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**Women's empowerment and HIV prevention
- donor experience**

Unedited Draft

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- donor experience**

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EXECUTIVE SUMMARY

Introduction

HIV is affecting increasing numbers of women and girls. Women now make up 50% of the people currently infected. In sub-Saharan Africa, young women are three times more likely to be infected with HIV than young men. This rises to four times more likely in Zambia and in Zimbabwe young women are five times more likely to be infected than young men.

The high and increasing vulnerability of women to HIV is due to social, economic and political inequalities between women and men, which result in sexual violence and unequal access to prevention, education and training, and care. Girls and young women are less likely than boys and young men to understand key issues around HIV transmission and how to protect themselves.

Violence against women is both a cause and a consequence of being infected with HIV. Women's lack of empowerment coupled with the social norms that accept violence against women and coercive sexual relations contribute to a more rapid spread of HIV. They also hinder poverty reduction and negatively affect the education and health outcomes for children.

Empowering women and equitable relations between men and women at national, local and household levels are urgently required to contain and reverse the AIDS epidemic.

This review reflects a variety of donor practices in their policy and operational approaches to linking women's empowerment with prevention of HIV infection.

What does “empowering” women mean?

“Empowering women” implies recognition that women legitimately have the ability to and should, individually and collectively, participate effectively in decision-making processes that shape their societies and their own bodies and lives. Women's empowerment in sexual and reproductive health matters is greatly influenced by women's ability to exercise and enjoy human rights, prevailing concepts of gender and gender roles, and their own socialisation.

To achieve women's empowerment and gender equality, both men and women need to be allies and partners in reform. Both men and women must support changes to behaviours to reduce the transmission of HIV and other sexually transmitted infections. Empowerment can lead to improved health outcomes. It is a viable public health strategy.

There is wide international consensus on the need for the empowerment of women. In 1994, at the International Conference on Population and Development (ICPD), reproductive health and rights, as well as women's empowerment and gender equality, were recognised as cornerstones of population and development programmes. In 1995, the Beijing Declaration and Platform for Action called for women's empowerment and full participation in all spheres of society. Similarly, Millennium Development Goal 3 explicitly calls for gender equality and women's empowerment. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Article 12 affirms equality of men and women's right of access to health care, and Article 16 affirms women's equality with men in freedoms and rights concerning marriage and family life.

Donor interventions and approaches to women's empowerment and HIV [Secretariat note: sort out terminology - HIV or AIDS in this section]

- **Clear donor policies and strategies are an important contribution to women's empowerment.** Donor policies on gender equality, on sexual and reproductive health and on HIV/AIDS are often grounded in a commitment to rights and emphasise sexual and reproductive health as indispensable in the struggle against HIV and in the achievement of gender equality and women's empowerment.¹
- **Addressing gender roles and relations between men and women:** the aspect of women's empowerment and HIV that has widest agreement among OECD/DAC members is the urgent need to address the imbalance of power in relations between men and women at individual, family and community levels. An example of an initiative addressing gender roles is the *Instituto Promundo Program H* in Brazil which provides interactive group education sessions for men and a community-wide social marketing campaign to promote condom use, using gender-equitable messages. Similarly, in South Africa, the *Men as Partners* programme works with men to promote gender equality, end domestic and sexual violence and reduce the spread and impact of HIV and AIDS.
- **Integrating gender and HIV across all sectors.** Because HIV/AIDS impacts on all areas of development, sectoral programmes should incorporate HIV/AIDS-responsive actions. Some key players may be resistant to this approach because they view gender equality and HIV programming as *additional to* their existing responsibilities, further burdening staff and increasing their workload. Donors can support recipient governments to incorporate both HIV and gender equality as fundamental elements for delivering their sectoral, departmental or service goals. Addressing HIV and gender together will help staff achieve their targets. One example of action to support mainstreaming of gender equality and women's empowerment at all levels is the *multi-agency capacity-building initiative on gender and HIV/AIDS in the Caribbean*, led by UNIFEM and the Pan Caribbean Partnership Against HIV/AIDS.
- **Donors can support recipient governments' efforts to integrate gender equality dimensions into their planning processes and programmes.** In-country donor groups are an important forum for co-ordinated discussion of progress towards the MDGs and gender equality, and work with recipient governments on how they will boost progress towards women's empowerment and HIV.
- **Donors have a choice of development assistance channels [Secretariat note: this section needs to make a clearer distinction between multilateral and bilateral. Amendments will also need to be made to the body of the thinkpiece.]**
 - **Multilateral assistance**

Funding channelled through multilateral and UN Agencies enhances global technical leadership and support to country programmes to strengthen women's empowerment and prevention of HIV.
 - **Bilateral assistance**

Progress towards the Millennium Development Goals, targets for women's empowerment and response to the HIV pandemic, provide a platform for bilateral donor discussions with recipient governments.
- **Ensuring policy is reflected in practice by strengthened tracking of spending:** one approach is for donors to ear-mark funding for women's empowerment and HIV and then to track spending. Donors have found that reporting on gender and HIV can fundamentally change programming from the planning and design stages. Where several donors contribute to sector-wide funding, the joint reporting

1. Donor policies and strategies are outlined in the report

requirements can use gender equality and women's empowerment indicators as measures of progress and impact.

- **The tools are available to track the amount of HIV/AIDS funding which is focused on gender equality and women's empowerment.** The DAC Creditor Reporting System (CRS) database tracks Official Development Assistance spent on social mitigation of AIDS, and on the control of sexually transmitted infections, including HIV. Donors could make better use of the gender equality marker to generate information on programming which is directed towards both women's empowerment and HIV/AIDS control.
- **Legislative reform for women's justice and empowerment:** donors can work with recipient government to change legal frameworks and reduce discrimination against women that may be enshrined in laws and practices whether statutory, common, customary (traditional practice) or religious. Follow up to changes in the legal code at community level is vital to ensure women know their rights. Women (and often their children) need access to provisions that ensure they receive adequate crisis care and support — including access to post-exposure prophylaxis against HIV infection for victims of rape, and longer term psychosocial and legal counselling and guidance. A number of donors are funding work in this area, including the International Development Research Centre's work on gender relations and land tenure
- **Education** helps girls and women achieve greater control over their lives, and confers power to make choices that prevent HIV infection. Girls who complete primary education are more than twice as likely to use condoms and girls educated to secondary and tertiary levels are less likely to be coerced into sex. Higher levels of education translate into higher earning power in the job market. Donors can assist by providing subsidies for reducing school fees and other financial barriers to girls enrolling and remaining in secondary school.
- Donors can also work with recipient governments to **improve the quality, availability and safety of schooling**. Schools must provide a safe environment. Effective measures are needed to reduce sexual and other abuse by male teachers and older students. School curricula may need to be revised to educate boys and girls in social competencies including respect for others, and particularly respect for women and girls.
- **Sexuality education** is another important strategy to achieve gender equality and women's empowerment. For example, Care International implemented an initiative to address gender and sexuality with its programme staff in India and Vietnam, with assistance from the International Center for Research on Women. The initiative gave staff a safe space to learn and discuss gender and sexuality, thus becoming comfortable talking about these previously taboo issues. Staff reorganised their field offices to ensure that gender and sexuality issues are addressed in their reproductive health and AIDS programmes in India and Vietnam.
- **Support to Non-governmental Organisations' activities for women's empowerment and HIV.** Many NGO efforts are worthy of increased funding to support "scale up" of effective programmes. NGOs are engaged in advocacy for women's empowerment and many offer training for parliamentarians, local government officers, civil servants and the private sector. NGOs have established women's support centres that offer comprehensive services for victims of rape, domestic violence and sexual assault in some countries. In Uganda, Plan International trained and deployed village volunteers, known as "*barefoot lawyers*" to help women and children affected by HIV. Similarly, in Kenya, the *Women's Property Ownership and Inheritance Rights* project addresses women's property and inheritance rights in the context of the AIDS epidemic, and provides services for widows.
- **Women's economic empowerment matters too:** Several NGO programmes seek to economically empower women in households affected by AIDS to mitigate the impact of AIDS on the children and

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reduce their vulnerability to HIV. In South Africa, the *Intervention with Microfinance for AIDS and Gender Equity* (IMAGE) intervention study led to reductions in levels of intimate-partner violence in programme participants. The researchers conclude that social and economic development interventions have the potential to alter risk environments for HIV and intimate-partner violence in southern Africa. Sponsors are needed to repeat and evaluate the IMAGE intervention at greater scale and in other middle- and low-income countries to determine if this promising model has wider applicability.

What are the gaps in knowledge and programmes?

- Although OECD DAC members have strong policies and strategies for women's empowerment and HIV, and provide leadership for women's empowerment at global level, both directly and through support for multilateral institutions, *there is often a gap between policy and practice*.
- We do not know whether interventions, such as the IMAGE, aimed at countering women's low self esteem and vulnerability will lead to lasting change in relations between men and women, beyond the life of the intervention.
- We also do not know whether small scale interventions in a given country can be brought to scale within that country, and whether "scaled up" programming can be replicated successfully in other countries.
- A number of OECD DAC member-led initiatives commenced recently or about to start up. These are expected to inform some of the knowledge gaps over the coming few years.

In conclusion

The greatest challenge for women's empowerment and HIV is instigating change at the required scale to achieve wide impact on vulnerability to HIV. Meeting the challenge requires:

1. **significant political commitment** reflected in continued donor and multilateral institutions' leadership;
2. **improved and harmonised discussions between donor and recipient governments** to ensure:
 - i. an adequate policy environment,
 - ii. reformed and enhanced justice systems that protect women's rights to property ownership and inheritance; protect women's and children's interests in family court jurisdiction over divorce and custody; and ensure proper justice for women who experience violence,
 - iii. availability and accessibility of primary schooling for all children, a safe school environment, and equity between girls and boys in access to secondary education,
 - iv. improved tracking of spending and reporting on services and programmes for the empowerment of women and girls and prevention of HIV.
3. **"scaling up" of programmatic interventions to:**
 - improve women's economic empowerment,
 - enhance women's self esteem,
 - build assertiveness and skills to negotiate safe and responsible sexual practice, including the use of condoms, as well as
 - transform gender roles and relations between men and women, and reduce gender-based violence.

