



GENDER and HIV/AIDS

Supporting Resources Collection

Emma Bell

Emma Bell (author) Emma is Research and Communications Officer with BRIDGE. She coordinates BRIDGE client services work, and has authored and edited a number of reports. In the past she has written about gender and globalisation, gender and participation, Poverty Reduction Strategy Papers (PRSPs) and violence against women. Previous work includes teaching gender and agrarian change at the African and Asian Studies Department at Sussex University as well as working on a gender equality mainstreaming site for the Department for International Development, UK.

Alice Welbourn (advisor) – Alice is an independent writer, networker, trainer and advisor, specialising in gender- and age-sensitive people-centred approaches to sexual and reproductive rights and well being (SRRW). She advises various organisations on this. Most of her work has been international, and she wrote ‘Stepping Stones’, now adapted for over 30 countries in Africa and Asia. She is currently developing a new international network of trainers in people-centred approaches to SRRW. She recently became a trustee of the International Community of Women Living with HIV/AIDS (ICW) and is married with two teenage children.

Vicci Tallis (advisor) – Vicci Tallis is a gender and HIV/AIDS activist working in an NGO, Project Empower, based in South Africa. She has worked on HIV/AIDS since 1986 in various capacities – advocacy, service delivery and capacity building. Vicci is the former gender consultant to the National HIV/AIDS Directorate. She is currently working on a PhD which focuses on reducing gendered vulnerabilities to HIV/AIDS through more effective programmes.

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BRIDGE was set up in 1992 as a specialised gender and development research and information service within the Institute of Development Studies, UK. BRIDGE supports gender mainstreaming efforts of policy-makers and practitioners by bridging the gaps between theory, policy and practice with accessible and diverse gender information.

Other publications in the Cutting Edge Pack series:

- Gender and Cultural Change
- Gender and Participation

Available online - www.ids.ac.uk/bridge/reports_gend_CEP.html or write to BRIDGE. Contact details on reverse of Pack.

Contents

1. Introduction	1
2. Key texts	3
2.1 'AIDS, sexuality and gender in Africa'	3
2.2 'Gender and HIV/AIDS: taking stock of research and programmes'	5
2.3 'Danger and opportunity: responding to HIV with vision'	7
3. Case studies – good practice	9
3.1 Women's health and HIV: experiences from a sex workers' project in Calcutta	9
3.2 Participation of men in community-based HIV/AIDS prevention and care in Cambodia	11
3.3 Puntos de Encuentro: transforming power relations in Nicaragua	13
3.4 Gender and HIV: the JSI (UK) approach to mainstreaming	14
3.5 Gambian experiences with Stepping Stones	17
4. Tools and guides	20
4.1 General	20
4.2 Mainstreaming gender	22
4.3 Human rights	24
4.4 The media	27
4.5 Health care provision	27
4.6 Young people in and outside schools	28
4.7 People living with HIV	32
4.8 Female controlled methods	33
5. Courses	35
6. Web resources	36
7. Networking and contact details	38
7.1 International	38
7.2 Africa	41
7.3 Asia and the Pacific	42
7.4 Europe	43
7.5 Latin America and the Caribbean	44
7.6 The Middle East	45
7.7 North America	45
8. Additional resources	47

Acronyms

ACORD	Agency for Co-operation and Research in Development
ADAPT	Agisanang Domestic Abuse Prevention and Training
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention
AWI	AIDSCAP Women's Initiative
AWID	Association for Women's Rights in Development
CAFOD	Catholic Agency for Overseas Development
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CIDA	Canadian International Development Agency
DAW	United Nations Division for the Advancement of Women
DAWN	Development Alternatives with Women for a New Era
DFID	Department for International Development, UK
DMSC	Durbar Mahila Samanvaya Committee
ECHA	East, Central and Horn of Africa
EU	European Union
FHI	Family Health International
FIDA	Association of Uganda Women Lawyers
FWCW	Fourth World Conference on Women
GIPA	Greater Involvement of People Living with or Affected by HIV/AIDS
HIV	Human Immunodeficiency Virus
ICASO	International Council of AIDS Services Organizations
ICRW	International Centre for Research on Women
ICW	International Community of Women living with HIV/AIDS
IGAD	Intergovernmental Authority on Development
IPPF	International Planned Parenthood federation
JOHAP	Joint Oxfam HIV/AIDS Programme
MAP	Men as Partners
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
OCAA	Oxfam Community Aid Abroad
PLHA	People living with HIV/AIDS
PTCT	Parent to child transmission
SDC	Swiss Agency for Development and Cooperation
SHIP	STD/HIV Intervention Project
Sida	Swedish International Development Cooperation Agency
SRRW	Sexual and Reproductive Rights and Well-being
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint UN Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNIFEM	United Nations Development Fund for Women
UNRISD	United Nations Research Institute for Social Development
W@B/HDN	Women at Barcelona/Health and Development Networks
WASN	Women and AIDS Support Network
WHO	World Health Organisation

1. Introduction

What is in the Supporting Resources Collection for this pack on gender and HIV/AIDS?

- Summaries of key resources outlining why gender is important in understanding the impact and spread of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)¹. The four key texts featured discuss different strategies that have been employed to combat the epidemic and help those affected. All of the texts offer recommendations for policymakers and practitioners.
- Practical examples of approaches from around the world, aiming to strengthen capacity building, advocacy, service delivery, and research through explicitly addressing gender inequality.
- Short summaries of operational toolkits and guides developed by development co-operation agencies.
- Information about courses, useful websites, networking and contact details for organisations from around the world specialising in gender and HIV/AIDS and a list of further useful texts on gender and HIV/AIDS.

Who is this collection for and how can it help you?

By directing practitioners to useful information sources and examples on gender and HIV/AIDS, the Supporting Resources Collection seeks to contribute to a better understanding of how incorporating gender awareness into approaches to address the HIV/AIDS epidemic greatly improves their chances of success. Summaries of key texts, case studies and guides demonstrate how this has been achieved. The collection also aims to support the work of busy gender and non-gender specialists, especially those in operational positions. If you are too busy implementing, designing and managing to have time to read a book then this collection can offer you concise, accessible information on a range of resources. We hope these supporting resources will encourage collaboration, networking and pooling of resources.

¹ Lack of respect for women and men's sexual and reproductive rights can be a significant deterrent to HIV prevention, therefore, information on resources dealing with sexual and reproductive health and rights are given in this pack.

How does this collection relate to the rest of the pack?

The Supporting Resources Collection forms part of the Cutting Edge Pack on Gender and HIV/AIDS which includes an overview report covering the main issues, and a copy of the BRIDGE bulletin *In Brief* on the same theme. In this collection summaries of key texts outline other work on gender and HIV/AIDS. Case studies provide more information than is given in the overview report regarding methods and lessons learnt. Information about tools, guides and courses enables practitioners to put into practice the general recommendations given in the report. If you want more information about organisations mentioned in the pack or other relevant organisations working on gender and HIV/AIDS then have a look at the networking and contact details, and web resources in this Supporting Resources Collection.

Where can you find new resources?

New resources on gender and HIV/AIDS are continually being produced. The Siyanda website features the resources in this collection as information about new resources – www.siyanda.org.

2. Key texts

The key texts were selected and placed in this order because they move from research-based work, and discussions of the main issues, to effective strategies for action. There is some overlap on these themes between the texts. The first key text, by Baylies and Bujra and the Gender and AIDS Group, provides in-depth research of the situation in Africa, information about strategies employed to address the problems of gender inequality and the spread of HIV/AIDS, and challenges to their successful implementation. Daniel Whelan's text gives some conceptual ideas around the issue and outlines how strategies have evolved over the years from focusing on HIV/AIDS as a health issue to addressing inequality in general. Butcher and Welbourn describe ground-breaking responses to many aspects of the epidemic, all of which start from the realities of people's lives. Geeta Rao Gupta has written an informative article outlining a framework to assess the extent to which HIV/AIDS responses address gender. This framework is discussed extensively in the overview report. A summary of it can be found at www.siyanda.org.

2.1 'AIDS, sexuality and gender in Africa: collective strategies and struggles in Tanzania and Zambia', Carolyn Baylies, Janet Bujra and the Gender and AIDS Group

How can women fight against AIDS without the co-operation of men? A recent global shift towards the recognition that men are driving the AIDS epidemic raises two key challenges: to devise campaigns which treat men as individuals, and secondly to remember that what needs changing is not individual men and women but the relations between them. Women in Tanzania and Zambia are actively addressing the HIV epidemic. Women are the main carers when people fall sick, for example, they support orphans and provide the backbone for most voluntary efforts to raise awareness and change behaviour. Criteria for success of community-based AIDS initiatives include the involvement of key individuals with crucial skills, vision and commitment, and these initiatives have been sustained when they provide members with mutual support. However, almost everywhere women struggle with minimal support from men and inadequate resources. In some cases men even sabotage their efforts.

Yet there are indications of minor shifts in male behaviour born out of a desire for self-preservation that are nevertheless beneficial to women. Women are increasingly prepared, as men are beginning to realise, to challenge male dominance. Further findings indicate that men:

- still make key family decisions, appropriate the product of women's labour, expect to marry younger women and have extra-marital relationships.
- have a high risk of contracting HIV from multiple partnering.

Some changes are evident in Tanzania and Zambia, with men:

- realising that their propensity to control women is undermined by women's increasing economic and social independence.
- beginning to talk about how to protect themselves from AIDS whilst still asserting male prerogatives.
- often counselling younger men to control their sexual urges or to use condoms.
- claiming they are having safer sex with fewer partners – condom sales have risen dramatically.
- rethinking gender roles when forced to care for the sick or orphans.

AIDS campaigns are now beginning to target men, but they are often confined to condom promotion and personal risk awareness. Campaigns tackle particular groups such as long-distance truck drivers or army personnel rather than men in general. They appeal to men's self-interest rather than challenging their power over women or promoting co-operation between the sexes.

How can men be encouraged to rethink gendered disparities? Challenges include:

- Targeting men in AIDS campaigns whilst still recognising women's need for support and resources.
- Finding ways to talk with men about sexuality and safety that link their self-interest to responsibility for their wives, partners and children (including those as yet unborn).
- Recognising that all sexually active men may be at risk, rather than the minority who appear promiscuous.

- Persuading politicians and other men in the public eye to acknowledge the issue and to promote men's responsibility.

Summary adapted from ID21 summary², 8 January 2001 (www.id21.org)

Sources: Bujra, Janet and Baylies, Caroline, 2000, *AIDS, Sexuality and Gender in Africa: Collective Strategies and Struggles in Tanzania and Zambia*, London: Routledge

and Bujra, Janet, 2000, 'Targeting men for a change: AIDS discourse and activism in Africa' *Agenda* Issue 44

2.2 'Gender and HIV/AIDS: taking stock of research and programmes' , Daniel Whelan

Gender-aware programmes have focused on improving access to information regarding HIV/AIDS, sexuality and reproduction as well as the improvement of appropriate services and technologies and women's access to them. Discussions around sexuality and sexual health have also been initiated to improve the unequal gender dynamic in sexual relations. However, because vulnerability to HIV/AIDS is influenced by socio-cultural, economic and political factors that constitute the context of individual behaviour, a limited but growing number of programmes have started to address the social, economic and political factors that foster vulnerability. Studies show that interventions to improve women's economic and social status can have a significant effect on reducing some of the key gender-related barriers they face in protecting themselves from HIV infection. For example, if women are economically independent from men they are more able to leave high-risk relationships.

