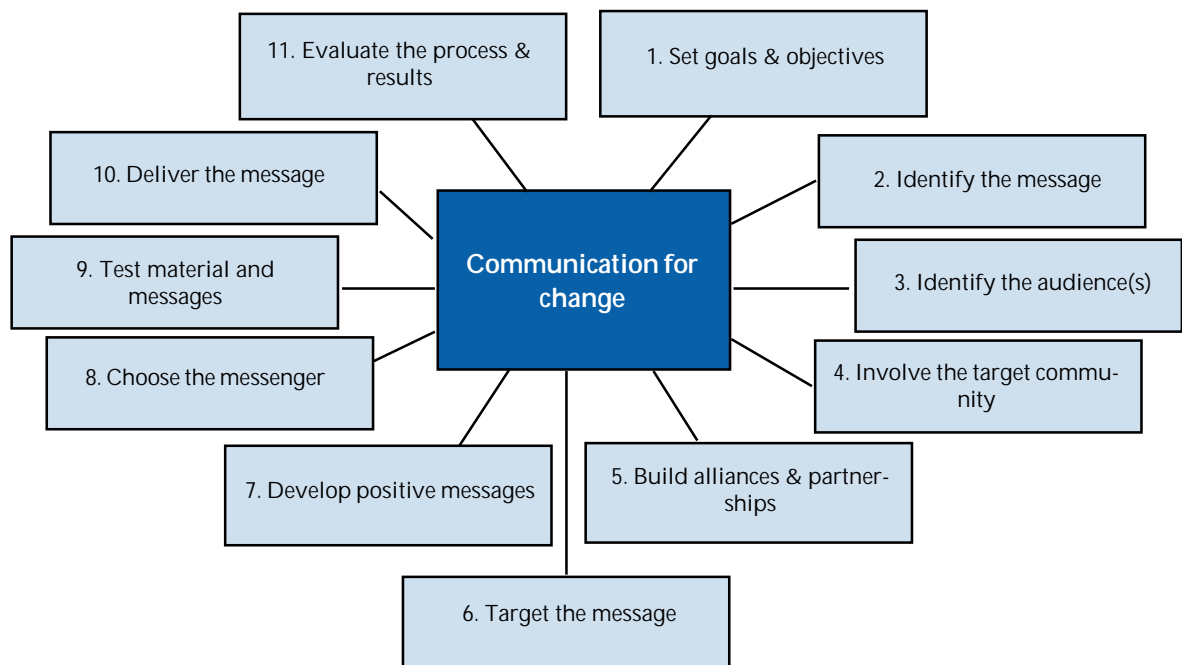
### The impact of HIV/AIDS on enterprises



### Tool 7. Elements of an effective and gender-sensitive communication strategy

Communication for change requires a carefully thought-through communication strategy. The graph below highlights the key elements of an effective communication strategy. To ensure that communication is gender sensitive and contributes to social change, each element has to be read through a 'gender lens'.

### Elements of a communication strategy



#### 1. Set goals & objectives

Developing goals and objectives is the first step in developing a communication strategy and follows on from an identification of gaps and problems. Goals and objectives need to be clear, realistic and linked to timeframes. A crucial question to ask is whether the campaign will contribute to an improved human rights situation and gender equality.

**Example**

Goal: For men to take more responsibility for parenting, which includes making choices about having children and taking on a caring role with children.

Objective: To contribute to a shift in thinking on what responsible fatherhood means.

**2. Identify the message**

A prerequisite for identifying a communication message is to have a good understanding of the issue at hand. Does the issue affect women and men differently? Do women and men have different perceptions or expectations with respect to this particular issue? Would addressing this issue change gender relations and contribute to the universal fulfilment of human rights? It is also important to be aware of other campaigns on the issue and whether these have been effective or not.

**Example**

What is the dominant notion of manhood and fatherhood in this particular community or society? Is this notion an obstacle to HIV prevention? How does this notion impact on the roles of women and men in dealing with the consequences of HIV/AIDS, and in particular in looking after children who are infected and affected by HIV/AIDS? How do men and women relate to this particular interpretation of manhood and fatherhood? Have there been other initiatives to challenge and change this dominant notion and what can we learn from these initiatives?

**3. Identify the audience(s)**

It is important to be clear on who the target audience of the communication is. There may be more than one audience, which is why it is important to carefully analyse who the intended recipients of the message are. In fact, a sophisticated and gender-sensitive communication strategy will distinguish between different audiences rather than assuming that societies, communities, households or certain age groups (e.g. youth) are homogeneous. In particular, it will critically assess whether there are differences in knowledge, attitudes and interests between women and men of different backgrounds and age groups. A simple tool to identify the audience or audiences of communication is presented in the audience targeting table.

**Audience targeting table**

<b>Audience</b> Who are the intended recipients of the message?	<b>Knowledge</b> What does the audience know about the issue?	<b>Attitudes/Beliefs</b> What does the audience believe about the issue?	<b>Interests</b> What does the audience care most about? (even if unrelated to the issue)

Source: Save the Children (2003), *Toolkits: A Practical Guide to Planning, Monitoring, Evaluation and Impact Assessment*, Save the Children, London, p.306.

**Example**

Men are the primary audience of a campaign on 'responsible fatherhood'. More specifically, the campaign has identified young men as the main target audience. Women, and in particular young women, are identified as the secondary audience, because they have internalised certain norms and beliefs that perpetuate a situation whereby men can abscond responsibility for parenting.

**4. Involve the community and target audience(s)**

Involvement of the target audience(s) in all stages of the design, delivery and monitoring of the communication strategy is critical. For one, it will help ensure that the communication is relevant and grounded in local experiences, norms and perceptions. At the same time, their involvement is crucial to ensure that those norms and perceptions that perpetuate gender inequality and power imbalances are challenged and transformed in ways that speak to the intended target audience(s).

**Example**

Involving young men and young women in the design of a campaign on 'responsible fatherhood' will help to bring out their particular experiences, frustrations and aspirations to transform norms and expectations about men/fathers and women/mothers. Their involvement will help in identifying the strategic entry points of the communication campaign and how best to address the issue. It will also give credibility to the campaign, as it is not imposed from 'the outside', but is based on the norms and aspirations of representatives from the community/target audience, who are also actively involved in the delivery of the message (as peer educators).



### 5. Build alliances and partnerships

Combining the expertise, skills, resources and influence of like-minded organisations and role players is key to an effective communication campaign. It can help in reaching a greater audience and will give impetus and credibility to the campaign. Critically, alliances and partnerships need to be established with women's organisations and gender activists and with organisations representing people living with HIV/AIDS.

#### *Example*

Partnerships could be developed with local women's groups, the national youth council or a national association of young men (where these exist), gender organisations, employers' organisations and trade unions, leading figures in the target community (role models) and other development agencies (including UN agencies with specific expertise and interest in this area).

