4

Gender-and-development approach (GAD)

Introduction

Feminisation of poverty

Integrating HIV/AIDS and poverty reduction is one of the key global challenges, crucial for the success of both HIV/AIDS and poverty-reduction programs. Gender, HIV/AIDS and poverty are inextricably intertwined. As De Bruyn notes:

> The [HIV/AIDS] epidemic hits hardest the developing world and the poor inner cities of industrialised countries, which are least able to cope. Furthermore, poverty increasingly has a female face;UNDP estimates that 70 per cent of the world's poor are women.[1]

A gender-sensitive poverty-reduction approach to HIV/AIDS prevention and care is hard to argue against given:

- the increasing number and proportion of women and girls among the world's poorest—the widely noted *feminisation of poverty;*[2]
- the two-way relationship between poverty and HIV/AIDS—both increase the risk of the other, although the relationship is complex and the non-poor are also at risk;
- one of the greatest impediments to prevention is women's marginalised position, making it difficult for many women to apply their improved knowledge and changed attitudes concerning HIV/AIDS.

Different gender-sensitive frameworks

There are many different ways and frameworks for understanding and responding to challenges of gender in planning, implementing and evaluating HIV/AIDS responses. Caroline Moser, for example, in her influential book *Gender Planning and Development: Theory, Practice and Training* distinguished five different approaches to Third World women and their issues: welfare, equity, anti-poverty, efficiency and empowerment (Table 4.1).

Overall, it appears that the gender and development (GAD) approach is currently recognised as best practice by the OECD's Development Assistance Committee, their *Guidelines for Gender Equality and Women's Empowerment in Development Co-operation* (1998) and *Source Book on Concepts and Approaches linked to Gender Equality* (1998) adopt a gender-and-development approach (albeit not explicitly using that phrase).[3]

**Best-practice principle:
HIV responses should use a gender-and-development (GAD) approach**

The GAD approach encourages planning, implementation, monitoring and evaluation to be undertaken according to the following principles:

- work on more than one level (practical and strategy needs) to bring about change in gender relations;
- work in a participatory way with men and women—make sure you involve men because it takes men as well as women to change gender relations;
- take a broader, historically-informed view of gender relations and its social context—it hasn't grown up yesterday, nor will it be changed overnight.

Key questions:

Did the project involve men and women widely and deeply in development of project design? Did the project approach acknowledge and address power imbalances between males and females?

Did the project attempt to address women's practical gender needs and strategic gender needs?

Table 4.1: Different policy approaches to third world women

Issues	Welfare	Equity	Anti-poverty	Efficiency	Empowerment
Origins	Earliest approach: - residual model of social welfare under colonial administration - modernisation /accelerated growth economic development model	Original women-in-development (WID) approach: - failure of modernisation development policy - influence of Boserup and first world feminists on Percy Amendments of UN Decade for Women	Second WID approach: - toned down equity because of criticism - linked to redistribution with growth and basic needs	Third and now predominant WID approach: - deterioration in the world economy - policies of economic stabilisation and adjustment rely on women's economic contribution to development	Most recent approach: - arose out of failure of equity approach - Third World women's feminist writing and grassroots organisation
Period most popular	1950-70; but still widely used	1975-85: attempts to adopt it during the women's decade	1970s onward: still limited popularity	Post-1980s: now most popular approach	1975 onward: accelerated during 1980s, still limited popularity
Purpose	To bring women into development as better mothers: this is seen as their most important role in development	To gain equity for women in the development process: women seen as active participants in development	To ensure poor women increase their productivity: women's poverty seen as a problem of under-development, not of subordination	To ensure development is more efficient and more effective: women's economic participation seen as associated with equity	To empower women through greater self-reliance: women's subordination seen as problem not only of men but also of colonial and neo-colonial oppression
Needs of women met and roles recognised	To meet practical gender needs in reproductive role, relating particularly to food aid, malnutrition and family planning	To meet strategic gender needs in terms of triple role – directly through state top-down intervention, giving political and economic autonomy by reducing inequality with men	To meet practical gender needs in productive role, to earn an income, particularly in small-scale, income-generating projects	To meet practical gender needs in context of declining social services by relying on all three roles of women and elasticity of women's time	To reach strategic gender needs in terms of triple role – indirectly through bottom-up mobilisation around practical gender needs as a means to confront oppression
Comment	Women seen as passive beneficiaries of development with focus on their reproductive role; non-challenging, therefore widely popular with government and traditional NGOs	In identifying subordinate position of women in terms of relationship to men, challenging, criticised as Western feminism, considered threatening and not popular with governments	Poor women isolated as separate category with tendency only to recognise productive role; reluctance of government to give limited aid to women means popularity still at small-scale NGO level	Women seen entirely in terms of delivery capacity and ability to extend working day; most popular approach both with governments and multilateral agencies	Potentially challenging with emphasis on Third World and women's self-reliance; largely unsupported by governments and agencies; avoidance of Western feminism criticism means slow, significant growth of under-financed voluntary organisations

Source: Moser, C. (1993), Gender Planning and Development: Theory, Practice and Training, Routledge, London, pp. 56-57.

The three paragraphs relating to *vulnerability of women and girls* in AusAID's *Guide to HIV and Development* appear to express a GAD approach and contain the comment that 'Australia's HIV/AIDS activities should be consistent with Australian aid program's gender policy'.[4] Australia's gender-related policy is expressly a gender-and-development approach.[5]

In the next section, HIV/AIDS interventions are discussed in the light of these best-practice GAD Principles. The discussion is handicapped by the relative dearth of information on project processes and products disaggregated by sex. For this reason, and because sex-disaggregated monitoring of all interventions is a best-practice principle of evaluation, it

is worth discussing this finding before moving onto the big three GAD principles.

Patchy monitoring and documentation

Documentation of the gender dimensions in HIV/AIDS and other projects supported by WV is patchy. On a basic level, projects usually had good records of who received what, especially concerning receipt of goods or funds such as loan, seeds, tool, sponsorship. Some projects kept records of those who attended which training session, others did not. Arumeru exemplified a project that kept good records of training attendance, disaggregated by sex and location of training. For example, the 1999 evaluation team, relying on project records, reported that 328 seminars had been conducted in the four project divisions in 1998. Of the 31,845 people who attended these seminars, 56 per cent were female and 44 per cent male.

