

Integrating Gender Components into Existing HIV/AIDS Programmes

Integrating a gender perspective into HIV/AIDS work requires on-going awareness and efforts—it is not a one-time action or simply a matter of using correct terminology (e.g., speaking about both young men and young women or using “s/he” instead of “he” in documents)! Cultivating gender sensitivity in programmes and projects that serve young people aged 10-25 years requires strategic planning for both the short- and long-term. In the short term, activities can be oriented to meet young people’s immediate needs for information and prevention. For example, projects can ensure that measures are taken to provide young women and young men with access to sexual and reproductive health (SRH) services that are most appropriate to their situation. The long-term view requires that projects work to change the gender norms that place them at risk. An important part of this is linking HIV and sexually transmitted infections (STIs) with other aspects of SRH.

There are two essential conditions needed for successful gender-based HIV/AIDS programmes that serve young people.

- The first is recognition that adolescents and young adults of both sexes need comprehensive information on all aspects of SRH.
- The second is the provision of information and services that are both enabling and skills-building as well as problem-solving in orientation.

Young people must be provided with the same opportunity as adults to express their opinions, contribute their knowledge and take care of their sexual and reproductive health. This means that SRH education needs to offer them a platform to ask all their questions and receive respectful and truthful answers; they must be provided an opportunity to recognise the elements of healthy and respectful relationships and be enabled to implement newly-learned prevention methods.

The term “gender” is used to describe the various characteristics assigned to women and men by a given society. The term “sex” refers to biological characteristics. Gender is socially constructed, learned, and can vary from culture to culture, generation to generation, and over time due to societal changes. Gender roles reflect the behaviours and relationships that societies believe are appropriate for an individual based on his or her sex.

Summary:



Suggestions are given on how a gender-based approach can be implemented in the areas of policy advocacy and implementation, research, information and communication, education and training, and service implementation. Brief examples taken from programmes and projects around the world illustrate how these ideas have been put into practice for the benefit of young people aged 10-25 years who are either HIV-negative or living with HIV/AIDS. This module is a component of the *UNAIDS Resource Packet on Gender & AIDS*, which includes additional modules, fact sheets, and an almanac.

Goal:



To provide ideas on how gender components can be integrated into HIV/AIDS programmes.



Intended Audience:

Programme Designers and Implementers
Health Educators
Policy Makers and Advocates

Integrating Gender Components into Existing HIV/AIDS Programmes

Gender Integration “How Tos”

Policy Advocacy & Implementation

Learn about existing human rights frameworks and integrate them into your HIV/AIDS programmes.

Respecting and honouring the SRH rights of young people can help offset the gender-based biases that place young women and young men at risk of HIV/STIs and other SRH problems. Training resources are available free of charge on how to integrate human rights into your programme. Such manuals have been issued by UNIFEM and the International Federation of Red Cross and Red Crescent Societies in collaboration with the François-Xavier Bagnoud Center for Health and Human Rights.^{1,2}

Identify persons and organisations in the community who will support and oppose gender-based components in HIV/AIDS programmes.

Arrange opportunities for opponents to exchange their views with you and address those concerns in a dialogue. Also identify the people and organisations that will be supportive, and enlist them in thinking of ways to overcome the possible obstacles that may arise.

The Islamic Medical Association of Uganda (IMAU) launched the Family AIDS Education and Prevention through Imams Project in 1992.³ The rationale behind the project was that prevention efforts would better succeed if the messages were transmitted by trusted community members, such as religious leaders. The Imams asked community volunteers to train as their assistants; their teams included one male and one female assistant and five female and

male family HIV/AIDS workers (FAWs). By 1997, IMAU had worked with leaders at 850 mosques and trained 6,800 volunteers who had visited 102,000 homes. Evaluation showed significant increases in community members' correct knowledge concerning HIV/AIDS, including perinatal transmission and risks associated with unsterile circumcision. Condom use also increased, and people reported significantly lower numbers of sexual partners. The female FAWs found that women were willing to confide in them about HIV/AIDS-related matters that they would not discuss with their husbands or the Imams. In addition, they played a critical role in reaching and educating teenage girls in the community.