### 6. Target the message

Because the knowledge, beliefs and interests of target audiences differ, it is important that the content of the message is custom-made and culturally sensitive. Also, the format in which the message is packaged needs to be customised for the specific target audience. It is important to bear in mind that there are likely to be important differences between women/girls and men/boys in terms of access to information and resources, sources of information, time (to read, for example) and so on.

#### *Example*

Men and women are likely to respond to different messages in relation to promoting 'responsible fatherhood'. For this reason, it might be useful to develop posters that target young men and others that target young women. Whereas community newspapers could be an effective medium to reach young men, to reach young women it might be more effective to use community radio. Also, participatory methods should be considered, bearing in mind where young men and women are most likely to meet. For young men, this could mean linking group discussions to sports activities. For young women, particularly young mothers, it could mean facilitating peer communication events at schools or crèches.

### 7. Develop 'positive messages'

Effective communication messages are positive and affirming, rather than negative and undermining. Communication for change is also empowering, challenging and transforming. Tool 8 elaborates on what 'positive messaging' means, using the ACCEPT principle.

#### *Example*

Instead of conveying the message that young men are irresponsible and not up to being fathers, try to promote a positive and affirming image of young men who are able to move beyond dominant norms and perceptions to embrace the notion of 'responsible fatherhood'.

### 8. Choose the messenger

The conveyor of the message needs to be carefully selected. For the target audience(s) to be receptive to the message, the messenger has to be seen as credible. For this reason, it might be most appropriate to use peer communicators to target women and men respectively. Another consideration is whether the messenger has moral or political authority. For example, one could use a public persona who is likely to have some influence on the target audience. It is important to bear in mind that men and women are likely to be susceptible to different public figures.

#### *Example*

At community level, the use of young men and young women as peer communicators and peer facilitators would add credibility to the campaign on 'responsible fatherhood'. It might also be appropriate to use leading sports figures in mass media to promote a different image of manhood and fatherhood to young men. In some cases, it is advisable to use older peer educators (or educators of all ages) as some people are more receptive to what a different age group says.

### 9. Test material and messages

Pre-launch testing of communication material and communication messages can significantly improve the quality and effectiveness of communication. It is therefore important to allocate time and resources for piloting the material and messages. This will help to ensure that the message(s) and the format for presenting the information are culturally specific, appropriate and effective.

### 10. Deliver the message

This is the implementation phase of the communication strategy. If the various elements of the communication strategy have been carefully designed, based on a recognition of the different roles of women and men, of the nature of gender relations and of how gender inequality manifests itself, the delivery of the message or campaign ought to contribute to the desired goals and objectives – i.e. to social change, enhanced gender equality and an improved human rights situation.



### 11. Evaluate the process and results

Evaluation of both the process and the results of the communication is an important part of measuring the quality and effectiveness of the communication. It is also essential as a means of ensuring that processes of learning become embedded in the organisation. It is important to decide on indicators for measuring results at the outset. See also Tool 4: A gender-sensitive monitoring and evaluation system.

### Tool 8. The ACCEPT principle - Positive messages for change

Given the crisis associated with HIV/AIDS, it can be very tempting to use negative messages in the hope that it will shake people's false sense of security or propel organisations into action. However, people generally respond better to positive messages than to scare tactics or negative messages, because negative messages tend to result in a sense of disempowerment, fear and apathy. Also, negative messages run the risk of reinforcing stereotypes, unjustifiably apportioning blame and responsibility and enhancing stigma and discrimination.

At the same time, communication for change demands that we critically examine the implicit assumptions and norms conveyed in our messages to ensure that these messages do not perpetuate gender stereotypes or other stereotypical portrayals of people that serve to entrench power imbalances.

A simple tool is to check whether the information or message adheres to the "ACCEPT" principle. ACCEPT stands for Affirming, Correct, Challenging, Empowering, Positive and Transforming.

#### **A**ffirm what is ignored and undervalued:

Instead of: "There is no need to thank women for looking after those who are infected and affected by HIV/AIDS, because that is a woman's responsibility."

Consider: "Women are invaluable in the fight against HIV/AIDS and need to be supported and rewarded for fulfilling these tasks."

#### **C**orrect inaccuracies, ignorance or lies:

Instead of: "AIDS can be cured if you have sex with a virgin."

Consider: "There is no cure for AIDS, but living with HIV/AIDS does not have to be a death sentence. Forced sex with a child is wrong and will leave the child with a permanent psychological scar and physical damage."

#### **C**hallenge dominant norms, perceptions and stereotypes that are degrading and perpetuate inequality:

Instead of: "If a young woman is raped, it is because of the way she dresses or behaves."

Consider: "Rape is inexcusable and men who rape must be held accountable."

#### **E**mpower for action:

Instead of: "The number of AIDS orphans will increase dramatically and beyond our ability to cope with their needs."

Consider: "Every AIDS orphan deserves a loving home. Does your home qualify?"

#### **P**resent the negative into something positive:

Instead of: "Every day, thousands of people are dying of HIV/AIDS. Protect yourself." Consider: "Every day, people like you choose life. Join the AIDS-free movement and protect yourself."

#### **T**ransform dominant perceptions and stereotypes:

Instead of: "A real man has many sexual conquests and fathers a lot of children."

Consider: "A 'real' man communicates with his partner and nurtures his children."

### Tool 9. Force field analysis

1. The first step in the force field analysis is to do a stakeholder analysis:
  - i) Who are the various groups, organisations and individuals that are involved in or affected by the issue at hand or the project?
  - ii) What are the specific interests and/or responsibilities of each stakeholder in relation to the issue?
  - iii) What are the respective strengths and limitations of each stakeholder in relation to the issue?
  - iv) What is their viewpoint on the issue you want to promote or introduce? This can be: i) "for" /supportive; ii) "against" /oppositional; iii) neutral; or, v) unknown.

Stakeholder analysis				
Stakeholders	Interests or responsibilities	Strengths	Limitations	Viewpoint



2. The second step is to map the nature of relationships between the different stakeholders. The relationship can be: i) cooperative; ii) conflicts of interest; iii) critical yet cooperative (i.e. some level of agreement, yet also some disagreement); and, iv) dependency.

For a visual reflection, map the various stakeholders on a piece of paper and use different colours to reflect the nature of the relationship (e.g. green for cooperative; red for conflicts of interest; amber for critical yet cooperative; yellow for dependency).

3. The third step is to identify which of the stakeholders identified or which other role players (not yet identified) are likely to have some influence on the organisation or stakeholder whose viewpoints or behaviour/ actions one seeks to change. Depending on their viewpoint on the issue at hand (see step 1), these could be considered allies or opponents. Part of this process is to identify how influential these actors or stakeholders are in relation to the issue and in relation to the stakeholder one seeks to persuade.
4. The final step is to develop strategies to:
  - i) Strengthen relationships and build alliances with potential allies;
  - ii) Help increase the influence of the stakeholders that are considered allies on this particular issue;
  - iii) Reduce the influence of the stakeholders that are considered opponents on this particular issue.