The HIV/AIDS projects were generally better at keeping case files (usually a file on each person receiving a product or service) than on summarising or aggregating case-file data (such as totalling the number of males/females receiving loans for each income-generating activity, attended training, and received counselling). The overworked loan officer of the Iyolwa project, for example, had not synthesised files on individual and group beneficiaries during the project's lifetime. At the end-of-project evaluation, however, he was requested to prepare a table reporting on some key characteristics of loan applicants, including age, sex, repayment performance, number and type of loan. This special tabulation of 'case files' enabled the technical advisor to the community evaluation team to report:

> The project mostly achieved its target of 28 groups receiving loans (82 per cent target achievement—23 groups received loans). The credit officer prepared a table with information on 18 of the 23 groups and their members. According to this table, 62 women and 53 men received loans. On these figures, females made up 54 per cent of loan beneficiaries listed in the table and the project achieved 90 per cent of its subsidiary target of 60 per cent of loan beneficiaries being female.[6]

Similarly, data on the social profile of a project's community volunteers are often not always collected or collated. Data on membership, sex, age and occupation of the project's steering committee and volunteer network are not always routinely kept by projects, but on occasion have been pulled together quickly in response to a request by an evaluation team. For example, in response to a request from the end-of-project evaluation team, Arumeru project staff and volunteers collected and tabulated data on each

Table 4.2: Profile of health project committee members

Position held	Responsibility	Sex
Chairman	opinion leader	male
Secretary	youth	male
Treasurer	foster parent	female
Assistant secretary	drama representative	male
Assistant chairlady	TBA	female
Member	environment representative	male
Member	foster parent/TBA	female
Member	PLWA	female
Member	PLWA	female
Member	MED representative	female
Member	TBA	female
Member	foster parent/TBA	female

Source: Kariobangi Evaluation Report (2001), Appendix 1

Creating space for women's voices

Most poverty-reduction programs are seen in terms of meeting the basic needs of the poor. They are either designed to meet these needs through direct provision of basic services to the poor or by improving their entitlements to basic resources.

What emerges from the experience of the innovative NGOs is that where space is created for women's own voices to be heard, either through participatory processes of needs identification or else by organisational practices that encourage participation in shaping and changing the decisionable agenda, a different set of needs may come into view. In providing this space, therefore, such organisations have helped to challenge conventional stereotypes about gender needs, to make visible hitherto different categories of women's needs and to lay bare the interconnections between different aspects of women's lives.

Textbox 4.1
Source: Kabeer, N. (1994) *Reversed Realities*, Verso, London, p. 229-231.

community counsellor (including age and sex), enabling the following generalisations:

- 160 (56 per cent) of the 287 community counsellors were male, 127 (44 per cent) were female;
- the mean age of the female counsellors was 36 years, and 40 years for the male counsellors.[7]

Both the age profile and sex ratio led the evaluation team to recommend creating a younger cohort of peer educators as 'diverse as the community in terms of age, gender, ethnicity, occupation, class, residence, sexual-preference and other characteristics/activities (such as drug use)'.[8] The evaluation team did not specifically recommend a 50-50 male-female composition, but included a checklist for assessing the gender sensitivity of HIV/AIDS and STD programs to encourage project participants to do their own gender analysis and follow up action.

In the 2001 Kariobangi evaluation, project staff members were asked to prepare a table with the names, position held, project role and sex of members of the health project committee a kind of project advisory committee. Table 4.2 indicates that seven of the 10 project health committee members were female, including two female PLWA.

Room for improvement

Introduction

Nine of the 19 evaluation reports specifically raised and assessed the gender dimensions of the HIV/AIDS projects under review. Of the nine, eight suggested that the projects could improve in this area. Four evaluation teams recommended that the project under review should consider adopting a gender-and-development (GAD) approach.

Three GAD principles and practice

In this section, some HIV/AIDS interventions are discussed in the light of the three main GAD principles:

- work on practical and strategic levels to bring about change in gender relations;
- work in a participatory way with men and women—making sure to involve men because it takes men as well as women to change gender relations;
- take a broader, historically-informed view of gender relations and its social context—it hasn't grown up yesterday, nor will it be changed overnight.

Addressing practical and strategic needs

GAD proponents differentiate between women's *practical needs* and *strategic needs*.[9] As Marilee Karl concisely puts it, practical gender needs refer to 'what women require in order to fulfil their roles and tasks'.[10] These could include:

GAD can be part of a broader, alternative development vision

Gender-and-development is emerging as a progressive approach to development from women's perspectives and experiences. It is part of the larger work of creating an alternative development model, for a world view which moves beyond an economistic analysis to include environmental, sustainable and qualitative (personal, ethical and cultural) aspects in its definition of development.

Textbox 4.2
Canadian Council for International Cooperation, cited in Karl, M., *Women and Empowerment: Participation and Decision-making*, Zed Books Ltd., London, 1995, p. 102.

- improved male and female access to information about how to protect their own health and that of their family and community;
- improved female access to relevant training and education;
- improved male and female access to reasonable health services;
- improved support from government, NGOs, community males etc to those in household and community- caring roles;
- encouragement of increased male involvement in some female activities (such as community-support roles) enabling women to spend more time in other female activities' (such as household production and reproduction activities);
- subsistence opportunities including access to land, supplies, tools, capital and convivial cooperation;
- access to income-generating opportunities, for example, through grant or loan schemes;
- reasonable access to clean drinking water and appropriate sanitation.

Strategic Gender Needs refer to 'what women require in order to overcome their subordination'.[11] These could include:

- improved skills in negotiating productive and reproductive issues with husband or boyfriends, including safe sex;
- challenging cultural stereotypes unfair to women such as:
  - females regarded as inferior and subordinate to males;
  - females blamed for male promiscuity—woman as temptress to innocent man;
  - male promiscuity widely tolerated, female promiscuity widely condemned;
  - in-laws blaming wives for family problems;
  - double standards about leisure time—OK for men to spent lots of time drinking, socialising etc but not women.
- redefining female and male roles such as females as servants; females as housekeepers; females as child-rearers; females as main nurturers and carers in household and community—encouraging men to engage in formerly-defined female roles to broaden their development, and encouraging women to engage in formerly-defined male roles to broaden their development;

- challenging social, economic and legal status and power of females and males in areas such as:
  - unequal inheritance rights or customs;
  - imbalance in decision-making making power at all levels;
  - discrimination against women in labour markets;
- promoting women's participation in primary, secondary, tertiary education and vocational training, among other things, to increase their access to formal public-sector and private-sector labour market (wage-labour sectors as distinct from petty-trading and peasant farming).