Gain the support of organisations (such as donor, policy, or community-based non-profit organisations) that can help you implement gender-based HIV/AIDS programmes.

Teaming up with other organisations that endorse your efforts to change gender biases is useful for three reasons: it helps “legitimise” the work being done; it provides staff with “allies” and resource persons so that they don't feel they are working in isolation; and it provides the potential for gaining increased funding. Mobilising such organisations may be done through person-to-person communications, disseminating information (such as literature on HIV/STI and other SRH risks for young women and young men in the community), holding educational and informational meetings (seminars and workshops) as well as through media campaigns.

The UK NGO AIDS Consortium, comprising donor and technical assistance organisations, organised a seminar in November 1999 that focused on the vulnerability of girl children to

Integrating Gender Components into Existing HIV/AIDS Programmes

HIV infection, particularly due to sexual abuse and exploitation.⁴ The goals were to allow the staff of participating organisations to gain information, exchange experiences, explore possibilities of collaboration and learn ways to improve their own programmes. Participants concluded the meeting with a series of recommendations for their own work, including the need to focus on gender and children's rights.

Involve both young women and young men in advocacy for their sexual and reproductive rights, including access to gender-based programmes focusing on HIV/AIDS.

Giving young people—especially young women—the chance to realise that they are entitled to information, education and services contributes to their full development as members of civil society and well-informed social and health service clients. Various international and national NGOs offer opportunities for young women and young men to participate in advocacy efforts, both within their own organisations and at a higher level. For example, youth may participate in reviewing implementation of government commitments to international conference declarations, programmes of action and treaties such as the Convention on the Rights of the Child.

In 1998, the Youth Parliament of the International Planned Parenthood Federation (IPPF) adopted a manifesto expressing their wishes regarding SRH.⁵ The Parliament included 43 young men and women under the age of 25, who came from 38 countries and were all actively involved in SRH programmes. The Federation enabled young women and young men to participate in the processes to review implementation of recommendations made at

the Fourth World Conference on Women (Beijing +5). A Youth Committee comprising 12 young people from the six regions where IPPF works has established a Youth Working Group. In 2000, they launched and began managing the Youth Shakers website, which will promote the IPPF/Youth Manifesto.⁶ IPPF is also actively inviting young people to participate in the production of its electronic and print newsletter, X-press, which featured a special issue on gender in May 2000.

Reinforce and acknowledge the efforts made by young women and young men who transcend negative gender stereotypes which jeopardise their sexual and reproductive health.

To support young people who attempt to behave in gender-sensitive ways, programmes and projects can devise ways to recognise and reward their efforts. For example:

- Hold competitions with prizes that focus on stories, poems, songs and dramatic sketches that express the advantages of protecting one's personal SRH.
- Give certificates of recognition to female and male youth volunteers who gain and put new skills into practice while conducting such events as peer education or community-based HIV/AIDS campaigns.
- Support young people's interest in opportunities for growth by providing workshops on writing resumes, filling out application forms, ways to present oneself to potential employers or ideas on where vocational training can be obtained.
- Support both young women and young men in learning income-earning skills (for example girls learning carpentry) by encouraging community members to provide demonstrations of their work and accept apprentices.

Integrating Gender Components into Existing HIV/AIDS Programmes

Ensure that your own organisation is gender-sensitive.

Young people learn from example, so make sure that your organisation reflects gender sensitivity. For example, hiring policies should offer both women and men similar opportunities for input, advancement and management. Staff should be trained to understand gender concepts, to avoid expressions of gender bias and to orient their activities towards both young women and young men where feasible. If your staff comprises mainly women or men, be sure to include members of the opposite sex in activities with young people, either by recruiting and training volunteers, collaborating with staff of other agencies, or—if funds are available—hiring consultants. Also don't forget that gender-sensitive organisations do not result from one meeting or training session—incorporating a gender perspective takes time! Plan follow-up activities after initial gender training that will reinforce the knowledge gained.