ACRONYMS AND ABBREVIATIONS

AIDS	autoimmune deficiency syndrome
BMZ	German Federal Ministry for Economic Co-operation and Development
CARICOM	The Caribbean Community and Common Market
CEDAW	Committee on the Elimination of Discrimination against Women
CIDA	Canadian International Development Agency
DFID	the UK Department for International Development
FHI	Family Health International
GEM	Gender-Equitable Men
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit [the German Technical Co-operation Agency]
HEARD	Health Economics and AIDS Research Division (University of Natal)
HEN	Health Evidence Network (of WHO Europe office)
HIV	human immunodeficiency virus
ICRW	International Center for Research on Women
IMAGE	Intervention with Microfinance for AIDS and Gender Equity
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
ISOFI	Inner Spaces, Outer Faces Initiative
KWPOI	Kenya the Women's Property Ownership and Inheritance rights project
m2m	Mothers 2 Mothers, a South African NGO
MAP	Men as Partners
MASVAW	Men's Action for Stopping Violence Against Women
MDG(s)	Millennium Development Goal(s)
NGO	nongovernmental organisation
ODA	Official Development Assistance
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PEPFAR	the US President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission of HIV
PoA	Programme of Action
PPASA	Planned Parenthood Association of South Africa
RH	reproductive health
SC	Save the Children Federation (USA)
SDC	Swiss Agency for Development and Cooperation
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STD	sexually transmitted disease
SWAp	sector-wide approach
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV & AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Populations fund
UNIFEM	United Nations Development Fund for Women

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VCT	voluntary counselling and HIV testing
WB	The World Bank
WHO	World Health Organization
ZLHR	Zimbabwe Lawyers for Human Rights

INTRODUCTION

The link between many women's powerlessness to avoid high risks and the spread of HIV is now widely recognised and accepted. There is ample evidence that the high and increasing vulnerability of women to HIV is due to gender-based social and economic inequalities; violence against women including sexual violence; and inequity in access to prevention, education and training, and care. The difference in socioeconomic and political power between men and women increases women's vulnerability to HIV infection. A lack of respect for women's rights both fuels the epidemic and exacerbates its impact². Despite the recognition of the need for tackling gender equality in response to HIV and AIDS by governments and donors, the implementation of appropriate gender policies and interventions are inadequate or lacking. There is urgent need for addressing the policy to practice gap, and investment in bringing to scale the promising legal, economic and social interventions that will accelerate women's empowerment. Women's empowerment with transformation of gender relations at the national, local and household level is urgently needed if the AIDS epidemic is to be contained and reversed.

Donors have committed large amounts of funding to fight the spread of HIV - bilaterally, multilaterally and through collaborative donor efforts - yet there is little information on how donors address gender equality and women's empowerment in relation to HIV and AIDS. As new funding modalities for Official Development Assistance (ODA) become more common, it is increasingly important to ensure that they include a focus on gender equality and empowerment of women as a critical element in combating HIV. Despite common objectives in the fight against HIV and the commitment to women's empowerment, bilateral donors have differing policies and methods of operating. This review of donor practices reflects the variety of policy and operational approaches to linking women's empowerment with prevention of HIV infection.

The issues:

Feminisation of the AIDS pandemic and gender inequality

HIV is affecting increasing numbers of women and girls; women now comprise 50%³ of the people currently living with HIV (up from 41% in 1997 and 35% in 1985)⁴. Increasing infection rates among women globally have focused attention on women's increased vulnerability to HIV. Young women 15-24 years in sub-Saharan Africa are three times⁵ more likely to be infected with HIV than young men of

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2. Ertürk, Yakin (2005) Integration of the human rights of women and the gender perspective: Violence against women. Intersections of violence against women and HIV/AIDS. E/CN.4/2005/72. United Nations Economic and Social Council: New York, NY.
 3. UNAIDS (2006) *Global summary of the AIDS epidemic December 2006*. Geneva: Joint United Nations Programme on HIV/AIDS
 4. Factsheet (2006) *Women and HIV/AIDS: Selected Facts*. New York: International Women's Health Coalition based on data published in UNAIDS (2005) *AIDS epidemic Update 2005*. Geneva: Joint United Nations Programme on HIV/AIDS; and UNFPA/UNAIDS/UNIFEM (2004) *Women and AIDS: confronting crisis*
 5. UNAIDS (2006) *Report on the global AIDS epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS.

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the same age. This rises to four times more likely in Zambia⁶ and in Zimbabwe an astounding five times more likely⁷. The majority of these infections are sexually transmitted.

Sexual activity is not just an individual attribute. It is a behaviour negotiated between the partners within a wider socio-cultural and economic context⁸. Risk behaviours depend on the power imbalances between sexual partners, as well as sexual partners' individual characteristics. They are influenced by the sociocultural and economic determinants of behaviour. Age and economic disparities, and concepts of gender that encourage female passivity decrease women's ability to negotiate abstinence or safe sexual practices including use of condoms. In many cultures in Africa, customs around expression of love - within marriage and extending to relations outside marriage - require giving of gifts and money⁹. By accepting the gift, a woman tacitly acknowledges that she will have sex, yet the transactional nature of the relationship increases the imbalance of power in the partnership, further limiting the woman's negotiation ability. Motivation for accepting gifts is complex and includes survival, desire for material possessions and perception of social status conferred, as well as validating a woman's perceptions of her own worth¹⁰. In cultures in which men have traditionally paid "bride price" to their wives' parents, the concept of exchange of wealth, in cash or kind, as a woman's worth can still be a pervasive influence on sexual relations. Polygamy, with the wealth to pay bride price for several wives, was an indicator of a man's high status. Entrenched social acceptance of polygamy now allows multiple partnerships to be generally permissible for men, but not for women. This holds true in many cultures around the globe, not just those that have a history of polygamy.

With a decline in traditional societal structures and increasing age of marriage, familial control over sexual behaviour of young people has decreased but formal education has not fully replaced the traditional functions. This leaves a gap in young people's knowledge of sexual and reproductive health matters while exposing them to increasing opportunities and pressure for premarital sex. Girls and young women are less likely to understand key issues around HIV transmission and how they might protect themselves than boys or young men of the same age group¹¹. Peers are now the most important source of information on sexuality and reproductive health issues, and this may be inaccurate and misinformed¹².

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6. UNAIDS (2004) *Facing the future together: report of the Secretary General's task force on women, girls, and HIV/AIDS in Southern Africa*. Geneva: Joint United Nations Programme on HIV/AIDS.
 7. Report (2003) *Zimbabwe Human Development Report 2003 Redirecting our responses to HIV and AIDS*. Harare: UNDP/Institute Development Studies.
 8. Luke, N and Kathleen Kurz (2002) *Cross-generational and transactional sexual relations in sub-Saharan Africa: prevalence of behaviour and implications for negotiating safer sexual practices*. Washington, DC: ICRW/PSI.
 9. Luke, Nancy (2003) Age and economic asymmetries in the sexual relationships of adolescent girls in sub-Saharan Africa. *Studies in Family Planning* **34** (2), 67-86. doi: 10.1111/j.1728-4465.2003.00067.x
 10. Weissman, Amy et al (2006) Cross-generational relationships: using a 'Continuum of Volition' in HIV prevention work among young people. *Gender and Development*, **14** (1): 81-94
 11. UNAIDS (2006) *Report on the global AIDS epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS.
 12. Luke, N and Kathleen Kurz (2002) *Cross-generational and transactional sexual relations in sub-Saharan Africa: prevalence of behaviour and implications for negotiating safer sexual practices*. Washington, DC: International Center for Research on Women/Population Services International.

Violence, rape and sexual coercion

Women around the globe are also vulnerable to gender-based violence, rape, sexual coercion and trafficking and there is an extensive literature on this^{13,14,15,16,17,18,19,20}. Social constructs of gender often encourage passivity in women and are permissive of male violence against women and girls. Customary views of masculinity endure that men need frequent sexual gratification and multiple partners. Although males can be victims of gender-based violence^{21,22} and some feel stressed by societal expectations of aggressive masculinity and “machismo”, early socialisation and popular role models have an impact males’ propensity for violence against women.