Most examples of practical and strategic gender needs given above are admittedly expressed more in female than gender terms. In operationalising a GAD approach, implementers will need to speak to male perspectives: What is in GAD (or in the specific change-possibility being discussed) for males? How do they benefit? Is a win-win situation possible or are men being asked to be altruistic in giving up power? Are there possibilities that men will benefit from more equal sharing of power, entitlements and responsibilities with women?

Women and HIV/AIDS: Challenges for HIV/AIDS responses

Worldwide, the HIV risk for women is rising. Younger women are particularly at risk, biologically and socially. Women are more vulnerable to HIV/AIDS because they have less secure employment, lower incomes, less access to formal social security, less entitlement to assets and savings, and little power to negotiate sex. They are more likely to be poorly educated and have uncertain access to land, credit and education. Their heavy work loads undermine the uptake of technologies and services. Women-headed households are poorer and have less control over productive resources.

HIV/AIDS worsens pre-existing gender inequities. For married women, inheritance patterns, economic subordination, and the absence of restraint on the number of sexual partners a man may have, all weaken marriage as a protective institution against HIV/AIDS transmission. Many women do not have marriage certificates or wills to protect their rights to property, and have great difficulty in securing those rights that do exist in legal and social systems. For poor and under-employed women, sexual networking provides an economic strategy to sustain their families in the face of growing economic uncertainty and absence of viable alternatives. *While these dimensions of gender inequity are recognised to play a role in sustaining the epidemic, many responses to AIDS do not adequately address unequal power relations that increase women's vulnerability*. (emphasis added)…

Much of the discussion of the impact of HIV on women is couched in the language of vulnerability. It is true that women, as caregivers, are disproportionally affected by the epidemic. However, focusing on women's vulnerabilities is not operationally useful. What is needed is to change the reality of women's lives. This means confronting constraints such as female illiteracy, economic dependence, weak land ownership rights, weak inclusion in labour markets, significant time spent in domestic activities and inadequate supply of supportive social services. To protect themselves and their children against HIV risk and AIDS impacts, women need precisely the same things they need to strengthen themselves more generally: access to education and training, removal of restrictions on employment, access to banking services and credit on their own surety, and so on. Such changes need to be backed by shifts in laws on property rights, rights of divorced and widowed women, child custody rights and protection against physical and other abuse. To achieve such changes in practice:

- national policies need to promote gender equity in all areas, and more specifically in relation to social norms and economic factors that perpetuate the spread of HIV, make women vulnerable to its impact, or reduce access to mitigation programs;
- national legal frameworks should be formulated with the aim of eliminating all forms of violence against women and girls, including harmful traditional and cultural practices, abuse and rape, battering, and trafficking—legislation must allow women to make decisions that affect their lives;
- social norms must be cultivated to allow women to exercise control over their sexuality and promote shared responsibility of men and women in ensuring safe sex and preventing HIV infection.
- service activities need to take account of, and put in place measures to deal with, gender-related obstacles to implementation. For example, options for risk prevention must include improving communication between men and women. Options for treatment of sexually transmitted infections (STIs) must address the norms that prevent partner notification between men and women.

Textbox 4.3
Source: Loewensen, R., *HIV/AIDS: Implications for Poverty Reduction*, UNDP, background paper prepared for the UN General Assembly Special Session on HIV/AIDS, 25-27 June, 2001, available at http://www.undp.org/dpa/frontpagearchive/2001/june/22june01/hiv-aids.pdf.

Practical needs

In general, all HIV/AIDS interventions in our sample focused on helping women, and men, to meet their practical needs through improving their knowledge of HIV/AIDS transmission and prevention. Just over half of the sampled interventions (nine of 19) improved support for home-based care of PLWA thereby helping to meet the practical needs of female PLWA and of the carers of PLWA, many or most of whom are female.[12]

As noted earlier, several projects gave loans to women, either mainly or exclusively, for specific purposes. Kariobangi, for example, was designed to assist:

- some women in their caring roles for orphans and other marginalised children through helping to increase their income;
- female PLWA to meet their practical day-to-day needs of survival (the project was not working with male PLWA who were invisible according to project staff).

All projects strengthened and extended respective ministries of health at different levels. They contributed in varying degrees to the creation of additional and/or improved government health services. Access to health services at the local level is one of the most frequently mentioned immediate needs of both women and men.[13] Access to improved and/or closer health services meets the needs of females themselves for health services and for those for whom women or girls are caring or nursing.

A possible strategic gender need for girls and women is improved skills for negotiation with boys and men concerning sex and other matters. Improved negotiation skills can help women stand up for themselves and their views. Several evaluations report on projects training commercial sex workers in negotiating condom use with their customers (Ranong, Maesai, Thai-Burma/Myanmar, Mongla, Danang I and II).

The Thai-Burma/Myanmar program appears to have included negotiation-skills training for women in the community (medium-risk as opposed to high-risk groups like CSWs). In general, the projects with negotiation training for women focused on a specialised category of women, commercial sex workers (with the exception of Thai-Burma/Myanmar). The more general-community focused projects in

Challenge of helping women to meet their immediate needs

The project has to contend with extremely difficult situations and has done so admirably in many respects. They have empowered many commercial sex workers [CSWs] through raising their awareness, through teaching negotiation skills, through finding out more about their lives by the use of participative learning and action [PLA] activities, by exploring savings schemes and income generation activities. But still they encounter the above problems, particularly with new CSWs. New CSWs have to be trained, about HIV/AIDS, negotiation skills, etc. Peer trainers could do this but they are not always capable and the turnover is quite large.

The two workers responsible for CSWs, are young and enthusiastic and speak the relevant languages. They appear to have passed on reliable information and good negotiation skills to CSWs through regular training and follow-up. Again, this work has resulted in increased condom use over time, and the problems that seem to prohibit a higher rate of use can only be dealt with through dealing with broader questions pertinent to the border areas. These issues are similar to the other sites.