Ipas, an international NGO that addresses women's reproductive health issues, established a Gender Task Force (GTF) that was entrusted with training all staff—from the president on down—in gender issues. The mandate of the two-year GTF was to develop curricula and train staff on gender concepts and how these relate both to the programmatic work that the NGO carries out as well as to workplace relationships among the staff themselves. Following initial training, all staff were required to attend six of 12 monthly GTF follow-up activities that helped to reinforce the training. The activities included video showings and discussions, reading groups, a session on analysing gender bias in media reporting, analysis of gender bias in popular adolescent music and exercises related to identifying gender biases in organisational structures. To lessen resistance to the “mandatory training,” humour was used throughout the process, ranging from funny follow-up activities to publication of “gender

insensitive” jokes in the GTF's monthly newsletter for staff. The training contributed to greater awareness throughout the organisation and was reflected in more explicit strategies and activities within projects to address gender-based factors in the work being implemented.

Ensure that your organisational budgets include funding to help integrate a gender-based perspective into your HIV/AIDS programmes and projects.

Many aspects of integrating a gender perspective into HIV/AIDS programmes do not require extra financial resources other than paid staff time. If a programme has not yet incorporated gender-based components, however, there will inevitably be some start-up costs that need to be taken into account. Such costs include: expenses related to advocacy (writing materials, postage and communications expenses, campaign materials); expenditures for having staff trained in utilising a gender-based approach; materials acquisition (e.g., gender-based SRH curricula and training curricula, videos, books and newsletters); rental and other expenses for conducting workshops, seminars and other meetings; and expense reimbursements for young women and young men who are invited to contribute to the design and implementation of gender-sensitive activities.

Research

Advocate for sex-differentiated collection of epidemiological data concerning various aspects of SRH.

Even though your own organisation may not collect epidemiological data, you have a right and responsibility as a beneficiary of such research to request that data be disaggregated by sex and age. It is important

Integrating Gender Components into Existing HIV/AIDS Programmes

to know to what extent adolescent and adult women and men are affected differently by issues such as HIV/STI infection, sexual, physical and psychological violence and abuse, drug and alcohol abuse, etc. Information disaggregated by age is also important regarding issues such as pregnancy, reproductive tract infections, infertility, pregnancy and unsafe abortion. Information broken down by sex and age can be used in advocacy campaigns within communities as evidence for the need to implement gender-based prevention and care programmes for HIV/AIDS within an SRH context.

Research the predominant concerns, wishes and needs of both young women and young men before designing programmes with them.

Such research need not be formal or academic in nature. “Anecdotal data collection” (random interviews and group discussions with young people) can also reveal important information on what young women and young men believe so that their concerns can be addressed in programmes. Research in the form of needs assessments can also be made part and parcel of community-based interventions that involve both young people and adults. This involvement will help increase adult support for gender-based programmes that include young people. Start by asking the following questions:

- Are young women and young men included in the programme planning process and encouraged to provide their opinions?
- Is attention being given to the most appropriate prevention messages for the groups of young women and young men being addressed?
- Are communication venues and channels being chosen that respond to the needs of young women and young men?
- If advocacy is carried out by your organisation, are you demanding the availability of prevention tools that are appropriate and feasible for both young women and young men?

- If other SRH problems that increase vulnerability to HIV/STI infection are prevalent for certain groups of young people in your area, are you planning activities to address these and/or establishing referral protocols and links to accessible agencies that can deal with them?
- If you run clinics, are you ensuring that they are youth-friendly for both young women and young men?

Integrate existing gender-based HIV/AIDS research into your programme and project planning.