An important consideration in this step is how many stakeholders (allies or opponents) can be realistically targeted, given time and resource constraints. This may mean that one has to prioritise which stakeholders are most important or strategic.

#### Tool 10. SWOT/SWOC analysis

SWOT analysis is a useful and well-known tool for gathering information that can guide problem analysis, monitoring and evaluation. It is particularly useful as a tool to facilitate group analysis or evaluation of a particular situation.

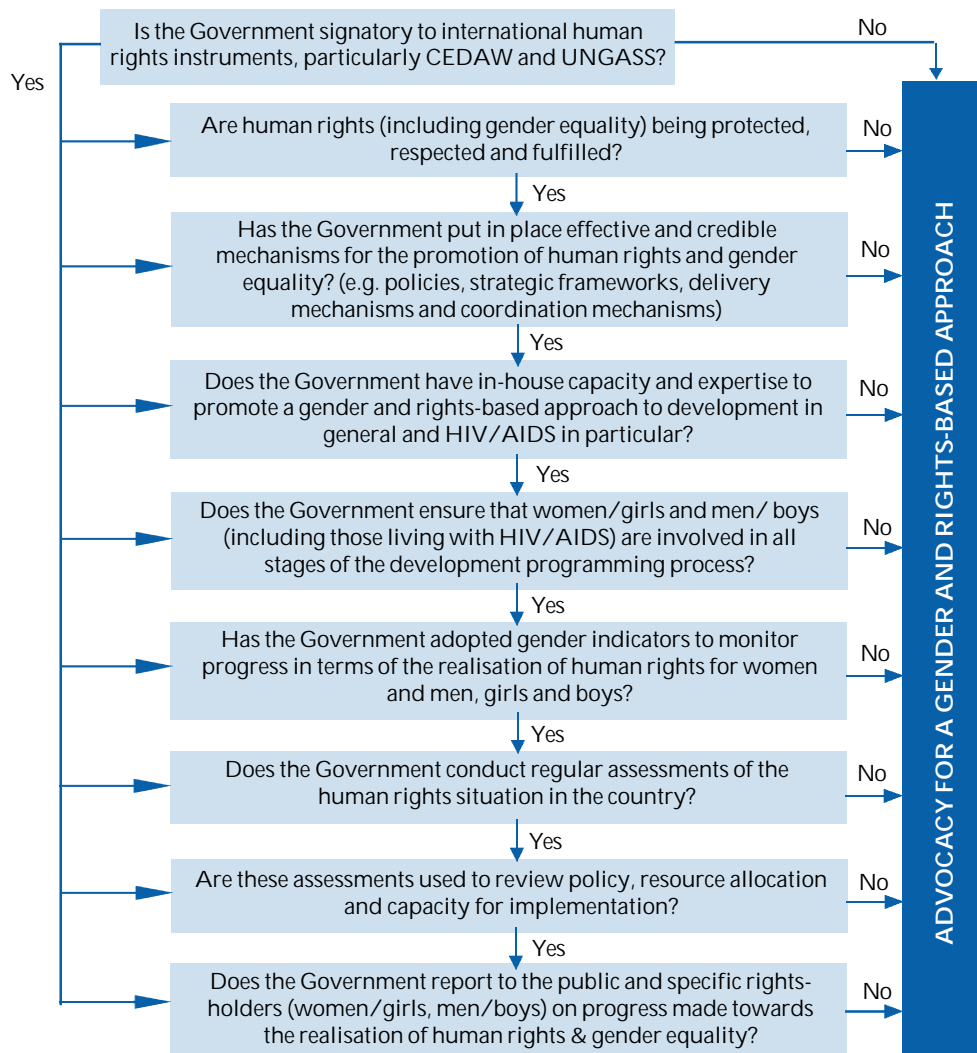
##### The tool allows groups to brainstorm:

- ♦ Strengths: These are the factors that have worked and have contributed to this success, i.e. the strong elements of a programme or an organisation.
- ♦ Weaknesses: These are the factors that have not worked so well and the factors that have contributed to this situation, i.e. the weak elements of a programme or organisation.
- ♦ Opportunities: These are the factors or possibilities that can help to overcome the weaknesses and build on the strengths.
- ♦ Threats: These are the factors that may jeopardise the current strengths and opportunities. (An alternative version refers to these as 'Constraints' – therefore SWOC).

Once these factors have been identified, objectives can be identified and strategies can be formulated.

#### Tool 11. Assessment of duty-bearers' fulfilment of obligations

An institutional analysis will need to assess political willingness, institutional capacity and resource allocation for the promotion of human rights and gender equality, which will contribute to a reduction of vulnerability to HIV infection. The following flow chart can be helpful in determining whether state organisations are fulfilling their obligations in relation to human rights and gender equality. Whenever the answer is 'no', one or more opportunities for advocacy exist.



### Tool 12. "Carrots, Sticks & Jockeys": Identifying levers of power and influence

In seeking to influence a particular duty-bearer to change a viewpoint or act in a different way, it is useful to consider what levers of power and influence you have to achieve the required change. These levers can be in the form of an incentive or reward ("carrot") or in the form of a disincentive, penalty or discipline ("stick"). In addition, there may be levers of power and influence that do not fall in either category, but could still have a bearing on duty-bearers because a particular authority has been vested in you or your organisation ("jockey"). One example of this is moral authority or the authority vested in an organisation or person by law.

A playful way for doing such an assessment is to use the image of sticks, carrots and jockeys and to brainstorm, in a given situation:

- ◆ Carrots: What are the positive incentives that are at your disposal that could influence the duty-bearer and achieve the required change?
- ◆ Sticks: What are the negative incentives that are at your disposal that could influence the duty-bearer and achieve the required change?
- ◆ Jockeys: What authority has been vested in or is associated with you that could influence the duty-bearer and achieve the required change?

These could be drawn or listed on a piece of paper, followed by a discussion about which levers are considered acceptable and most likely to achieve the required results.

The table on page 36 reflects some examples of carrots, sticks and jockeys for international development organisations, like UN agencies.



Carrots	Sticks	Jockeys
Provision of funding	Withholding funding	
Provision of technical support	Withdrawing technical support	Having relevant expertise and knowledge (authority based on competency)
Enhancing local capacity and local ownership in responding to a particular issue	External forces to determine the political and human rights agenda	Moral authority (i.e. leading by example)
Public recognition and increased profile of the duty-bearer	Threat of political exposure	Legal authority (vested with the authority to monitor adherence to and implementation of particular human rights instruments and global commitments)



## 8. Conclusion

This Operational Guide on a gender and rights-based approach to HIV/AIDS is not intended to be comprehensive in its analysis, nor all-encompassing in the proposed checklists and tools to operationalise such an approach. Rather, it aims to instil a particular way of thinking and working for HIV/AIDS programmers and development practitioners confronted with the complex and interlinked challenges related to gender, human rights and HIV/AIDS.