Sexual violence and rape occur by intimate partners or family members within the home, or by strangers outside²³, and in war as a weapon of subjugation, and ethnic cleansing²⁴. Violence against women during or after armed conflicts has been reported from many countries, including Afghanistan, Burundi, Chad, Colombia, Côte d’Ivoire, Democratic Republic of the Congo, Liberia, Peru, Rwanda, Sierra Leone, Chechnya/Russian Federation, Darfur, Sudan, northern Uganda and the former Yugoslavia²⁵. Some countries, for example South Africa, Haiti, El Salvador and Guatemala, experience very high levels of rape although there, as elsewhere, rape and sexual violence is underreported. Victims of rape face numerous

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13. Finger, B. (2004) Non-consensual sex among youth: lessons learned from research. *Sexual Hlth. Exchange* (3&4) 12-14.
 14. Guedes, A. (2004) *Addressing gender-based violence from the reproductive health/HIV sector. A literature review and analysis*. Washington, DC: POPTECH.
 15. Youthlens #10 *Non-consensual sex among youth*. Arlington, VA: Family Health International.
 16. Research that makes a difference (2004A) *Forced sexual relations among young married women in developing countries*. New Delhi: Population Council.
 17. Research that makes a difference (2004B) *The adverse health and social outcomes of sexual coercion*. New Delhi: Population Council.
 18. Erulkar, A. (2004) The experience of sexual coercion among young people in Kenya. *Int. Family Planning Perspectives*, 30(4): 182-189.
 19. Bott, A et al. (eds.) (2003) *Towards adulthood: exploring the sexual and reproductive health of adolescents in south Asia*. Geneva: WHO.
 20. Ajuwon AJ et al (2001) Perceptions of sexual coercion: learning from young people in Ibadan, Nigeria. *Reproductive Hlth. Matters*, 9:128–136.
 21. Finger, B (2004) Non-consensual sex among youth: lessons learned from research. *Sexual Hlth. Exchange* (3&4) 12-14.
 22. Research that makes a difference (2004C) *Sexual coercion: young men’s experiences as victims and perpetrators*. New Delhi: Population Council.
 23. Ertürk, Yakin (2005) *Integration of the human rights of women and the gender perspective: Violence against women. Intersections of violence against women and HIV/AIDS*. E/CN.4/2005/72. United Nations Economic and Social Council: New York, NY.
 24. Report (2000) *Federal Republic of Yugoslavia Kosovo: Rape as a Weapon of "Ethnic Cleansing"* Human Rights Watch: New York, NY.
 25. UNIFEM (no date) *Crimes against Women in War and Armed Conflict* http://www.unifem.org/gender_issues/violence_against_women/facts_figures.php?page=7 (accessed 9th March 2006)

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obstacles in accessing justice and health care, for instance, being accused of having made false accusations, having had consensual sex before marriage, or having committed adultery in violation of the Penal Code²⁶.

Gender-based violence and sexual coercion by teachers and older male students is widely documented in schools and colleges in southern Africa^{27, 28, 29}. Studies have shown that women and girls who are victims of physical and or sexual abuse have lower self esteem and are more likely to practice high risk sexual behaviours³⁰.

Stigma and discrimination

Women face more harm from stigma and discrimination than men—exacerbating the unequal and poor access to HIV testing, treatment and care. It is not just a positive HIV test that alters a woman's life, her partner's response may be abusive or violent. Fear of violence may limit a woman's ability to disclose her serostatus³¹ and as a result many women hesitate to test for HIV³². Discrimination also takes place in the workplace and in communities, making it more difficult for a woman to demand equal treatment and care. In certain cases, prevention campaigns have intensified stigma as married women with HIV are groundlessly accused of engaging in extra marital sex³³. In many parts of Africa where customary practice dictates that a man's property traditionally returns to his birth family on his death, widows too often suffer property grabbing by their deceased husband's family. They may lose custody of their children or find themselves and their children destitute and homeless where there is no effective legal provision for women to inherit land and assets³⁴.

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26. Ertürk, Yakin (2003) *Integration of the Human Rights of Women and the Gender Perspective: Violence Against Women. Report of the Special Rapporteur on violence against women, its causes and consequences*. E/CN.4/2004/666. United Nations: New York, NY.
 27. Rivers, R. (2000) *Shattered Hopes: study of sexual abuse of girls*. Botswana: UNICEF.
 28. Leach, F. et al (2003) *The Abuse of Girls in African Schools*. Education Research Report No. 54. DFID, London.
 29. The University of Sussex, School of Education in the UK has published a bibliography of schools and gender violence papers. This is available at <http://www.sussex.ac.uk/education/1-4-25-3-2.html> with links to on line reports.
 30. JHUCCP (1999) Ending violence against women. *Population Reports XXVII* (4): 1-44 (Series L, Number 11. Available at <http://www.infoforhealth.org/pr/111/violence.pdf>)
 31. Report (2004) *Women's Experiences with HIV Serodisclosure in Africa: Implications for VCT and PMTCT*, Washington, DC: USAID.
 32. Commission on HIV/AIDS and Governance in Africa (2004) *Gender and HIV/AIDS discussion outcomes*, Addis Ababa: Economic Commission for Africa.
 33. Ibid.
 34. Ertürk, Yakin (2005) *Integration of the human rights of women and the gender perspective: Violence against women. Intersections of violence against women and HIV/AIDS*. E/CN.4/2005/72. New York: United Nations Economic and Social Council.

Violence Against Women: a Cause and a Consequence of HIV

The connection between violence against women and HIV is both cause and consequence. Sexual violence directly increases a women's vulnerability to infection with HIV. Women who are open about being HIV positive *or who are thought to be infected with HIV* are vulnerable to discrimination, violence and, in extreme situations, murder.

Lack of autonomy

In many cultures, women do not have autonomy over their lives and their bodies. The choice of the marriage partner and the timing of marriage may not be the woman's decision. Women who marry young tend to have much older husbands and, in polygamous societies, they may be junior wives. Both these factors increase the probability that their husband is infected with HIV. Yet young, newly married women generally desire to become pregnant and engage in frequent unprotected sex³⁵. Married girls are particularly vulnerable and they are often not protected by the Convention on the Rights of the Child if the law in their country deems that girls achieve adulthood through marriage. Most married girls have restricted social and geographic mobility, and are cut off from friends and their own family³⁶. Decisions regarding access to sexual and reproductive health information and services are often made by male partners, or parents-in-law³⁷. Visits to a health facility may be mediated by others limiting access to information and services. There is also evidence of a significant positive correlation between HIV prevalence and the interval between first sex and first marriage. The period between sexual debut and marriage is a period of premarital sex during which partner changes are relatively common³⁸ and when sexually active young women are least able to access sexual and reproductive health services.

Poverty, economic dependence, and access to resources

Women's economic dependence greatly limits their decision making power within the family, and their access to finance and other resources. Gender inequalities can start before birth with selective abortion of female fetuses in some settings³⁹. Throughout much of the world families and societies treat girls and boys unequally with girls disproportionately facing lack of opportunity and lower levels of investment in their health, nutrition and education⁴⁰. Women and girls bear much of the responsibility for caring for sick family and community members, and children orphaned and made vulnerable by AIDS⁴¹. Girls have less

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35. Clark, Shelley et al (2006) *Protecting young women from HIV/AIDS: the case against child and adolescent marriage*. Int. family planning perspectives, **32**(2): 79-88.
 36. Bruce, Judith and Shelley Clark (2004) *The implications of early marriage for HIV/AIDS policy*. New York: Population Council.
 37. FHI (1998) Family Planning Use Often a Family Decision. *Network*, **18**(4) Family Planning and Women's Lives. This is available at http://www.fhi.org/en/RH/Pubs/Network/v18_4/index.htm
 38. Bongaarts, John (2006) *Late marriage and the HIV epidemic in sub-Saharan Africa*. Working papers No. 216. New York: Population Council.
 39. Jha, Prabhat et al. (2006) Low male-to-female sex ratio of children born in India: national survey of 1.1 million households. *The Lancet*, **367**: 211-18.
 40. UNFPA (2003) *State of world population 2003: gender inequality and reproductive health*. New York: United Nations Population Fund.
 41. Global Coalition on Women and AIDS (2006) *Keeping the promise - an agenda for action on women and AIDS*. Geneva: Joint United Nations Programme on HIV/AIDS.

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access to family money and other resources than boys and contribute more to the family through domestic production and marketing of garden produce⁴² although boys may also contribute to household income through employment as labourers outside the home. Women's lack of economic empowerment imperils poverty reduction and has a negative impact on the education and health outcomes for their children, as well as contributes to a more rapid spread of HIV⁴³.

The 2005 report of the Millennium Project acknowledges, "Reducing gender inequality is essential for reducing hunger, containing HIV and AIDS, promoting environmental sustainability, improving settlements, and reducing child and infant mortality"⁴⁴. Gender inequality increases women's vulnerability to sexually transmitted infections and the continuing spread of HIV infection deepens women's unequal responsibility for providing care in the family.

"Adolescent girls and women in many countries lack adequate access to information and services necessary to ensure sexual health. As a consequence of unequal power relations based on gender, women and adolescent girls are often unable to refuse sex or insist on safe and responsible sexual practices."

CEDAW Committee General recommendation number 24 (1999) paragraph 18

The HIV pandemic exacerbates women's greater economic insecurity and greater burden of poverty especially where there is inequality in property rights and inheritance. Poverty increases vulnerability to unsafe behaviours and practices, and decreases access to sexual and reproductive health (SRH) information and services. In consequence, poor and marginalised women suffer the greater burden of sexual and reproductive ill health (including unwanted pregnancy and unsafe abortion, maternal mortality and AIDS). HIV prevention and access to treatment requires gender inequality and poverty to be addressed. Measures to reduce poverty must be designed to ensure existing gender inequalities are not perpetuated and exacerbated.

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42. Cohen, Rina (2001) Children's Contribution to Household Labour in Three Sociocultural Contexts: A Southern Indian Village, a Norwegian Town and a Canadian City. *Comparative Sociology*, **42**(4): 353-367. doi 10.1163/156851801753290379
 43. King, Elizabeth M. and Andrew D. Mason (2001) *Engendering development through gender equality in rights, resources, and voice*. Washington DC: World Bank and New York: Oxford University Press. Available at http://www-wds.worldbank.org/external/default/main?pagePK=64193027&piPK=64187937&theSitePK=523679&menuPK=64187510&searchMenuPK=64187283&siteName=WDS&entityID=000094946_01020805393496
 44. Report (2005) *Investing in development a practical plan to achieve the Millennium Development goals*, London: Earthscan. Page 93

WHAT DOES “EMPOWERING” WOMEN MEAN?

Definition

Women’s empowerment generally refers to the recognition that women legitimately have the ability to and should, individually and collectively, participate effectively in decision-making processes that shape their societies and their own lives⁴⁵. In relation to empowerment and transmission of HIV, women must legitimately have the ability and should make informed decisions about their own bodies and behaviours to reduce their risk of infection with HIV. Important aspects of empowerment are both *agency* (defined as ability to set their own goals and act upon them) and women’s *resources* and *capacities*⁴⁶. Women’s agency in sexual and reproductive health matters is greatly influenced by women’s ability to exercise and enjoy human rights, prevailing concepts of gender and gender roles, and their own socialisation. Attitudes towards gender that are formed in early childhood can play a significant role in creating adult behaviours that lead to the spread of HIV⁴⁷.