Academic researchers benefit from the dissemination of their work and are usually eager to share the results of their studies. Contact research institutes and universities to enquire about their available documentation; also contact UN agencies which often distribute relevant documents free of charge. UNAIDS, for example, has published an overview of gender and HIV research results, available both in print and electronic format.⁷ (Refer to the *Resource Packet on Gender & AIDS* of which this module is a part. The Packet contains an almanac, fact sheets, and other modules which address the issue of gender and AIDS.)

Identify which outreach approaches are most appropriate for attracting and reaching young women and young men.

This may mean that separate activities are needed for young women who are unaccustomed to having the opportunity to speak freely in public—such single-sex activities can provide a “safe space” for them to gain self-confidence.

The Casa de Passagem in Recife, Brazil, conducted operational research to investigate how best to offer peer education on sexuality and HIV prevention to school-going and out-of-school girls aged 13-20 years.⁸ Following exploratory survey research, they conducted focus groups, in-depth interviews and participant

Integrating Gender Components into Existing HIV/AIDS Programmes

observation with the adolescent girls, mothers of such girls and the girls' boyfriends. A group of 21 girls were trained as Adolescent Multipliers of Information (AMIs). They were involved in developing the peer education curriculum, which focused on topics such as communication and sexuality, virginity, self-esteem, autonomy, fidelity, sexuality and HIV/STI prevention. The AMIs also organised the peer education sessions in their own communities on weekends in localities that had been identified and arranged by the girls in the communities. They shared the information not only with other girls in the neighbourhood and at school but also with their family members, especially mothers.

Information & Communication

Become aware of the prevalent gender biases in your community and how they affect young people's SRH; collect materials that reflect these biases so that they can be incorporated into educational programmes.

Participating in gender training—either as a trainer-facilitator or a trainee—can help you become more conscious of the gender biases that exist within your community. Most gender curricula incorporate participatory exercises and activities that not only examine statistics and data (e.g., how many women and men are employed or using health services, gender differences in SRH morbidity and mortality) but also help trainees reflect on gender-based experiences in their own lives. Using the knowledge gained in this way can help in training and educating others, such as parents, teachers, social and development workers, health personnel and adolescents themselves. The materials can be quite varied and low in cost:

- Definitions of concepts such as gender, sex, sexuality, masculinity and femininity.
- Popular sayings and proverbs that display gender bias.
- Lyrics of popular songs.
- Advertisements from newspapers and magazines.
- Clippings of newspaper and magazine stories related to various aspects of SRH (HIV/AIDS, violence, drug and alcohol use, pregnancy) that show gender bias.
- Videos of TV advertisements (for organisations with financial resources).
- “Case studies” of SRH problems based on actual or fictitious stories of people in the community that can be used for gender-based analysis exercises.

Ensure that both young women and young men receive comprehensive information and education concerning all aspects of sexual and reproductive health, especially those related to HIV/AIDS.

Many of the risk factors and risk situations associated with HIV transmission may make young people vulnerable to other SRH problems as well. Some of these—such as STIs or unwanted pregnancy—may be of more immediate concern to them than the prospect of developing AIDS in the future. Addressing the multiple risks is thus a good strategy that will maintain young people's interest. Schools, church groups, athletic clubs and workplaces all can provide venues for educational activities that reach both young women and young men.

The Wan Smolbag Theatre in the Pacific Island of Vanuatu developed a model of popular theatre that especially targets young people with SRH information.⁹ A play for primary

Integrating Gender Components into Existing HIV/AIDS Programmes

schoolchildren—acted out by a group of primary school dropouts—explains how the body works, while a series of sketches addresses topics such as STIs. Plays for secondary schools have examined population growth, family planning and condom use; other theatre pieces have focused on teenage pregnancy, maternal health and HIV/AIDS. Wan Smolbag also publishes videos and papers with teachers' guides such as the video *Kasis Road*, which is about teenage pregnancy. Questionnaires administered before and after a play for schoolchildren aged 7-13 years showed that 68.2% of students believed that traditional healers couldn't cure STIs after seeing the play versus 23.6% beforehand.