The starting point of this Guide is that HIV/AIDS cannot be addressed effectively unless human rights are realised. Respect for human rights and the promotion of gender equality are pivotal for the reduction of vulnerability to HIV infection, the provision of improved care and services for people living with HIV/AIDS, and mitigation of the social and economic impacts of HIV/AIDS. More specifically, a gender and rights-based approach to HIV/AIDS aims to:

- ♦ Minimise the specific nature of vulnerability to HIV infection of women, girls, men and boys;
- ♦ Ensure that women, men, girls and boys living with HIV/AIDS enjoy equal access to and use of quality care and support services;
- ♦ Minimise the impacts of HIV/AIDS on women, men, girls and boys and support their capabilities to cope with the consequences of the epidemic.

The checklists and tools offered in this Guide aim to support development programmers and practitioners in different organisational settings in operationalising a gender and rights-based approach to HIV/AIDS. Section 9 refers to a selection of other valuable resources that can be consulted to strengthen a gender and rights-based approach to HIV/AIDS.

The tools and techniques proposed in this Operational Guide will be most valuable and effective if used in a participatory setting, with the involvement of those directly affected by the proposed programme or intervention – or lack thereof. However, an attempt has been made to propose tools that can be used by development programmers individually or collectively to initiate a gender and rights-based approach to development work in general and to HIV/AIDS programming in particular. It is hoped that this will serve as a starting point for employing more participatory techniques and tools to deepen and entrench such an approach throughout all operational areas of development programming.





## 9. Useful Resources

ActionAid (1995), *Stepping Stones: A Training Package on HIV/AIDS, Gender Issues, Communication and Relationship Skills*, London: ActionAid ([www.actionaid.org](http://www.actionaid.org))

Commonwealth Secretariat (2002), *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*, London: Commonwealth Secretariat

Commonwealth Secretariat (2004), *Gender Sensitive Approaches to HIV/AIDS: A Training Kit for Peer Educators*, London: Commonwealth Secretariat (Gender Section in collaboration with the Commonwealth Youth Programme)

FAO, *Mitigating the Impact of HIV/AIDS on Food Security and Rural Poverty*, FAO HIV/AIDS Programme, Rome 2003

Holden S (2003), *AIDS on the Agenda: Adapting Development and Humanitarian Programmes to Meet the Challenge of HIV/AIDS*, Bournemouth English Book Centre, Dorset: Oxfam GB in association with ActionAid and Save the Children UK

ILO (2001), *ILO Code of Practice on HIV/AIDS and the World of Work*, Geneva: ILO ([http://mirror/public/english/protection/trav/aids/code/languagespubl/hiv\\_a4\\_e.pdf](http://mirror/public/english/protection/trav/aids/code/languagespubl/hiv_a4_e.pdf)) (available in nearly 20 languages)

ILO (2002), *Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual*, Geneva: ILO (<http://mirror/public/english/protection/trav/aids/code/manualen/index.htm>) (currently available in English, French and Spanish)

ILO (2003), *HIV/AIDS and Human Rights: Promoting Human Rights through the ILO Code of Practice on HIV/AIDS and the World of Work, Working Paper 3*, Geneva: ILO (<http://mirror/public/english/protection/trav/aids/pub/d3rights.pdf>) (available in French and English)

Kelly M. J. (2000), *Planning for Education in the Context of HIV/AIDS*, Paris: UNESCO/IIEP

Medel-Anonuevo C. (ed) (2002), *Addressing Gender Relations in HIV Preventive Education*, Paris: UNESCO Institute for Education

OHCHR and UNAIDS (1998), *HIV/AIDS and Human Rights: International Guidelines*, New York and Geneva: UN (<http://www.ohchr.org/english/issues/hiv/guidelines.htm>)

Swiss Agency for Development and Cooperation (SDC) (2004), *Mainstreaming HIV/AIDS into International Cooperation: A toolkit for SDC and its partners*, Geneva: SDC

UNAIDS (2002), *HIV/AIDS and Education. A Strategic Approach*, Geneva: UNAIDS Interagency Task Team on Education

UNAIDS/UNFPA/UNIFEM (2004), *Women and AIDS: Confronting the Crisis*, New York/Geneva: UNAIDS/UNFPA/UNIFEM

UNESCO (2003), *Handbook for Culturally Appropriate Information, Education, Communication for Behavioral Change. A Cultural Approach to HIV/AIDS Prevention and Care*, Paris: UNESCO (Division of Cultural Policies and Intercultural Dialogue) (<http://unesdoc.unesco.org/images/0012/001255/125589e.pdf>)

UNESCO/ONUSIDA (2003), *SIDA et Théâtre. Comment Utiliser le Théâtre dans le Cadre de la Réponse au VIH/SIDA? Manuel pour les Groupes de Théâtre*, Paris: UNESCO/ONUSIDA

UNIFEM (2001), *Turning the Tide: CEDAW and the Gender Dimensions of the HIV/AIDS Pandemic*, New York: UNIFEM

United Nations (2000), *The HIV/AIDS Pandemic and its Gender Implications*, Report of the CSW Expert Group Meeting, Windhoek, Namibia, 13 - 17 November 2000 (<http://www.un.org/womenwatch/daw/csw/hivaids/report.pdf>)

WHO (2002), *Integrating Gender into HIV/AIDS Programmes*, WHO Review Paper, Geneva: WHO

UNDP Gender in Development Programme (2001), *Gender Mainstreaming Learning Manual and Information Pack*, New York: UNDP (<http://www.undp.org/gender/infopack.htm>)

### Web-based resources:

[www.ids.ac.uk/bridge](http://www.ids.ac.uk/bridge) : The BRIDGE reports

[www.fao.org/hivaids/publications/index/en.htm](http://www.fao.org/hivaids/publications/index/en.htm) : FAO HIV/AIDS website

[www.genderandaids.org](http://www.genderandaids.org) : A web portal developed by UNIFEM with support from UNAIDS which is a comprehensive source of documents, reports, references, weblinks and other useful resources.