At macro level, development agencies can create an enabling environment by addressing the structural and institutional factors that oppress women. They can work with recipient governments to create structures that institutionalise opportunity for women. At individual level, development agencies can facilitate empowerment through education and skills building, access to information and resources, and creating processes where women have gender equitable roles and opportunities for leadership and decision-making. However, empowerment of women cannot be bestowed by others; those who would become empowered must claim it⁴⁸. Thus methodologies for working with women must be facilitative and not directive to achieve empowerment.

Agency — women making decisions on issues that are important in their lives and carrying out those decisions — requires reflection, analysis and action⁴⁹. This may happen on an individual or collective level. Care must be taken when addressing gender relations at the individual level as challenges to existing power relations between men and women are often strongly contested. However, gender relations need not be viewed as a closed system with women’s empowerment resulting in loss of power by men. Instead, both men and women need empowering to have gender equitable relationships that, in the context of HIV, support change in sexual risk behaviours and reduced transmission of HIV and other sexually transmitted infections.

45. OECD/DAC (1998) *DAC Guidelines for gender quality and women’s empowerment in development co-operation*.

46. InterAgency Gender Working Group (2005) *Do empowered mothers foster gender equity and better reproductive health in the next generation? A qualitative analysis from rural Bangladesh*. Washington, DC: Population Reference Bureau.

47. Bhana, Deevia et al (2006) *Young children, HIV/AIDS and gender. A summary review*. The Hague, The Netherlands: Bernard van Leer Foundation.

48. Mosedale, Sarah (2005) Assessing women’s empowerment: towards a conceptual framework. *J. Int. Dev.* **17**:243-257.

49. *ibid.*

Effectiveness of empowerment as a strategy

Empowerment is considered by some a development outcome in itself, and by others a means to an end, for example containing and reversing the AIDS pandemic. Nevertheless, there is no widely accepted method for measuring and tracking changes in levels of women's empowerment although progress is being made in development of a framework and indicators for measuring women's empowerment⁵⁰. The Health Evidence Network (HEN) has researched the effectiveness of empowerment to improve health and reduce health disparities. The HEN synthesis report shows that empowering initiatives can lead to improved health outcomes and that empowerment is a viable public health strategy⁵¹. While the sexual and reproductive health aspects of HIV are only part of a multisectoral development challenge, it is useful to know that "[m]ultilevel empowerment strategies for HIV/AIDS prevention which address gender inequities have improved the health status and reduced HIV infection rates"⁵².

Interventions to empower women, integrated with the economic, educational and political sectors, have shown the greatest impact on women's quality of life and agency, and on policy changes, and on improved child and family health. There is a growing body of empirical evidence that women's empowerment benefits women's own health promoting behaviours and that they try to promote better social and health outcomes, and equitable gender norms among their married daughters and their daughters-in-law⁵³.

Global consensus on women's empowerment and gender equality

There is wide consensus on the need for empowerment of women. In 1994, the International Conference on Population and Development (ICPD) articulated a new vision of the relationships between population, development and individual well-being. At the ICPD, 179 governments adopted a 20-year Programme of Action (PoA), sometimes referred to as the Cairo Consensus, which recognised that reproductive health and rights, as well as women's empowerment and gender equality, are cornerstones of population and development programmes. The 1999 UN General Assembly special session, ICPD+5, identified that greater urgency was needed to achieve the PoA, especially in the areas of education and literacy, reproductive health care and HIV/AIDS.⁵⁴

In 1995, the Beijing Declaration and Platform for Action called for women's empowerment and full participation in all spheres of society⁵⁵. The eight Millennium Development Goals form a blueprint agreed to by all the world's countries for providing a measurable, minimum package of development for the world's poorest⁵⁶. Goal 2 (universal primary education) is essential for Goal 3 relating to gender equality and empowerment of women; while gender equality and women's empowerment is a prerequisite for the remaining six Development Goals. The 2001 UN General Assembly Special Session on HIV and AIDS declaration stresses that the empowerment of women is fundamental for reducing their vulnerability to

50. See Alsop, R and Heinsohn, N (2005) *Measuring Empowerment in Practice: Structuring Analysis and Framing Indicators*. Washington DC: The World Bank.

51. Health Evidence Network (2006) *What is the evidence on effectiveness of empowerment to improve health?* Copenhagen: World Health Organization Europe.

52. *ibid.*

53. Interagency Gender Working Group (2005) *Do empowered mothers foster gender equity and better reproductive health in the next generation? A qualitative analysis from rural Bangladesh*. Washington, DC: Population Reference Bureau.

54. <http://www.unfpa.org/icpd/#icpd94> [accessed March 12th, 2007]

55. <http://www.un.org/womenwatch/daw/beijing/platform/declar.htm> [accessed November 12th, 2006]

56. <http://www.un.org/millenniumgoals/> [accessed November 12th, 2006]

infection⁵⁷. The United Nations Development Fund for Women (UNIFEM) seeks specifically to foster women's empowerment and gender equality, putting women's human rights at the centre of its efforts⁵⁸. The United Nations Population Fund (UNFPA) works to improve reproductive health with gender equality as a human right, and empowering women an indispensable tool for advancing development and reducing poverty⁵⁹. The United Nations Development Programme (UNDP) supports governments, civil society and community organisations to address the fundamental causes of the AIDS pandemic – including gender inequality and power relations⁶⁰. UNAIDS initiative The Global Coalition on Women and AIDS is concerned with empowering women to fight AIDS with a focus on 8 key issues for improving AIDS programming for women and girls⁶¹. The 2006 United Nations General Assembly political Declaration on HIV/AIDS pledges to eliminate gender inequalities and increase the capacities of women and adolescent girls to protect themselves from risk of HIV infection ... and take all necessary measures to create an enabling environment for empowerment of women and strengthen their economic independence. The global commitments with agreed indicators and targets for women's empowerment, and response to the HIV pandemic, provide a hugely important platform for bilateral donor discussions with partner governments on progress towards women's empowerment as the targets are not imposed but the recipient government's own targets. One of the most powerful instruments, but one which is often overlooked, is the Convention on the Elimination of All Forms of Discrimination against Women and the series of general recommendations made by the Committee on the Elimination of Discrimination against Women (CEDAW). CEDAW Article 12 affirms equality of men and women's right of access to health care, and Article 16 affirms women's equality with men in freedoms and rights concerning marriage and family life⁶². As at November 2006, 185 countries were parties to the Convention, making it a powerful platform for policy dialogue between donors and partners.

57. <http://www.un.org/ga/aids/docs/aress262.pdf> [accessed November 12th, 2006]

58. <http://www.unifem.org/about/> [accessed November 12th, 2006]

59. <http://www.unfpa.org/about/> [accessed November 12th, 2006]

60. UNDP (2005) *Corporate Strategy on HIV/AIDS*. New York: United Nations Development Programme.

61. Global Coalition on Women and AIDS (2006) *Keeping the promise: an agenda for action on women and AIDS*. Geneva: Joint United Nations Programme on HIV/AIDS.

62. <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm> [accessed March 12th, 2006]

KEY INTERVENTIONS AND APPROACHES TO WOMEN'S EMPOWERMENT AND HIV

Donor policies and strategies

Many OECD/DAC member countries argue that clear donor policies and strategies are an important contribution to women's empowerment. Many donor policies on gender equality^{63,64,65,66,67,68,69}, or sexual and reproductive health⁷⁰, or sexual and reproductive health and rights (SRHR)^{71,72,73,74}, and AIDS^{75,76,77,78,79}

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63. CIDA (1999) *CIDA's policy on gender equality*. Quebec, Canada: Canadian International Development Agency.
 64. Danida (2004) *Gender equality in Danish development cooperation*. Copenhagen, Denmark: Ministry of Foreign Affairs.
 65. Development Cooperation Ireland (2004), *Gender quality policy*. Dublin, Ireland: Department of Foreign Affairs.
 66. Waterhouse, Rachel and Charlie Sever (2005) *Gender mainstreaming in development cooperation Ireland country strategy papers*. BRIDGE/Development Cooperation Ireland available at: http://www.siyanda.org/docs/waterhouse_sever_dcicsp.doc
 67. SIDA (1997) *Sida's Action Programme for promoting equality between women and men in partner countries – Policy*. Stockholm, Sweden: Swedish Ministry for Foreign Affairs.
 68. SDC (2003) *Gender equality a key for poverty alleviation and sustainable development*. Bern, Switzerland: Swiss Agency for Development and Cooperation (SDC) Federal Ministry of Foreign Affairs.
 69. DFID (2000) *Poverty alleviation and the empowerment of Women*. London: Department for International Development.
 70. BMZ (2003) *Sexual and Reproductive Health (SRH)*. Bonn, Germany: German Federal Ministry for Economic Co-operation and Development.
 71. Danida (2006) *The promotion of sexual and reproductive health and rights*. Copenhagen, Denmark: Ministry of Foreign Affairs.
 72. Dutch Ministry of Foreign Affairs (No Date) *Reproductive health and rights*. http://www.minbuza.nl/en/developmentcooperation/Themes/Development.reproductive_health_and_rights (Accessed November 12th, 2006)
 73. Government of Sweden/UNFPA (2005) *Stockholm Call to Action: Investing in Reproductive Health and Rights as a Development Priority*. New York: United Nations Population Fund.
 74. DFID (2004) *Sexual and reproductive health and rights*. London: Department for International Development.
 75. Danida (2005) *Strategy for Denmark's support to the international fight against HIV/AIDS*. Copenhagen, Denmark: Ministry of Foreign Affairs.
 76. BMZ (2004) *In partnership against the pandemic: Germany's cooperation with developing countries in response to HIV/AIDS*. Bonn, Germany: German Federal Ministry for Economic Co-operation and Development.