Condom use is inconsistent in all three sites and probably below the national average. There are a number of reasons for this. The condom use rate is lower in the event of customers taking CSWs out to hotels or guesthouses. CSWs may suffer threats and stand over tactics in this situation and may have limited support from brothel owners, especially if they are important guests. In the interviews some women were confident that they could negotiate condom use, others were not, especially in Mae Sot where one woman cited an instance of having a gun pointed at her. In Mae Sot most of the women are Burmese and most of the clients Thai. It has been stated that police or officials are sometimes the worst offenders. Language barriers make it almost impossible to negotiate safer sex, and sometimes in this situation women are coerced into performing sex in a range of positions that they are not used to. Some women said owners were supportive of the women when customers were refusing to use condoms, but others added that the owners were often not there when needed at night…

There is much innovative programming, with enthusiastic workers. Through their experience working in the community, the training they have received, and undertaken as participative learning and action [PLA] with peer trainers [PTs] and target groups, the two FSNs have a broader understanding of the issues in the lives of the people they are dealing with. An outcome of their work is demonstrated by how they have gained the trust of restaurant owners who are even suspicious of other WV staff but are more trusting of these young Burmese women.

Furthermore, they have successfully trained many PTs and TGs over a period of time and the results are demonstrated through increasing condom use, through more awareness and an enhanced sense of confidence in negotiating safer sex. They work under incredibly difficult circumstances and deal with issues that are not found in most parts of Thailand. PLA gives them greater access to understanding more; however, given their age and limited experience before working with the project they could have more training to broaden their perspective.

Textbox 4.4

Source: Thai-Burma/Myanmar 1998 Evaluation Report, pp. 25, 36.

Africa do not appear to have including training for women or men on negotiating safe sex.

The Thai-Burma/Myanmar model is worth extrapolating to all HIV/AIDS interventions. This suggestion is supported by two evaluation reports recommending negotiation-skills training for female community members as part of a broader GAD approach. The Iyolwa technical advisor's report recommends, for example, that:

> More emphasis should be put on improving girls and women's skills in raising the issue of HIV prevention in conversation and negotiating the issue of safe sex and other prevention methods with partners. One idea is for counsellors to identify:
>
> - girls and boys, women and men who support and advocate safe sex, abstinence or fidelity as the case may be, and these can be trained as community role-models—a type of peer trainer to raise the topic in informal conversation with friends and work colleagues;
> - girls and women, boys and men who have been able to negotiate safe sex, abstinence or fidelity with their partner to train and empower their peers;
> - methods of negotiating safe sex, abstinence or fidelity that can be included in a training manual for use in the project and beyond, developed by local people with assistance of the area development program (ADP).[14]

Some evaluation teams pointed to the need for working on many fronts and levels in facilitating gender-related changes, including recruiting an appropriate mix of males and females in community-outreach roles. In discussing the gender dimensions of sustainability, the Nankumba report made the following comments:

> Arguably, the project has not been strong on gender-sensitivity. Issues like HIV and sexuality are difficult ones, involving sensitive questions and power relations. Girls and women are in a difficult situation when it comes to negotiating the terms of sexual relationships. While the project manager is female, staff having the most on-the-ground contact with support-groups and communities are all male. It is preferable for males to train males and females to train females.
>
> Benefits of training will not be sustainable or even translated into practice unless women are helped to increase their power to negotiate safe sex or abstinence in particular circumstances and men persuaded to engage in safe sex or abstinence.
>
> We recommend that projects in general adopt a gender-and-development approach and employ a mix of male and female paid and volunteer staff members… Further, gender-and-development approaches sit well in ADP's given that ADPs encourage a multifaceted response to development issues, including HIV/AIDs. Behaviour change is difficult and often requires simultaneous targeting of psychological, social, economic, sexual and gender dimensions of everyday life.[15]

An evaluation report pointed to the importance of gender-sensitivity to sustaining behaviour change. Projects need to pay attention to meeting women's strategic gender as well as practical needs to sustain and facilitate change. The Nankumba evaluation team appraised the sustainability of the project in the light of the following best-practice principles including gender sensitivity. The following statements are not statements about the project, but refer to an idealised situation against which the project's likelihood of sustainability was evaluated. Their main relevance here is that the sustainability checklist included gender sensitivity, pointing to the latter's role in promoting sustainability *and* effectiveness:

- many community members in the area know about the project;
- many community members in the area see benefits flowing from the project;
- many government/NGO staff in the area know about the project;
- many government/NGO staff in the area see benefits flowing from the project;
- many community members are involved in the planning of the project;
- many community members are involved in the implementation of the project;
- many community members are involved in monitoring and evaluating the project;
- many community members see themselves as owners of the project;
- many community members support continuation of project;
- many community members say that they are prepared to contribute to the continuation of the project;
- the project uses a community-based train-the-trainer

approach that mainly works with and through support groups—middle community people or institutions that do most or all of the direct project work with other community members;

- the community-based train-the-trainers are active;
- local stakeholders accept the project's technology;
- the project works with and through existing structures;
- the project addresses key felt needs of communities;
- the project is gender sensitive;
- the project is environmentally sensitive;
- the project has a sound sustainability strategy.[16]

Few HIV/AIDS projects had women's empowerment as an explicit objective. Empowerment suggests meeting women's strategic as well as practical needs. Iyolwa was one of the few. The only misgiving of the external evaluator was that the loan-component charged with achieving this objective, by itself, was likely to be insufficient to bring about the intended changes in the project lifetime:

> [The] idea of empowering women was excellent: empowering women and girls is an important part of any best-practice HIV prevention strategy … The project proposal noted that 'women will be provided with leadership and credit training to enable them to participate freely in decision-making and hence effectively contribute to family needs and reduce risk of AIDS in women' (p. 28). I am not sure that women had leadership training and that women's access to credit and any later increase in income will lead by itself to a change in their subordinate position in relation to their husband. Changing power relations between men and women will require a range of mutually supporting empowering actions over a long period of time involving both men and women, girls and boys, possible in the [new] area development program [following on from the HIV/AIDS project].[17]

The Highway One project attempted to meet women's practical as well as strategic gender needs. For example, it included a component designed to assist poor women living along Highway One in selected localities to protect their own health with the following targets:

- a behavioural change communication program implemented incorporating appropriate care strategies among poor women in selected districts along Highway One in four provinces;
- At least 50 per cent of targeted women able to protect themselves in risk situations. [18]

The project also included a component for girls who had dropped out of school. The end-of-project evaluation noted that: 'Thirty young women received scholarships to finish high school. Twelve have already graduated and 18 continue to study. Some informants said that the project provided support for animal husbandry to 40 women.'[19]

In respect of the scholarship component, the Highway One evaluation report remarked:

> Women in the villages along the highway also know how to protect themselves but it is unknown how much their environment has changed to allow them to do so. As most of them only have one or two sexual partners in their lifetimes the impact of increased condom use by them is low.