[www.undp.org/gender/tools.htm](http://www.undp.org/gender/tools.htm) : UNDP Gender Mainstreaming Tools website

[www.unesco.org/women](http://www.unesco.org/women) : UNESCO Gender Mainstreaming Resource Center website

[www.womenaids.unaids.org](http://www.womenaids.unaids.org) : The website of the UNAIDS initiative, The Global Coalition on Women and AIDS



## 10. Glossary

**Duty-bearers** are those actors that have a particular responsibility to respect, promote and realise human rights and to abstain from human rights violations. The term is most commonly used to refer to state actors, but non-state actors can also be considered duty-bearers. An obvious example is private armed forces or rebel groups, which under international law have a negative obligation to refrain from human rights violations. Depending on the context, individuals (e.g. parents), local organisations, private companies, aid donors and international institutions can also be duty-bearers.

**Femininity** refers to the qualities or characteristics considered appropriate for women/girls. What is considered appropriate female behaviour or what are considered female virtues and qualities depends on the cultural context and time. It can also differ depending on factors such as class, age, ethnicity and other social differences. This means that there are multiple femininities and masculinities in any given context. The dominant ideologies of femininity expect women/girls to be subordinate, obedient and dependent; passive in sexual relations; virgins, chaste and monogamous; and privilege motherhood as the primary reason for having sex. However, dominant ideologies can be changed. The implication for HIV prevention is that gender identities and the masculinities and femininities that these give rise to do change and can be modified.

**Formal equality** is equal treatment under the law or equality of opportunity.

**Gender** refers to the rules, norms, customs and practices through which the biological differences between males and females are transformed into social differences reinforced by relations of power. As a result, women/girls and men/boys are valued differently and have unequal opportunities and life chances.

**Gender equality** means equality of treatment under the law and equality of opportunity for women and men. Gender inequality is generated both by society's written and unwritten norms, rules and shared understandings. It is pervasive across societies and is one of the most prevalent forms of social inequality. It cuts across other forms of inequality such as class, caste, race and ethnicity. The rationale for addressing gender inequality is not only that it exists in all societies, but that it exists at all levels.

**Masculinity** refers to the qualities or characteristics considered appropriate for men/boys. Like with femininity, what is considered appropriate male behaviour or what are considered male virtues and qualities depends on the cultural context and time. It can also differ depending on factors such as class, age, ethnicity and other social differences. The dominant ideologies of masculinity expect men/boys to be independent, dominant, invulnerable aggressors and providers, strong and virile.

**Practical gender needs** stem from the gender roles and responsibilities of women and girls in society. These needs are practical in nature and are often related to inadequacies in living conditions, such as water provision, housing, health care, and so on. Practical gender needs do not challenge the division of labour between women/girls and men/boys or the subordinate position of women and girls in relation to men and boys.

**Rights-holders** are individuals or social groups that have particular entitlements in relation to specific duty-bearers. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realised, respected or protected. More often than not, these groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants and youth, for example. A rights-based approach does not only recognise that the entitlements of rights-holders need to be respected, protected and fulfilled, it also considers rights-holders as active agents in the realisation of human rights and development – both directly and through organisations representing their interests.

**Strategic gender needs** are the needs women and girls identify because of their subordinate position to men and boys in society. These needs vary according to particular socio-cultural contexts. Strategic gender needs relate to the division of labour between women/girls and men/boys and to issues of power and control. These needs may include issues such as legal rights, domestic violence, equal wages and women's control over their bodies. Meeting strategic gender needs helps women to achieve greater gender equality.

**Substantive equality** means taking into account the different circumstances and characteristics of women and men in designing policies so that the outcome is fair and equal. Substantive equality also means that both women and men have equal agency to determine strategic life choices (e.g. whether, who and when to marry or enter into sexual relationships, whether, when and how many children to have; to get an education and pursue a career) and the possibility to shape the conditions under which these choices can be made.

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



## Appendix 1. Gender and HIV/AIDS: Towards a rights-based approach

### Gender and HIV/AIDS: A question of human rights

There is growing recognition that the HIV/AIDS epidemic thrives on and exacerbates socio-economic inequalities. HIV infection is spreading most rapidly in both rich and poor countries amongst populations who are socially and economically marginalised. Studies indicate that this is so because of a complex range of factors, including lack of access to employment and income-generating activities; lack of access to health and social services; lack of appropriate information and support; inability to afford prevention, treatment and care; the need to adopt livelihood strategies that satisfy immediate survival needs; social exclusion and inability to draw on social support systems; and so on. A critical factor underlying the rapid expansion of the infection among the poorest and most marginalised populations is their powerlessness and lack of 'voice' to call attention to their position and situation in society.

At the same time, lack of appropriate services and resources and lack of power, skills and knowledge also impact on the ability of those infected with and affected by HIV/AIDS to cope with the debilitating consequences of HIV/AIDS on their lives, their work, their households and communities, and on social support systems and institutions.

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

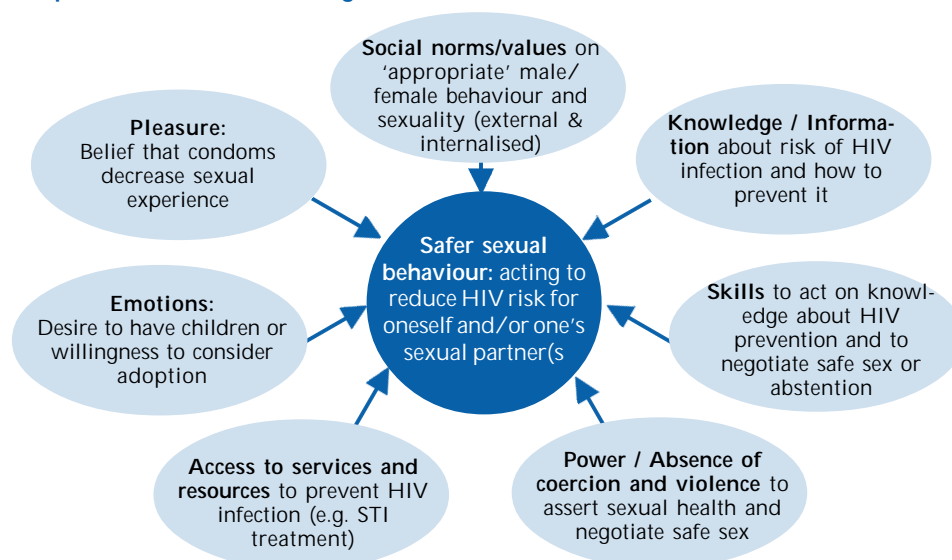
- are vulnerable to HIV infection;
- can access quality treatment and care; and,
- are affected by the negative social and economic consequences of HIV/AIDS.