Ensure that your HIV/AIDS-related messages do not reinforce gender-biased stereotypes.

At times, each and every person is gender-insensitive as a result of the socialisation processes s/he has undergone. However, as you become ever more “gender aware,” you will become better able to recognise gender biases and take measures to redress them.

A popular set of posters used in Africa had the goal of providing young people with reasons why they could postpone or refuse to have sex. However, the poster for young women was titled “Smart girls say no to sex before marriage,” while the one for young men was headed by the slogan “Smart guys say no to casual sex”—this served to reinforce the idea that female virginity is desirable whereas male virginity is unthinkable or improbable.

Reach out to young people by collaborating with other organisations that are gender-sensitive.

In addition to ensuring that young women and young men receive the information they need, collaborating with other organisations that challenge popular gender-biased norms reinforces gender sensitivity within communities. In Nairobi, Kenya, for example, the Kenya AIDS NGOs Consortium collaborates with the Mathare Youth Sports Association (MYSA) to train both female and male adolescent soccer players as peer educators for HIV/AIDS education.¹⁰

Tailor programmes to meet the needs of particular youth sub-groups.

Young people share many concerns and needs for information; depending on their specific situations, they may also have particular concerns requiring tailor-made forms of prevention outreach. By developing different outreach materials, programmes can address particular concerns of different groups and help ensure that the materials are relevant to, and therefore understood by, the target population. Such groups can include street children of both sexes, young refugees and displaced persons, girls who are primarily kept at home, out-of-school youth who are working, young married women and men, young women and men working in the sex industry, disabled youth, gay and lesbian youth, and students of different ages in primary, secondary and higher educational institutions.

In India, World Vision implemented a sex and family-life education programme for 76 low-income adolescent girls in Mumbai, the majority of whom were students with additional heavy domestic workloads.¹¹ The NGO first gained the support of the girls' parents and the wider community through focus group discussions, interviews and the simultaneous implementation of an AIDS awareness programme for the entire community. The programme for the girls

Integrating Gender Components into Existing HIV/AIDS Programmes

ensured that they would be able to attend sessions by providing childcare so that they had time off from caring for their siblings. Highly participatory teaching methods—storytelling, role-plays, puppet shows, games, group discussions—focused on helping the girls become more self-confident and able to express their feelings, opinions and criticisms. Evaluation showed that the girls improved their knowledge about menstruation, reproduction and HIV/AIDS; about 62% had talked to others about HIV/AIDS as well.

Work with the mass media to ensure that the concerns of both young women and young men are highlighted in HIV/AIDS and other SRH coverage.

You can provide journalists with newsworthy items on which they can base articles and collaborate with radio and TV stations to air tapes on which young people express their opinions and concerns. Also, approach stations with ideas for programmes.

In 1998, the Family Planning Association of Bangladesh (FPAB) collaborated with Bangladesh Television in a groundbreaking broadcast production.¹² They produced a five-episode television series in which girls and boys gave their own perspectives on topics such as growing up, gender discrimination, teasing of girls, boy-girl relationships and drug abuse. For example, Esita, a secondary-school student, talked about her first menstrual period, effectively expressing her anxiety about the event since she had lacked sex education to prepare for it. The participation of young women was particularly novel since Bangladesh is a society in

which adolescents have access to SRH services only when they are married.

Education & Training

Use terms that young people know when addressing gender issues.

It is not necessary to use the term “gender” in education and training if it is not a familiar term. Though the concept of “gender” has become well-known to programme and project staff in the field of HIV/AIDS, it is still quite unknown or misunderstood by large numbers of people in the general population. Instead of using the term “gender,” talk about “women’s and men’s roles” or “society’s expectations for women and men, girls and boys.” Once the young people have grasped the concept, the word “gender” can be introduced gradually if that seems useful.

