



ON COURSE: Mainstreaming Gender into National HIV Strategies and Plans

A R O A D M A P

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Please also visit the companion
“Compendium of Knowledge Tools”
at its temporary location at:
www.livelifeslowly.net/genderinghiv

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On Course builds on the UNAIDS Inter-Agency Task Team Resource Pack on Gender and HIV/AIDS with a focus on country level implementation, aiming to strengthen the impact of HIV strategies and plans.

¹ The UN Interagency Working Group on Women, Girls, Gender Equality and HIV includes UNAIDS, all ten cosponsors and UN Women (now the 11th cosponsor).

Abbreviations

ACHPRRWA	African Charter on Human and People's Rights on the Rights of Women in Africa
ASAP	AIDS Strategy and Action Plan
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CSO	Civil Society Organization
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTWG	Gender Technical Working Group
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
LGBTI	Lesbian, gay, bisexual, transgender, and intersex people
MDGs	Millennium Development Goals
MSM	Men who have sex with men
MTCT	Mother-to-Child Transmission
NAA	National AIDS Authority
NAC	National AIDS Council/Commission
NASA	National AIDS Spending Assessment
NSP	National AIDS Strategic Plan
PEP	Post-Exposure Prophylaxis
PLHIV	People Living With HIV
SRH	Sexual and Reproductive Health
ToR	Terms of Reference
TWG	Technical Working Group
UNGASS	United Nations General Assembly Special Session (on HIV and AIDS)
WSW	Women who have Sex with Women

Executive summary

The current context of the global HIV response is one with a rapidly changing social, cultural and resource environment. Increasingly, HIV is being understood as a chronic disease requiring long-term solutions rather than an emergency response. This shift in understanding has important implications for mainstreaming gender into national HIV strategies and plans. Indeed, planning for HIV is taking on diverse forms – in some cases as a stand-alone HIV strategy and plan, and in other cases as a component of other national planning processes, such as health or development. Regardless of the form, addressing the gender dimensions of HIV is essential to constructing effective and sustainable strategies that can “halt and reverse the spread of HIV” well beyond the Millennium Declaration and Development Goals.

The relationship between gender and HIV is complex and constantly evolving, and is influenced by interactions with other equity and equality variables (or social determinants of health²) such as education, income, ethnicity, race, and sexual orientation, among others. Bearing these in mind, it is important to consider how gender influences a variety of factor such as susceptibility and vulnerability to contracting HIV, health and clinical outcomes of HIV, and effective actions to address HIV in the health sector and beyond. At the same time, it is crucial to understand how HIV – and the response to it – influences gender inequality and human rights more generally as development synergies. Indeed the HIV epidemic and response has the potential to help change harmful social norms and practices and transform gender relations, based on principles of equity and equality.³

On Course will assist governments, civil society and other HIV actors to make clear, concerted and sustainable efforts to address multi-dimensional gender and human rights issues in their national HIV efforts and support increased capacity to achieve gender equality results. It provides:

- a) an explanation of why a *gender-transformative approach* is vital to curbing and reversing the spread and impact of HIV⁴ and a tool for a long term, gender-transformative national response, with “high-impact, high-value strategies.”⁵

2 See, for example, WHO, “Social determinants of health: women and gender equity” at http://www.who.int/social_determinants/themes/womenandgender/en/index.html. See also Gita Sen and Pirooska Ostlin “Gender as a social determinant of health: evidence, policies, and innovations” in *The Women, Gender & Development Reader* (eds) Nalini Visvanathan, Lynn Duggan, Nan Wiegersma and Laurie Nisonoff, Zed Books, 2011

3 UN Women, *The Fourth Decade of Women and HIV: The Role of Gender Equality in Reversing the HIV Pandemic*, forthcoming.

4 The UNAIDS Strategy 2011–2015, “Getting to Zero” calls for such a transformative approach. See “Getting to Zero” at <http://www.unaids.org/en/aboutunaids/unaidsstrategygoalsby2015/>

5 2011 UNAIDS World AIDS Day Report.

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- b) a strategic outline for designing a national HIV strategy or plan that integrates gender equality concerns at every level;
- c) a framework for translating gender equality principles into gender equality practices in the national strategy or plan;
- d) a cyclical mechanism for improved means of measuring gender-transformative HIV results;
- e) tools to support effective gender-responsive programmes with clear, time-bound, measurable goals.

While work on HIV is advancing in a variety of forms, a range of other national, regional and global commitments have significant overlap or “synergies” with work on HIV. At the global level, increased resource constraints and an emphasis on “value for money” has been manifested in a UN Investment Approaches (discussed in greater detail below).⁶ The UNAIDS Investment Approaches (IA), established to guide more strategic and targeted national HIV responses, provides an opportunity to implement *On Course*. The three components of the IA (basic programme activities, critical enablers, and synergies with development sectors) provide an important avenue for the application of gender-responsive guidelines outlined in the roadmap. And while gender is a component of all six basic programme activities, attention to gender equality as a critical enabler and a development synergy will facilitate more successful and cost-effective results. Finally, work to integrate gender equality into HIV plans and programmes is connected to efforts to ensure that national HIV plans, policies and programmes are human-rights based.

While the current climate is, on the one hand, marked by increasing resource constraints, it is also notable for several major global initiatives that have bearing on the intersection of gender equality and HIV. While a full accounting is beyond the scope of this roadmap, several global initiatives contain significant components related to gender equality and HIV. The UN Secretary-General’s Global Strategy for Women’s and Children’s Health, launched in 2010, and its implementation through “*Every Woman Every Child*”⁷ seeks to mobilize and intensify action by government, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. Another global initiative with a strong linkage to gender equality and HIV is the *Global Plan Towards the Elimination of New HIV Infections Among Children by 2012 and Keeping Their Mothers Alive*. The Global Plan, developed by a high-level Global Task Team convened by UNAIDS, brings together 30 countries and 50 civil society organizations, private sector partners, networks of people living with HIV and international agencies, with the aim of reaching pregnant women living with HIV and their children.⁸

With growing evidence about the association between gender-based violence and HIV, another campaign that provides an opportunity for raising the profile of gender equality and HIV is the UN Secretary-General’s UNiTE to End Violence Against Women campaign. UNiTE is a collaborative initiative that brings together

6 UNAIDS, 2012, *Investing for results. Results for people*. UNAIDS/PCB (30) 12. CRP.4

7 For more information, please go to <http://www.everywomaneverychild.org/>

8 For more information, please go to <http://www.unaidsrstes.org/region/regional-profile/ending-mother-child-transmission-hiv-emtct>

governments, civil society, women's organizations, youth, the private sector, media and all UN agencies to address the issue of violence against women and girls.⁹ For girls, the *Together for Girls* partnership, has particular relevance, uniting five UN agencies (UNICEF, WHO, UN Women, UNAIDS and UNFPA), the private sector and the US government through PEPFAR (the President's Emergency Fund for AIDS Relief) to collect evidence on the magnitude and impact of sexual violence against girls (and in some cases, boys) to foster legal and policy reforms and greater public awareness.¹⁰ A range of other initiatives, covering issues such as tuberculosis, malaria, among others, provide additional opportunities for linkages and synergies.

On Course is designed to be used in a multiplicity of HIV strategy and planning contexts, whether stand-alone, integrated into the health sector plans, or developed as elements of other national plans and process (development plans, poverty reduction plans, gender action plans, etc.). In all cases, integrating gender can help support the multisectorality of HIV strategies and plans. In collecting the information and developing the analysis for integrating gender into national HIV strategies and implementation plans, it is important to be mindful of the linkages between HIV to a wide range of related national processes, such as national health strategies, gender equality strategies, poverty reduction and development plans, among others. It is also useful to see the implementation as occurring in connection to national legal reform initiatives, particularly those that seek to reform discriminatory laws and practices, whether based on gender or other related social factors.

9 For more information, please go to <http://endviolence.un.org>.

10 For more information, please go to www.togetherforgirls.org.

Introduction

Gender and sexuality have long been recognized as key factors affecting the dynamics of the HIV epidemic. In any given society, gender is often one of the bases upon which power, privilege and status are conferred, creating persistent and pervasive inequalities between women and men. Issues vary across communities and countries, but power imbalances, harmful social norms, violence and marginalization affect women, men, girls, boys and transgender people across the world, limiting their ability to prevent HIV infection and mitigate its impact. In many communities, women and girls are disproportionately affected by HIV prevalence, linked to patterns of gender inequality and unequal power relations between men and women. Sexual minorities, sex workers and other marginalized groups are also disproportionately affected by HIV.

As the HIV epidemic has spread, our knowledge of its patterns has improved. Alongside a greater understanding of the patterns of HIV transmission and impact, we have also advanced our comprehension of the role of social, cultural, economic and political determinants of HIV and health. One of the most significant social determinants of HIV is gender inequality. At the end of 2010, over half of the estimated 34 million people living with HIV were women.

Gender 'refers to the widely shared expectations and norms within a society about appropriate male and female behavior, characteristics, and roles' (Rao Gupta 2000).

A significant challenge to the most effective response is gender inequality, lack of human rights and, in particular, discrimination against women and girls. Achieving the "three zeros" as defined by the UNAIDS Strategy "Getting to Zero" – zero new infections, zero AIDS-related deaths, and zero discrimination, requires realising the full equality of women and girls and addressing discrimination against key populations. While this is certainly the case in generalized epidemic contexts where the primary mode of transmission is through heterosexual sex, it is also essential to understand gender-related issues amongst key populations¹¹ and in concentrated epidemic contexts.

On Course charts a guided route to integrate gender equality into national HIV strategies and plans. It focuses on the *process* of integrating gender, and has been developed alongside a *compendium* of resources¹² that provides more programmatic and thematic information to be used for integrating gender into specific

11 'Key populations' refers to those groups most likely to be exposed to HIV or to transmit it. It includes PLHIV, sex workers and their clients, men who have sex with men (MSM), injecting drug users (IDUs), transgender people, young people (between the ages of 14–24), children, prisoners, mobile populations, refugees and other at higher risk populations. (UNAIDS Terminology Guidelines, October 2011).

12 Please visit the companion "Compendium of Knowledge Tools" at its temporary location at: www.livelifeslowly.net/genderinghiv.

technical areas of HIV strategies and plans. It is well suited to be used in combination with the forthcoming UNAIDS Gender Assessment tool, and utilize the compendium of gender and HIV indicators being jointly produced by UN Women, UNAIDS, MEASURE, UNFPA, PEPFAR, UNDP among others.¹³

BOX 1

Gender transformative HIV interventions are designed to change gender roles by promoting relationships that are fair and just in the distribution of benefits and responsibilities. Gender transformative HIV responses also involve reforming and repealing punitive and discriminatory policies toward a legal and policy environment that promote and protects public health, human rights and gender equality.

It is also designed to be used in coordination with several other common tools and processes for developing HIV strategies and plans (e.g. UNAIDS guidance on developing HIV strategies and implementation plans) as well as to support the integration of gender into Global Fund to Fight AIDS, TB and Malaria proposals and plans (in line with revised GFATM priorities). It makes specific reference to the UNAIDS Investment Framework and takes into consideration current discussions about a “new generation” of UNAIDS support for national HIV strategies and plans. It can guide you through a multiplicity of HIV strategy and planning contexts – such as stand-alone national HIV strategies and plans, HIV strategies/plans that are integrated into the health sector plans, or those that are elements of other national plans and process (development plans, poverty reduction plans, gender action plans, etc.). In collecting the information and developing the analysis for integrating gender into national HIV strategies and plans, it is important to be mindful of the linkages between HIV strategies and plans to a wide range of related national processes, such as national health strategies, gender equality strategies, poverty reduction and development plans, among others. It is also useful to see the implementation as occurring in connection to national legal reform initiatives, particularly those that seek to reform discriminatory laws and practices, whether based on gender or other related social factors

On Course is anchored in an understanding that addressing the gender dimensions of HIV and engaging in the process of creating a *gender transformative* national HIV strategy/plan (see Box 1) is a strategic process requiring multi-sectoral technical inputs; political will, including a commitment to full integration in national development plans; strong, consistent rights-based advocacy; and effective accountability mechanisms that ensure multi-sectoral ownership and broad-based partnerships.

On Course will assist governments and other HIV actors in making clear, concerted and sustainable efforts to address multi-dimensional gender and human rights issues with the direct and substantive involvement of women and girls and key populations; ensure an integrated approach to addressing HIV; and supporting increased capacity to achieve gender equality results by providing:

13 It is intended that these indicators be used to collect sex-disaggregated qualitative and quantitative data to better capture and analyse the sociocultural, economic and epidemiological factors contributing to the risk of and vulnerability to HIV among women and girls. The piloting of these indicators will begin in selected countries in 2013.