### Gender-related determinants of vulnerability to HIV infection

Globally, heterosexual transmission is the most common form of transmission of HIV and in worst affected regions and countries a higher number of women and girls are infected compared to men and boys.<sup>1</sup> This is due partly to physiological factors that account for more efficient transmission of infection from a man to a woman than vice versa. But this is only part of the explanation. It is widely accepted that the risk of HIV infection can be minimised if men/boys and women/girls take steps to have safe and consensual sex. This insight has informed the mainstay of national and global responses to HIV/AIDS, which have put abstinence, condom use and faithfulness at the centre. However, the discretion to choose when, with whom and how to have sex, including the decision to protect oneself and/or one's partner from HIV infection, is not merely a matter of individual choice (see Graph 2). The ability to make such decisions is profoundly influenced by socio-cultural norms about appropriate male and female behaviour (including sexual behaviour), the unequal power relations stemming from these norms and the unequal economic conditions of men and women. These norms and power imbalances constrain the ability of women and girls to choose the terms of sexual engagement, negotiate safe and consensual sex, and leave oppressive relations for fear of losing male support.<sup>2</sup>

For example, in many societies the ideal of feminine behaviour and sexuality rests on the notion that women/girls should be subordinate, dependent and obedient and that virginity, chastity and motherhood are critical virtues of women (and girls). In many cultures across the world, the morality of women and girls depends in

Graph 2 : Factors influencing safer sexual behaviour in the context of HIV/AIDS



<sup>1</sup> UNAIDS (2004), 2004 Report on the Global AIDS Epidemic, Geneva: UNAIDS.

<sup>2</sup> Commonwealth Secretariat (2002), Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach, London: Commonwealth Secretariat.



large part on their passivity and ignorance in sexual matters. The dominant ideal of masculine behaviour and sexuality promotes men/boys as assertive, dominant, independent and strong. High sexual drive and the ability to father many children are considered among the core qualities of men. These notions of masculinity and femininity make it very difficult for both women/girls and men/boys to openly discuss sexual matters, to practice safe sex and to promote more gender equitable relationships.

Norms and values are not the only factors influencing the ability of women and girls (and men and boys) to make conscious choices to protect themselves and/or their partners from HIV infection. The subordinate status of women and girls often means that the enjoyment of human rights like the right to food security, shelter, education, health and work is mediated by, dependent on and/or secondary to men and boys. For example, in numerous countries women cannot own land or housing, access credit, and so on. In some countries, women are considered minors before the law, which means that the inferior position of women is legally entrenched. Without the equal enjoyment of human rights, women and girls generally lack the power and material foundation to negotiate sexual relationships as equal partners.

These factors also help to explain why HIV infection rates are particularly high among young women. In sub-Saharan Africa, three out of four young people infected by HIV are young women and girls. This means that the chance of young women and girls contracting HIV is at least three times higher than that of their male counterparts in the same age group.<sup>3</sup> In part, this is because young women are married off to or have sexual relations with older men who are more experienced sexually and may have HIV and/or other sexually transmitted infections (STIs). The greater economic and social power of older men makes sexual relations with them often the only option for young women living in poverty. In turn, the lesser social and economic power of young women, both because of their gender and age, constrains their ability to bargain for safe and consensual sex, thereby increasing their vulnerability to HIV infection.

The paper *Integrating Gender into HIV/AIDS Programming* enclosed in the resource pack also draws attention to gender-based violence as a critical and disturbing factor that enhances the vulnerability of women and girls to HIV infection. Violence against women and girls arises from notions of masculinity based on sexual and physical domination of women/girls. In a context of rape and sexual abuse, whether by husbands/boyfriends or other men, women and girls are obviously least able to refuse sex or insist on protective measures like condoms. Violent sexual acts are also most likely to result in lacerations (internal tearing), which significantly enhances the risk of contracting HIV or other STIs. Furthermore, as the paper *Integrating Gender into HIV/AIDS Programming* highlights, fear of violence or abandonment often prevents women and girls from discussing faithfulness or safe sex practices with their partner.

#### Gender-related dimensions of treatment, care and support

By the end of 2001, six out of ten adults (15-49 years) infected with HIV in sub-Saharan Africa were women. The highest 'gender gap' in HIV infection rates is recorded between young women and men between 15-24 years old. Because women, especially young women, make up a significant proportion of people living with HIV/AIDS, it is obvious that the need for appropriate treatment, care and support is particularly high among women. On the one hand, treatment is crucial to prevent HIV transmission from women and girls to their unborn and newly-born babies. On the other hand, the right to health of women and girls needs to be recognised. In other words, their health and well-being has intrinsic value; it should not just be promoted as an instrumental strategy to save the lives of their babies (which in any case targets only pregnant women and new mothers, rather than all women and girls).

In many societies, however, girls' and women's access to and use of appropriate health care services is restricted. (This is apart from the fact that HIV/AIDS treatment is not readily available in most countries affected by HIV/AIDS.) Sexual and reproductive health services are often lacking or inadequate. There is also evidence that the quality of health care is compromised where women/girls are concerned and that women/girls experience inferior, and at times degrading, treatment by health care workers. Given the inferior social value attached to women's health and their bodies, it is probably not surprising that women themselves tend to neglect their personal health needs, nutrition and medical care in favour of others.<sup>4</sup> Linked to this is the fact that the distribution of resources and income within the household is not equal. Various studies have revealed that poor households tend to spend more money on medical expenditure for men living with HIV/AIDS than on medical care for women living with HIV/AIDS.<sup>5</sup> Because women are more likely to postpone seeking medical attention, by the time they do their health and well being tends to be seriously undermined and it may be too late for certain treatment options.

<sup>3</sup> UNAIDS (2004), 2004 Report on the Global AIDS Epidemic, Geneva: UNAIDS.

<sup>4</sup> See, amongst others: Rao Gupta G, Whelan D and Allendorf K (2002), *Integrating Gender into HIV/AIDS Programming*, Review Paper prepared on behalf of WHO, WHO: Geneva; Kisoon C, Caesar M and Jithoo T (2002), *Whose Right? AIDS Review 2002*, Pretoria: Centre for the Study of AIDS, University of Pretoria. Naila Kabeer gives examples from across the world of gender bias in the allocation of household resources towards men and boys, particularly with respect to nutrition and health treatment, although it is clear that the nature and depth of such a gender bias varies between countries. See Kabeer N (2003), *Gender Mainstreaming in Poverty Eradication and the Millennium Development Goals, A Handbook for Policy-Makers and Other Stakeholders*, London: Commonwealth Secretariat.

<sup>5</sup> UNAIDS (2002), *Report on the Global HIV/AIDS Epidemic*, Geneva: UNAIDS, and World Bank (1998), *Confronting AIDS: Public Priorities in a Global Epidemic*, New York: World Bank.



The stigma associated with HIV/AIDS merely serves to enhance these factors and tends to further restrict women's and girls' access to health services. Because of their inferior social status and the political and cultural sensitivities associated with HIV/AIDS, women (or girls) are often blamed for bringing disease and death into the family, regardless of whether and how they contracted HIV. They run the risk of being labelled promiscuous or 'loose', by which their moral and social status is brought into disrepute, and of being rejected by their partners and their families. Fear of rejection and consequent loss of support is preventing many women and girls from finding out their status and from seeking out treatment.