Gender-aware responses include:

- Improving access to information, education and skills for prevention that takes into account the gender-related barriers to information and knowledge and using this knowledge to achieve healthy relationships. Peer education is one method that has been used to challenge general beliefs and behaviour through dialogue and personal interactions.
- Addressing partner communication has also emerged as a result of more gender-sensitive approaches to HIV prevention. Peer group discussions have provided an important forum for reflecting on gender roles and relationships and building skills for better communication.
- Developing appropriate services and technologies for men and women and addressing the barriers they face in accessing them. The female condom has to some extent decreased the

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incidences of unprotected sex. A vaginal microbicide³ is being developed. However, the most challenging barriers to the development of an effective microbicide are financial and political rather than scientific.

- A number of organisations recognise the burdens placed on women as a result of the economic and social impact of the epidemic. Some approaches, for example, have combined economic development and HIV/AIDS-focused activities to help women provide for their families, whilst others have offered legal advice for HIV positive women that have faced discrimination.

A number of lessons have been learnt:

- The simple introduction of appropriate services and technologies is unlikely to change the balance of power between men and women in sexual relationships without complementary efforts to reduce socio-cultural, economic and political factors that increase men and women's vulnerability to HIV and the impact of AIDS.
- Information, education and skills for prevention are not just about improving knowledge but need to address gender roles and relationships including improving communication.
- Behavioural change cannot be achieved without concerted efforts to change women's and men's attitudes about gender roles as they relate to sexuality and sexual risk of HIV.
- More data is needed to improve our understanding of how gender influences men's knowledge and attitudes and sexual behaviour.
- Expanded interventions require comprehensive goals of integrated prevention and care and support for individuals and families affected by HIV/AIDS.
- There is a need to develop specific indicators to enable interventions to measure reduction in gender inequalities as they relate to vulnerability to HIV/AIDS.
- There needs to be a much broader understanding of gender within institutions. Programme experience shows that the institutionalisation of gender can be successfully accomplished over time including in donor agencies and in national governments.
- Programme experience supports the need to continue providing front-line workers with the tools to undertake gender analysis, through, for example resource kits, training programmes, workshops, seminars or technical support.

Source: Whelan, Daniel, 1999, *Gender and HIV/AIDS: Taking Stock of Research and Programmes*, Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS)

www.unaids.org/publications/documents/human/gender/una99e16.pdf

³ A microbicide is a chemical entity that can prevent or reduce transmission of sexually-transmitted infections (STIs) when applied to the vagina or rectum.

2.3 'Danger and opportunity: responding to HIV with vision', Kate Butcher and Alice Welbourn

Humanity has been unable to meet the challenges posed by HIV/AIDS these past 20 years. Most people working on HIV have developed a 'us and them' approach, focusing mainly on prevention work among groups of people who are viewed as 'vulnerable groups' and from whom workers think they can clearly distinguish themselves. However, many individuals and groups who are infected with HIV, or affected by HIV in other ways, have risen to the challenge. Some programmes and projects have taken a much wider approach, putting the health issues inherent in HIV within their social context. A number of projects including the Working Women's Project in Bradford, in the UK, have looked at the importance of addressing the concerns identified by those that have been viewed as vulnerable. Only by addressing and recognising the issues fundamental to women's lives were the project workers in Bradford able to go on to work with them on the issues of HIV prevention and improved sexual health. Because globally HIV is such a threat to health and life, funding has become available and a willingness to address sensitive issues, such as sexuality, is increasingly evident.

As with the Working Women's Project in Bradford, women and men have some times responded positively to the challenge of HIV. Some ground-breaking strategies include:

- Involving people living with HIV or AIDS – the NGO International Community of Women Living with HIV launched its own research project to study the needs and perspectives of other positive women (see case studies and *In Brief*).
- Engaging men in reflection of their traditional roles as gatekeepers as well as their own sexual and reproductive health needs – Instituto PROMUNDO in Brazil works with young men who question the acceptability of violence against women.(see case studies and *In Brief*).
- Using a participatory approach – the Stepping Stones approach has been successfully adapted to suit local concerns around fertility protection, allaying fears about western inspired population control programmes (see case studies).
- Focusing on care as well as prevention – women often bear the brunt of care work when a family falls ill. In Cambodia, Khana, the Khmer HIV/AIDS NGO Alliance, works with men to promote their role in providing care for the sick (see case studies).
- Working closely with traditional healers - in Uganda an innovative group of traditional healers and doctors formed THETA (Traditional and Modern Health Practitioners Together Against AIDS). Other initiatives have grown out of their work including the project THEWA (Traditional Healers, Women and AIDS Prevention) which developed a gender-sensitive, culturally appropriate strategy for educating and counselling people on HIV/AIDS.

- Working with authorities – although not exclusively on the issue of HIV/AIDS, Musasa, a women’s rights organisation in Zimbabwe, have adopted strategies to change the attitudes of the authorities, and challenge the discriminatory rules and systems over which they have jurisdiction. Musasa worked with the police and judiciary to develop more sensitive ways of responding to survivors of domestic violence and rape.
- Integrating HIV-awareness into all aspects of development work – the Department for International Development (DFID), UK, for example, has held workshops to update all workers’ understanding of HIV and AIDS and to help them work through issues which it raises in the workplace including their own vulnerability to HIV and issues of care and support for staff with HIV (see case studies).

These innovations and many more like them have given a greater appreciation of how to effectively address HIV/AIDS. Effectiveness can also be improved by incorporating the following:

- Using a gender-aware response which addresses the strategic needs of women and the benefits to both women and men of more equitable access to and control of material goods and services.
- Engaging local people in production of their own HIV communication materials, in order to ensure a sense of local ownership of the changes they wish to see.
- Developing responses to HIV/AIDS not only in countries where HIV prevalence is already known to be high, but in countries with low prevalence, to keep it that way. This is in recognition of the links between poor sexual health and domestic violence, gender inequalities, and poverty, which are already prevalent in many countries.
- Developing a multi-layered response to HIV/AIDS from the development community, from bilateral agencies and civil society organisations together both internationally and nationally. For example a multisectoral response that fully addresses the diversity of causes and consequences of HIV infection.

Source: Butcher, Kate and Welbourn, Alice, 2001, ‘Danger and opportunity: responding to HIV with vision’, *Gender and Development*, Vol 9 No 2

This article can be accessed online at www.ids.ac.uk/blids/ejournals/ej-list.html

3. Case studies – good practice

There are increasing examples of good practice by multilaterals, bilaterals, NGOs, and individuals in AIDS and sexual health education, capacity building, advocacy, service delivery, and research. Some work with young people, or focus on men only, or involve people living with HIV/AIDS. Most employ participatory approaches, but all seek to place the HIV/AIDS epidemic in the broader context of inequality. Much of the work on HIV/AIDS is also set in the context of sexual and reproductive rights and health, as with the work of Puntos de Encuentro⁴. We only include a selection here. The *In Brief* and the Overview Report also feature case studies of innovative work on gender and HIV/AIDS and the networking and contact details feature organisations who have supported or initiated interesting work.

3.1 Women's health and HIV: experiences from a sex workers' project in Calcutta

The current rate of HIV/AIDS infection in India is very high. For most Indian women it is almost impossible to contemplate assertiveness in a sexual relationship with a man and negotiate safer sex. However there is a movement of sex workers in Sonagachi who are successfully negotiating safer sex relationships with clients as well as better treatment from society (including the police). In 1992 the STD/HIV Intervention Project (SHIP) set up a Sexually Transmitted Diseases (STD) clinic for sex workers to promote disease control and condom distribution. However their focus soon broadened to address structural issues of gender, class and sexuality. The sex workers themselves decide the programme's strategies. 25 per cent of managerial positions are reserved for sex workers and they hold many key positions. From early on the sex workers were invited to act as peer educators, clinic assistants and clinic attendants in the project STD clinics. SHIP aims to build sex workers' capacity to question the cultural stereotypes of their society, and build awareness of power.

A survey with the sex workers was conducted, using a participatory methodology. The survey confirmed that extreme economic poverty and social deprivation were the main reasons women became involved in the sex trade. Once sex workers saw the results of the survey and the survey statistics, they could see their vulnerability to structural problems, and those who had previously seen themselves in a negative way began to change their perspective.

⁴ For more information on HIV/AIDS and sexual and reproductive rights see the Overview Report.

The project was built around the following ideas and strategies:

- The peer educators were provided with a uniform of green coats, and staff identity cards, which gave them social recognition. A series of training activities were organised, with the aim of promoting self-reliance and confidence among the sex workers, and respect for them in the community rather than perpetuating the attitude that they were 'fallen' women.
- 65 peer educators went from house to house in the red-light areas⁵, equipped with information on: STD/HIV prevention, AIDS, how to access medical care, and ways of questioning power structures that promoted violence.
- A survey was conducted by peer educators with *babus* (long-term regular clients). Only 51.5 per cent of the clients had heard of HIV/AIDS and 72.7 per cent had never used a condom. As a result alliances were formed between the sex workers and the clients to promote safer sexual practices including the elimination of sexual violence in the area.
- A training session for police personnel was organised, between the project and the Calcutta Police Department by the All India Institute of Health and Hygiene. By the end of April 1996, about 180 police officers had attended these training programmes.
- In 1995 the Durbar Mahila Samanvaya Committee (DMSC), a union for sex workers, was formed, promoting and enforcing their rights. The state government formally recognises the regulatory board that DMSC members set up with a couple of state departments to ensure that the mutually agreed code of conduct is adhered to by all stakeholders in the red -light area of West Bengal. For example, returning children trafficked to the area, to their homes.

Lessons learnt were numerous and included:

- Stories from history about how sex workers had fought for their rights enabling SHIP to engage people's emotions and rally them round a common objective.
- Responding to the needs of the sex workers as they arise, for example SHIP provided non-formal education when the demand for literacy arose as well as vocational training programmes for sex workers on security in old age. A credit and savings scheme was also established to help sex workers set up self-employment schemes.
- Sex workers set up the Komal Gandhar theatre group. Through this group they have been able to communicate publicly methods of negotiating safer sex with clients, pimps⁶, the police and brothel owners in a non-threatening environment.

⁵ A part of a city set aside, either by municipal ordinance or informal custom, for prostitution and other sex-related businesses, source: www.hometravelagency.com/dictionary/ltrr.html.

⁶ A pimp is a person, usually a man, who solicits customers for a sex worker or a brothel, usually in return for a share of the earnings.