are grounded in a commitment to rights and emphasise sexual and reproductive health as indispensable in the struggle against HIV. Most donor policies are evidence-based and many donors provide funding for increasing knowledge of what works. Some have a particular emphasis on reaching young people with sex and sexuality education.^{80,81} Several take strong leadership positions for women's rights and/or sexual and reproductive rights, and AIDS: addressing AIDS at international fora. For example, *inter alia*, Sweden provided leadership to the negotiations that reached consensus agreement on UNAIDS policy position paper *Intensifying HIV prevention*⁸², and Germany and the UK used their leadership of the G8 as a platform for catalysing an enhanced response to AIDS. A major goal of the US President's Emergency Plan for AIDS relief is to encourage bold leadership at every level to fight HIV and AIDS⁸³. Many donors are active in setting the agenda and moving issues on linkages between HIV and gender inequalities to the attention of the global constituency. This includes at the Board of UNAIDS (and the Board of the co-sponsors) and the Board of the Global Fund. Donor governments shaped the agenda and contents of UN General Assembly Special Session on AIDS follow-up in June 2006. Ensuring that there are synergies and linkages between a donor's policies on gender, SRH/RH, and HIV is important to encourage integration in country programmes, and across sectors. Gender equality and women's empowerment are important for achieving goals in all sectors. AIDS affects all sectors and is affected by many sectoral activities. Several donors' policies include integrating gender dimensions into all sectors' activities; some have policies for mainstreaming HIV. Some donors and NGOs also argue that it is important to have one's own house in order with workplace gender equality and HIV policies, and gender responsive practices in their own overseas offices.

Donor funding to multilateral institutions

Several OECD/DAC members are progressively shifting the flows of their official development assistance (ODA) away from bilateral programmes to supporting multilateral institutions including the EC and UN agencies. Those members that have a strong focus on sexual and reproductive health and rights in their policies, emphasise the importance of funding flows to both UNFPA to enhance global technical leadership and support to country programmes, and to International Planned Parenthood Federation (IPPF). IPPF advocates for sexual and reproductive health and rights issues, and particularly in the areas of youth, HIV, abortion and the needs of poor, under-served and marginalised populations. IPPF, through its affiliated

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77. Dutch Ministry of Foreign Affairs (no date) *HIV/AIDS*. <http://www.minbuza.nl/en/developmentcooperation/Themes/Development,hiv---aids-ht> (accessed November 12th, 2006)
78. SIDA (1999) *Investing for future generations - Sweden's international response to HIV/AIDS*. Stockholm, Sweden: Swedish Ministry for Foreign Affairs.
79. DFID (2004) *Taking Action. The UK's strategy for tackling HIV and AIDS in the developing world*. London: Department for International Development.
80. BMZ (2003) *Sexual and Reproductive Health (SRH)*. Bonn, Germany: German Federal Ministry for Economic Co-operation and Development.
81. Dutch Ministry of Foreign Affairs (No Date) *Reproductive health and rights*. http://www.minbuza.nl/en/developmentcooperation/Themes/Development,reproductive_health_and_rights (Accessed November 12th, 2006)
82. Note: *Intensifying HIV prevention* explicitly builds upon commitments expressed in the International Conference on Population and Development (ICPD) Programmes of Action and the Beijing Platform for Action, together with their follow-up reviews.
83. PEPFAR (2004) *The President's Emergency Plan for AIDS Relief U.S. Five-Year Global HIV/AIDS Strategy*. Washington, DC: Office of the United States Global AIDS Coordinator, Department of State.

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member organisations, is also a service provider in family planning and a broad range of sexual and reproductive health services, in both rural and urban areas, and to those most in need. The IPPF approach is to mainstream HIV prevention with sexual and reproductive health services and information, and to promote sexuality education in schools and wherever young people are. HIV prevention is linked with the empowerment of women and male involvement to increase equitable access to prevention.

General budget support, sector wide approaches, and women's empowerment

The trend in ODA for some donors toward general budget support and/or support for sector wide approaches has led to difficulty in monitoring the effect of the development assistance in terms of empowerment of women and HIV prevention. Several donors may be contributing to the same recipient/partner government "common basket" of funding for health or other sector activities. An in-country donors' group allows for coordination, but donor staff in country often need guidance on how to ensure discussion of gender equality and recipient/partner governments' plans for attaining their Millennium Development Goals. Recipient/partner governments may also welcome guidance on how to strengthen the gender dimensions of their planning processes and programmes. The World Bank and others⁸⁴ have facilitated workshops for senior policymakers on gender and poverty reduction strategies⁸⁵. UNDP's corporate strategy on HIV⁸⁶ reflects the critical importance of mainstreaming HIV into national development planning processes and poverty reduction strategies to ensure a multisectoral response implemented across sectors, institutions and decentralised programmes. Measures for ensuring gender equality and women's empowerment require cross-sectoral programming, if HIV is to be effectively mainstreamed and transmission reduced.

Policy into practice

Monitoring and reporting play an important part in tracking the implementation of policy. Therefore it is vitally important that data reporting from programme and service level, across sectors, is disaggregated by age and sex. Without knowing to whom programmes reach and who accesses services, it is difficult to monitor for gender equity in government and donor programmes, and services.

One approach for implementing commitment to women's empowerment and HIV is for donors to ear-mark funding for this, and then track spending. For example, DFID's Social Development Department makes use of DFID's Policy Information Marker System (PIMS) on gender spending. However tracking spending can be difficult for donors, particularly when contributing to general budgetary support or SWAps.

Even without specifically tracking spending on women's empowerment and HIV, a requirement for reporting on gender and HIV can act to catalyse programming from the planning and design stages. For example, the US President's Emergency Plan for AIDS Relief (PEPFAR) uses codes for country programmes to report on gender in their programming. PEPFAR country reports are then analysed and synthesised: Chapter 4 in the US State Department Office of the Global AIDS Coordinator's annual reports to Congress specifically addresses gender and HIV/AIDS⁸⁷. Including codes for gender and for HIV in all

84. UNIFEM, Asian Development Bank, DFID, Oxfam, The Netherlands Government and UNDP.

85. Report (2003) *Second Regional Workshop on Gender and Poverty Reduction Strategies*. Washington, CD: The World Bank. Available at <http://www.unifem-ecogov-apas.org/ecogov-apas/EEGProjectsActivities/GPRSSiemReap200309/GPRS200309Final%20Report.doc>

86. UNDP (2006) *Corporate strategy on HIV/AIDS*. New York: United Nations Development Programme.

87. See OGAC (2005) *Engendering bold leadership: the President's Emergency Plan for HIV/AIDS*. Washington, DC: Office of the Global AIDS Coordinator. And: OGAC (2006) *Action today: a foundation for tomorrow. The President's Emergency Plan for HIV/AIDS*. Washington, DC: Office of the Global AIDS Coordinator.

reporting, thus requiring all programme reports to specifically include gender and HIV, can allow the authority to whom programmes and services report know what percentage of the programmes or services have a gender and HIV focus. Where narrative reporting is required on gender and HIV, funding authorities can use this to bridge the gap between policy and practice and receive regular information on programming in this area.

Measuring aid in support of HIV/AIDS control, gender equality and women’s empowerment

Tracking systems:

The aid in support of HIV/AIDS control is tracked in the Creditor Reporting System database (CRS) of the Development Assistance Committee of the OECD. The CRS database collects at a project level the Official Development Assistance (ODA), from DAC members to the developing world⁸⁸. This database provides a sectoral breakdown of the aid, and allows analysis on a comparable basis between donors. Each activity notified in the CRS database gives information concerning the amount, recipients, type of flow, description, sector, etc., and is screened against some “policy objective markers”, including a gender equality policy marker.

Two special purpose codes are used to identify HIV/AIDS control activities⁸⁹: the “STD control including HIV/AIDS” code and the “social mitigation of HIV/AIDS” code. (By those two codes it was possible to track in 2005 bilateral ODA commitment of USD 1.8 billion, and multilateral ODA commitments for USD 0.8 billion.).

13040	STD control including HIV/AIDS	All activities related to sexually transmitted diseases and HIV/AIDS control, eg. information, education and communications; testing; prevention; treatment, care.
16064	Social mitigation of HIV/AIDS	Special programmes to address the consequences of HIV/AIDS, eg. social, legal and economic assistance to people living with HIV/AIDS including food security and employment; support to vulnerable groups and children orphaned by HIV/AIDS; human rights of HIV/AIDS affected people. ⁹⁰

The CRS database also uses a “gender equality marker”. The marker is a trans-sectoral quality identifier which screens the activities reported by policy objectives of the aid. The gender equality marker identifies activities which are focussed principally or significantly on gender equality or which are not targeted.

To track aid in support of HIV/AIDS, gender equality and women’s empowerment, it is necessary **to screen** the HIV special purpose codes using the gender equality policy marker. The reporting system is designed to allow this.