Incorporate “gender-based training” on other aspects of SRH (such as violence, STIs, family planning, etc.) into HIV/AIDS educational programmes.

This will allow young women and young men to learn to recognise gender-biased attitudes, beliefs, practices and situations that can place them at risk of multiple SRH problems. The links between HIV infection and other aspects of SRH also become more apparent, while the use of curricula that focus on different issues helps avoid boredom with “the same old subject.” For example, Men for Change—a group in Nova Scotia, Canada—has developed a gender-based educational tool called *Healthy Relationships: a violence-prevention curriculum*.¹³ It not only focuses on the topic of violence but also enables adolescents to develop analytical and practical skills that will help them identify and practice behaviours important for respectful relationships, such as controlling anger, expressing emotions in a healthy way and resisting negative peer pressure.

Integrating Gender Components into Existing HIV/AIDS Programmes

Use innovative and participatory approaches to involve both young women and young men in educational programmes.

Innovative and participatory approaches can include songs, poetry, painting and drawing, storytelling and drama. The advantage of such approaches is that they are fun, often humorous and entertaining so that they generate interest and enthusiasm about issues such as SRH, which are traditionally difficult to discuss. In addition, these approaches allow young people to develop their creative and artistic talents. It is especially important to include young women in such activities since they often have fewer opportunities in this area than boys.

Artnet Waves Communication coordinates the National Youth AIDS Theatre Outreach Programme throughout Kenya.¹⁴ After training theatre group leaders on how to organise outreach events, Artnet staff attend rehearsals, assist groups in maintaining the accuracy of the HIV/AIDS messages that they transmit and ensure that each group gives at least four performances a month. Once a group has identified an HIV/AIDS-related problem affecting youth in their community, the male and female actors produce performances that include poetry, oral narratives, traditional folklore, song and dance, or skits to dramatise the problem. The performances, which are often humorous in nature, may offer the audience a chance to choose an outcome for the story portrayed. They always conclude with debates among the audiences of youth and adults, who often themselves suggest solutions to the problems raised. For example, when a lack of parent-child communication about sex was identified as a problem in one community, a group of parents committed themselves to discussing sexual matters with

their children. The major challenge faced by the youth theatre groups has been gaining parents' approval for the participation of their daughters. As parents came to understand the programme's goals, however, the situation changed and now at least half of the actors in most groups are female. In addition, since the young actors respond to village requests to train their young people in acting, the number of groups participating in the programme grew from 35 in 1995 to about 270 by March 2000.

Ensure that information and education on HIV/AIDS and related SRH issues are appropriate for both young women and young men living with HIV/AIDS.

All young people living with HIV/AIDS need to be informed about issues such as promoting good health, maintaining a healthy diet and preventing re-infection with new strains of HIV and other STIs through condom use. In addition, efforts need to be made to assist young people with the proper administration of medications and adherence to antiretroviral therapy if it is available. HIV+ youth should also be provided with information about such issues as respectful relationships, the disadvantages and advantages of parenthood, ways to postpone pregnancy and options for parenting other than childbearing, such as fostering or adoption.

AIDS-related education of relevance for young people living with HIV must be broader than SRH alone. In many countries, young women and young men living with the virus need knowledge and assistance in ensuring their legal rights and combating stigma and discrimination. In many African and Asian societies, for example, young women are at a particular disadvantage regarding issues such as inheritance following the death of a partner or parent. Education on

Integrating Gender Components into Existing HIV/AIDS Programmes

their human and legal rights is an essential part of comprehensive care and support.

Make special efforts to train and support parents, foster parents and other guardians of young people.

Most young people spend considerable amounts of time at home and the adults who care for them are among the most influential people in their lives. Parents, foster parents and guardians may find it quite difficult to address issues related to HIV/AIDS and SRH with adolescents and training these key adults can make a real difference in their communication efforts.

In Tanzania, mothers united in a women's organisation, KIWAKKUKI, realised that they found it difficult to discuss sexuality with their own children.¹⁵ To reach the young people, particularly boys, they began a programme in which a group of women educate other women's children (at schools and church groups), thus ensuring that the children receive the information they need.