- SHIP have negotiated with groups of (mainly) men, including pimps, brothel owners, clients and the police, to convince them of the importance of their campaign and have even enlisted their support for improved rights for sex workers. This represents a direct challenge to oppressive patriarchal structures.
- Successful implementation of the project is not just about changing behaviour but also attitudes. For example, the way that society views sexuality, the lack of social acceptance of sex work and the legal ambiguities relating to it.
- The sex workers have met with a range of partners, and have developed the view that their struggle as sex workers is not very different from the struggles of poor women in the informal sector. The struggles are against patriarchy and domination.

Source: Bala Nath, Madhu, March 2000, 'Women's health and HIV: experiences from a sex workers' project in Calcutta', *Gender and Development*, Vol 8 No 1

This article can be accessed online at www.ids.ac.uk/blds/ejournals/ej-list.html

3.2 Promoting the participation of men in community-based HIV/AIDS prevention and care in Cambodia

In some countries such as Cambodia, the main form of HIV transmission is heterosexual sex. Men have more sex partners than women, and often engage in commercial sex. There is therefore a need for greater emphasis on working with men towards greater awareness of HIV prevention and care, particularly since projects and programmes around sexual health have usually targeted women. Nine rural and peri-urban⁷ Cambodian NGOs sought to address issues of masculinity and HIV/AIDS in a country where dominant models of masculinity have been shaped by decades of conflict.

With the help of Khana⁸, an initial needs assessment was made by each NGO. Among other things it was found that men talk about sexuality already within their peer groups, and it was therefore easier to design a project of participatory knowledge and experience sharing. Self-selecting peer groups were then set up, usually grouped by age, occupation or marital status and discussions included gender, violence, responsibility, sexuality and how to share learning with families and the community. The groups were initially facilitated by NGO staff and eventually by trained volunteers from the community. These groups placed an emphasis on creating solidarity amongst their members which helped them in the face of ridicule or pressures from men outside the groups.

⁷ Peri-urban refers to the area around cities. Livelihood strategies in this area generally depend on natural resources and often compete with the urban population for land, water, energy, and labour.

⁸ Khana is an NGO support agency providing technical support and small grants to local Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and groups of people living with HIV and AIDS.

Many participatory tools used included:

- Body mapping – adding information to a map of the body to allow the facilitator to assess levels of knowledge, attitudes and practices within the group.
- HIV wheel – which identified what needs to change by drawing strategies for change around a circle and working on how to achieve them.
- Bricks in a wall – where paper bricks are used to represent different barriers and are removed from the ‘wall’ over time as solutions are suggested and implemented.
- Role play – of strategies for resisting peer pressure.
- Impact ranking – putting solutions in a grid depending on the level of impact and how easy they are to achieve.

It was also seen as important to take action in the wider community to increase coverage and bring in educators from other fields. For example, monks in some areas made pagodas available as venues for HIV/AIDS events, and local events such as plays and quizzes were organised. In most of the projects they also began to work in a similar way with groups of women and young people.

Outcomes over a two-year period included:

- increase in condom use
- decrease in domestic violence in some projects
- some myths of HIV transmission had begun to disappear
- men became more able to resist peer pressure to drink alcohol or have commercial sex
- married women became more able to negotiate about sex or condom use with men who had attended the groups
- community facilitators often began to take on extra tasks such as liaising with village leaders.

Some lessons learned:

- importance of ensuring that the timing of the groups did not conflict with income-generating activities
- community communication networks were important in targeting vulnerable groups
- importance of training and mutual support for group facilitators

Source: Tilly Sellers, Pok Panhavichetr, Ly Chansophal and Alexandra Maclean, forthcoming, ‘Promoting the Participation in Community-based HIV/AIDS Prevention and Care in Cambodia’ in Cornwall and A. Welbourn (eds), *Realizing Rights*, London: Zed Press

3.3 Puntos de Encuentro: transforming power relations in Nicaragua

Born into a post-revolutionary country under a right-wing government, the feminist NGO Puntos de Encuentro's mandate is to foster equal and positive relations free from violence in daily life, in both private and public spheres, between men and women, and between young people and adults. The original strategy consisted of three interrelated points, which are still central today: influence public opinion to create a favourable environment for cultural change; strengthen social movements (women's movements and youth movements); and enhance their advocacy work on equality between people. Puntos de Encuentro use a multi-media strategy, including radio and television shows to achieve their aims. Specific work on HIV/AIDS is about to be given a huge push in all their multi-media and community work over the next few years. Their main goal is to foster an environment for prevention of HIV/AIDS, and to focus on gender and sexuality norms, stigma, and social support systems.

Puntos de Encuentro recognised the importance of starting from the specific interests of young people, they were also concerned about getting more people involved in the feminist movement, and wanted to build alliances to confront domination and create equal relationships between people. This led the organisation to bring young people and also men into the institution and to get involved with work with both groups.

Puntos de Encuentro has achieved the following:

- Ten- module training manual has been designed to enable young people to unlearn oppression, learn to appreciate diversity and build alliances both amongst themselves and between young people and adults (see Tools for more information).
- *La Boletina*, a feminist women's magazine intended to foster communication between women's groups and is published five times a year. The groups also use the articles for their study circles, discussion groups and workshops. The current run is 23,000 copies.
- 'Sexto Sentido' (Sixth Sense) is a weekly television sitcom for young people. The series tells a story of six teenagers from different parts of the country figuring out what it means to be young men and women growing up in Nicaragua and also what they want from life. According to recent commercial ratings the show is one of the top programmes on Nicaraguan television.
- 'Un Programa Joven Sin Nombre', a daily radio programme is produced by young people. The show seeks to provide an ongoing space for teenagers and young people to voice their opinions and talk about their problems and concerns with other young people, without the mediation of adult 'experts'. Seventeen per cent of young people in Nicaragua have heard of the show.

- Last year, Puntos de Encuentro launched a national campaign against domestic violence which addressed men directly, based on qualitative research on domestic violence in Nicaragua.
- Within the field of education and training, Puntos de Encuentro organises courses and workshops for women and young people to develop their analytical and practical skills and so foster personal, organisational and political change.

Puntos de Encuentro recently took part in an exchange visit which also included Stepping Stones practitioners from Africa and the Association of Men against Violence in Nicaragua (May 2002). The aim of the exchange was to learn from each other to achieve work on women's, men's and young people's protection in sexual and reproductive health matters and domestic violence that fully incorporated a gender perspective.

Lessons learnt from their work since their establishment in 1990:

- Puntos de Encuentro staff believe that their approach and their behaviour should be consistent, internally as well as externally, and that this should be monitored constantly.
- Start from a 'feminist gender' perspective. Within this perspective, power relations and domination between people are the principal basis of analysis and action.
- Involve men within the organisation as long as the balance of power remains with women and a feminist vision is maintained within the organisation.
- Individual and institutional changes cannot be achieved in a vacuum. Puntos de Encuentro's strategy involves transforming society in its entirety, through a process of advocacy and fostering an inclusive political culture that values difference and similarities.

Sources: Hernández, Teresita and Campanile, Verónica, unpublished, 'Feminism at work: a case study of transforming power relations in everyday life: Puntos de Encuentro', Managua; Puntos de Encuentro www.puntos.org.ni

Information about the exchange visit from Alice Welbourn. See www.healthcomms.org

3.4 Gender and HIV: the JSI (UK) approach to mainstreaming

John Snow International (JSI) UK define mainstreaming as a process through which organisations can begin to address HIV internally, both professionally and personally within an organisation as well as operationally through the programmes it supports. This is addressed through the training approach to mainstreaming HIV which JSI UK has developed in response to requests from the Department for International Development (DFID), UK, country offices, headquarters and the Foreign Office. JSI UK trainers offer a three- stage package of training which includes sharing and discussing facts and fiction about HIV, exploring attitudes to the virus and people living with it, and

finally organising exercises to promote creative thinking about *how* to mainstream HIV. Because of the sensitive nature of the issue JSI UK trainers incorporate gender issues throughout the process. When sexual issues are discussed groups are given the opportunity to split into gender specific sub groups. Interestingly, this opportunity is rarely used and participants have found it refreshing and informative working in mixed sex groups.

The most challenging aspect of the training always arises when JSI UK trainers begin to address participants' attitudes. An interesting example of this arose recently from a workshop in South Asia where JSI UK trainers used an exercise called 'Who gets the cure'. This exercise was conducted in mixed groups of about 15 people. The group was asked to imagine that it was a representative group of decision makers in a community setting. Then they were told that a new 'cure' for HIV infection has been discovered but there is only enough for one person. Those who are fittest do best on this drug although sick people may experience short-term benefits.

The following chart is provided where the first two columns only are revealed.

Name	Sex	Age	Job	Route of transmission	State of health	Family responsibilities
Mohan	M	6 months	-	MTCT ⁹	Poor	-
Meena	F	22	Sex worker	Sex	Fair	2 children, single mother
Shiv	M	41	Teacher	Sex with men	Good	1 child and wife
Gita	F	35	Small shop owner	Sex	Poor	Husband and 3 children
Savitri	F	18	Nurse	Injecting drugs	Fairly good	Single

The exercise is designed to encourage thinking about the range of issues which HIV forces us to confront. Not least the fact that the route of transmission often transforms our response to the infected person: a child infected by their mother is often considered innocent whereas a sex worker or a gay man is not. The participants are comprised of a mix of development professionals and support staff both national and UK-based, men and women. The trainers experimented with the exercise with two different groups of similar profile in Nepal:

⁹ Mother to Child Transmission (MTCT)

- On the first day the trainers invited participants to reveal one other piece of information each. The only column which was entirely uncovered (other than name and sex) was the information about route of transmission.
- On the second day facilitators invited the group to discuss first which pieces of information should be revealed.

Some results from the group exercises included:

- Uncovering the information about route of transmission on the first day had implications for the final decision about who got the cure, *but* more importantly, led to discussion about the participants' own feelings.
- The development workers and the UK-based workers on the second day were more dominant than the non-development and national workers and insisted that information on transmission would bias the decision and therefore should not be revealed. The ensuing discussion remained an intellectual exercise kept more or less impersonal. The 'right' response was constantly sought although at the end of the exercise when the participants were asked collectively if they would like to know the routes of transmission they all replied unanimously yes!
- People were more comfortable discussing gender relations between men and women than they were discussing sexuality.
- In both groups the women with HIV were favoured largely because of their familial roles. They said: 'Even though Meena was a sex worker it was her family responsibility which pulled us towards her'. Few people were interested in Shiv because "he should have known better", likewise Savitri. Note too that Savitri had no dependants.

Lessons learned from the experiences are:

- More emphasis on sexuality is needed.
- Women are still perceived as "socially useful" in terms of their reproductive roles.
- UK-based development workers are less likely than their national counterparts to discuss their personal feelings about HIV/AIDS and so are more likely to keep HIV at an impersonal level. Their attitudinal response is extremely well disguised by politically correct and development terminology which obscures any real response and avoids addressing HIV/AIDS as a personal issue.
- Discussing sensitive sexual issues in mixed groups has not been taboo with the participants.