Interestingly, this comment typifies the black hole of HIV/AIDS prevention education, the possibility that much of it founders on the rocks of gender inequality. Information on HIV/AIDS prevention is seen as important, but women may be powerless to implement it.

Some evaluations suggested that the HIV/AIDS projects being reviewed move into gender-related advocacy to strengthen the project's focus on what could be called strategic gender needs. One of the options discussed during the Kariobangi evaluation was the development of an integrated WV Kenya gender-advocacy plan on a very specific issue (such as specific inheritance laws that discriminated against females) that could feed into and from specific projects. An advocacy component—left to be filled in through more detailed planning and negotiation with relevant stakeholders - was included in the draft plan developed by project staff with WVA assistance. This plan was incorporated into the project design and proposal submitted to the Australian government NGO cooperation program (ANCP) in July, 2001.

Involve males and females

The second GAD principle is to include males as well as females in all phases of social change.[21]

Planning

In general, HIV/AIDS projects assisted by WV have not been strong in growing their plans and approaches from detailed participatory consultation and learning with a broad range of local men and women. The planning phase of most of the HIV/AIDS projects generally involved a small number of national or district level government officials, presumably mostly males.

Implementation

End-users

The intended users of project services were normally a mix of males and females. The Thanh Hoa project was predominantly, but not solely, focused on women, arising as it did from an earlier Women-in-Development (WID) project.[22] All WV's African HIV/AIDS projects focused on male and female community members generally without singling out specific population categories for special attention. The following table, drawn and modified from an earlier work by Stephen Milford, a WV staff member, shows the main population-group focus of HIV/AIDS interventions in Asia supported by WV.

Volunteers

Most interventions helped to mobilise both men and women as volunteers. The second chapter contains more detailed description of ways that different projects involved community members as volunteers or bridge-builders between the project and the end-users that the project wished to assist or benefit.

The Highway One project focused on training male and female community members to educate and influence the behaviour of male truck drivers and to work in their own residential localities. The evaluation report noted that: the evaluation group met 14 of 25 women and seven of 10 men frontline social

Table 4.3: World Vision HIV/AIDS projects in Asia by sex-profile of intended population-group (mixed sex unless specified otherwise)

Ranong I & II	Songkhla I & II	H'wy One	Mongla	Thai-Burma /Myanmar	Kawthaung	Bombay and Mumbai	Thanh Hoa	Chiangmai I & II	Danang I & II
(female) CSWs Fishermen Housewives MOPH staff PLWA	(female) CSWs Fishermen Wives of fishermen Slum dwellers (male) Factory workers (male) Fishing pier owners, Grocers MOPH staff Local NGO staff Uni. students PLWA	(male) Truck drivers (female) Farmers, Seamstresses, Small traders MOPH, Women's union staff	(female) CSWs (male) Dock workers (male) Rickshaw pullers House-wives Youth MOPH staff	(female) CSWs (male) Factory workers Fishermen MOPH staff PLWA	Hospitality girls (male) Boat drivers (male) Taxi drivers MOPH staff PLWA	Women Men Adolescent boys Adolescent girls MOPH staff (Project located in slum area)	District and commune health workers Women, Mothers, General community MOPH staff	School children Teachers MOPH and MoE staff Community members Monks PLWA	CSWs IDUs (male) Truck drivers Street children (male) Sailors Govt staff from several ministries, Youth union School children Youth (not in school) Teachers

Note: Unless specified otherwise, population categories include males and females.

networkers. All men and women thought that it was easier for men to talk with truck drivers and some thought it was more effective.'[23]

All projects working with CSWs attempted with varying degrees of success to enlist the support of bar and brothel owners, usually men.

Given the predominance of women in community support roles, one could see projects with more men than women in education, counselling and care roles—as in Arumeru—as a positive sign. Of the community counsellors in Arumeru, 56 per cent were male, 44 per cent were female.

In some places, as in Kawthaung, most of the community volunteers involved in education, counselling and care were women. While one could say the project was adding to the triple-burden of women (household production, reproduction and community support roles), the project was also giving them opportunities to learn new social skills and to play valuable roles. It was evident from interviews with the women that they enjoyed their work, both having the opportunity to learn new things, mix socially and to help prevent HIV/AIDS and to care for PLWA and orphans.

Nevertheless, the Kawthaung evaluation team suggested that the range of community development volunteers (CDVs) should be broadened in terms of age, sex, ethnicity, religion and occupation: 'for example, more CDVs from high-risk occupations, more under-20, more Christians and Muslims for outreach into those communities, more males to facilitate peer behaviour change communication—for example men-to-men, youth-to-youth, hospitality-girl to hospitality-girl, fishermen to fishermen, injecting drug user to injecting drug user.'[24] As noted earlier in the chapter, the Arumeru evaluation team made a similar point, suggesting the project encourage a broader range of volunteers to reflect the social diversity of the community.

In Kariobangi, one of the challenges identified by the evaluation team was to involve more men more deeply in the local HIV/AIDS response. Most of the adult community volunteers involved in prevention, care and foster-parenting activities were female. All the PLWA being assisted by the project and helping to self-organise were female. The youth who were involved in HIV/AIDS education activities were a mix of males and females.

Given gender inequality, the same-sex communication principle applies widely. It is a key reason why HIV/AIDS projects should recruit volunteers to reflect the diversity of the particular community. Volunteers often work best and are most influential when working with peers (those of same sex, similar age, class, religion, ethnicity etc.).