- a) an understanding of why a *gender-transformative approach* (Box 1) is vital to curbing and reversing the spread and impact of HIV¹⁴ and a tool for a long term, gender-transformative national response, with “high-impact, high-value strategies.”¹⁵
- b) a strategic outline for designing a national HIV strategy or plan that integrates gender equality concerns at every level;
- c) a framework for translating gender equality principles into gender equality practices in the national strategy or plan;
- d) a cyclical mechanism for improved means of measuring gender-transformative HIV results;
- e) tools to support effective gender-responsive programmes with clear, time-bound, measurable goals.

With tightening resource constraints, the effort to integrate gender equality into national HIV plans and strategies will be strengthened by taking advantage of critical enablers and stressing development synergies, ensuring linkages at the national level to other relevant plans and policies – such as the national development plan, poverty alleviation plans, gender equality and elimination of gender-based violence plans, national health plans, etc.

It will also be strengthened by external linkages. There are a number of global initiatives that provide important opportunities for building synergies. The UN Secretary-General’s Global Strategy for Women’s and Children’s Health, launched in 2010, supports country-level health plans, provide and improve access to a comprehensive and integrated package of essential interventions and services, strengthen health systems, ensure health workforce capacity building, and support coordinated research and innovation to develop high-quality care and interventions – all focusing on the most vulnerable and hard-to-reach women and children. The Strategy is put into action through “*Every Woman Every Child*”¹⁶ to mobilize and intensify action by government, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. As part of its implementation, a high-level “Commission on Information and Accountability for Women’s and Children’s Health” was established in January 2011. In May 2011, the Commission presented a report with recommendations designed to increase the likelihood that pledges for women’s and children’s health are honoured and that resources are spent in the most effective way to save lives.

Another global initiative with a strong linkage to gender equality and HIV is the *Global Plan Towards the Elimination of New HIV Infections Among Children by 2012 and Keeping Their Mothers Alive*. The Global Plan, developed by a high-level Global Task Team convened by UNAIDS, brings together 30 countries and 50 civil society organizations, private sector partners, networks of people living with HIV and international agencies, with the aim of reaching pregnant women living with HIV and their children. The two main objectives of the

14 The UNAIDS Strategy 2011–2015, “Getting to Zero” calls for such a transformative approach. See “Getting to Zero” at <http://www.unaids.org/en/aboutunaids/unaidsstrategygoalsby2015/>

15 2011 UNAIDS World AIDS Day Report.

16 For more information, please go to <http://www.everywomaneverychild.org/>

BOX 2**Development synergies case study Sasa! An Activist Kit to Prevent Violence against Women and HIV/AIDS (extract)**

In many countries in East and Southern Africa, 'gender' has become technical jargon, unfortunately often misunderstood and misconstrued. There is clearly potential for 'gender fatigue' to set in. Yet activists know that the transformative intention of gender analysis has not yet been realized – and this is evidenced too clearly in the rising HIV infection rates for women and the alarming levels of violence women experience.

SASA! pushes organizations and individuals to rethink old problems; to see long running issues in a new light. SASA! pushes boundaries – it avoids old jargon and promotes a new bold analysis of power. It examines how power over women hurts us all, it demonstrates how power with others can provide essential support to women, and how we all have the power to create change. It provides organizations with a sound conceptual framework for discussing the link between violence against women and HIV and the programmatic structure in which to implement creative and comprehensive programmes.

SASA! is intentionally designed for both organizations that traditionally address violence against women as well as HIV and AIDS agencies. The aim is to generate synergy by making the case that in our context, addressing both in tandem will significantly improve outcomes in both areas. The activities in SASA! are intended to reach a broad spectrum of stakeholders from community members and leaders at the grass-roots level, to journalists and editors, policy makers, and service providers (i.e. health care providers, VCT counsellors, police, social welfare, etc).

For more information, please see <http://www.raisingvoices.org/files/SasaCaseStudy.nov07.pdf>

Global Plan are to reduce the number of new HIV infections among children by 90 percent, and to reduce the number of AIDS-related maternal deaths by 50 percent by the year 2015. Although the plan covers all low- and middle-income countries, it focuses mainly on 22 countries with the highest estimates of HIV-positive pregnant women.¹⁷

With growing evidence about the association between gender-based violence and HIV, another campaign that provides an opportunity for raising the profile of gender equality and HIV is the UN Secretary-General's UNiTE to End Violence Against Women campaign. UNiTE is a collaborative initiative that brings together governments, civil society, women's organizations, youth, the private sector, media and all UN agencies to address the issue of violence against women and girl.¹⁸

Today, HIV is having a particularly devastating impact on young women. In many countries, young women are contracting HIV at much higher rates than boys of the same age. In this context, the *Together for Girls* partnership, has particular relevance. The partnership unites five UN agencies (UNICEF, WHO, UN Women, UNAIDS and UNFPA), the private sector through Becton, Dickinson and Co., Nduna Foundation, Grupo ABC, the CDC Foundation and the US government through PEPFAR (the President's Emergency Fund for AIDS Relief) and the Centers for Disease Control and Prevention. The partnership is collecting data and gathering evidence on the magnitude and impact of sexual violence and using the evidence to foster legal and policy reforms and greater public awareness.¹⁹ A range of other initiatives, covering issues such as tuberculosis, malaria, among others, provide additional opportunities for linkages and synergies.

17 For more information, please go to <http://www.unaidsrstes.org/region/regional-profile/ending-mother-child-transmission-hiv-emtct>

18 For more information, please go to <http://endviolence.un.org>.

19 For more information, please go to www.togetherforgirls.org.

1. Gender inequality and HIV: making the links

Gender-responsive approaches to HIV

The 2011 United Nations General Assembly's Political Declaration on HIV and AIDS²⁰ recognized that **gender inequality is a key factor in the spread of HIV**.

In this Roadmap, 'gender' refers to the range of socially determined roles assigned to women and men in varying cultural contexts, and the relations between them. 'Gender' is not a synonym for 'women,' but refers to power relations and social norms about masculinity and femininity that affect us all, regardless of sex, sexual orientation, gender identity or HIV status.²¹

Gender roles, gender norms and HIV

The role that gender norms play in risk and vulnerability is often overlooked. Gender norms dictate, for example, women's unequal access to resources and assets through cultural practices denying widows' rights to inheritance in favour of male family members; unequal pay for work of equal value in the workplace; and women's subservience in domestic and sexual relations limiting their ability to negotiate safer sex, or when, whether and with whom to have sexual relations and/or children.

Gender and UNAIDS Investment Approaches (IA)

The UNAIDS Investment Approaches (IA),²² established to guide more strategic HIV responses, can play an important role in facilitating the implementation of the roadmap and vice versa. Applying the guidelines of the roadmap to the IA can produce a comprehensive national HIV strategy, which not only incorporates the key IA components, but also carefully addresses the gender-specific needs of each of these components. The three components of the IA (basic programme activities, critical enablers, and synergies with development

20 United Nations, *A/65/L.77. Uniting for Universal Access: toward zero new HIV infections, zero discrimination and zero AIDS-related deaths*. Report of the Secretary General, p.5. 28 March 2011.

21 *Important Concepts Underlying Gender Mainstreaming*, Office of the Special Adviser on Gender Issues and the Advancement of Women, United Nations, August 2001.

22 UNAIDS, *A New Investment Framework for the Global HIV Response*, 2011.

sectors) provide a useful avenue for the application of gender-transformative guidelines outlined in the roadmap. *On Course* can also guide those involved in the IF planning process to organize consultations with all relevant stakeholders, thus ensuring their participation in developing an effective national HIV strategy that encompasses each of the six core programme activities and their gender-specific aspects.

Similarly, the roadmap can also be applied to the critical enablers and development synergies, which provide guidance on creating an enabling environment for the successful implementation of the basic programme activities. Doing so could help those responsible for drafting a national HIV strategy to effectively address the gender dimensions of structural factors of the HIV epidemic.

A gender-transformative HIV plan or strategy, one that takes into account socio-cultural determinants of masculinity, femininity and sexuality, will benefit society broadly – including, but not limited to women and girls. Programming that simultaneously addresses gender and HIV can create synergies well beyond programming in one area alone. In the context of IF these can be understood as “development synergies” that help move the HIV response beyond a biomedical focus, taking advantage of mutually reinforcing programming benefits.

Gender-based violence, including sexual violence

Gender-based violence includes physical, sexual and psychological violence enacted against people because of their gender, and as a result of the power dynamics that stem from unequal gender relations and the perceptions of the roles and behaviours of women and men. Men and boys may also be targets of gender-based violence, often resulting from homophobia and other forms of stigma and discrimination against men who have sex with men, or those who have alternative gender identities.

In addition to the gender-based violence that occurs in the public and private spheres, governments can foster, perpetrate or exacerbate gender-based violence through their representatives (such as police, social workers, health care workers, military or immigration authorities), their laws and their policies. Depriving women, men, children or LGBTI people of resources and services necessary for physical and psychological wellbeing (for example, health care, safety, nutrition, education, livelihoods, etc.) can heighten vulnerability to violence and intensify its negative impact.

Gender-based violence impacts on people’s health and wellbeing as well as inhibiting their freedom of movement, ability to access education, employment, and political participation. Global studies show that although men and women, and boys and girls can face the threat of, or experience gender-based violence, the vast majority of survivors of gender-based violence are women and girls.²³ Threats to bodily integrity and gender-based violence hampers HIV prevention – just as disclosure of HIV positive status may increase their vulnerability to violence.²⁴ Women living with and affected by HIV also face particular forms of violence,

23 WHO, *Violence Against Women*. Fact Sheet No. 239. September 2011.

24 WHO. *Gender Dimensions of HIV Status Disclosure to Sexual Partners: Rates, Barriers and Outcomes*, A Review Paper, 2004. Human Rights Watch, *Hidden in the Mealie Meal: Gender-based Abuses and Women’s HIV treatment in Zambia*. Vol. 19, No. 18 (A), 2007.

including widow inheritance, property grabbing and forced sterilisation. Securing bodily integrity includes protection from gender-based violence, harmful practices and unsafe sexual activity, all of which can fuel the spread of HIV.

Harmful practices that curtail women's and girls' ability to protect themselves from unsafe sex, such as female genital mutilation, widow cleansing, property and spousal inheritance, early and forced marriages, polygamy and virginity testing also exacerbate vulnerability to HIV.²⁵

Vulnerability to HIV and sexual and reproductive health and rights

In most societies, irrespective of economic, social or political status, women and girls, as compared to men and boys, face more restrictions on their sexuality and freedom of movement. Restriction ranges from women's and girls' inability to make sexual and reproductive choices free from discrimination, coercion or violence, to their inability to access and use information and products such as condoms, contraceptives, safe and legal abortion and post-exposure prophylaxis (PEP).

Such restrictions occur at home, where women may not be able to negotiate safer sex; in communities and public spaces, where condoms or comprehensive sexuality education may be banned or unaffordable; and in health care settings, where women and girls living with HIV may be stigmatised, coercively sterilized or denied contraceptive information or product.²⁶

Young people, gay, lesbian, bisexual, transgender people, sex workers, people living with HIV, people who inject drugs, ethnic and racial minorities may also face similar restrictions and denial of rights.²⁷

Legal and policy environment

One of the core roles of the government is to create and enforce a legal and policy environment that protects freedoms and rights and provides a safe environment. Where there are infringements of fundamental rights, the government's role is to support and reform the legal environment to protect such rights. Because governments are presumed to act in protection of the general interest of the public it serves, a function of the legal system and judiciary is that it *respects, protects and fulfils*²⁸ human rights and justice. The gaps between commitment and action often occur in laws that further perpetrate unequal gender relations and hamper equitable social development such as the criminalisation of sex work and homosexuality or laws that fail to protect children's and women's rights to inheritance.

25 OHCHR, Fact Sheet No.23, *Harmful Traditional Practices Affecting the Health of Women and Children*, 1995.

26 Bell et al. 2007. *Sexual and Reproductive Health Services and HIV Testing: Perspectives and Experiences of Women and Men Living with HIV and AIDS*, *Reproductive Health Matters* (29 Supplement): 113–135.

27 Ibid.

28 See UN Office of the High Commissioner for Human Rights, <http://www.ohchr.org/en/professionalinterest/Pages/InternationalLaw.aspx>

In some cases, laws and policies present obstacles to the delivery of services to women, girls and key populations.²⁹ At times, the legal and policy context explicitly discriminates against women, such as when women are considered to be legal minors and unable to secure health care without the approval of a father, husband or other male family member. In other cases, the legal context has a disproportionate impact on women. For example in the case of the criminalization of intentional HIV transmission or exposure, evidence suggests that pregnant women or women who have just given birth are easy targets to the charge of intentional HIV exposure, reinforcing circuits of vulnerability and violence against women and girls.

BOX 3

What Works for Women and Girls: Evidence for HIV/AIDS Interventions

<http://www.whatworksforwomen.org>

This website provides strategies and evidence on a full range of gender-sensitive programming for women and girls. After nearly three decades of research, numerous successful interventions based on evidence have been documented. What Works for Women and Girls compiles the evidence available to support successful interventions for HIV and AIDS among women and girls with some attention to TB, malaria and hepatitis as they relate to HIV and AIDS.