Sources: Kate Butcher. For more information email: kbutcher@jsiuk.com

For more information about John Snow International UK see www.jsiuk.com

3.5 Gambian experiences with Stepping Stones

The Gambia is an Islamic country with a low HIV prevalence rate. Very few people have publicly declared themselves to be HIV positive so many people are unsure of its existence. Men are generally very suspicious of family planning (including condom use) and this is supported by some Muslim clerics who believe it to be against the Koran. Condom use is unacceptable in marriage because of its contraceptive effect and because it carries the message that one partner suspects the other of infidelity. The fertility rate is high, particularly for men, and polygyny¹⁰ is widely practised. The Stepping Stones Gambia project is a collaboration between five organisations including government departments, academic institutions, International NGOs and local NGOs and was started because it was felt that the programme could help villagers develop their own sensitive solutions to the problems of HIV prevention. Stepping Stones is a programme of structured workshop sessions that encourage discussions on gender, HIV, communication and relationship skills¹¹. The workshops resulted in some considerable changes in gender relations including a reduction of domestic violence.

Participants meet in age-gender peer groups. This is the only forum in which sexual matters can be discussed relatively freely. These groups are then involved in workshops for about ten one-day sessions. This culminates in the final community workshop where each peer group makes a “special request” to the assembled villagers, participants and non-participants alike.

Certain adaptations were made to suit the Gambian setting:

- As men were suspicious that the programme was a birth control programme it was adapted to an infertility prevention focus. As sexually transmitted infections are a major cause of infertility this could be introduced and discussed as a topic.
- It was important for the participants to do the same exercise in each peer group so that the men were not suspicious that they conducting a population control exercise with the women once separated into their group.
- Body mappings of sexual “turn-ons” and “turn-offs” were used. This was to enable the discussion of the difficult subject of female circumcision and orgasm.

¹⁰ A man having more than one wife.

¹¹ For more information on Stepping Stones see Tools and Guides section or www.steppinstonesfeedback.org.

The exercise on will making was modified to giving “gifts in life” to try and impact on gender inequality in inheritance, without contradicting Sharia law.

A participatory pilot evaluation (Paine *et al.*, 2002) using key informant interviews revealed the following:

- Participants showed an increased awareness of risk, improved dialogue with partners and peers, increased condom use and a dramatic reduction of wife beating. ‘Many men were too ashamed to be seen beating their wives, having agreed that wife beating was wrong at the final community meeting’ (p76).
- Young women are the main beneficiaries because they are less knowledgeable at the beginning, and old women are less likely to gain knowledge or discuss issues in the community.

Problems encountered:

- It was difficult to find women staff to be facilitators.
- Irregular workload and therefore income, caused family problems for facilitators because in lean months their families thought they had earned money but were keeping it for themselves.
- Weak transportation links to communities and villagers being unavailable on some occasions when the team got there.
- ActionAid did not sensitise the middle managers at ActionAid – Gambia, and activities were budgeted at national level not area level so middle managers did not prioritise the programme in their action plans.

Future strategies:

- To include Stepping Stones in the Government Integrated Rural Development Programme. In this way, should reproductive health programmes be identified by this programme then the Stepping Stones programme will be offered.
- The Stepping Stones programme in the Gambia is exploring the possibility of a ‘talking book’ so that facilitators do not need to be able to read. Another option is to make closer links with the ActionAid REFLECT adult literacy programme.

- Payment for facilitators has been revised to ensure that they still receive some money even during times when they are not facilitating for Stepping Stones. It is hoped that this will attract more skilled women who otherwise would have had difficulty explaining their irregular income to their families.

Sources: Shaw, Matthew and Jawo, Michelle, 2000, 'Gambian Experiences with Stepping Stones: 1996–99', *PLA Notes* 37, pp73 –78, London: International Institute for Environment and Development www.talcuk.org/stratshope/ssgambia.html

K. Paine, G. Hart, M. Jawo, S. Ceesay, M. Jallow, L. Morison, G. Walraven, K. McAdam, and M. Shaw, 2002, 'Before we were sleeping, now we are awake': Preliminary evaluation of a community-based sexual health programme in The Gambia', *African Journal of AIDS Research*, Vol 1:41–52

4. Tools and guides

Most of these tools describe how participatory approaches can make activities more culturally appropriate and context specific – allowing participants to identify their own concerns and ways of addressing them. Some are specifically aimed at local action for NGOs and groups working on gender relations and HIV/AIDS and sexual and reproductive health¹². Others give guidance on programmes with a broader reach including across different sectors.

4.1 General

ActionAid, Agency for Co-operation and Research in Development (ACORD) and Save the Children, 2002, *Gender and HIV/AIDS: Guidelines for Integrating a Gender Focus into NGO Work on HIV/AIDS*, London: ActionAid, ACORD and Save the Children

The first step for agencies planning to undertake work on HIV/AIDS in the community must be to train staff to enable them to work more sensitively and effectively at community level. This guide provides a framework for analysis to help identify links, and facilitate discussions, into gender relations and social/economic/political processes that increase the vulnerability of different community members to HIV/AIDS. The Gender Analysis Matrix, Social Relations Framework and Hierarchy of Needs are some of the tools for gender analysis outlined in this guide. Main methodological approaches that can be used to work on gender and HIV/AIDS in the community include Stepping Stones. This is a short, practical resource to assist staff of international and local non-governmental organisations (NGOS) in carrying out research and planning HIV/AIDS interventions more effectively. Copies can be obtained from: Publication Sales, Save the Children, 17 Grove Lane, London, SE5 8RD, UK, tel: +44 (0) 20 7703 5400, fax: +44 (0) 20 7708 2508, email: publications@scfuk.org.uk.

United Nations Development Fund for Women (UNIFEM) East and South East Asia Regional Office, 2001, *Women, Gender and HIV/AIDS in East and Southeast Asia Kit*, Bangkok: UNIFEM East and South East Asia Regional Office

www.unifem-eseasia.org/Resources/GenderAids/genderaidstop.htm

HIV/AIDS is a gender issue because men and women are vulnerable in different ways and vulnerability is influenced by the interaction of a wide range of personal and societal factors,

including knowledge of and access to support services. A major factor in the spread of HIV through East and Southeast Asia is the mobility of its people. Conflict also puts women at increased risk to sexual violence and HIV infection. One of the critical issues highlighted in this kit is a pregnant woman's right to choose freely whether to be tested for HIV, and the right of women who know they are infected to make independent, informed choices about childbearing and breastfeeding. HIV prevention strategies will only be effective in protecting women from the effects of HIV if they embrace a recognition and active promotion of the human rights of women. Men need to be encouraged to adopt positive behaviours and to play a much greater part in caring for their partners and families. Aside from providing information on the way in which gender interacts with the HIV/AIDS epidemic, this kit gives basic facts about the epidemic in many countries in the area including Cambodia, China, Myanmar/Burma, Thailand, Vietnam, and Papua New Guinea.

Welbourn, A., 1995, *Stepping Stones Training Package in HIV/AIDS, Communication and Relationship Skills*, London: ActionAid

Information available at www.stepsstonesfeedback.org

Manual available in English and French

Accompanying video available in French, English, Luganda and Swahili

A training package on gender, HIV, communication and relationship skills, for use with whole communities to challenge gender inequalities and inter-generational inequalities, between men and women and between older and younger people. The training programme consists of 18 carefully sequenced sessions over three to four months. Training alternates between working with peer groups (separated by age and gender) and larger sessions when the peer groups are brought together to share their views. The first sessions concentrate on group co-operation and on helping participants to recognise their own perspective on life. After two sessions on AIDS and safer sex, the training helps participants to analyse why people behave as they do, concentrating on factors such as alcohol, local traditions, the need for money, social expectations, and people's personalities. The final sessions help participants to think about how they can change their behaviour to be more assertive, and to take greater responsibility for their actions. To order www.talcuk.org/stratshope/order.html.

¹² A useful guide that does not have a specific HIV/AIDS or sexual and reproductive health focus de Koning, K, Tolhurst, R, Price, J, Kemp, J, and Derbyshire, H, 1998, *Guidelines for the Analysis of Gender and Health*, Liverpool: Liverpool School of Tropical Medicine (LSTM) - www.liv.ac.uk/lstm/GG-1.html.

4.2 Mainstreaming gender

Commonwealth Secretariat, 2002, *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*, London: The Commonwealth Secretariat and Halifax: Maritime Centre of Excellence for Women's Health

To successfully address the pandemic, a gender perspective has to be mainstreamed into a broad-based and multi-sectoral response. This manual helps explain why all future work should include a focus on gender, a guide to how this can be achieved and information about what is being done to date. In India for example the Lawyers Collective provides legal aid to men and women with HIV. Case studies illustrate how programmes that promote HIV prevention by addressing gender as well as the social and economic factors that increase people's risk of infection are more likely to succeed in changing behaviour. It also contains an extensive list of online resources. Contact Rupert Jones-Parry, Publications Unit, Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX, United Kingdom, tel: +44 (0) 20 7747 6342, fax: +44 (0) 20 7839 9081, email: r.jones-parry@commonwealth.int.

De Bruyn, Maria, 1996, *Facing the Challenges of HIV, AIDS, STDs: a Gender-based Response*, Amsterdam: KIT and Harare: SAfAIDS

www.kit.nl/information_services/html/hiv_aids_publications.asp

The proportion of women with HIV/AIDS has increased dramatically. Gender-related factors, such as the social expectation that men control women in all aspects of relationships, affect risks to HIV-infection and access to prevention and care. A gender-based response promotes shared responsibility for prevention and care between men and women. This resource pack aims to provide policymakers, planners and programme implementers with information and ideas on how to incorporate a gender-based response to HIV/AIDS and STDs into their policies and programmes. Personal testimonies and brief descriptions of programmes and interventions reveal the impact of gender inequality on HIV/AIDS, and provide examples of effective responses. For example, a programme in Haiti sells condoms in places where women feel comfortable buying them. A checklist is provided for assessing the gender-based focus of existing or planned programmes and interventions.

International Planned Parenthood Federation (IPPF) Western Hemisphere Region, 2002, *The HIV/Gender Continuum*, New York: IPPF

www.ippfwhr.org/resources/gender_continuum.html

Available in English, French, Portuguese and Spanish

Which components of your programmes and services are not gender sensitive? Somewhat gender sensitive? Ideal? IPPF have developed this new tool to help investigate how responsive an organisation's services and programmes are to gender issues related to HIV prevention within an

overall rights-based approach to sexual and reproductive health. Programmes that achieve a low score fall to the left of the Continuum and therefore need substantial overhaul that might require external facilitation. Programmes that fall in the middle are moving in the gender-sensitive direction and would benefit from an internal commitment to continue growth in this direction. Programmes that fall to the right are model programmes and may be able to produce best practice documents or otherwise share their experiences in this area.