Foster parents in Canada were offered a five-session training programme by the Quebec Youth Centre to equip them as guidance counsellors on sexuality and drug use in the context of HIV/STI prevention for the youth in their care.¹⁶ The success of this programme led to its expansion throughout the province of Quebec.

Service Implementation

Ensure that young women and young men have equal access to all available prevention "tools" and care needed to prevent SRH problems including HIV/AIDS.

Prevention "tools" and care might include: male and female condoms; contraceptives, including emergency contraception; post-exposure prophylaxis (after rape) in the form of antiretroviral therapy; counselling and assistance programmes focused on violence; harm-reduction measures in the case of injecting drug use and treatment services for those who wish to stop alcohol and drug abuse; postabortion care for the treatment of unsafe abortions and incomplete miscarriages; and safe abortions where permitted by law. If your own programme or project cannot provide all of these services, ensure that referral protocols and links with appropriate service providers are in place.

Work with other organisations, including commercial enterprises, to adapt prevention methods to the specific needs of young women and young men.

Your own organisation's resources may be quite limited and collaboration with interested companies, programmes and groups can increase the scope and reach of your work. One example of this is working with social marketing programmes run by family planning associations and private companies to make various types of contraceptives available to young people of both sexes.

Work to re-allocate the tasks associated with home care of persons with AIDS equally between young women and young men.

The task of preparing young people to participate in HIV/AIDS-related care is twofold. Young men (and not just young women) should be trained in home-care skills so that they can assist in caring for family members and neighbours who are living with HIV/

Integrating Gender Components into Existing HIV/AIDS Programmes

AIDS. Young women (and not just young men) need to be provided with vocational training so that they can contribute to household income-generation instead of only domestic tasks.

Ensure that both girls and boys orphaned by AIDS receive equal and adequate care.

Extended families who take orphans into their care may lack sufficient resources to educate all the children and most often it is the girls who are withdrawn from school first. On the other hand, families may be more reluctant to take young boys into their homes because they are seen mainly as an extra burden, while young girls are viewed as sources of additional domestic labour. Work with foster and adoptive families to ensure that girls and boys are treated equally and provided with the same opportunities to grow and develop.

The Children in Distress (CINDI) Project run by the Family Health Trust (FHT) in Lusaka, Zambia, focuses on providing material support to child-headed households.¹⁷ Relying mainly on volunteers, FHT helps to mobilise community assistance for the children, provides training, and links community groups to sources of credit and funding. “Widow’s clubs” provide the orphans and other vulnerable children with material assistance so that the siblings can stay together; such support includes food and plots for gardens. The clubs also pay school fees for younger children as well as for vocational training for each household’s eldest child, regardless of his/her sex. Advocacy is another part of CINDI’s work; the project managed to get school fees waived for orphans and vulnerable children in two Zambian districts.

Ensure that your programmes and projects are evaluated from a gender perspective.

While paying attention to the needs of young women and young men is an essential part of gender-based HIV/AIDS work, it is not sufficient by itself to ensure the sustainability of a gender-based approach. Activities, programmes and projects also need to be monitored and evaluated using the same perspective. Numerous resources are available that offer checklists on gender sensitivity which can provide baseline assessments for comparison with post-intervention evaluations.¹⁸⁻²¹ (Refer to the module entitled *Gender Sensitivity Checklist* contained in this packet.) It is also important to include the beneficiaries of your programmes—young women and young men themselves—as part of the team that designs, carries out, analyses and helps disseminate monitoring and evaluation findings. Their insights can provide you with unexpected interpretations of data that will be useful in further improving and adapting the work so that it is truly gender-sensitive, youth-friendly and youth-inclusive.