Criminalization of same sex practices, drug use, sex work and HIV transmission are “counterproductive to the prevention of HIV transmission”³⁰ according to the current UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In many countries, punitive laws and policies relating to same-sex behaviour, sex work, drug use and HIV exposure means these groups are driven underground and excluded from services and programmes meant to prevent HIV or offer treatment, care and support.

29 For more information, see Global Commission on HIV and the Law at <http://www.hivlawcommission.org/>

30 AIDSLEX, Director of the Lawyers Collective (India) and UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Anand Grover, 15 December 2009.

2. Gender mainstreaming: what does it mean?

The concept 'gender' refers to the "socially constructed roles played by women and men that are ascribed to them on the basis of their sex."³¹ In other words, gender encompasses the changeable roles and socially determined meanings attached to expressions of masculinity and femininity as displayed by men, women and transgender people, and the value judgments that go along with these. Applying a 'gender analysis' then means understanding a situation in terms of the relationships between women and men, and people with alternative gender identities, and how they are treated as a result. A *gender perspective* brings greater understanding to the implications of HIV interventions, and can allow for better strategies, implementation, monitoring and assessment and impact.³²

A *gender analysis* focuses upon and assesses the differential impact of policies and programming on women and girls as compared to men and boys, with attention to key populations. It links this differential impact to gender roles and gender norms, as well as laws and policies that reinforce (or counteract) the imbalance of power between and among women and men and between and among key populations. It illuminates advantages or disadvantages experienced by either men or women in a given context and how these intersect with other factors such as race, ethnicity, income, sexual orientation, location, health and other status. Sometimes the application of a gender analysis leads to "stand-alone" programming that focuses specifically on women, girls or a group of marginalized women and girls, or key populations. Other times, building a HIV response requires mainstreaming gender-responsive frameworks, policies and programmes into national HIV, development or gender plans. The practical mainstreaming of gender involves understanding the necessity for differently targeted interventions for men and women, and coming to a more holistic understanding of the underlying weaknesses or strengths of any given intervention.

The task of mainstreaming gender into HIV plans and strategies builds on gender analyses and applies this information (including with sex- and age-disaggregated epidemiological, behavioural and sociological data) into all stages of developing strategies, policies, and programming (planning, implementation and monitoring and evaluation). It takes into account other categories of inequality such as age, religious or ethnic affiliation, sexual orientation, gender identity, or the place of residence (urban/rural, different provinces), which can

31 Implementation of the Outcome of the Fourth World Conference on Women. A/51/322, paras. 7–14: Gender is not interchangeable with 'sex', which refers to the physical and biological characteristics of women and men.

32 UNAIDS is currently developing a gender assessment tool to facilitate information gathering and analysis of national HIV responses. In combination with *On Course*, the assessment tool will provide critical information from which to understand gaps and priorities for the national HIV strategy or implementation plan.

then be incorporated into gender transformative approaches. Importantly, it is not about whether women, men and key populations are treated the same, but whether plans, policies and programmes take gender differences into consideration and respond appropriately and adequately to these differences.³³

Gender transformative HIV interventions involve working to change gender roles by promoting relationships that are fair and just in the distribution of benefits and responsibilities³⁴ as well as laws and policies that promote and protect gender equality, human rights and public health.

Five key principles of effective gender transformative programming include:

- 1) building equitable social norms and structures;
- 2) enhancing individual gender equitable behaviour;
- 3) transforming gender roles;
- 4) creating more gender equitable relationships; and
- 5) advocating for policy and legislative change to support equitable social systems.³⁵

A plan in which gender has been mainstreamed would:

- be anchored in a clear assessment of the gender dimensions of HIV in each specific location, paying attention both to the epidemiology as well as the social, economic and legal context;
- specify the legal and policy context, identify the most urgent areas for law and policy change as critical enablers for effective HIV responses;
- provide clear definitions of interventions that allow for the observation of gender differences, or aspects where gender plays a significant role;
- provide an understanding of the different experiences of HIV vulnerability and impact between and among men and women (and key populations) and the specific factors that play a defining role in these differences;
- provide an analysis of the obstacles to full and equal participation and enjoyment of rights in relation to gender equality and HIV by women and men;
- provide for the analysis of how gender roles impact on the process of change through HIV policy or interventions;
- provide clear indicators as to which interventions are necessary, and the specific outcomes possible through particular activities;
- emphasize the potential development synergies by fully integrating issues of gender and gender equality, and draw from and support the mainstreaming of gender and HIV concerns into all national development and gender equality plans;

33 German Federal Ministry for Economic Cooperation and Development (BMZ). Accessed 5/6/2012 at http://www.uneca.org/daweca/gender_mainstreaming/en-manual-training-gender-responsive-budgetingGTZ.pdf.

34 *Men are Changing*, IPPF 2010.

35 *The Truth about Men and Boys*, IPPF 2009.

- be aligned with and contribute to the fulfilment of key international, regional and national human rights and gender equality commitments;
- include plans and budgets for capacity building on gender, gender mainstreaming and gender-responsive budgeting for key stakeholders; and
- explicitly recognize the need to confront gender inequality and discrimination against women and girls as well as key populations.

ILO: Definition of Gender Mainstreaming

The concept of bringing gender issues into the mainstream of society was clearly established as a global strategy for promoting gender equality in the Platform for Action adopted at the United Nations Fourth World Conference on Women, held in Beijing (China) in 1995. It highlighted the necessity to ensure that gender equality is a primary goal in all area(s) of social and economic development.

In July 1997, the United Nations Economic and Social Council (ECOSOC) defined the concept of gender mainstreaming as follows:

“Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.”

Mainstreaming includes gender-specific activities and affirmative action, whenever women or men are in a particularly disadvantaged position. Gender-specific interventions can target women exclusively, men and women together, or only men, to enable them to participate in and benefit equally from development efforts. These are necessary temporary measures designed to combat the direct and indirect consequences of past discrimination.

Transformation by Mainstreaming

Mainstreaming is not about adding a “woman’s component” or even a “gender equality component” into an existing activity. It goes beyond increasing women’s participation; it means bringing the experience, knowledge, and interests of women and men to bear on the development agenda.

It may entail identifying the need for changes in that agenda. It may require changes in goals, strategies, and actions so that both women and men can influence, participate in, and benefit from development processes. The goal of mainstreaming gender equality is thus the transformation of unequal social and institutional structures into equal and just structures for both men and women.

Basic Principles of Mainstreaming

Responsibility for implementing the mainstreaming strategy is system-wide, and rests at the highest levels within agencies, according to Carolyn Hannan, Director of the UN Division for the Advancement of Women. Other principles include:

- Adequate accountability mechanisms for monitoring progress need to be established.
- The initial identification of issues and problems across all area(s) of activity should be such that gender differences and disparities can be diagnosed.
- Assumptions that issues or problems are neutral from a gender-equality perspective should never be made.
- Gender analysis should always be carried out.
- Clear political will and allocation of adequate resources for mainstreaming, including additional financial and human resources if necessary, are important for translation of the concept into practice.
- Gender mainstreaming requires that efforts be made to broaden women’s equitable participation at all levels of decision-making.
- Mainstreaming does not replace the need for targeted, women-specific policies and programmes, and positive legislation; nor does it do away with the need for gender units or focal points.

International Labour Organization: <http://www.ilo.org/public/english/bureau/gender/newsite2002/about/defin.htm>

3. Why do we need gender transformative national HIV strategies and plans?

Interventions to address gender inequality and the needs of women and girls remain limited, under-funded and insufficiently integrated into national HIV responses. Women and girls are frequently overlooked as a specific component of multi-sectoral HIV strategies and plans, with corresponding budget and resource provisions. Even when they are included, interventions tend to be small in scale, scattered and inadequately integrated into the mainstream of HIV and gender programming. Often, gender-related projects are 'added on', rather than anchored firmly within national HIV programmes or in the analytic process upon which they are built. There tends to be insufficient connections made between the analysis of gender dynamics driving HIV epidemics and the appropriate planning, budgeting and monitoring of HIV programmes. Moreover, programming to address women and girls in the context of HIV are often located in parallel tracks within HIV plans and gender equality plans, without sufficient alignment.

Three dimensions of gender mainstreaming should be considered as the cornerstone of gender analysis and gender-transformative programming:

- ▶ **Know the gender dimensions of your epidemic and response:** analysing the influence of gender inequality, discrimination and harmful norms and practices on the dynamics of HIV transmission and on the impact of the AIDS epidemic itself, in order to inform national HIV strategies, plans and budgets.
- ▶ **Develop both integrated and stand-alone strategies, policies and programming:** identifying, selecting, funding and scaling up an appropriate mix of policies, programmes and interventions for particular social and epidemiological contexts, including those that focus specifically on gender and those that integrate attention to gender within other actions: such as targeting programming specifically on girls and boys in efforts to reach at-risk youth, paying particular attention to critical enablers.³⁶
- ▶ **Generate multi-sectoral action and development synergies:** increasing the capacity of national AIDS coordinating bodies and partner institutions to effectively plan and implement programmes that address the gender dimensions of HIV, and to build synergy between HIV programmes and broader gender-equality and national development plans.³⁷

36 These can include 'social enablers' like political commitment, laws protecting human rights, community mobilisation, reducing stigma, engaging the mass media and local responses to risk; and 'programme enablers' like community centred design, management and innovation, communication and research (UNAIDS Investment Framework).

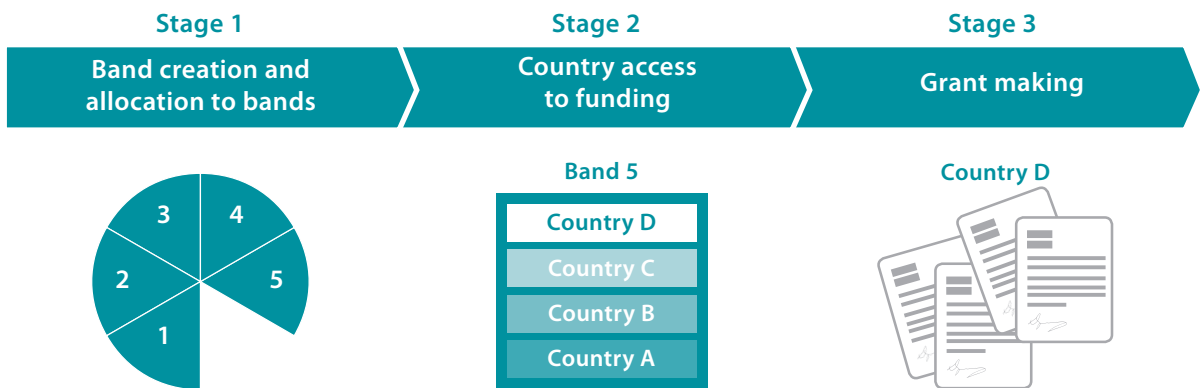
37 UNAIDS & UNDP, *Essential Actions on Gender and AIDS*, 2009.

The following table from the Global Fund Information Note: Addressing Women, Girls and Gender Equality (July 2011), can be used to guide gender-transformative strategies:

Aspects related to HIV, TB, or malaria	For women, girls, men, boys, sex workers (female, male, transgender), people who inject drugs (female and male), MSM, and other vulnerable or marginalized groups
Vulnerability	<ul style="list-style-type: none"> • What differences exist in the health risks? • How do these differ in timing, severity, prevention and treatment? • What are the implications for health service delivery? • Do young girls have the same information, power and tools to protect themselves against HIV infection compared to young boys of the same age?
Access	<ul style="list-style-type: none"> • Does availability of and access to health services differ? Can women have resources to seek for health services where they are sick? • What structural constraints affect access to health and health-related resources (i.e. legal policies, social stigma, provider assumptions, community norms, religious/cultural proscriptions, cost, time)? • How are men reached by RH/HIV prevention and services? • Do women living with HIV have access to contraception? Do women living with HIV have access to accurate information on their contraceptive options?
Service Quality	<ul style="list-style-type: none"> • Are services integrated for ease of access by key populations (voluntary counseling and testing (VCT)/HIV and TB/sexual transmitted infections (STI) and sexual and reproductive health)? • Does gender-based stereotyping affect use of health services? Do men have friendly services where they want to be informed on about their own sexual and reproductive health? • Do health providers act as barriers or facilitators to service uptake? What is the level of stigma towards women and young women living with HIV by health providers?
Empowerment	<ul style="list-style-type: none"> • Do key populations have opportunities to have a voice in their health care? • Are women able to access health care without male supervision? • Are women and girls able to negotiate terms of sexual relations? • How does gender affect health care within the family/community? • What limits service-related mobility, autonomy and decision-making (i.e. violence and coercion, economic resources, inheritance laws, human rights)?