Ryan, Gladys and Tallis, Vicci, 2001, *AIDS: Gendering the Response*, Durban: Gender AIDS Forum

'How gender sensitive am I? Get each person in the group to look at the list of roles and responsibilities and tick whether they do them OFTEN, SOMETIMES, SELDOM'. Through activities such as this one the guide encourages participants to discuss ideas associated with sex and gender – examples include roles and responsibilities, patriarchy and socialisation. A series of activities also enable participants to explore the interface between gender and HIV/AIDS and the way gender inequality drives the epidemic. Personal stories demonstrate how the realities of people's lives are shaped by gender inequality, stigma and taboo. The guide then suggests ways to explore how HIV/AIDS work can be more gender sensitive, for instance, getting men involved without reinforcing male power. There are specific guides for the facilitator on creating a positive group dynamic as well as descriptions of methodologies facilitators can use in their training. This training aid, which includes a video of the same name, is to help educators and trainers facilitate discussions with development practitioners on dealing with the issue of gender and HIV/AIDS in their work. Copies can be ordered from the Gender AIDS Forum, c/o Audio Visual Alternatives, Office no. 4, 78 Ramsay Road, Mayville, 4058, Durban, South Africa, tel: + 34 (0) 31 2078116.

United Nations Population Fund (UNFPA), 2002, 'Addressing gender perspectives in HIV prevention', *HIV Prevention Now: Programme Briefs* No. 4

www.unfpa.org/aids/docs/progbrief04.pdf

Lack of respect for women's human rights, gender-based violence and lack of access to gender-sensitive sexual health education and services leave women and girls disproportionately vulnerable to HIV. That is why gender inequality has to be addressed in HIV prevention programming. A comprehensive multi-sectoral approach is needed that promotes the empowerment and participation of all intended beneficiaries. UNFPA builds gender-responsive HIV prevention programmes including the provision of training for peer educators, health providers and other outreach workers. The programmes emphasise gender-sensitive interpersonal skills and counselling for young people on open communication, relationship issues, sexual health and sexuality. This short programme brief reviews some of the major implications specific to HIV/AIDS as well as those actions with the greatest relation to UNFPA's support to country responses to the

epidemic. The focus is on the three core areas of UNFPA's work in HIV prevention: prevention among young people, prevention in pregnant women, and comprehensive condom programming.

4.3 Human rights

Klugman, B., Fonn, S. and Tint, K. S., 2001, *Reproductive Health for All: Taking Account of Power Dynamics Between Men and Women*, Rome: Associazione Italiana Donne Per Lo Sviluppo (AIDOS)

Reproductive and sexual health programmes should promote gender equity and human rights. This manual has been developed for trainers experienced in these areas so they can undertake the training of senior planners and managers in government, non-governmental agencies and funding agencies, working in the field of reproductive and sexual health. Methods and processes allow participants to draw from their own experience through the use of participatory techniques. Module 1 builds an understanding of how gender relations are constructed and maintained and the impact on health within the local socio-economic context. Module 2 and 3 enable participants to understand key reproductive rights-related outcome documents such as those produced at the International Conference on Population and Development (ICPD), and the Fourth World Conference on Women (FWCW). This is followed by exercises exploring the impact of gender relations on health seeking behaviour and health services. This module also explores how a gender equity and rights approach can be incorporated into sexual and reproductive health programming. To order contact Daniela Colombo email: aidos_italy@compuserve.com.

Nath, Madhu Bala, 2000, *Gender, HIV and Human Rights: A Training Manual*, Geneva: UNAIDS, New York: UNIFEM

www.unifem.undp.org/public/hivtraining/

Available in English, French and Spanish.

Macro-economic and political factors that exacerbate gender inequalities lie at the core of the epidemic and directly influence the epidemic's rapid spread. HIV is currently infecting women at faster rates than men in several regions, such as sub-Saharan Africa. Women need to have control over matters related to their sexual and reproductive health, and greater access to economic opportunities and resources so they need not resort to exploitative occupations. Men need to assume more responsibility for preventing HIV transmission. This training manual includes training modules aimed at raising awareness of the gender dimensions of HIV/AIDS. The agenda and methodology for the sessions, training aids and notes for the facilitator are provided. Feedback from participants who have taken the training sessions in different countries demonstrated that they generally no longer viewed HIV/AIDS as gender-neutral. They also recognised that it was an important social issue and not just a health concern.

UNIFEM, 2002, 'Turning the tide: CEDAW and the gender dimensions of the HIV/AIDS pandemic', New York: UNIFEM

www.undp.org/unifem/public/turningtide/

In the Declaration adopted at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, states committed themselves to a wide range of actions to combat the HIV/AIDS epidemics, many of which address its gender dimensions. This book contributes to an increased understanding of how women's human rights can be put to work to address the HIV/AIDS epidemic from a gender perspective. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has special relevance for different aspects of the pandemic, such as gender-based violence and sexual exploitation, access to health services, gender inequality and safer sex, issues of care and care-giving, education, and discriminatory cultural practices and stereotypes. State parties have to ensure, for example, that prevention education programmes are specifically designed to reach women and girls and that these programmes take into account the barriers to information that are created by stereotyped gender roles of both men and women.

Women and HIV/AIDS: The Barcelona Bill of Rights, XIV International AIDS Conference, Barcelona, Spain, 11 July 2002 – see box below

Women and HIV/AIDS – The Barcelona Bill of Rights – Working Draft

As we enter the third decade of HIV/AIDS, women, especially the young and the poor, are the most affected. Because gender inequality fuels the HIV/AIDS pandemic, it is imperative that women and girls speak out, set priorities for action and lead the global response to the crisis. Therefore, women and girls from around the world unite and urge all governments, organizations, agencies, donors, communities and individuals to make our rights a reality.

Women and girls have the right:

- To live with dignity and equality.
- To bodily integrity.
- To health and healthcare, including treatment.
- To safety, security and freedom from fear of physical and sexual violence throughout their lives.
- To be free from stigma, discrimination, blame and denial.
- To their human rights regardless of sexual orientation.
- To sexual autonomy and sexual pleasure.
- To equity in their families.
- To education and information.
- To economic independence.

These fundamental rights shall include, but not be limited to the right:

- To support and care which meets their particular needs.
- To access acceptable, affordable and quality comprehensive healthcare including antiretroviral therapies.
- To sexual and reproductive health services, including access to safe abortion without coercion.
- To a broader array of preventive and therapeutic technologies that respond to the needs of all women and girls, regardless of age, HIV status or sexual orientation.
- To access user-friendly and affordable prevention technologies, such as female condoms and microbicides, with skills building training on negotiation and use.
- To testing after informed consent and protection of the confidentiality of their status.
- To choose to disclose their status in circumstances of safety and security without the threat of violence, discrimination or stigma.
- To live their sexuality in safety and with pleasure irrespective of age, HIV status or sexual orientation.
- To choose to be mothers and have children irrespective of their HIV status or sexual orientation.
- To safe and healthy motherhood for all, including the safety and health of their children.
- To choose marriage, form partnerships or divorce, irrespective of age, HIV status or sexual orientation.
- To gender equity in education and lifetime education for all.
- To formal and informal sexual education throughout their lives.
- To information, especially about HIV/AIDS, with an emphasis on women and girls' special vulnerability due to biological differences, gender roles and inequality.
- To food security, safe water and shelter.
- To employment, equal pay, recognition of all forms of work including sex work and compensation for care and support.
- To economic independence such as to own and inherit property, and to access financial resources.
- To freedom of movement and travel irrespective of HIV status.
- To express their religious, cultural and social identities.
- To associate freely and be leaders within religious, social and cultural institutions.
- To lead and participate in all aspects of politics, governance, decision-making, policy development and program implementation.

XIV International AIDS Conference, Barcelona, Spain, 11 July 2002

A global effort initiated by Women at Barcelona and Mujeres Adelante with lead involvement by the International Women's AIDS Caucus of the International AIDS Society and the International Community of Women Living with HIV/AIDS. To participate in the development of the working draft contact: Tyler Crone, Yale Law School, email: elizabeth.crone@yale.edu, tel: +1203 589-8876.

4.4 The media

Gysae, Marianne and Øverland, Lene, March 2002, *Monitoring HIV/AIDS Reporting Through a Gender Lens*, Women's Media Watch, Cape Town: Creda Communications

www.womensmediawatch.org.za/projects/mp/hiv aids.html

Sensational headlines are often used to attract attention. Misleading, inaccurate and confusing information has increased negative attitudes towards people living with HIV/AIDS. Effective reporting that appeals to the public interest can enable the exploration of HIV/AIDS from various angles and provides in-depth analysis of underlying socio-economic factors and hence gives a voice to people affected by HIV/AIDS. The booklet provides a practical media monitoring and media awareness tool that aims to help media practitioners and advocates analyse and critically challenge content and style of reporting. One activity involves discussing the article 'No sex please – Swazi woman banned from intimacy for five years to fight HIV'. The guide was developed through an interactive Media Forum and discussions with journalists, journalism students and advocacy organisations.

4.5 Health care provision

Family Health International (FHI), 2002, *Rethinking Differences and Rights in Sexual and Reproductive Health*, Research Triangle Park: Family Health International, La Paz: Center for Information and Development of Women (CIDEM)

English version: www.fhi.org/en/fp/fpothor/genderguid/gendpart1.html

For a Spanish version email: publications@FHI.org

The Bolivian government enacted progressive sexual and reproductive health policies and implemented programmes throughout the 1990s. In spite of these efforts, many women and men still do not have access to sufficient sexual and reproductive health information or basic health and social support services. The manual is designed to provide health professionals with a framework for examining the quality of care offered by health services, including the interactions with and between all staff and service users, technical aspects of health care, administration, and management of health services. The training steps outlined in the manual aim to create opportunities for reflection and identification of action to ensure gender-sensitive quality care. Each activity encourages participants to draw on their own experience of good and bad practice and to discuss these experiences in groups. Basic tools are also featured that help health care providers recognise, analyse and respond to users' realities and institutional practices.

World Health Organisation (WHO), 2002, *Transforming Health Systems: Gender and Rights in Reproductive Health*, Geneva: WHO

Available in English, Spanish and Mandarin

A brochure about the guide and the Module briefs (English only) can be found at:

www.who.int/reproductive-health/pages_resources/listing_gender.en.html

Transforming Health Systems is a training resource for health trainers to use with health managers, planners, policymakers and others with responsibilities in reproductive health. It offers a training curriculum designed to equip participants with the analytical tools and skills to integrate the promotion of gender equity and reproductive rights into their reproductive health policies, planning and programmes. The curriculum, designed to be run as a stand-alone two or three-week course, contains six teaching modules: three foundation modules on gender, the social determinants of health, and rights, and three application modules on available evidence, policy, and health systems. Case studies and practical material deal with reproductive health issues, covering a broad spectrum from first sexual encounters and maternal mortality to HIV/AIDS and sexual violence.

Also available in a CD-ROM version. To order contact Manuela Colombini at: colombinim@who.int.