### Gender-related consequences of HIV/AIDS

The consequences of HIV/AIDS at household, community, workplace and societal level also tend to affect men and women, boys and girls differently. Women and girls (more than men and boys) are likely to become primary care givers of those who are infected with and affected by HIV/AIDS. Often, they fulfil these roles in the absence of adequate public services and without proper support mechanisms. This responsibility can become so labour-intensive that women who work in the formal sector may be compelled to leave their jobs and enter the informal labour market or may neglect farm activities essential for food security.<sup>6</sup> Due to absences from work, women working in small enterprises in the formal and informal sector lose trading or production and income opportunities, which may lead to growing debt burdens for households. The enhanced poverty and developmental decline associated with HIV/AIDS may eventually compel women and girls to engage in risky sexual activities in exchange for money, food or other goods and services.

Furthermore, when household income is directed towards the health of male members infected with HIV, this has implications for the nutritional intake, education and overall wellbeing of other members of the household, and more specifically of women and girls.

When mothers become ill or die of HIV/AIDS-related illnesses, the burden of care tends to fall on elderly women and young girls – with significant implications for their quality of life and human development. As a result, young women and girls may be forced to forfeit opportunities for education or employment. Evidence from worst affected countries suggests school drop-out amongst girls has been on the increase in recent years. In the absence of an adult breadwinner, they are likely to be compelled to contribute to household income or ensure food security for their siblings. Often, the only viable income earning opportunities for these women and girls are highly exploitative, including sex work or more irregular forms of exchange of sexual favours for money, food, protection and so on. As a result, gender inequalities become further entrenched and HIV/AIDS continues to spread.

Women, more than men, are also at risk of losing forms of social and economic protection due to HIV/AIDS. In many societies, widows and unmarried women lose access to land, housing and income when their husbands or fathers pass away as a result of HIV/AIDS-related illnesses, as these are not recognised as women's rights. In the same vein, social forms of protection, for example against the threat of coercion, violence and rape by other men, fall away. Even if the rights of women to land and housing or the right not to be harmed physically are recognised in law, socio-cultural norms and customs may prevent women from enjoying these rights. Thus, legal reform aimed at protecting women's rights needs to be supported with mechanisms that address these socio-cultural dynamics.

Finally, the eroding impact of HIV/AIDS on organisations (especially in the government sector) to deliver on developmental mandates is also likely to disproportionately affect women and girls. Where public sector organisations are no longer able to provide certain services that are critical to the sustenance of families and communities, women and girls will be expected to step in as it is generally perceived to be their responsibility to ensure that families and communities are healthy and able to function well.

### The essence of a gender and rights-based approach to HIV/AIDS

It is clear that HIV/AIDS is closely associated with gender inequality and poor respect for the rights of women and girls, socio-cultural norms about men/masculinity and women/femininity and power relations between men/boys and women/girls. Preventing the spread of HIV, ensuring that HIV/AIDS is a manageable disease for those infected with HIV, and successfully averting and mitigating the multiple impacts of HIV/AIDS can only be done successfully if gender issues are effectively integrated into HIV/AIDS programmes. At the same time, the realisation of gender equality may be one of the most effective HIV prevention and impact mitigation strategies: transforming gender relations and reducing gender inequality will help to reduce vulnerability to HIV infection; it will also strengthen the capabilities of individuals, households and communities to cope with the consequences of HIV/AIDS and prevent that undue burdens and responsibilities are placed on some.

A gender perspective on human rights requires that the realities of women are central to any interpretation of human rights and to the application of these rights and related obligations. This requires an understanding of the historical, social, cultural, economic, political and legal barriers that impede the realisation of genuine equality for both men and women. In other words, equality between men and women is not simply achieved by enabling

<sup>6</sup> Kisoona C, Caesar M and Jithoo T (2002), Op cit. Commonwealth Secretariat (2002), Op cit.. See also ILO (2001), ILO Code of Practice on HIV/AIDS and the World of Work, Appendix I, Geneva: ILO.



equal access to opportunities and services (commonly referred to as 'formal equality'); it also requires the removal of institutional barriers and historical disadvantage to ensure that women and men can access, use and benefit from these services and opportunities (referred to as 'substantive equality').

Clearly, this means that addressing gender issues is not a matter of occasionally or haphazardly including a focus on women and/or girls in HIV/AIDS programming or development programming more generally. Rather, what is at stake is the equal protection and realisation of human rights of men and women, regardless of age, ethnicity, religion, class or any other factor, so that they can realise their full human potential.

In the context of HIV/AIDS, a gender and rights-based approach implies:

- ♦ Understanding the nature and extent of vulnerability to HIV infection of women, girls, men and boys and the gender-related barriers to HIV prevention (including lack of power, resources, skills and information) and putting the rights of women and girls central to programmatic responses aimed at curbing HIV spread;
- ♦ Understanding the social, cultural, economic, political and institutional barriers experienced by women, men, girls and boys living with HIV/AIDS in accessing and benefiting from treatment and care and putting this understanding central to programmatic responses aimed at providing universal treatment and care;
- ♦ Understanding the differential implications of HIV/AIDS on women and men, girls and boys at household, community, societal and economic level and ensuring that programmatic responses equally support the coping capabilities of women/girls and men/boys in a manner that challenges and changes gender stereotypes.

In essence, a gender and rights-based approach to HIV/AIDS means that interventions have to be rethought and redesigned using frameworks that protect and promote rights, reduce inequality and harness the substantive participation of those who are most affected.

The challenge to integrate a gender approach into development work is obviously not new or restricted to HIV/AIDS. Yet, possibly more than any other developmental challenge to date, HIV/AIDS brings into sharp focus the particular socio-economic, political, labour, cultural and legal position of women and girls. HIV/AIDS cannot be dealt with effectively unless the human rights of women and girls are at the centre of the response.

#### Box 5. Gender implications of HIV/AIDS

Key gender implications of HIV/AIDS include:

- A change in the gender and age profile of the population in worst affected communities and in society in general, because a disproportionate number of women are infected with HIV (in the absence of appropriate treatment);
- Enhanced burden of care on women, particularly elderly women, and girls;
- A disproportionate number of girls likely to drop out of school to help with household tasks or assume maternal responsibilities;
- Possible loss of employment and income for women due to the burden of care;
- Prioritisation of male health over female health, as evidenced by higher expenditure on treatment for men living with HIV/AIDS at the expense of treatment for women living with HIV/AIDS;
- Loss of household income and reallocation of household income towards male health, with resultant decline in nutritional intake and overall wellbeing of women and girls;
- Loss of assets (e.g. land, housing) and social and economic protection of women and girls;
- Sex work as a livelihood strategy, associated with increased risk of HIV infection;
- Enhanced possibility of stigmatisation of women and girls as 'vectors of disease', which may increase violence and abuse of women and girls;
- Reduced capability of public sector organisations to fulfil developmental responsibilities and human rights obligations, which is likely to shift the responsibility for family and community wellbeing onto women and girls;

Faced with the immediate challenges posed by HIV/AIDS, the realisation of gender equality and the process of gender mainstreaming may be perceived as optional extras, rather than integral to development programming.