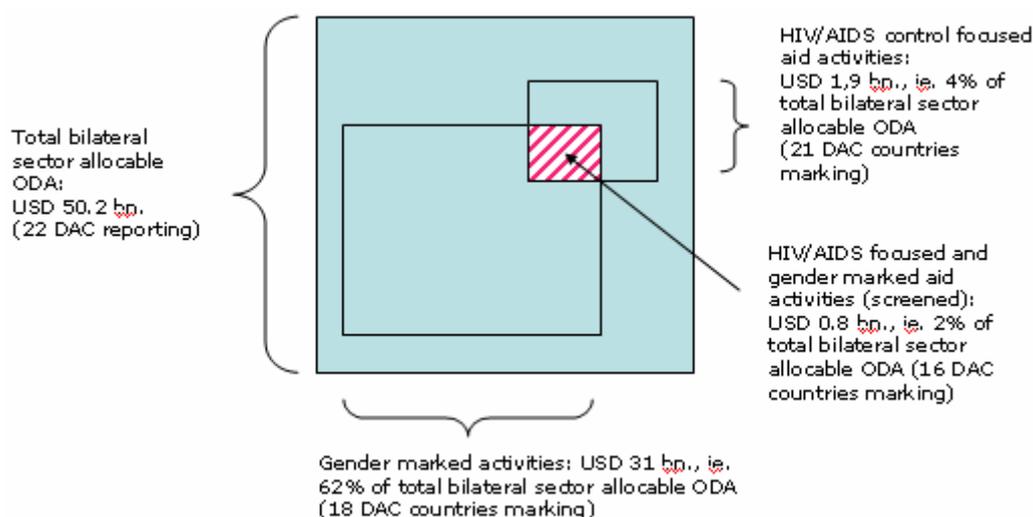
88. Data are officially reported by DAC members to the OECD. (Non-DAC donors' reporting takes place on a voluntary basis.) The CRS database is available from 1973 onwards (HIV/AIDS data from are captured since 1987, but completely covered since 2000).

89. A purpose code allows the classification of the activities identifying the purpose that the activity is trying to aid.

90. The 16064 purpose code was introduced into the CRS Directives in 2004.

Graph 1 below illustrates what the ‘screened tool’ represents. The tools to measure gender focused plus HIV/AIDS control activities are available for use by DAC members. While donors are now reporting fully on their HIV/AIDS activities are well tracked, not all donors are making full use of the gender equality policy marker.⁹¹

Graph 1. Total bilateral sector allocable aid, 2005



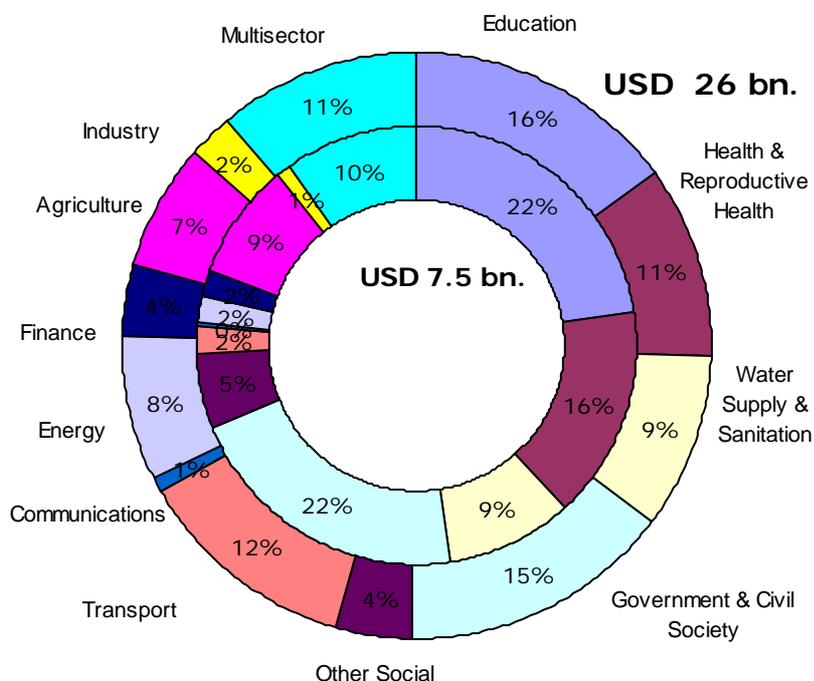
Gender equality focused aid

Graph 2 below shows data for 2004/05 on the gender equality focused ODA and the bilateral sector allocable ODA breakdown by sector (based on members who reported on the gender equality marker with a coverage ratio in relation to total sector allocable ODA > 50%)⁹².

91. The DAC member countries using the gender policy marker with a good coverage index (more than 50% of ODA allocable activities marked) on average in 2004/05 were: Australia, Austria, Canada, Denmark, Finland, Netherlands, Norway, Portugal, Japan, Sweden, Greece, Italy⁹¹, New Zealand, Belgium, Germany and the United Kingdom. There is missing or incomplete data for France, Switzerland, Spain, Ireland, Luxembourg and the United States.

92. It has to be said that comparing with the results of the Study mentioned (footnote 5) gender marked activities on Graph 2 show a large increase in 2004-05 (from USD 3.1 bn on average for the period 1999-2003). The reasons for this is that DAC countries are showing progress gender marking their aid activities, but there is also an exchange rate effect that explains part of the observed increase (then, in real terms, the increase is less important than we can conclude at a first glance).

Graph 2. Gender equality focused ODA (inner circle) and the bilateral sector allocable ODA (outer circle) breakdown by sector.



NB. The graph represents 62% of DAC members' total sector allocable ODA in 2004/05.

Training in gender equality

Several donors have initiated gender training for their own staff and those implementing their programmes and projects. However gender training has not necessarily become an ongoing process, and those appointed after the time that gender training was undertaken, may not receive such training.

Change needed in ODA recipient countries

Legislative reform and enforcement of the law

Change is needed to support gender equity in many recipient/partner countries. This includes changes in the legal framework to reduce discrimination against married girls and women that may be enshrined in the law: statutory, common, and/or customary (traditional) or religious practice. Follow up is vital to changes in the legal code to ensure married girls and women know their rights⁹³ - for example to be able to divorce a violent, abusive husband; rights to own land and property; to be able to inherit property and land from their husbands, and not themselves be inherited by a dead husband's brother or other male relative - and that women's legal rights are respected. Laws that exist to protect women's rights must be enforced. Women (and often their children) need access to provisions that ensure they receive adequate crisis care and support - including access to post-exposure prophylaxis against HIV infection for victims of rape, and longer term psychosocial and legal counselling and guidance. A number of donors are funding work in this

93. Sokoni, Khandikili (1998) Women, AIDS, and the Law in Zambia. *Cornell University Africa Notes*: May.

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area including the International Development Research Centre (IDRC)'s work on gender relations and land tenure⁹⁴, CIDA's Women's Legal Empowerment Initiative, and USAID's Women's Legal Rights Initiative.

Empowering girls through education

All countries and the leading development institutions have agreed to the Millennium Development Goals, and Goal 2 attaining universal primary education is critical to addressing poverty. Goal 3, Target 4: eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 is also important for women's empowerment and HIV. Education helps girls and women achieve greater control over their lives. Girls educated to secondary and tertiary levels are less likely to be coerced into sex. Secondary education confers power to make choices that prevent HIV infection and girls who are enrolled in secondary school are more likely to defer sexual debut than girls who are not enrolled in secondary education⁹⁵. Fewer young women report that they have been sexually active before age 18⁹⁶. Delays in marriage as a result of availability of education and formal employment have resulted in increased percentages of young people having premarital sex in many countries over the past 20 years. Girls who complete primary education are more than twice as likely to use condoms; girls who complete secondary education are between four and seven times more likely to use condoms, and they are less likely to be infected with HIV⁹⁷. Higher levels of education translate into higher earning power in the job market.

Barriers to girls accessing schooling

School enrolment and poverty are directly and inversely related. School fees and other formal and informal costs reduce the number of children who can stay in school. Girls are less likely to receive family financing for education costs than boys. They may drop out from school or they may engage in transactional sex to help pay for their education⁹⁸. Girls have a greater responsibility for caring for sick parents and siblings than boys, and family members' AIDS-related illness has increased this burden. Girls are more likely than boys to be kept home from school to help with household chores.

Increasing girls access to schooling

Potential areas for support include subsidies for reducing school fees and other financial barriers to girls enrolling and remaining in secondary school. A randomised evaluation of education in Western Kenya found that reducing the cost of education by paying for school uniforms reduced dropout rates, teen marriage and childbearing⁹⁹. Such support is particularly needed by orphans¹⁰⁰ if they are to break out of

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94. IDRC is a Canadian crown corporation which receives funding from the Government of Canada.
 95. Hargreaves, J and Boler, T (2006) *Girl power: girls' education, sexual behaviour and AIDS in Africa*. Johannesburg, South Africa: ActionAid International.
 96. Lloyd, CB (Ed) (2005) *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Washington, DC: National Academies Press.
 97. Hargreaves, J and Boler, T (2006) *Girl power: girls' education, sexual behaviour and AIDS in Africa*. Johannesburg, South Africa: ActionAid International.
 98. UNAIDS (2004) *Facing the future together: report of the Secretary General's task force on women, girls, and HIV/AIDS in Southern Africa*. Geneva: Joint United Nations Programme on HIV/AIDS.
 99. Duflo, Esther et al. (2006) *Education and HIV/AIDS prevention: evidence from a randomized evaluation in Western Kenya*. World Bank Policy Research Working Paper No. 4024. Washington DC: The World Bank.

the downward spiral of HIV, AIDS and increasing poverty. Cash transfers targeted to poor people, but conditional on school attendance are being adopted in a growing number of developing countries¹⁰¹ and by donors¹⁰². A well designed impact evaluation of the Progresa conditional cash transfer programme in Mexico, using a quasi experimental methodology demonstrated that the programme effectively reduced drop out rates and facilitated transition through the grades, particularly the transmission between primary school and secondary school¹⁰³. Targeted scholarships and stipends to overcome financial and, through the direct empowerment of girls, also cultural barriers to girls' school attendance have also been successful in Bangladesh and India. Social transfers in the form of foster care grants are often an integral element of an overall care package for children affected by AIDS. Early findings from the pilot *Kenya Cash Transfer for Orphans and Vulnerable Children* show how the unconditional transfer of Ksh.500 (\$6.97, €5.46) per month has increased school attendance. Similarly, overall absenteeism from school has declined by 16% over the first nine months of the *Kalomo cash transfer pilot scheme* in Zambia - where transfers are made to the most vulnerable households, often grandparents caring for children affected by AIDS¹⁰⁴.