4.6 Young people in and outside schools

De Bruyn, Maria and Nadine France, 2001, *Gender or Sex: Who Cares? Skills-building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers*, Malahide and Chiang Mai: Health and Development Networks and Chapel Hill: Ipas

English version: www.ipas.org/pdf/GenderBook.pdf

Spanish version: www.ipas.org/arch/pdf/GenderBookSpan.pdf

How does gender affect our health? This workshop curriculum offers a series of participatory activities that encourage participants to think about the difference between gender and sex as well as social values associated with women and men, feminine and masculine. There is for example an exercise that identifies ways in which women and men mistreat each other and how this affects sexual and reproductive health (SRH). Participants consider how such issues relate to their own lives, as well as the causes, consequences and solutions to problems such as violence, HIV/STIs, unwanted pregnancy and unsafe abortion. Before presenting their findings to the group participants analyse how SRH services can be made more appropriate and accommodating to young people. Each exercise offers several adaptations to make it a more flexible resource. The pack is for professionals and volunteers who work with young people concerning the influence of gender on SRH issues. For curriculum cards and overhead transparencies/handouts email: wardk@ipas.org.

Gordon, Gill, 1999, *Choices*, Basingstoke: Macmillan

www.macmillan-africa.com/books/health1.htm

(scroll to bottom of page for introduction and chapter one)

Adults often assume that young people are too young to talk about and worry about sex. However these assumptions are often based on our own embarrassment about the subject and prevent young people having access to the information they need for healthy relationships. 'Choices' is a guide for young people growing up in Africa today. It provides accurate information on sexual and reproductive health, and suggests activities aimed at exploring values and attitudes in relation to culture and the changing world. 'Choices' also suggests activities that enable young people to practice skills in communication, assertiveness, risk avoidance, problem solving, decision-making and advocacy. It is written in an easy to read style with illustrations and cartoons. 'Choices' is for young people to read by themselves, for peer educators, youth leaders, teachers and parents. There will soon be a 'Junior Choices' too.

Kaim, Barbara, *Auntie Stella: Teenagers Talk about Sex, Life and Relationships* (website), Harare: Training and Research Support Centre

www.auntiestella.org

Does my culture mean I must sleep with my sister's husband? I'm looking after someone with AIDS, can I get infected? Schools are a site of vulnerability to HIV infection. Girls are particularly at risk from abuse by teachers and older pupils. 'Auntie Stella' was originally produced as an activity pack for use in schools with young Zimbabweans aged 13 to 17 years, and later developed as a website. It has been used in schools to stimulate discussion among young people on key teenage issues, and also gives information that teenagers find hard to get elsewhere. Discussions take place in small groups, usually single sexed. Both the print and website versions use the question and reply format of problem page letters written to agony aunts in magazines, a popular source of information for young people. The basic method is for a question letter to be read and the problem discussed, usually in small single-sex groups, or by individuals reflecting on their own. They then turn to Auntie Stella's reply for expert information and suggestions about how to apply any new knowledge in real life, followed by discussion on ways to change their behaviour. There are over 30 questions covering physical and emotional changes in adolescence, relationships with parents, peers and the opposite sex, gender roles, forced sex, HIV/AIDS and STIs.

Instituto PROMUNDO, 2002, *Working with Young Men*, Rio de Janeiro: Instituto PROMUNDO
Available in Portuguese, Spanish and English

Young men need to reflect about how traditional and negative male behaviours affect their own lives and how they can construct alternative ways of interacting in their intimate relationships. In co-operation with partners, Instituto PROMUNDO developed this set of training manuals on 'sexual and reproductive health', 'mental health', 'violence prevention', 'fatherhood and caregiving' and 'HIV/AIDS'. These manuals outline group activities for community interventions, for example,

discussions of male 'honour', role-plays in which young men act out coercive and non-coercive relationships and discussions about condom negotiation. An accompanying video 'Once upon a Boy' complements the manuals and recounts the story of a boy who is faced with all of the issues dealt with in the manuals and who tries to break-free of stereotypical male behaviour. To order email: promundo@promundo.org.br or visit www.promundo.org.br/ingles/principalpublic.html. See *In Brief* for more information about their work.

Ross, Melody, Reyes, Rubén, with Bojorge, Karla y Carcache, Fernando, 2000, *Somos Diferentes, Somos Iguales: una Propuesta Metodológica para Construir Alianzas Entre Jóvenes (We're Different, we are Equal: a Methodology for Building Alliances between Young People)*, Managua: Puntos de Encuentro

Available in Spanish

Social and economic relations of domination need to be deconstructed and transformed into relations of solidarity and co-operation. This ten-module training manual developed by Puntos de Encuentro, a national level Nicaraguan NGO, is designed to enable young people to unlearn oppression, learn to appreciate diversity and build alliances both amongst themselves and between young people and adults. The modules deal with adultism (discrimination against young people), sexism, racism, classism, sexuality, homosexuality, and disabilities. The manual uses a participatory and gender-sensitive methodology, and is the product of five years of working with young people and adults in training events and in a yearly youth camp. To order email: puntos@puntos.org.ni or visit www.puntos.org.ni.

Shah, Meera Kaul with Zambezi, Rose and Simasiku, Mary, 1999, *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*, Lusaka: Care International, Zambia

www.pathfind.org/pf/pubs/focus/RPPS-Papers/pla1.pdf

www.pathfind.org/pf/pubs/focus/RPPS-Papers/pla2.pdf

Sexual and reproductive health programmes should consider how to use the energy of young people and build on their talents. We need to understand how young people make decisions and what influences their health-seeking behaviours. By using an open-group process and simple qualitative research techniques, participatory learning and action has been used to learn from and with young people. This guide is not only a diagnostic tool but can help incorporate youth involvement in bringing about change in group norms and subcultures. This includes encouraging adults to respond better to the needs of young people. One exercise involves boys and girls drawing picture stories to show how sexual relationships between boys and girls develop.

Straight Talk Foundation, *Straight Talk* and *Young Talk* (monthly newspaper), Kampala: Straight Talk Foundation

www.straight-talk.or.ug/stfd/straight.html

www.straight-talk.or.ug/styg/young.html

'Smart boys and girls talk about condoms before having sex and not after having sex'. This is one of the messages advocated by *Straight Talk* a monthly four-page newspaper aimed at secondary schools students aged 15–19 and young adults in institutions of higher learning (20–24). Straight Talk provides accurate and factual information about safer sex, including abstinence, non-penetrative sex (setting sexual limits) and condom use. The paper has a counselling page where a group of dedicated and adolescent-friendly counsellors and doctors advise readers. *Young Talk* targets upper primary school pupils, young adolescents aged 10–14. Key topics covered include changes at puberty, children's rights and responsibilities, life skills, general body health, hygiene and age appropriate sexual health information. Both newspapers have been used in guidance and counselling sessions in schools to stimulate discussions among pupils and teachers. Many pupils also wrote to one or other of these newspapers to seek advice or express their opinions.

Riber, John, *Yellow Card* (a film)

For more information see www.yellow-card.com

An African film targeting young men is being used across Africa to educate young people about sexual health issues and HIV/AIDS. Filmed in Zimbabwe, *Yellow Card* focuses on teenage pregnancy, which is often considered a girl's problem, and explores what happens when a boy is held accountable for his actions. Through the story of Tiyane, a young soccer player who becomes a teenage father, the movie tackles the issues of unplanned pregnancy, unsafe abortion and HIV/AIDS. Prior to writing the film-script, interviews and discussion groups were held with teenagers all over Zimbabwe. The young people interviewed knew about HIV/AIDS, but said most of the information and education campaigns were "boring and dull". As a result of these discussions, and specifically to make messages more interesting, this film was made to encourage sexual responsibility, especially among young men. According to the film-makers, the film was particularly useful when communicating with illiterate and semi-literate audiences, but it became even more so when the issues in the film were discussed as part of a facilitated discussion.

4.7 People living with HIV

International Community of Women Living with HIV/AIDS (ICW), *The Positive Woman's Survival Kit*, London: ICW

www.icw.org/SKindex.htm

Available in Spanish. Shortly available in English and French

The Survival Kit provides education, support and resources by and for HIV-positive women, targeting women in developing countries who have little to no access to printed materials. The Survival Kit covers issues such as relationships with family and children, grief and loss, nutrition, staying healthy, safer sex, pregnancy and breast-feeding. See *In Brief* for more information on ICW's work.

Twelve statements from the International Community of Women Living with HIV/AIDS -

www.icw.org

To improve the situation of women living with HIV and AIDS throughout the world, we need:

1. Encouragement and support for the development of self-help groups and networks.
2. The media to realistically portray us, not to stigmatise us.
3. Accessible and affordable health care (conventional and complementary) and research into how the virus affects women.
4. Funding for services to lessen our isolation and meet our basic needs. All funds directed to us need to be supervised to make sure we receive them.
5. The right to be respected and supported in our choices about reproduction, including the right to have, or not to have, children.
6. Recognition of the right of our children and orphans to be cared for and of the importance of our role as parents.
7. Education and training of health care providers and the community about women's risk and our needs. Up-to-date and accurate information about all the issues for women living with HIV/AIDS should be easily and freely available.
8. Recognition of the fundamental human rights of all women living with HIV/AIDS, particularly women in prison, drug users and sex workers. These fundamental rights should include employment, travel without restriction and housing.
9. Research into female infectivity, including woman-to-woman transmission, and recognition of and support for lesbians living with HIV/AIDS.
10. Decision making power and consultation at all levels of policy and programmes affecting us.
11. Economic support for women living with HIV/AIDS in developing countries to help them to be self-sufficient and independent.
12. Any definition of AIDS to include symptoms and clinical manifestations specific to women.

Maasdorp, Aubrey, Long, Siân and Behrman, Nina, 1998, *Positive Development*, Amsterdam: Global Network of People Living with HIV and AIDS

Available in English, French, Spanish, Portuguese, and Russian

www.gnpplus.net/positivedevelopment/positivedevall.html

In order for people living with HIV/AIDS to achieve greater involvement in every aspect of their lives and on the various local, national, regional and international platforms, they need to be able to develop and enhance their skills to participate in public debates and decision-making. This manual has been written for support and self-help groups of and for people with HIV and AIDS, groups which also include families, friends and carers, and groups that are educating, campaigning or lobbying for the rights of people with HIV. The manual is about developing the confidence, skills and arguments for ensuring that people with HIV are listened to and involved on an equal basis and also to break down barriers between HIV positive people and others. The group activities, checklists and 'hints and tips' featured in the manual enable the group to explore the group dynamics as well as to plan actions, access funds and develop communications skills for advocacy and campaigning and in personal and professional relationships.

4.8 Female controlled methods

World Health Organisation (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), 2000, *The Female Condom: A Guide for Planning and Programming*, Geneva: WHO, Geneva: UNAIDS

The female condom is a new method of preventing both pregnancy and Sexually Transmitted Infections (STI)/HIV infection. If supported by education and informational activities about its use then the female condom can contribute to women's control over their reproductive and sexual rights and health. This resource offers guidance on how to plan for integrating the female condom into already existing activities as well as how to effectively promote it and train providers to adequately educate potential users about how to use it. For example, recruiting prominent role models and/or community leaders to present the product and the programme. It aims to help programme managers in public and private sector health systems and non-governmental organisations (NGOs) and community-based organisations (CBOs) who are interested in developing or expanding programmes to include the female condom and to address operational and promotional aspects. To order email: info@femalecondom.org. An information pack about the female condom is also available from WHO and UNAIDS.