In evaluating HIV/AIDS and other projects it is generally advisable that males speak to males, females to females and to arrange same-sex group discussions where possible. This avoids the possibilities of males or females dominating the conversation depending on the topic and other matters. The male domination factor can be handled by good facilitation. The problem of women being hesitant to speak their minds in front of men is trickier and best avoided.

Apart from Thanh Hoa, which developed from an earlier women-in-development (WID) project targeting women only, all HIV/AIDS projects focused on men and women. The Thanh Hoa focus on building the capacity of mainly female community health workers was justifiable. By having men and women as intended end-users or beneficiaries, the other projects avoided one of the key risks of women-only projects: male disinterest or opposition to the project aims and activities.

Staff

Only two evaluations (Mongla and Nankumba) commented on the sex composition of staff as an issue. The community development organisers (CDOs) were mainly male in Mongla (5/6) and totally male in Nankumba (6/6). These projects were unusual. Most projects had very few staff, often a project manager, a book-keeper and one or two other staff members.

It was more common for HIV/AIDS projects in East Africa to have female project managers than in Asia where most projects were managed by male medical

doctors. In the East African projects in our sample, the project managers were mostly female. The managers of Nankumba, Arumeru and Kariobangi, for example, were females with nursing qualifications and experience. No evaluation team criticised the sex composition of staff apart from the male-dominated CDO profile of Mongla and Nankumba.

Monitoring and evaluation

A role of all types of project committee was monitoring of project activities. The project committees with predominantly host-government staff were mostly male. Female membership was higher on more community-based project committees. For example, the Kariobangi health project committee had eight female and four male members.

Local men and women were included on project committees in more than half of the projects and to varying degrees were involved in a broad oversight of the project's direction. Unfortunately, lists of project-committee members and sex disaggregation were included in only one quarter of the evaluations or project completion reports.

Local women and men were not normally involved in more detailed project monitoring and evaluation, although there have been exceptions.

The formal evaluation teams whose research and reports inform this publication normally consisted of a mix of males and females. On average, females constituted just under half of the evaluation team members. The Songkhla I core evaluation team consisted of three females and two males, and a full team of 11 females and 13 males. The Danang I evaluation team consisted of five females and four males. Chiangmai I evaluation team consisted of eight females and eight males. Only five of the 28 evaluation team members were female in the Nankumba evaluation. The evaluation was a project-government partnership and the team reflected the predominance of males among project and government staff. Seven of 16 Kariobangi evaluation team members were female. Of the 77 members of the Iyolwa evaluation team, 27 were female, while 13 of the 21 members of the Kawthaung evaluation team were female. See Table 4.4.

Of course, simply recounting numbers of males and females does not tell us much about engendered power relations and processes taking place in the course of the evaluation.

A more detailed discussion of gender would entail an examination of power relations in the course of planning, implementing, monitoring and evaluating the project. That would entail a book-length study and rely on more detailed field data than are available for this study.

HIV/AIDS projects, then, generally involved:

- a few men and fewer women in initial planning;
- a mix of males and females as volunteers;
- a mix of males and females as intended beneficiaries or end-users avoiding the women-in-development tendency to exclude men and run the risk of male disinterest, opposition or frustration of the desired objectives;
- little involvement of male or female members in detailed monitoring and evaluation;
- a mix of female and male community members in Type 3 project committees;
- few females on Type 2 project committees (government committees);
- a high proportion of female project managers in East African projects and a low proportion in Asian projects;
- a low proportion of females on project committees in Asia compared to Africa, the difference partly due to the type of project committees favoured in the different regions (namely, government-dominated types in Asia compared to more community-dominated types in Africa);
- a composition of formal evaluation teams slightly favouring males in the sample as a whole but close to 50 per cent male-female composition in general.

The sex composition of staff was not found problematic by evaluation teams apart from two instances where the community outreach staff members were totally or mainly male.

Table 4.4 Example of monitoring records that disaggregate data by name, sex, role and type of participation
Profile of Iyolwa evaluation team

Name (replaced by number to protect privacy of participants)	**Sex**	**Project role**	**Planning**	**Implementa-- tion**	**Data analysis**	**Report writing**	**Presentation to WVU**
1	F	Vision Club		x			
2	F	Teacher		x	x		
3	F	Cook		x			
4	M	Client		x			
5	M	Vision Club		x			
6	F	Cook		x			
7	F	Treasurer		x	x		
8	F	Cook		x			
9	M	Client		x			
10	M	Client		x			
11	F	Client		x	x		
12	F	Patron Vision Club		x			
13	F	Pupil Magola P/S		x			
14	F	Counsellor		x	x	x	x
15	F	Patron	x				
16	F	Client	x	x	x	x	x
17	F	Counsellor		x	x	x	
18	M	Student	x	x	x	x	
19	F	Patron	x	x			
20	F	C/Person W/C 111 Iyolwa	x				
21	M	Pupil Papoli P/S		x	x		
22	M	Vision Club	x	x	x	x	x
23	M	WVU Bunyoli		x	x		
24	M	Cook		x			
25	F	Community Member		x			
26	M	Counsellor		x	x		
27	F	Client		x			
28	M	Credit Committee	x	x			
29	F	Pupil Magola P/S		x			
30	F	C/Man Auyo B	x				
31	M	Counsellor		x	x		
32	M	Chairman-Proj-ect	x	x	x	x	x
33	M	Counsellor	x	x			
34	M	WVU		x	x		
35	M	Patron	x	x	x		
36	F	WVU Evaluator/ Team Leader	x	x	x	x	x
37	M	C/Man LC1	x				
38	F	Councillor Owere	x				
39	M	DHE		x			
40	M	WVU Soroti ADP		x	x		