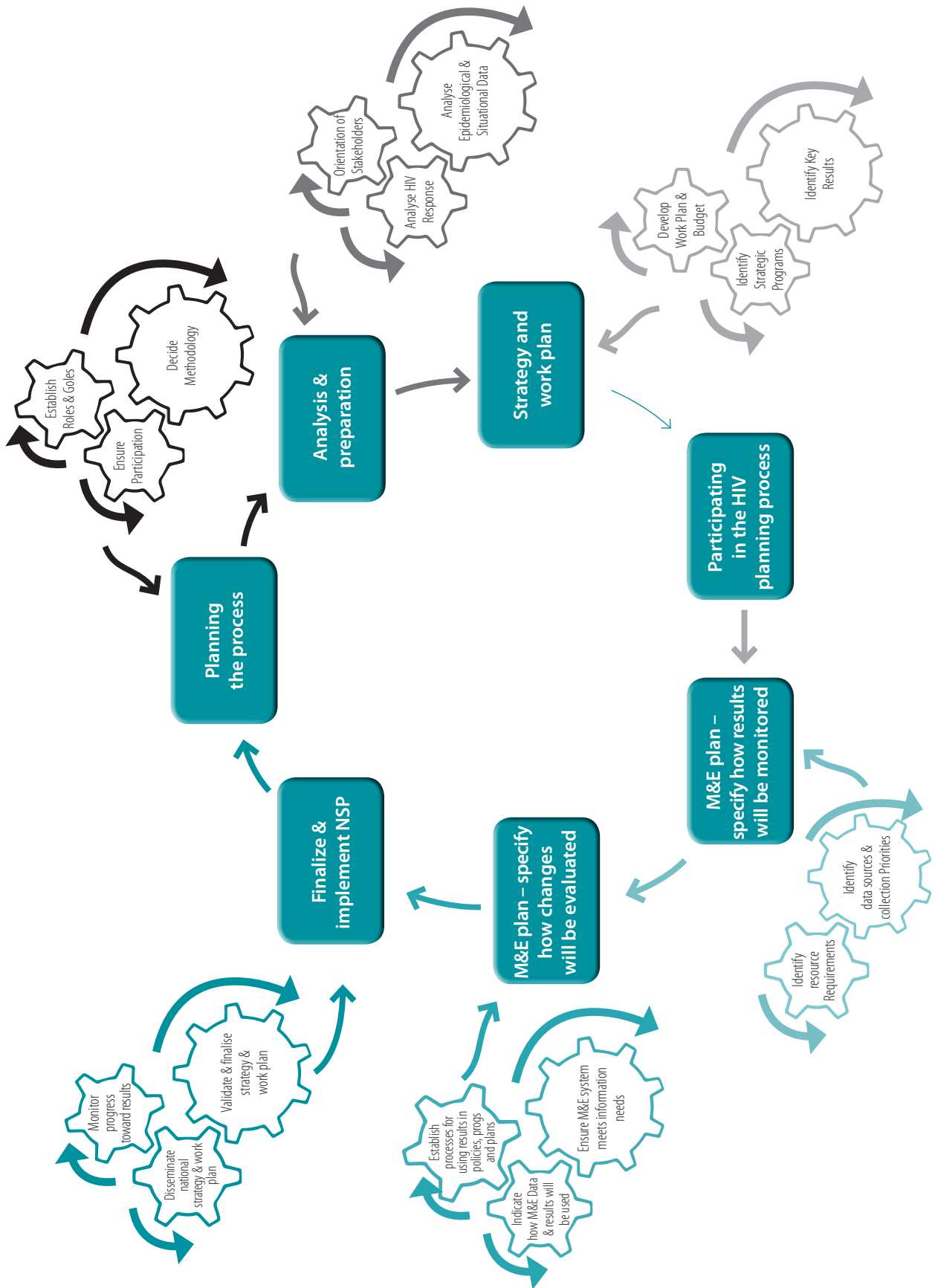
In September of 2012, the Global Fund to Fight AIDS, Tuberculosis and Malaria Board voted to adopt a new funding model, replacing the rounds-based system. The new model will improve the application and approval process, as well as grant management, providing for a more predictable and streamlined process. When applying for Global Fund grants, applicants will submit short concept notes, which will be reviewed, critiqued, and revised. Another important change will be more flexible timing for grant applications, and proper alignment with country-level schedules and priorities. Lastly, under the new funding model, countries and funding will be grouped in bands, which will enable the Board to ensure focus is placed on countries with the highest disease burden and least ability to pay, among other factors. The new funding model will be implemented by 2013.

Figure 1: Main stages of a new funding model



4. The Roadmap

The visual representation of the Roadmap illustrates the priority areas in the process. This illustration is followed by key strategy markers with a brief description of each of the five identified stages in the process, along with the reasons for and desired results of each activity, in order to facilitate their implementation. The tools mentioned in the strategy markers are included in the companion CD-ROM *Compendium of Knowledge Tools*.



STAGE 1

► Planning the process

In order to develop effective gender-responsive HIV strategies and plan, broad-based multi-sectoral participation is required. This includes representation from key government ministries and sectors (HIV, health, gender, social welfare, justice, finance, planning, etc.); civil society, including affected communities of women, PLHIV, researchers, human rights organisations, and legal, bio-medical and social policy and gender experts. Identifying and working with a broad range of partners can mean the difference between ineffective strategies and inefficient budgetary expenditure on the one hand, or an integrated, inclusive and deeply rooted understanding of the epidemic matched by a transparent approach with effective, coordinated HIV strategies on the other. To meet the challenge posed by gender inequalities that create and exacerbate vulnerabilities to HIV, gender issues need to be considered at the very outset, such as ensuring equitable representation of women, men and key populations in the planning process.

1. PLANNING THE PROCESS

1.1 Ensure participation

IDENTIFY AND CONSULT WITH VARIOUS MULTI-SECTORAL STAKEHOLDERS

OBJECTIVE

To understand the gender-specific needs, risks and vulnerabilities of different strata of society, towards a nuanced understanding of HIV/AIDS from a gender perspective



RATIONALE

Broad-based consultations ensure participation of all stakeholders and increases the efficacy and ownership of the strategy or plan



OUTPUT

Document that describes the gendered intersections with and factors that influence the spread of HIV



TOOLS

“Schematic Diagram for Gender Equality Programming”

“Ten Overarching Strategies to Advance a Gender Sensitive HIV Response” (ATHENA/HEARD)”

“UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV”

1.2 Establish roles

SET UP STRUCTURES AND ESTABLISH ROLES, RESPONSIBILITIES AND DELIVERABLES

OBJECTIVE

To outline clear tasks for multi-sectoral technical working groups (e.g. legal and human rights, women, men, children, sports and entertainment, CSOs)



RATIONALE

A strategic multi-sectoral plan requires clear mandates for each sector in order to test and support the implementation of decisions and begin to define clear areas and activities to be monitored and evaluated



OUTPUTS

Terms of Reference for all actors: Technical Working Groups, multi-sectoral Steering Committee



TOOLS

Terms of Reference for Technical Working Groups
Terms of Reference for Gender Consultant
Terms of Reference for Inter-Ministerial Steering Committee

DEVELOPING AN INCLUSIVE AND PARTICIPATORY REVIEW AND REVISION PROCESS: ZAMBIA

Zambia's 2011–15 NSP stands as a marked example of an inclusive and participatory process from public and private sector, involving both national and regional actors in each of the nine provinces of the country. It was also a process in which the integration of gender equality issues was positioned high on the agenda. With consultative support from the Joint Team on HIV and AIDS and bilateral donors, a gender-mainstreaming strategy was developed to strengthen attention to gender and HIV interventions.

The process involved action at the national and provincial levels: at the sub-national level, each province was engaged in consultation with government and non-governmental bodies, private and public sector, faith based organizations, traditional leaders, women and youth groups, human rights advocates and senior citizens.

At the national level, key government Ministries and civil society organizations and the private sector were given the opportunity to provide input into the Plan's review and revision. Sector Advisory Groups (SAG) formed to represent public sector players alongside the five thematic groups and self-coordinating groups comprising CSO and private sector participants. Together, all actors engaged collaboratively in shaping NASF.

STAGE 2

► Analysis and preparation

Substantive gender integration begins with a comprehensive gender analysis of the epidemiological and situational realities that form part of the country's social, economic, legislative and policy contexts.

Equipped with an understanding of the contextual realities, a meaningful analysis can be conducted of the existing HIV response and national strategy and plan. The analysis will reveal weaknesses and strengths in approach, strategy, public structures and systems, policy approaches, legislation and budgeting in all interventions of prevention, treatment and care. It will also reveal the relationship between core programming components, critical social and programme enablers and development synergies that link seemingly disparate social processes and show how these can thwart or support effective HIV programming.

2. ANALYSIS AND PREPARATION

2.1 Analyse epidemiological and situational data

CONDUCT A COMPREHENSIVE SITUATIONAL ANALYSIS, CONSIDERING SOCIO-ECONOMIC, CULTURAL, RELIGIOUS AND LEGAL FACTORS AND RELATED GENDER IMPLICATIONS OR ASSUMPTIONS

OBJECTIVE

To understand and document specific gender-based factors that play a role in the obstacles and advancements of HIV interventions



RATIONALE

Factors that contribute to the gender-specific risks and vulnerabilities include discriminatory laws, poverty, access to education, economic opportunities, gender-based violence, conflict and emergencies, migration and trafficking, access to sexual and reproductive health information and products, harmful cultural practices. A gender analysis on how these factors impact on processes of change will therefore lead to more effective gender-responsive HIV strategies.



OUTPUTS

Situational analysis reports that highlight gender differential risks



TOOLS

“Global Fund Information Note: Addressing Women, Girls and Gender Equality”

“UNAIDS Gender and HIV Assessment Tool (forthcoming)”

“Operational Guide on Gender and HIV/AIDS: a rights-based approach”

(UNAIDS Interagency Task Team on Gender and HIV/AIDS)

2.2 Analyse the existing strategy and plan

CONDUCT A GENDER ANALYSIS OF THE EXISTING STRATEGY AND PLAN, ITS BUDGET AND EXPENDITURE

OBJECTIVE

To reveal gender-based strengths and weaknesses that contributes to or impedes structural gains in addressing HIV



RATIONALE

To understand the underlying strengths and weaknesses of planned interventions where gender is a key factor and to develop interventions to address the weaknesses and deepen and embed the strengths, and ensure appropriate budgetary adjustments



OUTPUTS

Report on the gender differential impacts of the HIV response



TOOL

"Gender Mainstreaming Checklist"

2. ANALYSIS AND PREPARATION *(continued)*

2.3 Orientation of stakeholders

IDENTIFY CAPACITY NEEDS OF STAKEHOLDERS AND PROVIDE TRAINING ON HUMAN RIGHTS AND GENDER, INCLUDING GENDER BUDGETING AND TRACKING, AND THE SPECIFIC RISKS AND VULNERABILITIES CREATED BY GENDER INEQUALITY

OBJECTIVE

To ensure the implementation of gender equality results in the strategy/plan and assign appropriate budgets and resources to support the activities



RATIONALE

Orienting key stakeholders on gender issues and their responsibilities will provide an understanding of the cross-cutting issues relating to gender inequality as driver of the HIV epidemic



OUTPUTS

Briefing papers and checklists for gender mainstreaming and human rights principles



TOOLS

"Gender mainstreaming checklist"
"Ten Overarching Strategies to Advance a Gender Sensitive HIV Response" (ATHENA/HEARD)
Gender-responsive budgeting tools

DEVELOPING A MAINSTREAMING STRATEGY TO INTEGRATE INTO THE NATIONAL HIV PLAN: BELIZE

A country team comprised of government and civil society representatives from Belize participated in a workshop on integrating gender-based violence and the engagement of men and boys for gender equality into national HIV plans. Though they were close to the end of the NSP process, the Belize team saw the meeting as a catalytic moment to fine tune their thinking about gender equality and gender-based violence, and as an immersion in the tools, theory, and practice that they could immediately put to work.

Building directly from the discussions in Istanbul, the Belize delegation returned home to strengthen the final draft of the new National Strategic Plan (NSP) for HIV 2012–2016 before it was concluded. A new Specific Goal number 5 was added to the NSP that extends the amount and type of emergency response offered to survivors of sexual violence based on the recommended five layers of support that was discussed at the Istanbul meeting – and a new principal strategy has been added which calls for implementation of socialization programmes to mitigate negative cultural norms that increase the risk of HIV transmission such as those that facilitate gender-based violence. By extension to this strategy, Belize has also now included an Expected Result that calls for a culture of tolerance and respect for gender equity, and for men to demonstrate responsibility for all facets of their sexual behaviour. The NSP also expands existing Expected Results to include young men within the target group of young people.

STAGE 3

► Strategy and work plan

Defining clear goals, key objectives, strategic and priority programmes, interventions and results of the strategy/plan rests on the foundations of a detailed work plan and budget.