For information about microbicides – www.global-campaign.org

4.9 Men who have sex with men

The Naz Foundation (India) Trust, 2001 *An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men: A Training Manual*, New Delhi: The Naz Foundation India Trust

www.aidsalliance.org/docs/languages/eng/content/3_publications/download/Reports/MSM%20Manual.pdf

Currently very few services exist which address the needs of men who have sex with men (MSM) and gay men and they often experience discrimination when accessing many health care services. This manual provides training modules that can be used to train participants who have no prior knowledge on the issues affecting men who have sex with men and gay men, particularly in relation to their sexual health. Activities enable participants to discuss their view and stereotypes about sexuality, for example participants are asked to respond to the following statement 'MSM and gay men do not want or need women in their lives'. There are also several activities that enable participants to discuss the transmission and prevention of sexually transmitted diseases (STIs) and HIV. It can also be used to train staff of non-governmental organisations (NGOs) and community-based organisations (CBOs) on how to integrate relevant issues into their programmes or to develop new programmes as well as getting them to think about the inadequacies of current programmes and services. The manual was developed for use by South Asian NGOs but it can be adapted for use in other countries.

5. Courses

Short course for policymakers on gender, health and communicable diseases at the Liverpool School of Hygiene and Tropical Medicine, UK

www.liv.ac.uk/lstm/ghgroup.html

Short course in Gender, Health and Development at Queen Margaret University College, Edinburgh, UK

www.qmuc.ac.uk/cihs/cihs_srt.htm#GHD

This course aims to provide participants with the knowledge to critique gender approaches to health and development and the skills to be able to plan programmes which are gender sensitive in their design.

Leadership course in gender and reproductive health at the University of Witwatersrand, South Africa

www.health.wits.ac.za/publichealth/courses.htm#leader

Undergraduate course 'Living for Tomorrow: Cultural Contestations, Gender Politics and the AIDS Epidemic' at New Hampshire University, USA

<http://athena.hampshire.edu/ia161/index.php>

This course looks at how masculinity and femininity are culturally created. A particular emphasis will be on masculinity and sexual safety, and on ways gender research questions the institution and behaviours of heterosexuality. See IIED, 2000, 'Special Issue: Sexual and Reproductive Health', *PLA Notes* 37, pp 100–105 for a description of the course.

6. Web resources

Also check out section seven as many of the organisations listed have resources featured on their websites, in particular the UN agencies.

- The Gender AIDS email network and other related HIV networks
www.hivnet.ch:8000/topics/gender-aids or www.hdnet.org/home2.htm
- ID21-Health is a development research reporting service which specialises in providing the latest and best UK-based development research in an accessible format on health issues including HIV/AIDS and marriage, sex workers and microbicides -
www.id21.org/health/index.html. 'Delivering HIV Treatment' discussion summary is online
www.id21.org/hiv/report.html
- South East Asia Directory of Services features contact details of many organisations across the region working on HIV/AIDS including those with a women and/or gender focus
www.hivaids.webcentral.com.au/text/dir5.html
- An update of the epidemic including sex disaggregated information for the year 2000 –
www.unicef.org/pon00/contents.htm
- International Center for Research on Women (ICRW) conducts research on gender and HIV and their site offers access to articles and information about research including a new project looking at stigma and discriminatory practices as key obstacles to the full success of HIV prevention, care, and support activities www.icrw.org
- Q web is a worldwide network for the exchange of knowledge and ideas on women's health and gender issues including sexuality and reproduction, violence and abuse, trafficking and HIV/AIDS – www.qweb.kvinnoforum.se/main.html
- For information on Stepping Stones see www.stepsstonesfeedback.org
- The Siyanda website features a range of resources on all issues related to gender and development including HIV/AIDS. The site provides short summaries of all resources included in this collection of supporting resources and links to online copies or information about locating hard copies www.siyanda.org
- The World Health Organisation site offers information on the effectiveness of condoms in preventing sexually transmitted infections including HIV and information on mother-to-child transmission (MTCT) of HIV – www.who.int/reproductive-health/rtis/index.htm
- Women In Barcelona: XIV International AIDS Conference Forum, Barcelona, July 2002 –
www.womenatbarcelona.net

- The South African based Women'sNet has an HIV/AIDS page which provides links to organisations, resources and campaigns – www.womensnet.org.za/hiv aids/aids.htm
- The OneWorld database contains many up-to-date news items on women, gender and HIV/AIDS from partners' websites – www.aidschannel.org/themes/topic
- The Global Campaign has information about HIV prevention options including microbicides – www.global-campaign.org

7. Networking and contact details

Most of the organisations mentioned here have their work and/or projects that they support mentioned elsewhere in this pack.

7.1 International

Catholic Agency for Overseas Development (CAFOD)

CAFOD, Romero Close, Stockwell Road, London SW9 9TY

Tel: +44 (0) 20 7733 7900, fax: +44 (0) 20 7274 9630, email: hqcafod@cafod.org.uk

www.cafod.org.uk/hiv aids

CAFOD supports partners who integrate HIV/AIDS care and prevention, are founded on community participation and involve people living with HIV as active participants and not just receivers of services and care.

Commonwealth Secretariat

Marlborough House, Pall Mall, London SW1Y 5HX, UK

Tel: +44 (0) 20 7 7476385, email: info@commonwealth.int

www.thecommonwealth.org/gender/htm/whatwedo/activities/humanrights/hiv aids.htm

The Commonwealth Secretariat seeks to contribute towards raising awareness about gender and HIV/AIDS. It is working with member countries and development agencies such as the United Nations Development Fund for Women (UNIFEM) on strategies for making National AIDS and National AIDS Commissions more gender sensitive so that the issue of gender and HIV/AIDS can be better understood and dealt with in future programming.

Engender Health

440 Ninth Avenue, New York, NY 10001, USA

Tel: +1 212-561-8000, fax: +1 212-561-8067, email: info@engenderhealth.org

www.engenderhealth.org/index.html

Engender Health provides technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce.

International HIV/AIDS Alliance

Queensberry House, 104 – 106 Queens Road, Brighton, BN1 3XF, United Kingdom

Tel: +44 (0) 1273 718 900, fax: +44 (0) 1273 718 901, email: mail@aidsalliance.org

www.aidsalliance.org

HIV/AIDS Alliance supports many projects around the world that seek to address the HIV/AIDS epidemic. They also support projects that have a strong awareness of gender relations although their work does not specifically emphasise gender.

International Planned Parenthood Federation (IPPF)

Regent's College, Inner Circle, Regent's Park, London NW1 4NS, United Kingdom

Tel: +44 (0) 20 7487 7900, fax: +44 (0) 20 7487 7950

www.ippf.org

IPPF have produced resources on sexual and reproductive rights and young people, including an advocacy guide for HIV/AIDS at www.ippf.org/hivaids/advocacyguide/ and counselling guidelines on STIs and HIV. IPPF also provide support for a number of organisations working on sexual and reproductive health issues (see box). It has a charter for rights of young people to have access to good non-judgemental information and services.

International Community of Women living with HIV/AIDS (ICW)

2c Leroy House, 436 Essex Road, London, N1 3QP, United Kingdom

Tel: +44 (0) 20 7704 0606, fax: +44 (0) 20 7704 8070, email: info@icw.org

www.icw.org

ICW is an international network run for and by HIV positive women. Its main aim is to reduce the isolation of women living with HIV/AIDS by exchanging information on health issues, self-help, human rights and setting up local support networks (see *In Brief* for more information).

Royal Tropical Institute (KIT)

Mauritskade 63, (main entrance), P.O.Box 95001, 1090 HA Amsterdam, The Netherlands

Tel: +31 (0) 20 568 8711, fax: +31 (0) 20 668 4579

www.kit.nl/specials/html/ga_gender_and_aids.asp

KIT's gender department aims to contribute to the international efforts of bringing a gender perspective to development policy and programming processes. KIT has developed a gender-responsive approach to HIV/AIDS as well as supporting projects and houses a resource centre on HIV/AIDS and sexual and reproductive health.

Strategies for Hope

TALC, PO Box 49, St Albans, Herts AL1 5TX, UK

Tel: +44 (0) 1727 853 869, fax: +44 (0) 1727 846 852

www.talcuk.org/stratshope/index.html

They have produced a range of booklets and videos which describe good practice regarding prevention, care and support, from different countries, mainly around Africa. The Stepping Stones pack is a part of this series.

Joint United Nations Programme on HIV/AIDS (UNAIDS)

20, avenue Appia, CH-1211 Geneva 27, Switzerland

Tel: +4122 791 3666, fax: +4122 791 4187, email: unaids@unaids.org

www.unaids.org

In 1996 the United Nations (UN) drew six organisations together in a joint and co-sponsored programme – UNAIDS. Working together through UNAIDS, the six organisations expand their outreach through strategic alliances with other UN agencies, national governments, corporations, media, religious organisations, community-based groups, regional and country networks of people living with HIV/AIDS, and other non-governmental organisations.

United Nations Development Fund for Women (UNIFEM)

304 East 45th Street, 15th floor, New York, NY 10017

Tel: +1 212 906-6400 fax: +1 212 906-6705, email: unifem@undp.org

www.unifem.undp.org/hiv_aids

UNIFEM has recently launched a three-year programme to build national capacity to review existing laws and policies related to HIV/AIDS prevention, care and treatment in order to identify provisions that need to be revised to ensure gender equality. UNIFEM will work with National AIDS Councils and key policy makers to increase their understanding of the impact of HIV/AIDS on women. Support for work at the community level will continue with a focus on equality between men and women. The ten countries covered by the programme include Kenya, Nigeria, Senegal, Zimbabwe, Rwanda, India, Cambodia, Thailand, Barbados and Brazil.

Voluntary Service Overseas (VSO)

317 Putney Bridge Road, London, SW15 2PN, United Kingdom

Tel: +44 (0) 20 8780 7200, fax: +44 (0) 20 8780 7300

www.vso.org.uk/campaign/hiv.htm

VSO volunteers receive compulsory pre-departure training, which includes HIV/AIDS. Those volunteers going to Southern Africa and in other countries where programmes work on HIV/AIDS, also receive training after they arrive in their host countries, part of which is conducted by someone living with AIDS to help personalise the issue. In addition all staff working with VSO receive support

to mainstream HIV/AIDS into their work. VSO aims to include gender sessions in all training but this is an area that needs more work in some of its country programmes.

7.2 Africa

Association for Co-operation and Research in Development (ACORD)
Dean Bradley House, 52 Horseferry Road, London SW1 2AF, England
Tel: +44(0) 20-7227-8600, fax: +44(0) 20-7799 1868

www.acord.org.uk

ACORD is currently restructuring its 45 separate interventions in Africa into 10–12 larger area programmes and five cross cutting thematic programmes. One of these is overcoming gender and other forms of discrimination and another is addressing the causes and consequences of HIV/AIDS.