41	F	Vision Club		x	x			
42	F	Patron		x	x	x		
43	M	Counsellor	x	x				
44	M	Counsellor		x	x	x		
45	M	Nyemera	x					
46	M	Project Committee		x				
47	M	Community Member		x				
48	M	Client		x				
49	M	Counsellor		x	x	x		
50	M	Community Member		x	x			
51	M	Project Committee	x	x	x	x		
52	M	Agricultural extension officer		x				
53	M	Project Committee	x	x				
54	M	C/Man S/P Nyemera	x					
55	M	Community member	x					
56	M	Vision Club		x				
57	M	C/Man Bumaivala A	x					
58	M	Nyemera		x				
59	M	Community Member		x				
60	M	Project Committee	x	x				
61	M	Chairman - Counsellors	x	x	x	x	X	
62	M	Client		x				
63	M	Procurement	x	x	x	x		
64	M	Counsellor	x	x	x	x		
65	M	Chairman Counsellors		x				
66	M	Project Secretary		x				
67	M	Pupil		x				
68	M	Vision Club		x				
69	M	Pupil Magola P/S		x				
70	M	Credit coordinator		x				
71	F	WVU Gulu		x				
72	M	Counsellor		x				
73	F	WVA Evaluation Officer	x	x	x	x		
74	F	Counsellor		x	x			
75	M	WVA Evaluation Coordinator	x	x	x	x	x	
76	M	Pupil Magola P/S	x					
77	M	WVU Masaka		x				

In terms of the involvement of both males and females, the projects have done well overall with low performance concerning females in the planning. The focus on men and reducing male risk-behaviour could be even stronger.

Big-Picture theory

The third main element of a GAD approach is to understand and develop a response in the light of a theoretical framework for understanding and changing gender inequalities informed by the relevant history and sociology of the particular place and people. The communication strategy in most community-focused WV HIV/AIDS projects has been first-generation, where 'one and all were simply urged to stick to one partner, avoid casual sex, reduce the number of sexual partners or use condoms'.[25]

The first-generation information-dissemination approach was blind to possible inequalities including gender—as Tshidi Moeti, former Botswana National AIDS Program Manager put it: 'the first generation of National AIDS Programs … were gender neutral in their approach ignoring gender disparities and roles in sexual and family relations'.[26]

On the other hand, new messages were often filtered through traditions of acting, dancing, singing, language and axioms that extended back to pre-colonial times.

The projects did not normally try to identify, let alone tackle, the deeper causes of women's inequality that hindered them, among other things, from negotiating safe sexual options for themselves and improving their socio-economic-personal position. Deeper causes often went back into history with pre-colonial, colonial and neo-colonial layers.

An example of a view not always strongly grounded in local history and sociology was the widespread theory that promiscuity causes HIV/AIDS and that wives can protect themselves by remaining faithful to their husbands. According to the Mumbai evaluation team, for example, some pamphlets used by the project carried the message that HIV/AIDS was transmitted through having sex with multiple partners when the majority of women in the slums becoming infected had only one sexual partner.[27]

In general, then, the HIV/AIDS projects' awareness-raising strategies tended to be gender-blind. The most common communication strategy applying to community-wide prevention campaigns appeared to be based on the assumption that improved knowledge on the part of men and women would lead to change in their behaviour.

Some projects introduced negotiation-training for CSWs. Iyolwa included a loan component aiming to improve women's economic situation, thereby hoping to increase their social and personal power, including power to protect themselves from HIV infection. The Iyolwa loan component appeared to express the WID anti-poverty approach. The project's theory overall appeared to be that (a) the improved economic situation of some women and (b) the improved knowledge among many women would lead to behaviour change among women and men.

The Thai-Burma/Myanmar HIV/AIDS program worked:

- to improve the skills of commercial sex workers to negotiate condom use with their clients;
- to improve the skills of female community members to negotiate safe sex with their partners;
- to encourage female community members to try alternative strategies to protect the health of their husbands and of themselves.

The following quote from the final evaluation report of the Thai-Burma/Myanmar program is a reminder that training women in negotiation skills will not work on its own without the involvement and commitment of men:

> In attempting to find the most appropriate strategies, [frontline social networkers] FSN and staff have utilised different approaches, such as: encouraging wives to be more attractive and responsive to their husbands; utilising strategies to be able to negotiate condom use with their husbands; encouraging them to speak to their husbands about extra-marital sex and the need to use (and actually offering them) condoms, if they must indulge. To their credit the FSNs saw that these strategies were not working, and this is the experience in many areas in Thailand. Through PLA [participatory learning and action], they arrived at

alternative solutions via discussion, questioning and feedback. The result was that communities of families and fishermen, and other fishermen with women relatives or housemaids, began organising sporting activities and holding parties at home. These two responses seem to have had an impact. Men stay home more often, they still drink with their friends but at home or nearby. But these responses are components of the larger prevention efforts of FSNs, PTs [peer trainers], SNGs [social network groups] and active TGs [target groups], and the ongoing awareness raising, and includes wives making sure they collect their husband's pay, or most of it; and other men being involved in the savings scheme.[28]

Despite some positive exceptions, one of the largest missing pieces in WV's HIV program theory was gender. Changing gender relations and power is difficult and complex, requiring multifaceted and multileveled action over a long period of time, directly focusing on the economic, social and psychological dimensions of gender inequality. All these dimensions need attention.

Suggestions for the future

Organisations supporting HIV responses could consider the following suggestions:

- commit to mainstreaming GAD-style participatory planning, implementation, monitoring and evaluation;
- commit to the ideal of GAD-oriented designs based on recognition of, and response to, gender inequality;
- mainstream the three main GAD design-and-action principles:
  - work on practical and strategic levels to bring about change in gender relations;
  - work in a participatory way with men and women—making sure to involve men because it takes men as well as women to change gender relations;
  - take a broader, historically-informed view of gender relations and its social context—it hasn't grown up yesterday, nor will it be changed overnight.
- in particular:
  - ensure that the primary focus of HIV/AIDS/STI behaviour-change is men—unless men are included and on-board they will prevent women from practising their improved knowledge and attitudes;
  - obviously, include women also and work to improve openness of communication between sexual partners about safe sex and other relevant matters (for example, couple-communication components);
  - consider the inclusion of advocacy to effect gender-related social change, for example, concerning improvement in women's access to education, employment, inheritance, land, political positions etc; of course, advocacy issues should be:
    - developed in a participatory manner - ideally, developed and implemented by community members themselves;
    - clearly defined;
    - focused;
    - realistic;
    - likely to include a broad coalition of players;
    - possibly phased over time from easier issues that help to build confidence and skills to more difficult issues;
- strengthen appraisal structures, processes and capacity;
- ensure that each design team includes at least one team member with strong GAD knowledge and skills;
- ensure that GAD is key dimension of each appraisal;
- disseminate gender guidelines for planning, managing, implementing, monitoring and evaluating projects;
- ensure that each staff member involved in project design, implementation, management and evaluation is familiar with, and committed to, GAD guidelines and knows how to apply them in practice;
- develop guidelines for establishing gender-sensitive project information systems in all projects and a training program to promote the likelihood that the guidelines will be followed.