The formulation of a gender-responsive budget for the strategy/plan is a technical as well as political process. The political process has to focus on advocating that gender be mainstreamed so that adequate budgets are allocated to facilitate the implementation of prioritised and costed responses aimed at addressing the gender dimensions of HIV.

Building on the findings and outcomes of the previous two stages, an effective work plan provides detailed action points aligned with gender-responsive budgets and other supporting resources. In this stage, strategic interventions are outlined along with key results.

3. STRATEGY AND WORK PLAN

3.1 Identify key results

IDENTIFY KEY RESULTS AND OBJECTIVES TO BE ATTAINED WITHIN THE STRATEGY PERIOD BASED ON THE ANALYSES CONDUCTED IN STAGE 2

OBJECTIVE

To identify strategic gender-responsive interventions and key related results, based on the groundwork that needs to be done to reach desired outcomes (at the levels of prevention, treatment, care and support)

To outline what policy and legislative frameworks need to be developed/ revised to support an enabling environment for the implementation of identified strategic interventions



RATIONALE

Developing a results framework improves the prospects for quality monitoring and evaluation, with clear intended goals



OUTPUTS

A results framework (based on Stage 2 analyses and gender disaggregated baseline data) that includes clearly defined activities with attached outputs and tiered and time-bound outcomes (immediate, intermediate) leading to an ultimate long-term sustainable result, alongside indicators, relevant data, targets, data collection methods and the parties responsible for implementation



TOOLS

UNAIDS Agenda for Women and Girls

“Ten Overarching Strategies to Advance a Gender Sensitive HIV Response” (ATHENA/HEARD)”

Gender and HIV Indicators Compendium (forthcoming from UNW/UNAIDS)

“Developing a comprehensive national HIV strategy and plan”

“Gender-Responsive Budgeting Tools”

“Focusing on gender in your M&E framework”

3. STRATEGY AND WORK PLAN *(continued)*

3.2 Identify key strategic programmes

DEFINE THE PARTICULAR GENDER-HIV PROGRAMMES THAT WILL LEAD TO THE ACHIEVEMENT OF THE RESULTS IDENTIFIED

DEVELOP A GENDER-RESPONSIVE BUDGET, COSTING AND FINANCING PLAN FOR STRATEGY/PLAN, ENSURING THAT PROVISION IS MADE FOR BOTH STAND-ALONE (GENDER-SPECIFIC) AS WELL AS INTEGRATED PROGRAMMING

OBJECTIVE

To develop an inclusive budget that makes provision for all activities in the gender-transformative strategy/plan; ensuring substantive support for gender-specific interventions



RATIONALE

National budgets that are gender blind undermine human development goals. The ways in which governments raise revenue and allocate expenditures affect women and men differently because of the different and varying socially determined roles and capacities ascribed to them. In order to maximise the impact of public policies that seek to support gender equality, budgets must also be gender responsive.



OUTPUTS

A gender-responsive HIV budget that includes resource allocations to gender-specific needs, risks and vulnerabilities



TOOLS

Gender budgeting tools

MAINSTREAMING GENDER INTO WORK WITH KEY POPULATIONS: SERBIA

As a result of participating in a Global Consultation on Integrating Strategies to Prevent Gender-based Violence and Engage Men and Boys to Achieve Gender Equality through National Strategic Plans on HIV and AIDS (December 2010), representatives from Serbia were able to strengthen attention to gender in their National HIV Strategy and its implementation plan. New approaches to HIV prevention were adopted following this consultation, such as gender and age specific programming, outreach to sexual partners of injecting drug users, addressing prevention needs of sex workers, promoting condom accessibility, strengthening attention to shared responsibility of women and men in the prevention of vertical HIV transmission, and fostering HIV prevention through addressing gender-based violence.

STAGE 4

► **Participating in the HIV planning process**

The opportunities for mainstreaming gender into national HIV strategies and plans depend of course, upon the planning cycle. Ideally, the process begins with the opportunity to engage in a gender assessment and analysis. This allows for completing all the steps identified in the roadmap and then participating in the HIV planning process to ensure gender is mainstreamed. However, even when engaging in the process toward the end, it may still be possible to adjust the strategy or plan to address particular issues of gender inequality, as in the case of Belize (see p. 41).

4. PARTICIPATING IN THE DRAFTING PROCESS

4.1 Ensure opportunity for participation

NEGOTIATE WITH PROCESS LEADERS TO ENSURE THERE IS ADEQUATE SPACE FOR GENDER EXPERTISE AS THE PLAN IS DEVELOPMENT

OBJECTIVE

To ensure political and policy commitment to mainstreaming is put into practice



RATIONALE

Many good intentions are weakened in the process of drafting the actual strategy or plan. It is therefore crucial to ensure that someone with expertise and clout is a central player in the drafting process



OUTPUT

Ongoing participation in the drafting and finalization process, including negotiations over budgeting



TOOLS

Materials prepared in the previous steps

ADDRESSING ACCOUNTABILITY IN THE PLAN: KENYA

In Kenya, the national HIV response already makes a strong commitment to incorporating the gender dimensions of HIV into the response. However, Kenya still remained in need of an accompanying accountability process for these programmes. A quasi-experimental study of civil society organizations revealed that 33% of organizations had no financial guidelines and 50% of organizations had no human resource manuals or M&E framework in place.

In 2010, Liverpool VCT, Care and Treatment spearheaded the formation of a multi-sectoral Country Task Team, involving actors from all levels. It was significant because it provided a helpful model for future monitoring & evaluation of national HIV responses in Kenya. The Team assisted in collating gender audit reviews of the national HIV response in Kenya. To ensure that the reports were comprehensive, the CTT helped design an audit guide to identify gaps and develop recommendations.

STAGE 5

► Monitoring and evaluation

The process of monitoring and evaluating interventions begins with establishing the baseline, i.e. a picture of the realities within which the strategy/plan is starting and setting out to address.

Monitoring is a continuous process of data collection on specific targets in order to assess the progress of an intervention. (See Section 5: Supporting Tools). Data should take the form of both qualitative and quantitative information such as surveys, records, focus groups, interviews and observations. The collection of data is geared toward the process of evaluation and understanding how and why changes occur.

Evaluation is a periodic assessment of interventions in order to determine whether targets for a specific period have been met, what has changed, and how these have impacted upon the target populations. The purpose of evaluations is to provide an understanding of the processes through which changes occur and the impact of these changes on particular groups of people. Evaluations provide direction and understanding of the factors that contribute to inventions and allow for the refining of interventions.

Defining indicators is a primary part of planning for monitoring and evaluation. Indicators are those points that mark the places where change will be measured. Gender equality indicators and sex-disaggregated (female/male) baseline and continuous studies will reveal answers to questions surrounding the gender-related influences on the HIV epidemic.

5. MONITORING AND EVALUATION

5.1 Monitoring

DEFINE AND BEGIN DATA COLLECTION ACTIVITIES AS OUTLINED IN THE STAGE 3 RESULTS FRAMEWORK TO MONITOR PROGRESS TOWARDS OUTCOMES

OBJECTIVE

To develop a monitoring plan that provides content and context to the national response, with supporting data based on the results framework for continuous monitoring for change



RATIONALE

A clear monitoring strategy allows for the continuous measurement of the performance targets of interventions as well as resource allocation based on lessons extrapolated from monitoring data for the strategic information on changes in the epidemic



OUTPUTS

Sex- and age-disaggregated baseline information, follow-up periodic data to highlight what gaps exist in knowledge and in the evidence base with recommendations as to what kinds of additional studies or data collection tools are required to address the gaps to lead to effective monitoring of progress towards intervention outcomes



TOOLS

M&E Frameworks
Gender-specific M&E Tools & Manuals

5.2 Evaluation

DRAFT A GENDER-SENSITIVE EVALUATION AND RESEARCH PLAN THAT OUTLINES THE KEY EPIDEMIOLOGICAL, BEHAVIOURAL AND SOCIOLOGICAL DATA THAT WILL BE USED TO MEASURE CHANGE AS A RESULT OF SPECIFIC INTERVENTIONS; OUTLINE REVIEWS TO BE CONDUCTED TO MEASURE PROGRESS MADE TOWARD THE ACHIEVEMENT OF STRATEGIC OUTCOMES

OBJECTIVE

To develop a gender-responsive evaluation framework based on the Results Framework developed in Stage 3 and the data collection needs defined in Activity 1 of Stage 4 in order to make strategic changes in the national plan as the epidemic evolves as a result of strategic interventions



RATIONALE

Gender-responsive evaluations provide knowledge and information about effective strategies and highlight limitations (e.g. funding, activities, skills, information, targets, need, performance) regarding what needs to change and what should be strengthened in terms of the various factors that impact on the success of interventions (e.g. policy, cultural factors, religion)



OUTPUTS

A gender-responsive evaluation framework with clearly defined indicators to understand change at various levels of the strategy/plan



TOOLS

Gender Assessment tools
Gender-responsive M&E frameworks

STAGE 6

► Finalizing and implementing the HIV strategy and plan

Finalizing, implementing, monitoring and evaluating the strategy/plan: this section includes guidance for the general and gender-validation of the strategy/plan, and is adaptable to a variety of contexts (e.g. stand-alone HIV strategies, multi-sectoral plans, HIV components of health or development strategies and plans, etc.); gender mainstreaming into all implementation and M&E activities, and dissemination of the strategy/plan, work plan, monitoring and evaluation plans to all key stakeholders.

6. FINALIZING THE WORK PLAN AND IMPLEMENTING THE STRATEGY/PLAN

6.1 Validation

CONDUCT WORKSHOPS/CONSULTATIVE MEETINGS WITH MULTI-SECTORAL STAKEHOLDERS TO VALIDATE THE GENDER PARAMETERS OF THE STRATEGY/PLAN

OBJECTIVE

To ensure that the strategy/plan is based on input from all strata and that gender parameters are endorsed widely



RATIONALE

Broad-based validation of the gender parameters and the strategy/plan as a whole ensures a collaborative effort to combat gender inequality and HIV



OUTPUTS

An HIV strategy/plan with a clearly defined gender framework that is supported and known by stakeholders

6. FINALIZING THE WORK PLAN AND IMPLEMENTING THE STRATEGY/PLAN *(continued)*

6.2 Dissemination

**DISSEMINATE ALL ASPECTS OF THE STRATEGY/PLAN WIDELY
(INCL. WORK PLAN, M&E PLAN, SUPPORTING MATERIALS DEVELOPED
THROUGH THE PROCESS)**

OBJECTIVE

To ensure collective ownership and implementation toward reaching the objectives of the strategy/plan;

To collaboratively promote an environment in which the underlying gender inequalities are addressed



RATIONALE

Collective participation in the goals of the strategy/plan



OUTPUTS

Public dissemination of the strategy/plan

6.3 Monitor progress

ONGOING DATA COLLECTION TO COMPARE TO BASELINE

OBJECTIVE

To measure performance and make appropriate adjustments to the strategy/plan based on ongoing data collection



RATIONALE

Ongoing data collection and analysis begins to make changes visible and measurable



OUTPUTS

Data disaggregated by sex, gender, age, economic status, education, region (rural/urban)



TOOLS

Gender monitoring tools and strategies

6. FINALIZING THE WORK PLAN AND IMPLEMENTING THE STRATEGY/PLAN *(continued)*

6.4 Conduct periodic evaluations

CONDUCT PERIODIC EVALUATIONS OF STRATEGIC INTERVENTIONS TO ASSESS PERFORMANCE AND DEEPEN UNDERSTANDING OF WHY CHANGE HAPPENS OR WHAT BOTTLENECKS ARE PREVENTING CHANGE FROM HAPPENING

OBJECTIVE

To ensure the ongoing strengthening of strategic interventions, support evidence-based decision making and accountability, and inform learning processes and continuous capacity building to address weaknesses and gaps

RATIONALE

Conducting periodic evaluations improves interventions and learning from good practices, weaknesses in strategies, to improve their design and implementation in future planning phases based on clearly defined objectives with appropriate and measurable indicators.

OUTPUTS

Evaluation reports in various formats, including public information on progress and areas of weakness

TOOLS

Gender sensitive M&E Plans
Gender sensitive evaluations and strategies
Gender sensitive & transformative HIV indicators

Return to STAGE 1 and repeat cycle

5. Supporting tools

Understand the concepts

Sex and Gender: A distinction is commonly made between *sex* as a biological and physiological category and *gender* as a social category. However, there may also be “some overlap between the two. Gender roles may arise from biological imperatives and, conversely, social behaviors and actions may shape biology” (see Box 4). In this context, *gender* refers to the range of socially determined roles assigned to women and men in varying cultural contexts and the relations between men and women, and in dividing people into the biologically-referred categories of women or men.³⁸ Social and cultural contexts determine what is expected, allowed and valued in a woman or man, girl or boy. These roles are acquired through processes of socialisation, and are therefore changeable. Utilising a gender approach therefore means directing attention to the context (educational, social, traditional, legal, economic, and political) that determines the gender roles, responsibilities, access to and control over resources, and the ability to protect oneself. Gender equality efforts therefore include both women and men in order to change the related attitudes and behaviours. Gender roles can be negative for both women and men and therefore requires strategic interventions that include both in determining the content of ‘masculine’ and ‘feminine’.