The quality of education and safety of schools

In addition to addressing the demand side for girl's education, it is important to improve the quality, availability and safety of schooling. The shortage of qualified teachers has reached alarming levels in many countries in sub-Saharan Africa, resulting in class sizes of above 70 children, especially in rural areas. It is critical that schools provide a safe environment for girls, and for schools in Africa that effective measures are taken to reduce the widespread sexual and other abuse by male teachers and older students¹⁰⁵. Curricula may need to be revised to educate boys and girls in social competencies including respect for others, and particularly respect for women and girls. United Nations Educational, Scientific and Cultural Organization (UNESCO) has published guidance on developing a gender sensitive environment for teaching and learning with gender equity training for teachers and a gender equitable curriculum and teaching materials¹⁰⁶. USAID is working to redress violence in and around schools in Malawi and Ghana through a multi-pronged approach for students, teachers, parents, and community leaders. It includes prevention of gender-based violence in the school system through training and establishment of response networks to provide counselling and referral systems for medical and legal aid for victims and their families. The final intervention focuses on strengthening policies (codes of conduct), procedures (reporting systems), and personnel ranging from the national to the community levels.

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100. Decosas, J. et al (2006) *Circle of Hope: children's rights in a world with AIDS*. Woking, UK: Plan International.
 101. Bourguignon, François J. et al. (2003) *Conditional cash transfers, schooling and child labor: micro-simulating bolsa escola No 477, Textos para discussão*. Rio, Brazil: Department of Economics, PUC.
 102. DFID (2006) *Case study: Reducing poverty through cash transfer*. London: Department for International Development. <http://www.dfid.gov.uk/casestudies/files/south-america/brazil/brazil-bolsa2.asp>
 103. Berhman, Jere et al. (2001) *Progressing through Progres: an impact assessment of a school subsidy experiment*. Washington, DC: International Food Policy Research Institute.
 104. DFID (2006) *Social Protection Briefing Note Series, Number 3: Using social transfers to improve human development*. London: Department for International Development.
 105. Leach, F, et al (2003) *An investigative study of the abuse of girls in African schools*. London: Department for International Development
 106. UNESCO (2004) *Fresh Tools for Effective School Health: Addressing gender in HIV/AIDS Prevention*. Paris, France: United Nations Educational, Scientific and Cultural Organization. <http://www.unesco.org/education/fresh> [accessed November 2nd, 2006]

Mainstreaming gender equality and HIV programming

UNAIDS and WHO's "3 by 5" Initiative launched in 2003, was a global target to provide three million people living with AIDS in low- and middle-income countries with life-prolonging antiretroviral treatment by the end of 2005¹⁰⁷. This Initiative served to mobilise an extraordinary effort to get persons in need onto treatment. In addition, commitments to universal access to treatment can only be achieved, and sustained, if the number of new HIV infections is contained by intensifying HIV prevention¹⁰⁸. To be effective, all HIV prevention efforts must promote, protect and respect human rights including gender equality¹⁰⁹. Ending gender inequalities and empowering women remain critical to containing the pandemic and national AIDS responses need transforming to encompass gender equality and women's human rights.

In 2004, donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves. They endorsed the "Three Ones" principles¹¹⁰, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management:

- *One* agreed AIDS Action Framework that provides the basis for coordinating the work of all partners.
- *One* National AIDS Coordinating Authority, with a broad-based multisectoral mandate.
- *One* agreed country-level Monitoring and Evaluation System.

In spite of this commitment, a lack of harmonisation and alignment persist, and donor-driven vertical stand-alone HIV projects and programmes continue to pull human resources away from already understaffed health ministries. In general, different reporting cycles and requirements as well as depleted human resources have turned the AIDS-response into a nightmare for many recipient country governments¹¹¹.

UNIFEM proposes that all three key principles of the "Three Ones" need to promote and protect gender equality as a key element in strategies to prevent and treat AIDS¹¹². Donor support to incorporate gender in national AIDS responses should emphasise that women's empowerment and gender equality will assist national AIDS programmes to achieve their goals; that gender equality is not an add on but a prerequisite for containing the AIDS epidemic.

Because AIDS impacts on all areas of development, sectoral programmes must incorporate AIDS relevant actions in their regular functions and annual institutional budget cycles. Planners must analyse how AIDS impacts their sector, and how their sector can contribute to prevention, care and support, and mitigation of the AIDS epidemic as appropriate. Human resource plans need to accommodate personnel losses from AIDS-related illness and mortality, and attrition to donor projects. Further, for the plans to be maximally effective in mobilising human resources, they must address gender equality at all levels. UNAIDS, UNDP

107. <http://www.who.int/3by5/en/> [accessed November 29th, 2006]

108. UNAIDS (2005) *Intensifying HIV prevention*. Geneva: Joint United Nations Programme on HIV/AIDS.

109. *ibid*

110. UNAIDS (2004) "*Three Ones*" key principles. Geneva: Joint United Nations Programme on HIV/AIDS. http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf [accessed November 29th, 2006]

111. Bernstein, Michael and Myra Sessions (2007) *A trickle of a flood: commitments and disbursements for HIV/AIDS from the Global Fund, PEPFAR, and the World Bank's Multi-Country AIDS Program (MAP)*. Washington DC: Center for Global Development.

112. UNIFEM (2006) *Transforming the national AIDS response: mainstreaming gender equality and women's human rights into the "Three Ones"*. New York: United Nations Development Fund for Women.

and The World Bank have produced HIV mainstreaming guidelines¹¹³, and have undertaken workshops on integrating HIV into poverty reduction strategies¹¹⁴. To be effective, integrating HIV into sectors and programmes must take a gender perspective. Gender equality also needs to be addressed in all programmes and within all branches of government administration (civil and public service) if women are to be empowered. Without gender equality, women will remain disadvantaged economically and in access to services; disadvantage contributes to continued poverty, low status and to vulnerability to HIV. In many situations, men have yet to take gender equality as a strategy for addressing HIV and AIDS seriously¹¹⁵. Yet some government officials are resistant to change. Such resistance may be as a result of viewing gender and HIV programming as *additional to* their existing responsibilities further burdening staff, and increasing their workload. It is important that addressing HIV and gender are presented as being fundamental to achieving sectoral/department/service goals, and that addressing HIV and gender, far from being an additional burden, will help staff achieve their targets.

For example, the Government of South Africa has recognised the need for training in gender equality and women's empowerment. Its Qualifications Authority has defined and published qualifications and standards for a national certificate¹¹⁶ which will increase the number of personnel who have a good understanding of the importance of women's empowerment throughout South Africa's nine provinces.

Support for a gender perspective is needed at policy and planning levels, and also at service or programme level to address both gender inequality and improved response to HIV. One example of action to support mainstreaming of gender at all levels is the multi-agency capacity-building initiative on gender and HIV/AIDS in the Caribbean¹¹⁷ led by UNIFEM and the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) a special project of the Caribbean Community and Common Market (CARICOM), supported by the Commonwealth Secretariat. This commenced with gender training of local trainers and led to training at regional and national levels within government ministries, civil society organisations and other stakeholders engaged with HIV and AIDS.

NGOs and women's empowerment and HIV activities

Advocacy

Local nongovernmental organisations (NGOs) commonly receive funding, often co-mingled, from UN agencies and/or donors, directly or indirectly through international NGO partners¹¹⁸. Many NGOs are engaged in advocacy for women's empowerment and many offer training for parliamentarians, local

113. UNAIDS, UNDP, WB (2003) *Mainstreaming HIV and AIDS in Sectors & Programmes*. Geneva: UNAIDS, New York, NY: UNDP, and Washington, DC: The World Bank ~ drawing on the experience and publications of Family Health International (FHI), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), the South African Health Economics and HIV and AIDS Research Division (HEARD), OXFAM, UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV) and the Swiss Agency for Development and Cooperation (SDC)

114. *For example*: Report (2005) *Integrating HIV and AIDS into poverty reduction strategies, Johannesburg, South Africa*.^{UNAIDS, UNDP, WB} with Government of Belgium financial aid.

115. Bertil Egerö (2006) *HIV/AIDS and gender relations*. SIDA: Stockholm, Sweden.

116. Mphuthing, Dugmore (2005) South African Qualifications Authority gender equality and women's empowerment qualification notice. *Government Gazette*, No. 27888: 12-25

117. With financial and other assistance from the Commonwealth Secretariat, DFID and others.

118. *For example*: Sonke Gender Justice in South Africa

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government officers, civil servants and the private sector¹¹⁹. The Health Economics and AIDS Research Division, (HEARD) University of Natal, has produced guidance on HIV geared to the needs of civil servants working through SWAps¹²⁰. This guidance identifies the vulnerabilities of women and children to HIV and the impact of the pandemic, and flags their particular needs.

Justice and women's rights

Local lawyers and human rights groups are often activists pressing for justice, legal reforms and protection of women's rights¹²¹. Women's support centres that offer comprehensive services for victims of rape, domestic violence and sexual assault exist in some countries¹²². International NGOs have worked with local partners to create innovative solutions to raising public awareness and understanding of women's rights, reaching women with information on their rights and providing access to legal support. For example, Plan International in Uganda has facilitated the training and deployment of a cadre of village volunteers, known as "barefoot lawyers". They help women and children affected by HIV raising awareness of legal rights and making referrals to agencies that provide legal assistance regarding land and property rights¹²³.

A number of NGOs have initiatives or projects that address issues of women's property and inheritance rights in the context of the AIDS epidemic, and many provide services for widows. One example in Kenya, the Women's Property Ownership and Inheritance rights project (KWPOI)¹²⁴ was implemented through the Kenya National Commission on Human Rights¹²⁵, and works in partnership with the cultural structures (traditional institutions) that provide the main form of governance for rural communities to promote and protect women's rights and at the same time to reduce their vulnerability to HIV infection. KWPOI seeks to educate and inform local councils of elders about the statutory law, and the plight of widows in their jurisdiction, confronting denial, addressing social norms and the debasement of traditional culture, and drawing upon traditional values that require protection of the weakest in society, to protect widows' rights.