## Appendix 2. The 'Three Ones'

There has been a marked shift in the global response to the complex AIDS crisis, which continues to worsen. National responses are broader and stronger, and have improved access to financial resources and commodities. As well as increased commitments by affected countries themselves, the advent of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the AIDS programmes of the World Bank, expanding commitments from donor countries and the work of private sector foundations saw the total amount of funding on AIDS increase from US\$2.8 billion in 2002 to an estimated US\$4.7 billion in 2003.

While more resources are needed, there is an urgent need for greater support and collaboration with heavily-affected countries and to avoid duplication and fragmentation of resources.

In April 2004, at a meeting in Washington DC, co-chaired by UNAIDS, the United Kingdom and the United States, a historic agreement was reached by donors and low- and middle income countries to work more effectively together in scaling up national AIDS responses. They adopted three core principles for concerted country-level action—the 'Three Ones'.

- **one** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners;
- **one** National AIDS Coordinating Authority with a broad-based multisectoral mandate;
- **one** agreed country-level Monitoring and Evaluation system.

The concepts of national ownership, multisectorality, mainstreaming, harmonization and coherence have been combined into these principles, which aim to increase the pace of the AIDS response and promote using resources more effectively by clarifying relevant roles and relationships. The blueprint begins with one agreed AIDS action framework, which is a nationally devised strategic plan for coordination across partnerships and funding mechanisms.

The national AIDS coordinating body needs to have legal status, a strong, broad-based multisectoral mandate, and a democratic oversight mechanism to function effectively. It is responsible for managing partners' actions within the framework. The coordination body also requires overarching national policy leadership in order to facilitate the partnership arrangements that allow for implementing and reviewing the action framework. Many countries state that national AIDS councils and national strategic plans exist, but only a few meet the specific criteria described above.

Even rarer is the existence of one agreed monitoring and evaluation system that provides a single mechanism to account for various funding arrangements, monitors AIDS programme effectiveness, and provides the strategic information needed to adjust the action framework.

It is these challenges that the 'Three Ones' are specifically designed to address. Built on lessons learned over two decades, the 'Three Ones' will help improve the ability of donors and developing countries to work more effectively together, on a country-by-country basis.

Sources:

UNAIDS (2004), 2004 Report on the global AIDS epidemic, Geneva: UNAIDS, p.167.

UNAIDS (2004), The Three Ones: Principles for the coordination of national AIDS responses



## Endnotes

- <sup>1</sup> A study from Tanzania has shown that average medical expenditure for men living with HIV/AIDS was more than double the amount spent on medical care for women living with HIV/AIDS (quoted in World Bank (1998), *Confronting AIDS: Public Priorities in a Global Epidemic*, New York: World Bank). The UNAIDS *Report on the Global HIV/AIDS Epidemic 2002* refers to two studies conducted in Côte d'Ivoire and Thailand respectively, which also showed that more money tended to be spent on health care for men when they are affected by HIV/AIDS-related illnesses than on women. In more general terms, Naila Kabeer gives examples from across the world of gender bias in the allocation of household resources towards men and boys, particularly with respect to nutrition and health treatment, although it is clear that the nature and depth of such a gender bias varies between countries. See Kabeer N (2003), *Gender Mainstreaming in Poverty Eradication and the Millennium Development Goals, A Handbook for Policy-Makers and Other Stakeholders*, London: Commonwealth Secretariat.
- <sup>2</sup> Kisoon C, Caesar M and Jithoo T (2002), *Whose Right? AIDS Review 2002*, Pretoria: Centre for the Study of AIDS, University of Pretoria. Naila Kabeer refers to the case of rural uneducated women in Nigeria, who preferred not to deliver in hospitals because of the treatment they received at the hands of nurses. See Kabeer (2003), *Op cit.*, p.162.
- <sup>3</sup> Other useful tools for facilitators when conducting workshops with programmers can be found on [www.genderandaids.org](http://www.genderandaids.org).
- <sup>4</sup> For examples of good practice of promoting a gender-inclusive approach to HIV/AIDS, see [www.genderandaids.org](http://www.genderandaids.org), amongst others.
- <sup>5</sup> UN agencies adopted the Common Understanding on the Human Rights Based Approach to Development in 2003.
- <sup>6</sup> Kisoon C, Caesar M and Jithoo T (2002), *Op cit.*
- <sup>7</sup> Beall J (1996), *Urban Governance: Why Gender Matters*, Gender in Development Monograph Series No 1, New York: United Nations Development Programme (UNDP).
- <sup>8</sup> The distinction between practical and strategic gender needs has been further developed in Moser C (1993), *Gender Planning and Development: Theory, Practice and Training*, Routledge, London.
- <sup>9</sup> The impact of structural adjustment programmes on access to health care has been widely documented. See for example: Blas E and Limbambala M (2001), "User-Payment, Decentralization and Health Service Utilization in Zambia", *Health Policy and Planning*, Vol 16 Supplement 2, pp.19-28; Nyongator F and Kutzin J (1999), "Health for Some? The Effects of User Fees in the Volta Region of Ghana", *Health Policy and Planning*, Vol 14:4, pp.329-341.
- <sup>10</sup> A useful resource on gender and participatory approaches to development is the 2001 *Cutting Edge Gender Knowledge Pack "Gender and Participation"*, developed by BRIDGE. It is available on the website: [www.ids.ac.uk/bridge](http://www.ids.ac.uk/bridge).
- <sup>11</sup> This example is quoted in the module "Integrating Gender Components into Existing HIV/AIDS Programme", which is a component of the *UNAIDS Resource Packet on Gender and AIDS* (2002).
- <sup>12</sup> UNDP Regional Project on HIV and Development in sub-Saharan Africa (2002), *Conceptual Shifts for Sound Planning: Towards an Integrated Approach to HIV/AIDS and Poverty*, Pretoria: UNDP Regional Project on HIV and Development in sub-Saharan Africa.
- <sup>13</sup> This definition is an adaptation of the definition presented in Save the Children (2003), *Toolkits: A Practical Guide to Planning, Monitoring, Evaluation and Impact Assessment*, Save the Children, London, p.176.
- <sup>14</sup> For a more detailed description of the different forms of collaboration for advocacy, see Save the Children (2003), *Op cit.*, p. 316-318.
- <sup>15</sup> Adapted from Save the Children (2003), *Op cit.*







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