Integrating Gender Components into Existing HIV/AIDS Programmes

REFERENCES

1. Bala Nath, M. *Gender, HIV and human rights. A training manual*. New York: UNIFEM, 2000; <http://www.unifem.undp.org/public/hivtraining/>.
2. Mann, J. et al., *AIDS, health and human rights. An explanatory manual*. Geneva: International Federation of Red Cross and Red Crescent Societies, 1995; <http://www.ifrc.org/publicat/catalog/autogen/2665.asp>.
3. Family AIDS Education and Prevention through Imams Project (Uganda). *Summary booklet of best practices*. Issue 1. 1999. Geneva: UNAIDS, 1999, pp. 167-170.
4. Vulnerability of the Girl Child to HIV/AIDS. *Report of the seminar held in November 1999, organised by the Working Group on Children and HIV/AIDS of the UK NGO AIDS Consortium*. <http://www.unaids.org/bestpractice/digest/files/Vulnerabilityofgirlchild.html>.
5. IPPF/Youth. *Report of the IPPF Youth Parliament, Prague, 27 November 1998*. London: IPPF Global Advocacy Division.
6. *IPPF 1st Youth Working Group Meeting*. London: IPPF; <http://www.ippf.org/youth/meetings/workgroup/2000jun.htm>, accessed 23 August 2000.
7. Whelan, D. *Gender and HIV/AIDS: taking stock of research and programmes*. Best Practice Collection Key Material. Geneva: UNAIDS, March 1999.
8. Vasconcelos, A. et al. *Sexuality and AIDS prevention among adolescents in Recife, Brazil*. Reports & Publications. Washington DC: ICRW, October 1997.
9. Wan Smolbag Theatre: Popular Theatre for Health Education (Vanuatu). *Summary booklet of best practices*. Issue 1. 1999. Geneva: UNAIDS, pp. 69-71.
10. Mathare Youth Sports Association (Kenya). *Summary booklet of best practices*. Issue 1. 1999. Geneva: UNAIDS, pp. 46-47.
11. Bhende, A. *Evolving a model for AIDS prevention education among low-income adolescent girls in urban India*. Report-in-Brief. Washington DC: ICRW, September 1993.
12. Haque, E. Bangladesh: family planning association addresses adolescent health on TV. *Sexual Health Exchange*, 1998, 3: 6-7.
13. Safer, A. *Healthy Relationships: a violence-prevention curriculum*. Halifax: Men for Change, 1994.
14. Kimani, P. and Obanyi, G. Kenyan youth take the stage to challenge HIV/AIDS myths and stigma. *IMPACT ON HIV*, June 2000, 2(1); <http://www.fhi.org/en/aids/impact/iohiv/ioh21/ioh213.html>.
15. Kische, F. and Mtwewe, S.P. Tanzania: mothers educate youth. *AIDS/STD Health Promotion Exchange*, 1995, 3: 8-9.
16. Cloutier, R. Canada: parents receive special brochures and training. *AIDS/STD Health Promotion Exchange*, 1997, 1: 6-8.
17. Henry, K. Building community-based partnerships to support orphans and vulnerable children. *IMPACT ON HIV*, June 2000, 2/1; <http://www.fhi.org/en/aids/impact/iohiv/ioh21/ioh211.html>.
18. de Bruyn, M., Jackson, H., Wijermars, M., and Berkvens, R. *Facing the challenges of HIV/AIDS/STDs: a gender-based response*. Amsterdam: Royal Tropical Institute/SAfAIDS/UNAIDS, 1998.
19. Williams, S. et al. *The Oxfam gender training manual*. Oxford: Oxfam UK and Ireland, 1994.
20. ARROW. *Women-centred and gender-sensitive experiences. Changing our perspectives, policies and programmes on women's health in Asia and the Pacific. A resource kit*. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women, 1996 .
21. Baume, E. et al. *Gender and health equity resource folder*. United Kingdom: Gender and Health Equity Project, Institute of Development Studies, October 2000; health@ids.ac.uk.

[back to Module Table of Contents](#)