Summary

Documentation of the gender dimensions of HIV/AIDS and other projects supported by WV was patchy. The HIV/AIDS projects were generally better at keeping case files, such as a file on each person receiving a product or service, than in summarising case-file data *and* distinguishing between males and females.

The gender-sensitivity of the sampled HIV/AIDS interventions was appraised in the light of the gender-and-development (GAD) framework with its three main principles:

1. Work to meet women's p*ractical gender needs* and s*trategic gender needs* to bring about change in gender relations. Practical gender needs refer to 'what women require in order to fulfil their roles and tasks'. Strategic gender needs refer to 'what women require in order to overcome their subordination'.
2. Work in a participatory way with men and women—make sure you involve men because it takes men as well as women to change gender relations.
3. Take a broader, historically-informed view of gender relations and its social context. It hasn't arisen in one day and it will not be changed overnight.

The main findings were:

- The projects generally concentrated on helping women to meet their practical gender needs through helping to develop government and community capacity (males and females) to care for those with HIV/AIDS and/or to prevent HIV/AIDS (all projects were involved in promoting prevention, just under half were involved in promoting care).
- In general, HIV/AIDS projects encouraged the participation of a mix of males and females as volunteers and end-users or beneficiaries of project activities. Female involvement in planning was generally less than that of males (but male community involvement was not extensive). Evaluation teams generally found gender balance of project staff and volunteers to be satisfactory. The gender balance of staff—specifically over-representation of males among community development organisers—was raised as a problem in only two instances. On average, around 45 per cent of evaluation team members were female. In general, females were well represented on community-style project committees but not on government-style project committees.
- Generally, projects were not strong on acknowledging and building into their theory and approach the big picture gender context affecting HIV/AIDS transmission, prevention and care. The theories and approaches of most projects, most noticeably the education components, were gender-blind. They ignored the gender disparities and norms that were likely to constrain women and girls from implementing their increased HIV/AIDS knowledge. Most of the projects and their components did not appear to be informed by any of the main gender approaches such as WID or GAD. The Thai-Burma/Myanmar program was most clearly experimenting with additional ways to help women and their partners move beyond increased knowledge towards safer behaviour.
- In general, the designs and approaches of the sampled HIV/AIDS interventions showed a low level of gender awareness when appraised in the light of the gender-and-development approach.

Notes and References

[1] De Bruyn, M. et al. (1998) op.cit. p. 21.

[2] See, for example, Guzman, V. (1994) 'Gender in Social Planning' in Barrig, M and Wehkamp (eds) *Engendering Development: Experiences in Development Planning*, NOVIB, The Hague.

[3] The OECD DAC does not use a specific catch-phrase to summarise its gender policy. See DAC (1998) *Source Book on Concepts and Approaches linked to Gender Equality,* http://www1.oecd.org/dac/pdf/gensre.pdf.

[4] Broughton, B. (1999) *Guide to HIV/AIDS and Development*, AusAID, Canberra, p. 9.

[5] Downer, A. (1997) Gender and Development: Australia's Aid Commitment – Policy Statement announced by Alexander Downer, Minister for Foreign Affairs, March 1997

(http://www.ausaid.gov.au/publications/pdf/genderanddevelopment_policy1999.pdf).

[6] Technical Advisor's Report on Iyolwa Project and Evaluation (2001) , p.5.

[7] See extracts from the Arumeru Evaluation Report (1999) in chapter seven.

[8] Arumeru EvaluationReport (1999), p.52.

[9] Maxine Molyneaux was the first to use the terms 'practical needs' and 'strategic interests', advocating integrated action on both in Molyneaux, M. (1985) 'Mobiliization without emancipation? Women's interests, the state and revolution in Nicaragua', *Feminist Review* 11, No. 2, pp. 225-54.

[10] Karl, M. (1995) *Women and Empowerment: Participation and Decision-making*, Zed Books, London, p. 97.

[11] Ibid.

[12] See, for example, De Bruyn, M., Jackson, H., Wijermars, M., Curtin Knight, V and Berkvens, R. (1998) *Facing the Challenges of HIV/AIDS: A Gender-Based Response*, Royal Tropical Institute (KIT) and Southern African AIDS Dissemination Service (SAFAIDS). As noted earlier, evaluation research was generally rapid and did not report on the anthropology of caring, including how caring was divided up between ages, sexes and relationship between carers and PLWA. The Kawthaung evaluation did include the comment that the project's volunteers generally cared for only PLWA without relatives in the locality, but gave no detail on who, how, what etc. of relatives' caring.

[13] See, for example, Technical Advisor's Report, Iyolwa (2001).

[14] Technical Advisor's Report (2001) Iyolwa Project, p.13.

[15] Ibid., pp. 96-97.

[16] Nankumba Evaluation Report (1999), p.69.

[17] Ibid., p.4.

[18] Highway One Evaluation Report (2000), p.15.

[19] Ibid.

[20] Ibid.

[21] This principle was a corrective to the tendency of an earlier phase of 'Women-in-Development' interventions to focus on, and work with, only women. However, the experience was that men often subverted or blocked the intended effects of interventions in which they were not involved.

[22] Women-in-Development (WID) approach represented an earlier favoured way of improving the situation of women by designing projects and funding sources that focussed entirely on women and/or girls. WID is currently out of fashion. See, for example, Karl, M. (1995) *Women and Empowerment*, Zed Books Limited, London.

[23] Highway One Evaluation Report (2000), p.7.

[24] Kawthaung Evaluation Report (1999), p. 7.

[25] Moeti, T. (1998) 'Incorporating Gender and Women's Concerns into National Responses', in De Bruyn, M. et al. (authors, compilers) *Facing the Challenges of HIV/AIDS/STDs: A Gender-Based Response*, KIT and SAFAIDS, Amsterdam and Harare, p. 25.

[26] Moeti, T. (1998) op.cit.

[27] Mumbai Evaluation Report (1997), p.28.

[28] Thai-Burma/Myanmar Evaluation Report (1998), p. 56.