Gender equality exists when both women and men are able to share equally in the distribution of power and influence; have equal opportunities, rights and obligations in the public and private spheres, including in terms of work or income-generation; have equal access to quality education and capacity-building opportunities; have equal possibility to develop their full potential; have equal access to resources and services within families, communities and society at large; and are treated equally in laws and policies. It does not mean that women and men are the same, but that their rights, responsibilities and opportunities do not depend on their sex. Efforts to expand gender equality in national HIV responses should be based on a commitment to the realization of human rights, including non-discrimination and freedom from violence.

38 The translation of biology into two and only two categories of female and male has increasingly come into question. In response, some countries, most notably Nepal, have given legal recognition to a “third gender,” often referred to as “transgender.” See UNDP, Nepal recognizes third gender for the first time, at http://www.undp.org/content/undp/en/home/ourwork/hiv-aids/successstories/Nepal_third_gender_census_recognition/

Gender norms refer to learned and evolving beliefs and customs in a society that defines what is 'socially acceptable' in terms of roles, behaviours and status for both men and women. In the context of the HIV epidemic, these gender norms strongly influence both men's and women's risk-taking behaviour, expression of sexuality, and vulnerability to HIV infection and impact, including their ability to take up and use HIV prevention information and commodities, as well as HIV treatment, care and support. Gender norms can also be the basis of discrimination and violence against men who have sex with men, lesbians and transgender people, placing them at higher risk of HIV infection and impact.

BOX 4

Dr. Susan P. Philips, in *Including Gender in Public Health Research*, explains, "the term "sex" [is] used to con- note the biology of being female or male. Gender will refer to roles each sex assumes within a specific group, setting, culture, or country, and to associated hierarchies, power relations, differential access to resources, and divisions of labor. For example, bearing children is a sex role; however, taking responsibil- ity for parenting is a gender role. There is often some overlap between the two. Gender roles may arise from biological imperatives and, conversely, social behaviors and actions may shape biology."

(Public Health Reports/2011 Supplement 3/Volume 126)

Sex-disaggregated data is a body of information cross-classified by sex, to present information separately for men and women, girls and boys. Sex- disaggregated data can reflect gender roles, the reality of situations and conditions for men and women. If measured consistently over time, sex- disaggregated data can be used to measure change, impact, can highlight weaknesses or strengths in resource allocation, and allow for further refining or adjusting interventions through clearer insight into a situation. The absence of sex-disaggregated data can hinder the success or effectiveness of interventions.

Gender mainstreaming checklist

“Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.”

United Nations Economic and Social Council, 1997

Key Questions³⁹

Does the strategy/plan:

- tackle issues of gender inequality by considering the implications for gender equality in intervention strategies?
- base intervention strategies on sex- and age- disaggregated data and gender analytical information?
- fight stigma and discrimination in relation to gender and related factors?
 - Does it take into account discrimination through laws, policies and strategies?
 - Does it promote education and training programmes that counter stigma and discrimination to change both attitudes and behaviours?
- promote women’s human rights at various levels of decision-making (i.e. in the family, in the community, at work, in legislative and policy-making processes)?
- address the sexual and economic exploitation of women and girls?
 - Does it consider safeguards through legislation and policy?
 - Does it promote/highlight the development of legislative and policy safeguards where these do not exist?
- emphasise formal and informal education?
- promote the widespread availability of quality ART, care and support?
- assure the availability of voluntary and confidential HIV testing and counselling?
- include programmes especially geared toward vulnerable groups such as women, children, adolescent girls, sex workers, men who have sex with men and transgender persons?

39 Some sections have been adapted from UNDP, 2006. *Gender Mainstreaming: 10 Steps into the Policy-making Process*. http://www.unep.org/civil_society/GCSF8/pdfs/gender_10steps.pdf

Checklist for mainstreaming gender and HIV in planning processes

No	Questions to Ask	Check
1	Is your work anchored in a clear assessment of the gender dimensions of HIV in each specific location, paying attention both to the epidemiology as well as the social, economic and legal context?	<input type="checkbox"/>
2	Have you specified the legal and policy context, identify the most urgent areas for law and policy change as critical enablers for effective HIV responses?	<input type="checkbox"/>
3	Have you provided clear definitions of interventions that allow for the observation of gender differences, or aspects where gender plays a significant role?	<input type="checkbox"/>
4	Have you provided an understanding of the different experiences of HIV vulnerability and impact between and among men and women (and key populations) and the specific factors that play a defining role in these differences?	<input type="checkbox"/>
5	Have you provided an analysis of the obstacles to full and equal participation and enjoyment of rights in relation to gender equality and HIV by women and men?	<input type="checkbox"/>
6	Have you provided for the analysis of how gender roles impact on the process of change through HIV policy or interventions?	<input type="checkbox"/>
7	Have you provided clear indicators as to which interventions are necessary, and the specific outcomes possible through particular activities?	<input type="checkbox"/>
8	Have you emphasized the potential development synergies by fully integrating issues of gender and gender equality, and draw from and support the mainstreaming of gender and HIV concerns into all national development and gender equality plans?	<input type="checkbox"/>
9	Is your work aligned with and contributing to the fulfilment of key international, regional and national human rights and gender equality commitments?	<input type="checkbox"/>
10	Have you included plans and budgets for capacity building on gender, gender mainstreaming and gender-responsive budgeting for key stakeholders?	<input type="checkbox"/>
11	Have you explicitly recognized the need to confront gender inequality and discrimination against women and girls as well as key populations?	<input type="checkbox"/>

Ten overarching strategies to advance a gender sensitive HIV response⁴⁰

- 1) HIV strategies and plans must recognize, uphold and protect women's rights.
- 2) HIV strategies and plans should acknowledge and advance women's leadership and meaningful participation, particularly by key stakeholders such as women living with HIV, young women, home-based caregivers and women from marginalized communities.
- 3) HIV strategies and plans should advance a sexual and reproductive health and rights-based response to HIV.
- 4) HIV strategies and plans must reduce vulnerability to HIV, and address the structural determinants of HIV transmission for women and girls as well as prevent HIV transmission through women, girl, and gender specific interventions.
- 5) HIV strategies and plans must recognize gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and consequence of HIV transmission.
- 6) Gender-based violence must be addressed in all its forms, such as intimate partner violence, sexual violence and psychological violence as well as systemic, structural violence in peace, conflict and post-conflict settings.
- 7) HIV strategies and plans must place emphasis on voluntary HIV counseling and testing as an entry point to services, guaranteeing informed consent and confidentiality in line with national and international standards.
- 8) HIV strategies and plans must recognize that the majority of care-giving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care on women and girls.
- 9) HIV strategies and plans must address the daily needs of women and girls living with and affected by HIV.
- 10) HIV strategies and plans must recognize the central importance of accountability around responding to women, girls, and gender equality and the need to strengthen organizational abilities to monitor and report on interventions for women and girls.

40 Crone, E.T., Gibbs, A. and Willan, S. (2011) *From Talk to Action: Review of Women, Girls, and Gender Equality in National Strategic Plans for HIV and AIDS in Southern and Eastern Africa*. HEARD and ATHENA Network: Durban, South Africa.

Steps	Ask yourself
1. Participation in programme planning processes	<ul style="list-style-type: none"> ✓ Who are the stakeholders? ✓ Is there gender balance in all institutions and bodies involved? ✓ Have institutional mechanisms been incorporated to facilitate and monitor quality execution of gender equality mainstreaming? ✓ Are women’s NGOs, networks of women living with HIV, gender experts involved in the planning and implementation of the intervention? ✓ Do we have a database of gender experts?
2. What is the gender analysis of the issue?	<ul style="list-style-type: none"> ✓ Does HIV affect men and women, girls and boys, those of differing gender identities in different ways? ✓ What does the gender division of labor (men’s and women’s productive and reproductive roles) have to do with HIV? ✓ Who has access to and control over assets and resources? ✓ How do influencing factors, such as law, culture, economic profile, education profile, affect women and men, boys, girls and transgender people?
3. What is the goal?	<ul style="list-style-type: none"> ✓ What do we want to achieve? ✓ Is the goal disaggregated by gender? ✓ Does the goal include a broader commitment to improving gender equality?
4. What information do we have?	<ul style="list-style-type: none"> ✓ Do we have sex-disaggregated data related to HIV? ✓ Do we know what specific interventions are needed for women and men or transgender people? ✓ Do we know what specific barriers to access HIV services women and men, girls, boys and transgender people face? ✓ Does the baseline give information about gender inequalities in access to resources, roles, needs, and control over assets? ✓ Is the data used for the design of the NSP disaggregated by sex?
5. Who are the target beneficiaries?	<ul style="list-style-type: none"> ✓ Have we disaggregated target beneficiaries of all interventions and activities according to sex? ✓ Do we specifically target women and girls for interventions to advance gender equality? ✓ Do we ensure gender balance in target beneficiaries?
6. What are the activities?	<ul style="list-style-type: none"> ✓ Do planned activities involve men, women and transgender people? ✓ Is the promotion of gender equality reflected and explained in the objectives of all activities, in its justification or rationale? ✓ Is combating discrimination against/exclusion of women and girls and key populations reflected and explained in the objectives, the justification or rationale of the activity?

Steps	Ask yourself
7. What are the targets and indicators?	<ul style="list-style-type: none"> ✓ Have indicators been developed to measure progress towards the fulfillment of each objective? ✓ Do these indicators measure the gender aspects of each objective? ✓ Are targets set to guarantee gender balance in activities? ✓ Have output indicators been developed that refer to gender equality and equity? ✓ Have outcome indicators been established that refer to gender equality and equity?
8. Who will implement the plan?	<ul style="list-style-type: none"> ✓ Have these partners received gender mainstreaming training, so that a gender perspective can be sustained throughout implementation? ✓ Will both women and men participate in implementation?
9. Monitoring and Evaluation	<ul style="list-style-type: none"> ✓ Does the monitoring and evaluation strategy integrate gender perspectives? ✓ Does the reporting system incorporate information on the monitoring of gender equality? ✓ Are there references to the gender specific information in the baseline that enables the measurement of the outputs/outcomes of the intervention for women and men, and girls and boys separately? ✓ Is gender integrated into the evaluation according to the baseline and indicators? ✓ Will the potential negative impact of the intervention be monitored and evaluated (e.g. potential increased burden on women)?
10. Budget	<ul style="list-style-type: none"> ✓ Was a gender-responsive budgeting process used to formulate the budget to ensure that both men and women and girls and boys will benefit from the planned intervention? ✓ Have budgets been assigned to ensure the implementation of gender-specific components/actions? ✓ Has the need to provide gender sensitivity training or to engage short-term gender experts been factored into the budget? ✓ Are there terms of reference and a budget for gender mainstreaming responsibilities?

Steps in the formulation of the NSP as outlined in the World Bank AIDS Strategy and Action Plan (ASAP) process

I. Setting up the process

- Step 1** Determine who will be involved in developing the National Strategic Plan (NSP) and how
- Step 2** Establish links with other planning processes
- Step 3** Establish a roadmap
 - Establish time table
 - Plan for validation workshops of key steps

II. Prepare for the strategy

- Step 4** Carry out preparatory work as needed
- Step 5** Strengthen capacities for results-based planning

III. Identify key objectives, results and indicators of strategy

- Step 6** Identify the broad objectives of the strategy
- Step 7** Identify the key results obtained from each of the strategic programmes
- Step 8** Identify the strategic programmes for attaining the desired results
- Step 9** Define interventions and estimate cost of strategy
 - Launch preparation of Operational Plan

IV. Plan for analyzing and using the data

- Step 10** Identify data sources and data collection procedures for each indicator Prepare revision of M&E Plan
- Step 11** Indicate how the results will be used for managing the AIDS response and revising the strategy

V. Finalize national strategic plan

- Step 12** Carry out validation workshops
- Step 13** Disseminate NSP, Operational Plan and revised M&E Plan widely

Core components for formulating a gender-responsive HIV budget

The experiences and impact of HIV and AIDS on the lives of women, girls, men and boys is understood across categories of marginalization.

Where detailed information is lacking, a worthwhile starting point is to identify which disaggregated data is most necessary and could serve as the initial focus of gathering the required disaggregated data in a manageable, rather than overwhelming way. It is important for consultation to occur across sectors and in a way that facilitates the participation of women and men across the identified categories of marginalization.

Once information requirements are prioritised, establish a collaborative working relationship with key persons, organizations and agencies who are best placed to assist in sourcing the required information (indicate which of the required information may already be available and from whom this information can be accessed).