Gender AIDS Forum (GAF)

c/o Audio Visual Alternatives, Office no. 4, 78 Ramsay Road, Mayville, 4058, Durban, South Africa,

Tel: +34 (0) 31 2078116, fax: +34 (0) 31 2078097

GAF promotes and facilitates a gender approach to HIV/AIDS work as well as working to ensure that work on gender mainstreams an approach to HIV/AIDS. GAF provides training, organises debate forums, is involved in advocacy and lobbying and publishes a monthly newsletter – Phambili.

Girl Power Initiative (GPI)

www.electroniccommunity.org/GirlsPower/gpihomepage.htm

44 Ekpo Abasi Street, P.O. Box 3663, UNICAL Post Office, Calabar, Nigeria.

Tel: +234 87-230929, fax: +234 87-236298, email: gpi@fordwa.linkserve.org

GPI provides a forum for adolescent girls to meet and share information, speak out and identify their needs, aspirations, perceptions as well as learn options from which they adopt solutions to their problems.

Joint HIV/AIDS program (JOHAP)

Contact Oxfam Community Aid Abroad, 156 George St, Fitzroy Victoria 3065, Australia

Tel: +61 (0) 3 9289 9444, fax: +61 (0)3 9419 5895, email: enquire@caa.org.au

www.caa.org.au/

JOHAP is a collaboration between various Oxfam agencies and provides support for incorporating HIV/AIDS into the ongoing work of existing Oxfam partner organisations in South Africa. Although

JOHAP considers the full range of vulnerable groups as its target group, the issue of gender is central to the program strategy.

Project Empower

PO Box 39203, Queensburgh 4070, Kwazulu Natal, Republic of South Africa

Tel: +27 31 464 0153, fax: +27 31 463 3349, email: info@projectempower.co.za

Project Empower was established to help build the response to the HIV/AIDS epidemics. It uses an approach that builds on the experiences of agencies and communities, promoting a commitment to build on what is already known in this area.

SAfAIDS

17 Beveridge road, P.O. Box A509, Avondale Harare, Zimbabwe

Tel +263 4 336193/4307898, fax: +263 4 336195, email: info@safaids.org.zw

www.safaids.org.zw/safaidsweb

SAfAIDS is a regional HIV/AIDS resource established in 1994 and based in Zimbabwe. The organisation's goal is to disseminate HIV/AIDS information to promote, inform and support appropriate responses to the epidemic in the fields of HIV prevention, care, long-term planning and coping with the impact.

Training and Research Support Centre (TARSC)

47 Van Praagh Avenue, Milton Park, Harare, Zimbabwe

Tel: +263 4 705108/708835, fax :+263 4 737220, email: tarsc@mweb.co.zw

www.tarsc.org/

TARSC provides training, information, research and capacity support on areas of public health, social policy, food security, social protection, social and economic rights, reproductive, gender and child rights and on civic-state relations. TARSC works mainly in southern Africa and networks with non-government, government and academic organisations.

7.3 Asia and the Pacific

Khmer HIV/AIDS NGO Alliance (KHANA)

#25, Street 71, Boeung Keng Kang 1, Phnom Penh, Kingdom of Cambodia

Tel: + 855 23 21 15 05, fax: + 855 23 21 40 49, email: khana@bigpond.com.kh

Contributes to a reduction in vulnerability to STD/HIV and the impact of AIDS by strengthening the capacity of the NGO/CBO sector to develop appropriate, effective and sustainable responses to HIV/AIDS/STIs. See Cases Studies for more information about their work.

The Naz Foundation

Palingswick House, 241 King Street, London W6 9LP, UK

Tel: +44 (0) 20 8563 0191, fax: +44 (0) 8741 9841, email: nazfunduk@compuserve.com

Regional Liaison Office: 9 Guizar Colony, New Berry, Lucknow 266 001, India

Tel: +91 (0) 522 205781/205782, email: nazfoundint@yahoo.com

www.nazfoundint.com/home.html

The Naz Foundation works in the South Asia region to ensure that issues of sexualities and all types of sexual practices, with the HIV/AIDS and human rights concerns that arise from them, are appropriately and adequately addressed in the provision of HIV/AIDS and sexual health. Provides technical, financial and institutional support.

Positive Women Network of South India

23 Brindavan Street, West Mambalam, Chennai - 600 033

Tel: +91 (0) 44 - 371 1176, email: poswonet@hotmail.com

A self-help group of women living with HIV. The group offers counselling and monthly support group meetings for women living with HIV.

Sonagachi STD/HIV Intervention Programme (SHIP)

12/5 Nilmoni Mitra Street. Kolkata - 700 006, India

Tel: +91 33 543 7451/543 7560, fax: +91 33 543 7777, email: sonagachi@sify.com

For information on their work please see Sonagachi case study.

7.4 Europe

Living for Tomorrow project implemented by:

AIDS Prevention Centre/ AIDS Ennetuskeskus, Narva Mnt. 48, EE-0010 Tallinn, Estonia

Tel: +372 6410808/6273500, email: aids@anet.ee

www.aids.ee

Living for Tomorrow is a development and research HIV prevention project based in Estonia and targets young people and addresses the difficulties faced by educators in actively involving youth in safer sexual behaviour. The aim is to build sexual health awareness among young people while exploring how society forms male and female behaviours in such a way that lead to imbalances of power, insufficient communication and irresponsible sexual behaviour.

Positively Women

347–349 City Road, London, EC1V 1LR, UK

www.positivelywomen.org.uk/Contact.html

Positively Women offers support for women living with HIV by women living with HIV.

7.5 Latin America and the Caribbean

Asociación de Hombres Contra la Violencia (AHCV)
de la Farmacia Salazar, 2 Cuadras al Sur, Casa #51, Residencia El Dorado
Managua, Nicaragua
Tel: +505 249 4697, email: ahcv@ibw.com.ni
www.ahcv.org.ni

AHCV has conducted training workshops and courses for male youths, adolescents and adults, to explore and redefine the idea of machismo and violence. The association has also participated in television and radio programmes on issues related to masculinities and violence, as well as publishing articles for local, national and international publications on these same issues.

Instituto PROMUNDO
Rua Francisco Serrador, 2/702 – Brasil, CEP 20031-060
Rio de Janeiro, RJ Brasil
Tel: +55 21 2544 3114, 2544 – 3115, fax: +55 21 2220 3511
Email: promundo@promundo.org.br
www.promundo.org.br/index.html

Instituto PROMUNDO conduct research and support initiatives that promote positive social change. They do this through publications, seminars and courses and by providing technical assistance to organisations (see *In Brief* for more about PROMUNDO's work).

Puntos de Encuentro (para transformar la vida cotidiana)
Rotonda del Güegüense 4c abajo 1c al lago - Apdo. RP-39, Managua, Nicaragua
Tel: +505 (0) 268-1227, fax: +505 (0) 266-6305, email: puntos@puntos.org.ni
www.puntos.org.ni

Puntos de Encuentro is a feminist non-profit development organisation that works in the areas of communication, research and education (see case studies for more information).

7.6 The Middle East

Institute of Community and Public Health, Birzeit University
Birzeit University, box 14, City: Birzeit, West Bank, Palestine
Tel: +972 2298-2972, fax: +972 22982980, email: rita@chd.birzeit.edu
<http://home.birzeit.edu/icph/>

This institute conducts research and teaches on such issues as fertility, population policies and women's health in the Middle East and North Africa.

The Population Council
6A Giza St., Giza, Egypt
Tel: +202 571 9252, +202 573 8277, fax: +202 570 1804, email: Kkhalil@pccairo.org
www.popcouncil.org/me/middle_east.html

The Council's major programme efforts in West Asia and North Africa involve strengthening institutional and professional research capacities, addressing needs for comprehensive youth policies and programmes, and improving reproductive health services. Active projects are ongoing in eight countries in the region: Algeria, Egypt, Iran, Jordan, Lebanon, Sudan, Turkey, and the West Bank and Gaza.

7.7 North America

Margo Caulfield, email: margoc@ludl.tds.net

One of the biggest stumbling blocks for women, particularly those with HIV, is the high percentage that are sexually violated, often at young ages. Margo Caulfield found that regardless of cultural background, helping women take control of their sexuality started making a difference. She used a combination of grief/loss techniques to help them mourn and process the violence of their childhood and older later life coupled with showing them new ways to be sexual that were both satisfying and safe. Caulfield has also run workshops on sexuality for men and women and found that many of the men were assault survivors as well. (Margo is Co-Director of Chronic Conditions Information Network – www.cc-info.net)

Project Wise

Project Inform, 205 13th Street, #2001, San Francisco, CA 94103

Tel: +1 415 558 8669 ext. 205, email: WISE@projectinform.org

www.projectinform.org

Project Wise deals with HIV/AIDS treatment education, information, and advocacy for women living with HIV/AIDS. They have a quarterly newsletter and hotline and they run community presentations and forums.

8. Additional resources

Agenda – two issues of the journal provide useful accounts of the HIV/AIDS epidemic. *AIDS: Counting the Cost*, Issues 39 and *AIDS: Global Concerns for Women*, Issues 44 www.agenda.org/za. Includes articles by Overview Report writer Vicci Tallis.

APRODEV, 2001, 'HIV/AIDS – Grasping the Reality of its Gender Dimension', APRODEV, GOOD (Gender Orientation on Development) Annual Conference Report, 11–13 September, 2000, Oslo, Norway - www.aprodev.net/files/HIV-AIDS.pdf

Baden, Sally with Wach, Heike, 1999, 'Gender, HIV/AIDS Transmission and Impacts: A Review of Issues and Evidence', *BRIDGE Report 47*, Brighton: Institute of Development Studies

Bennell, Paul, Hyde Karin and Swainson, Nicola, 2002, *The Impact of the HIV/AIDS Epidemic on the Education Sector in Sub-Saharan Africa*, Brighton: Centre for International Education and the University of Sussex Institute of Education

Chase, Elaine and Aggleton, Peter, 2001, *Stigma, HIV/AIDS and Prevention of Mother-to-child Transmission: A Pilot Study in Zambia, India, Ukraine and Burkina Faso*, United Nations Children's Fund (UNICEF) and the Panos Institute www.panos.org.uk/aids/stigma_countries_study.htm

Cornwall, Andrea and Welbourn, Alice, (forthcoming), *Realising Rights: Transforming Approaches to Sexual and Reproductive Well-being*, London: Zed Press

International Institute for Environment and Development (IIED), 2000, 'Special Issue: Sexual and Reproductive Health', *Participatory Learning and Action (PLA) Notes 37*

Klugman, Barbara, 2000, 'Sexual rights in Southern Africa: A Beijing discourse or a strategic necessity?' *Health and Human Rights*, Vol 4 No 2: 132–159
www.wits.ac.za/whp/sexualrights_beijing.pdf

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