Identification of prioritised needs reflect that the HIV and AIDS needs of women, girls, men and boys across categories of marginalization are visible.

Even if there are gaps in information, it is useful to plot what level of disaggregation exists and then to determine feasible ways for improving on the information available. For example, if the detailed disaggregated data is absent for all prioritised needs, either identify which of the prioritised needs is a critical starting point and/or identify what category of disaggregated data is likely to be most useful across prioritised needs (e.g. information on support needs of girls in rural areas aged 14–19 as well as boys in rural areas aged 14–19 compared to their urban counterparts). Thereafter, focus on creating mechanisms whereby required information can be captured so that this gap in information can be overcome.

Interventions identified are focused on addressing the HIV and AIDS needs of women, girls, men and boys.

Based on the information that is available and which has been prioritised, apply the WHO guide for gender analysis of HIV/AIDS-related activities (World Health Organisation, 2003. *Integrating Gender into HIV/AIDS programs: A review paper.*)

Activities, outcomes, inputs and outputs related to identified interventions are clearly described to reflect the needs of women, girls, men and boys across categories of marginalization.

Costing of interventions are undertaken from a gender perspective and informed by clearly defined activities, outcomes, inputs and outputs required for the each of the identified interventions.

In providing a gender perspective to costing, some questions to consider include:

- Which activities and support are necessary to enable each of the identified women and men to use, access and benefit from a specific intervention?
- What activities and support would prevent each of the identified women and men from using, accessing and benefiting from a specific intervention?

■ Adequate budget is allocated to enable the implementation of the identified interventions.

■ Capacity exists to ensure the implementation of the identified interventions.

■ Mechanisms are in place to facilitate the participation of women, men, girls, boys, across categories of marginalization, throughout the budget development process.

■ Indicators are developed to enable tracking of budgets from source to expenditure to impact.

Components for assessing the extent to which an existing budget is gender-responsive

- ✓ Adequate funds are made available for interventions generally and specifically responding to the needs of women, girls, men and boys.
- ✓ The interventions serving the needs of women, men, girls and boys have received appropriately prioritised budgetary allocations in the country response.
- ✓ Funds have been allocated to interventions to determine the extent to which these interventions are responsive to the identified needs of women, men, girls and boys.
- ✓ Money allocated for gender-specific interventions has been spent as planned.
- ✓ The impact of the allocation in responding to the needs of women, men, girls and boys can be assessed.
- ✓ Mechanisms are in place for facilitating the participation of women, men, girls and boys in the budget cycle.
- ✓ Budgets for interventions can be tracked from source through to expenditure and impact.
- ✓ Information required to facilitate improvement in the development of budgets is identified.

When conducting this assessment after having implemented a NSP budget which has been formulated to be gender-responsive, it is also important to assess the actual amounts allocated for interventions compared to the costed amount for the intervention; and to explore the reasons for any shortfalls.

Monitoring & evaluation

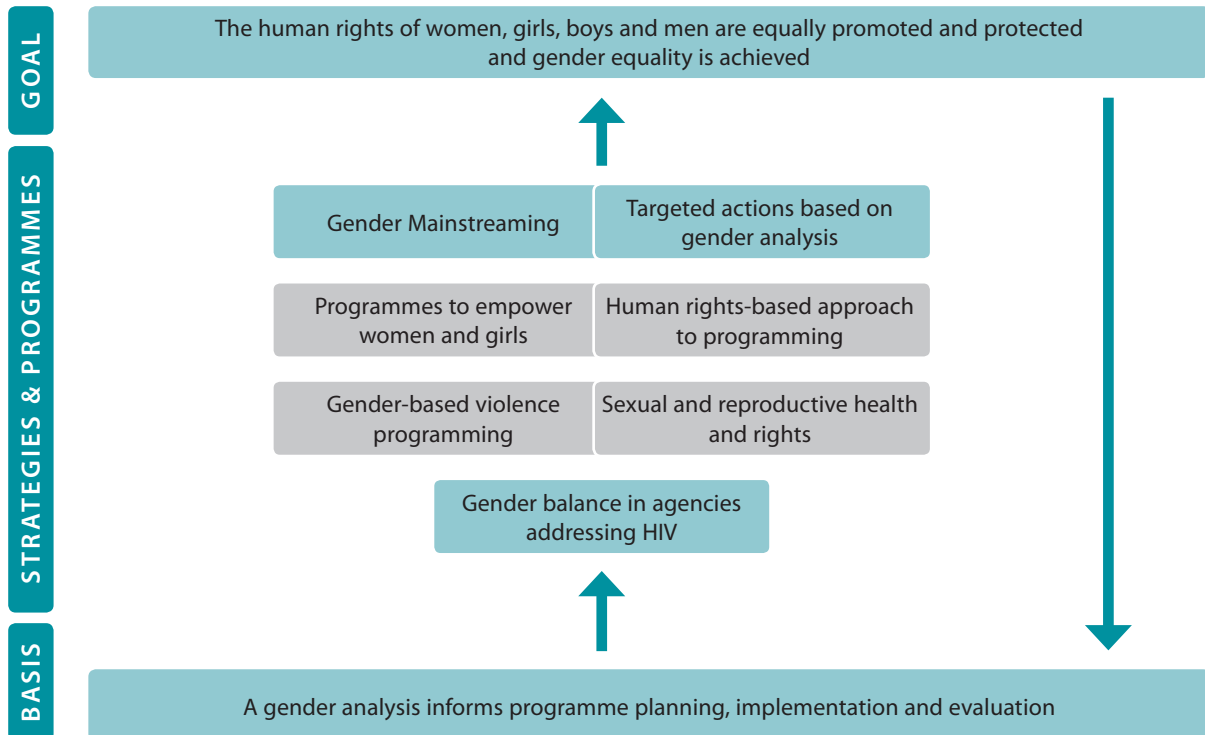
Monitoring	Evaluation
Routinely collects data on indicators, compares actual results with targets	Analyzes why intended results were or were not achieved
Links activities and resources to their objectives	Assesses specific causal contributions of activities to results
Translates objectives into performance indicators and set targets	Examines implementation process
Clarifies programme objectives	Explores unintended results
Reports progress to managers and alerts them to problems	Provides lessons, highlights significant accomplishment or programme potential, and offers recommendations for improvement

Kusek, J and Rist, R, 2004. *Ten Steps to a Results Based Monitoring and Evaluation System*. World Bank.

Monitoring and evaluation organizing framework

Are we doing them on a large enough scale? Determining collective effectiveness	Outcomes & Impact Monitoring	Are collective efforts being implemented on a large enough scale to impact on the epidemic (coverage) Surveys and surveillance synthesis
Are we doing them right? Monitoring and evaluating national programmes	Outcomes	Are interventions working or making a difference? Outcome evaluation studies synthesis
	Outputs	Are we implementing the programme as planned? Output monitoring synthesis
	Activities	What are we doing? Are we doing it right? Process monitoring and evaluation, quality assessment synthesis
Are we doing the right things? Understanding potential responses	Inputs	What interventions and resources are needed? Needs, resources, response analysis input monitoring
		What interventions can work (efficacy and effectiveness)? Efficacy and effectiveness studies, formative and summative evaluation, research synthesis
		What are the contributing factors? Determinants research
Problem Identification		What is the problem? Situation analysis and surveillance

Schematic diagram for gender equality programming



Gender mainstreaming should lead to:

- Allocation of adequate resources for gender objectives.
- Gender equality objectives that are built into all strategy and policy documents.
- Equal participation of men and women in setting priorities in all aspects of programming.
- Equality of opportunity as well as equality of outcome for women and men, through specifically addressing the constraints experienced by women.
- Gender equality at all levels and in all respects within the organisation.

The above graph and box are adapted from the IASC Gender Handbook, p. 2 (accessed at www.humanitarianreform.org/Default.aspx?tabid=656)

Model terms of reference: gender consultant

Instituting a gender-sensitive national HIV response requires that interventions to address gender inequality and the needs of women and girls are planned, funded and integrated fully into national HIV strategies and plans. A rigorous analysis of the gender dynamics driving HIV epidemics can then be translated into appropriate planning, budgeting and monitoring of HIV programmes. This includes presenting women and girls as a specific component of multi-sectoral HIV strategies with corresponding budget provision, while at the same time integrating women, girls and gender equality into all relevant areas of the strategy, plan or framework. Consideration should also be given to laws and policies that present obstacles to the delivery of services to women and/or promote or hamper their access to justice and human rights.

In short, three critical actions towards mainstreaming gender in NSPs must be undertaken:

- Analyzing the influence of gender inequality, discrimination and harmful norms and practices, on the dynamics of HIV transmission and on the impact of the epidemic itself, in order to inform national HIV strategies, plans and budgets.
- Identifying, selecting, funding and scaling up an appropriate mix of policies, programmes and interventions for particular social and epidemiological contexts, including those that focus specifically on gender and those that integrate attention to gender within other actions, such as targeting programming specifically on girls and boys in efforts to reach at-risk young people.
- Increasing the capacity of national HIV coordinating bodies and partner institutions to effectively plan and implement programmes that address the gender dimensions of HIV, while building synergy between HIV programmes and broader gender-equality programmes.⁴¹

Objectives

The Gender Consultant will be responsible for undertaking actions to ensuring gender mainstreaming in the NSP, coordinating the GTWG and advocating for the integration of gender perspectives in other key working groups.

Responsibilities

- ✓ Lead the formulation, implementation and monitoring of a gender sensitive NSP.

N.B. It is important that National AIDS Commissions and Ministries of Health link to and encourage the active participation of Ministries of Women's Affairs/Gender, in order to ensure coordination in the effort to realize a gender-transformative national AIDS response. Other important government actors include the Ministries of Finance, Development Planning, Economic Affairs and Justice, specifically towards gender-responsive budgeting and the administration of justice.

41 UNAIDS & UNDP, 2009, *Essential Actions on Gender and AIDS*.

- ✓ Review existing documents including national policies, plans, and assessment reports on HIV, gender and HIV, gender equality, sexual and reproductive health and rights, violence against women, those related to sex workers rights, LGBTI rights, etc.
- ✓ Review existing reports related to the implementation and assessment of past NSPs, and Gender Equality related strategic plans and identify gaps.
- ✓ Conduct individual interviews and focus group discussions with key informants in the NAC, Ministries of Health, Women/Gender, etc. to gauge achievements and challenges of implementing a gender-sensitive national AIDS response.
- ✓ Identify key stakeholders and allies in civil society and undertake consultations with them on the progress, achievements and challenges of the implementation of the strategic plans related to gender equality and HIV&AIDS. In particular, facilitate consultations with hard to reach groups such as sex workers, LGBTI persons, etc.
- ✓ Collaborate with the Ministry of Women/Gender, Foreign Affairs/International Relations, existing state human rights bodies and relevant civil society organizations to review the status of ratification of international and regional women's human rights and HIV&AIDS instruments and protocols, as well as the domestication of ratified instruments and protocols.
- ✓ Collaborate with the Ministry of Women/Gender, Ministry of Justice, existing state human rights bodies and relevant civil society organizations to review the policy environment in relation to women's human rights and identify gender discriminatory laws and policies.
- ✓ Identify training needs of key stakeholders on gender analysis, gender mainstreaming, gender-budgeting etc., and support comprehensive training programmes where required.
- ✓ Identify knowledge gaps, and design and manage studies that strengthen the evidence base on gender equality, the current state of the epidemic and the national response.
- ✓ Based on assessments of past NSPs and new gender-specific evidence, and in collaboration with relevant international/regional agencies and civil society organizations prepare draft results (outcomes and indicators) to be attained in the strategy period. Ensure that key results include specific ones for women, girls and other marginalized groups.
- ✓ Review best practices from the country, region and internationally and in collaboration with relevant international/regional agencies and civil society organizations and recommend gender integrated and gender specific interventions aimed at achieving the expected results or identified outcomes.
- ✓ In collaboration with relevant international/regional agencies, civil society organizations and experts who have experience in gender-responsive budgeting review past NSP budgets to identify gaps in resourcing for gender integrated and gender specific programmes and services. Recommend a

gender-responsive budget, costing and financing plan for the NSP thematic strategies, ensuring provision is made for gender specific interventions.

- ✓ Identify what data would need to be collected, (i) routinely, to follow progress, and (ii) periodically, to measure the indicators of progress made by the national response towards the performance targets previously set.
- ✓ Draft an evaluation and research plan outlining the key epidemiological and behavioral surveys, operations research, impact evaluations, or programmes reviews to be conducted during the strategy time period, to understand changes in the epidemic and the effects of the national response.
- ✓ Coordinate activities with stakeholders including other technical task teams, government ministries, international agencies, including donors.

Qualifications and experience (suggested)

The successful candidate will demonstrate the following qualifications, experience, knowledge and skills:

- ✓ Advanced degree in gender studies, social science, public health or related subjects
- ✓ At least 10 years of proven experience of leading and coordinating participatory programme planning and gender mainstreaming processes
- ✓ Proven experience and knowledge of gender equality, women's empowerment, and HIV&AIDS
- ✓ Knowledge of gender mainstreaming concepts and proven experience of applying these to HIV programming
- ✓ Strong conceptual and analytical skills
- ✓ Ability to work independently in a cross-cultural environment, and demonstrated capacity to build strong relationships with diverse actors
- ✓ Ability to design capacity development programmes and provide mentoring support
- ✓ High level communication, negotiation and coordination skills
- ✓ Good command of the relevant computer applications and information technology
- ✓ Able to work to deadlines and available for the period of the assignment

Deliverables (suggested)

- 1) The Consultant will produce an Inception Report (IR) at the start of the assignment. This will summarise the Consultant's understanding of the ToR and propose any elaborations of the approach to methods and tools that may be required. It will present a detailed schedule of the work to be undertaken.
- 2) Reports related to:
 - a) progress, achievements, challenges, gaps, lessons learned and actionable recommendations
 - b) stakeholder consultations and recommendations
 - c) policy environment review including status of human rights instruments ratification and domestication and recommendations
 - d) gender budget tracking of past NSP and recommendations
 - e) best practices review and recommendations
- 3) A gender-sensitive NSP plan, operational plan, monitoring and evaluation plan and costing and budget plan.

Reporting

The gender consultant should be integrated into existing management structures and supported with adequate financial and human resources.

Timelines

It should be noted that this process needs to be instituted with adequate lead time before the formulation of the NSP so as to ensure effective integration in existing planning processes.

Model terms of reference: inter-ministerial steering committee

Introduction

Experience shows that interventions to address gender inequality and the needs of women and girls remain limited, under-funded and not sufficiently integrated into national HIV responses. Women and girls are frequently not addressed as a specific component of multi-sectoral HIV strategies with corresponding budget provision. In addition, laws and policies may present obstacles to the delivery of services to women. *The UNAIDS Agenda for accelerated country action for women, girls, gender equality and HIV* notes that the commitments to gender equality, women's empowerment and the protection of women's human rights are not backed by action and resources to address the factors that increase women's and girls' vulnerabilities.

Instituting a gender-sensitive national AIDS response requires that interventions to address gender inequality and the needs of women and girls are planned, funded and integrated fully into national strategic plans and frameworks (NSPs). A rigorous analysis of the gender dynamics driving HIV epidemics can then be translated into appropriate planning, budgeting and monitoring of HIV programmes. This includes presenting women and girls as a specific component of multi-sectoral HIV strategies with corresponding budget provision, while at the same time, integrating women, girls and gender equality into all relevant areas of the strategy, plan or framework. Consideration should also be given to laws and policies that present obstacles to the delivery of services to women and/or promote or hamper their access to justice and human rights.

In short, three critical actions towards mainstreaming gender in NSPs must be undertaken:

- Analyzing the influence of gender inequality, discrimination and harmful cultural norms and practices, on the dynamics of HIV transmission and on the impact of the AIDS epidemic itself, in order to inform national AIDS strategies, plans and budgets.
- Identifying, selecting, funding and scaling up an appropriate mix of policies, programmes and interventions for particular social and epidemiological contexts, including those that focus specifically on gender and those that integrate attention to gender within other actions, such as targeting programming specifically on girls and boys in efforts to reach at-risk young people.
- Increasing the capacity of National AIDS Coordinating Authorities and partner institutions to effectively plan and implement programmes that address the gender dimensions of AIDS, while building synergy between AIDS programmes and broader gender-equality programmes.⁴²

Objectives

The Inter-ministerial Steering Committee will be mandated to provide overall guidance and maintain oversight of the NAC; ensure that gender mainstreaming in government policy, planning and programmes in all sectors is effected; and that strong linkages are established between ministries.

42 UNAIDS & UNDP, 2009, *Essential Actions on Gender and AIDS*.

Responsibilities

- ✓ Provide political leadership to ensure the formulation, resourcing, implementation and monitoring of a gender-sensitive national AIDS response.
- ✓ Lead the multi-sectoral response to HIV and AIDS, ensuring good inter-sectoral collaboration for achievement of NSP goals.
- ✓ Lead and facilitate advocacy related to gender equality and HIV&AIDS.
- ✓ Ensure appropriate membership and resourcing of Technical Working Groups and champion the dissemination and implementation of outputs from working groups.
- ✓ Lead resource mobilisation, from government and donors, to address gender inequality and promote integration of gender equality in HIV interventions.

Members

Senior representatives from the Ministries of Health, Gender/Women, Education, Finance, Social Welfare, Water and Sanitation, Human Resource, Development, Labour, Transport, Agriculture, Culture and National, Heritage, Youth, Home Affairs, Public Service, Information and Broadcasting, etc.

Deliverables (suggested)

The Inter-ministerial Steering Committee will produce a vision document, including an action and resourcing plan at the start of its formation, as well as:

- a) A policy document on the importance of advancing women's human rights and integrating gender equality in national AIDS plans, budgets and planning processes. This will include advocacy actions taken by the Steering Committee and individual ministries represented.
- b) A strategy document on a multi-sectoral gender sensitive HIV response, including key actions taken by ministries represented.
- c) A detailed costing and financing plan to resource a gender sensitive NSP. This will include estimates of domestic and donor contributions to gender integrated and gender specific interventions.
- d) A change management strategy document to ensure the institutionalization of gender expertise in key ministries. This will include training and capacity building as well as strategies to introduce/strengthen gender-aware Performance Appraisal System. The Performance Appraisal System should also take into account the level of gender sensitivity and skills of individuals.

Reporting

The Inter-ministerial Steering Committee should be integrated into existing management structures and supported with adequate financial and human resources.

Timelines

It should be noted that this process needs to be instituted with adequate lead time before the formulation of the NSP so as to ensure effective integration in existing planning processes.

Model terms of reference: Gender and HIV Technical Working Group (GTWG)

Introduction

Gender inequality underpins the HIV epidemic and is sustained by it. A complex set of factors contribute to the gender specific risks and vulnerabilities women and girls face. These include laws that are discriminatory, women's poverty, lack of access to education and economic opportunities, gender based violence, conflict and emergencies, unsafe migration and trafficking, lack of access to reproductive and sexual health information and products, traditional practices that place a premium on harmful expressions of masculinities, punitive and homophobic laws that impact marginalized groups such as sex workers, LGBTI persons, etc.

Experience shows that interventions to address gender inequality and the needs of women and girls remain limited, under-funded and not well integrated into national HIV responses. Women and girls are frequently not addressed as a specific component of multi-sectoral HIV strategies with corresponding budget provision. In addition, laws and policies may present obstacles to the delivery of services to women. *The UNAIDS Agenda for accelerated country action for women, girls, gender equality and HIV* notes that the commitments to gender equality, women's empowerment and the protection of women's human rights are not backed by action and resources to address the factors that increase women's and girls' vulnerabilities.

Instituting a gender-sensitive national AIDS response requires that interventions to address gender inequality and the needs of women and girls are planned, funded and integrated fully into national strategic plans and frameworks (NSPs). A rigorous analysis of the gender dynamics driving HIV epidemics can then be translated into appropriate planning, budgeting and monitoring of HIV programmes. This includes presenting women and girls as a specific component of multi-sectoral HIV strategies with corresponding budget provision, while at the same time, integrating women, girls and gender equality into all relevant areas of the strategy, plan or framework. Consideration should also be given to laws and policies that present obstacles to the delivery of services to women and/or promote or hamper their access to justice and human rights.

In short, three critical actions towards mainstreaming gender in NSPs must be undertaken:

- Analyzing the influence of gender inequality, discrimination and harmful cultural norms and practices, on the dynamics of HIV transmission and on the impact of the AIDS epidemic itself, in order to inform national AIDS strategies, plans and budgets.
- Identifying, selecting, funding and scaling up an appropriate mix of policies, programmes and interventions for particular social and epidemiological contexts, including those that focus specifically on gender and those that integrate attention to gender within other actions, such as targeting programming specifically on girls and boys in efforts to reach at-risk young people.
- Increasing the capacity of National AIDS Coordinating Authorities and partner institutions to effectively plan and implement programmes that address the gender dimensions of AIDS, while building synergy between AIDS programmes and broader gender-equality programmes.⁴³

Objectives

The GTWG will be mandated to drive gender integration in HIV&AIDS policies, programmes, budgets, and monitoring and evaluation.

In general, the GWTG will advocate for and lead on⁴⁴:

- **Gender analysis:** This clarifies the status, opportunities, etc. of men and women. It involves the collection and analysis of sex-disaggregated data.
- **Gender training:** Many of the stakeholders will require training in such areas as basic gender awareness and sensitization, gender analysis, gender planning, the use of gender-sensitive indicators, monitoring and evaluation. Training should also include segments on overcoming resistance to gender mainstreaming and planning for change.
- **Management Information System:** This is the mechanism for gathering the data necessary for gender analysis and sharing and communicating the findings of that analysis, using sex-disaggregated data and gender-sensitive indicators. It can be the central repository of gender information and the means by which such information is generated by and disseminated to the key stakeholders.
- **Monitoring progress:** Based on the results of gender analysis establish realizable targets in specific areas. The achievement of these targets should be evaluated both at the individual and departmental level through a gender-aware Performance Appraisal System. The Performance Appraisal System should also take into account the level of gender sensitivity and skills of individuals (for example, as acquired through gender training or field experience).

Responsibilities

Provide technical support to the formulation, implementation and monitoring of a gender sensitive HIV strategy/plan.

- ✓ Advocate for the ratification of international and regional women's human rights and HIV instruments and protocols, and domestication of ratified instruments and protocols.
- ✓ Advocate for the reform or repeal of gender discriminatory laws and policies and formulation of laws and policies that advance women's human rights.
- ✓ Lead and facilitate consultations with diverse stakeholders, including women and girls, men and boys, people and women living with HIV, as well as hard-to-reach and marginalized groups, such as sex workers, MSMs, WSWs, People who Use Drugs, ethnic minorities, etc.
- ✓ Advocate for training of key stakeholders on gender analysis, gender mainstreaming, gender-budgeting, etc.
- ✓ Commission and maintain oversight of studies that integrate a gender analysis of the current state of the epidemic and the national response.

- ✓ Identify key results (outcomes and indicators) to be attained in the strategy period. Ensure that key results include specific ones for women, girls and other marginalized groups.
- ✓ Identify and select gender integrated programmes for HIV prevention, treatment, care and support and mitigation aimed at achieving the expected results or identified outcomes.
- ✓ Prepare a gender-responsive budget, costing and financing plan for the NSP thematic strategies, ensuring provision is made for gender specific interventions. Advocate for greater and dedicated resources for gender integrated and gender specific interventions.
- ✓ Identify what data would need to be collected, (i) routinely, to follow progress, and (ii) periodically, to measure the indicators of progress made by the national response towards the performance targets previously set.
- ✓ Support the drafting of an evaluation and research plan outlining the key epidemiological and behavioral surveys, operations research, impact evaluations, or programmes reviews to be conducted during the strategy time period, to understand changes in the epidemic and the effects of the national response.
- ✓ Ensure coordination of activities with stakeholders including other technical task teams, government ministries, international agencies, including donors.

Members

Gender focal points/representatives from NAC, Ministries of Health, Women/Gender, Finance, and other key ministries, Women Parliamentarians' Caucus, UN Women, UNAIDS, civil society organizations, especially women's organizations, networks of women living with HIV, sex workers' organizations, LGBTI organizations, experts on gender mainstreaming, gender budgeting, gender-sensitive planning, monitoring and evaluation, etc.

It is recommended that members of this group have demonstrated experience and expertise on gender equality and HIV.

Deliverables (suggested)

The GTWG will produce a vision and strategy document, including an action and resourcing plan at the start of its formation, as well as:

- 1) A detailed advocacy plan to institute the integration of gender equality in the national AIDS plans, budgets and planning processes. This will include advocacy actions taken by the group and individual constituencies represented in the working group with ministries, parliament, civil society, media, etc.

- 2) A detailed training and capacity building plan including gaps in gender expertise and participatory training needs assessment.
- 3) Detailed strategy and action plans with recommendations on:
 - i) law and policy reform including ratification and domestication of human rights instruments.
 - ii) gender integrated and gender specific interventions
 - iii) stakeholder consultations and recommendations
 - iv) gender budget tracking of past national HIV strategies/plan and recommendations
- 4) A gender-sensitive HIV strategy and plan, operational plan, monitoring and evaluation plan and costing and budget plan.

Reporting

The GTWG should be integrated into existing management structures and supported with adequate financial and human resources.

Timelines

It should be noted that this process needs to be instituted with adequate lead time before the formulation of the NSP so as to ensure effective integration in existing planning processes.



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