119. *For example:* Emang Basadi (Botswana), Abantu for development (Ghana) Femnet (Kenya), Sister Namibia (Namibia), the Gender Education and Training Network, and the Women's Development Foundation (South Africa), Tanzania Gender Network Programme (Tanzania), Sister Sister (Zambia) and Zimbabwe Women's Resource Centre and Network (Zimbabwe).

120. Elsey, Helen and Prisca Kutengule (2003) *HIV/AIDS mainstreaming: a definition, some experiences and strategies*. Pietermaritzburg, South Africa: HEARD, University of Natal.

121. *For example:* Zimbabwe Lawyers for Human Rights (ZLHR) and the publication ZLHR (2003) *HIV/AIDS & human rights in Zimbabwe Women, Girls and HIV/AIDS*. Harare: Zimbabwe Lawyers for Human Rights.

122. *For example:* Masimanyane in Eastern Cape, South Africa. Reference: Lesley A Foster (2003) South African experiences in fighting domestic violence. *Sexual Health Exchange*, 2002-3: no page numbers. www.kit.nl/exchange/html/domestic_violence_-_sexual_heal.asp [accessed October 22nd, 2006]

123. Plan (2006) *'Barefoot lawyers' help thousands in Uganda*. Toronto, Ontario: Foster Parents Plan Canada. <http://www.fosterparentsplan.ca/News/LatestUpdates/2006/Barefoot-lawyers-september272006.aspx> [accessed November 30th, 2006]

124. Nyong'o, Dorothy and Otuma Ongalo (2005) *From Despair to Hope: Women's Right to Own and Inherit Property*. Nairobi: POLICY Project and Kenya National Commission on Human Rights.

125. Initiated under the POLICY Project and continued under the Health Policy Initiative Task I, funded by USAID

The approach has proven faster, cheaper and more socially acceptable and *accessible* than recourse to the few Public Trustees in urban areas and the statutory legal processes¹²⁶.

Economic empowerment and HIV

Several NGO programmes aim to economically empower women to reduce their children's vulnerability to HIV by mitigating the impact of AIDS on the family. For example, *inter alia*, Concern Worldwide and Plan International have a programme in Haiti that provides micro-loans to women in AIDS affected households. There, local money lenders, as well as friends and relatives, refuse to lend money to women who are known to be infected with HIV. The women are unable to pledge guarantees in cash or property titles for microfinance institution loans and nobody stands as co-signer for women who are known to be HIV positive¹²⁷.

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) was a collaborative intervention research study between University of the Witwatersrand and the Small Enterprise Foundation in South Africa¹²⁸. The methodology used a randomised trial to assess an intervention that combined a microfinance programme with a gender and HIV training curriculum, "Sisters-for-Life". Villages in the rural Limpopo province of South Africa were randomly allocated to receive the intervention at study onset or 3 years later. Loans were provided to poor women who enrolled in the intervention group. The participatory learning and action (PLA) Sister-for-Life training was integrated into loan meetings, which took place every 2 weeks. Both arms of the trial were divided into three groups: direct programme participants or matched controls (cohort one), randomly selected 14–35-year-old household co-residents (cohort two), and randomly selected community members (cohort three). Primary outcomes were experience of intimate-partner violence—either physical or sexual—in the past 12 months by a spouse or other sexual intimate (cohort one), unprotected sexual intercourse at last occurrence with a non-spousal partner in the past 12 months (cohorts two and three), and HIV incidence (cohort three). Analyses were done on a per-protocol basis¹²⁹. In cohort one, experience of intimate-partner violence was reduced by 55%. The intervention did not affect the rate of unprotected sexual intercourse with a non-spousal partner in cohort two, and there was no effect on the rate of unprotected sexual intercourse at last occurrence with a non-spousal partner or HIV incidence in cohort three¹³⁰. At the small scale of the study, the combined microfinance and training intervention led to reductions in levels of intimate-partner violence in programme participants. The researchers conclude that social and economic development interventions have the potential to alter risk environments for HIV and intimate-partner violence in southern Africa.

- This intervention now needs repeating and evaluating at greater scale and in other middle- and low-income countries to determine if this promising model has wider applicability. University of the Witwatersrand has made available all the intervention tools, including the microfinance descriptions,

126. *Other examples are briefly described in:* Strickland, Richard (2004) *To have and to hold: women's property and inheritance rights in the context of HIV/AIDS in sub-Saharan Africa*. Washington, DC: International Center for Research on Women.

127. Concern International, Haiti (no date) *Microfinance for urban households affected with HIV&AIDS*, an unpublished case study provided by Breda Gahan, March 3rd, 2007.

128. With funding *inter alia* from DFID, SIDA the Ford Foundation, Kaiser Family Foundation, HIVOS and the South African Department of Health and Welfare.

129. Pronyk, Paul M et al (2006) Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet*, **368**:1973-83

130. *Ibid.*

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the Sisters-for-Life materials (women's empowerment and HIV curriculum and materials) and the research tools including the training resources for the evaluators on its website¹³¹.

Other examples of women's empowerment and HIV

1. A South African NGO, Mothers 2 Mothers (m2m)¹³², provides an innovative, community-based education and mentoring programme for HIV-positive pregnant women and new mothers. The programme offers outreach, education and peer support to overcome social and emotional barriers that keep women from accessing medical care¹³³. m2m trains and employs new mothers who have themselves benefited from services to become "Mentor Mothers." These Mentors are empowered to become a team of facility-based, grassroots caregivers and educators for other HIV-positive mothers and become an increasingly integral element of clinical prevention of mother-to-child transmission care. The Mentors focus medical attention toward a mother's wide spectrum of needs — physiological, psychological, emotional, social and spiritual. They are said to contribute to increased uptake of services for the HIV positive woman and her infant through the first year of life, although there are no published formal evaluations of m2m.

2. Use of the female condom and empowerment has been addressed in over two dozen studies worldwide on a range of psychological empowerment outcomes, and with women's ability to negotiate safer sex leading to reduced HIV and STD incidence. Interventions that fostered women's empowerment in the larger context of reproductive autonomy may be more effective than approaches limited to providing female condoms¹³⁴.

3. HIV prevalence among sex workers and their clients contributes to the spread of the HIV epidemic. Sex worker led interventions that empower sex workers as agents for change are proven to be effective approaches to enhancing both quality and coverage of prevention interventions with sex workers and their clients, and to contain HIV transmission. Examples include Sonagachi in Kolkata^{135, 136}, and Stopping HIV and AIDS through Knowledge and Training Initiatives (Shakti) in Bangladesh^{137, 138}.

Transforming gender roles and relations between men and women

The aspect of women's empowerment and HIV that has widest agreement among OECD/DAC members is the urgent need for transformation of relations between men and women at the individual, family and community levels. There are a number of examples of different approaches and methodologies - including

131. http://www.wits.ac.za/Health/PublicHealth/Radar/IMAGE_study.htm [accessed November 2nd, 2006]

132. Funded by the Government of South Africa, public health institutions in South Africa, and private donations (with fundraising in the USA)

133. <http://www.m2mafrica.org/> [accessed December 1st, 2006]

134. Gollub EL. The female condom: tool for women's empowerment. *American Journal of Public Health*, 2000, **90**(9):1377–1381.) cited by WHO Europe's Health Evidence Network: http://www.euro.who.int/HEN/Syntheses/empowerment/20060119_5

135. Jana Smarjit, et al. (2005) The Sonagachi Project: A Sustainable Community Intervention Program. *AIDS Education and Prevention*, **16**(5):404-414. doi: 10.1521/aeap.16.5.405.48734

136. Nath, Madhu Bala, (2000) Women's health and HIV: experiences from a sex workers' project in Calcutta. *Gender and Development*, **18**(1)

137. Care (2002) *First steps: The Shakti Project*, in *AIDS briefing paper. Preserving the human rights of people affected by HIV/AIDS*. Care International, Atlanta

138. Bloem M, (1999) HIV interventions for street-based sex workers in Dhaka city. *Research for Sex Work* **2**:7-8

the IMAGE study mentioned above - that seek to reduce gender-based violence, coerced sex, increase men's involvement in reproductive health and HIV prevention, and address gender socialisation of children and constructs of masculinity and femininity. Prevailing views of masculinity that men require frequent sexual gratification and multiple partners need challenging and social norms that accept violence and coercion must change if the HIV epidemic is to be contained and reversed.

One resource, *Engaging men in gender equality: positive strategies and approaches*¹³⁹ an overview and annotated bibliography¹⁴⁰, provides a review of the conceptual shift from women in development to gender and development, and an emphasis on gender *relations*. It discusses vulnerabilities and powerlessness, including that men may be vulnerable and powerless - for example in situations where there are social hierarchies such as the caste system. Men may be forced into dominant masculine norms with which they are not comfortable, through peer pressure. Strategies for change emphasise that men must be agents for change and participants in reform, potential partners and allies in striving for gender equality and justice.

Addressing sexuality

Some donors argue for comprehensive sexuality education, and there is a body of evidence in the literature supporting the importance of addressing social dimensions of sexuality and pleasure for effective condom promotion¹⁴¹.

Living for Tomorrow

The Nordic Institute for Women's Studies and Gender Research (NIKK) *Living for Tomorrow*¹⁴² project was a three-year development and research project in Estonia (1998-2000) that sought to address gender and HIV with youth. It explored new methods for approaching gender-focused sexual safety with young people using sexuality workshops and shared, active learning by the youth participants and the project staff. *Living for Tomorrow* methodology included discussion of cultural frameworks for sexuality, mapping notions of desire, pleasure and gender; exploration of social influences on gender norms with efforts to loosen the tight social strictures on sexuality; and involvement of young people themselves in identifying relevant issues as well as engaging with critical debate on gender issues to facilitate their agency in the framing of HIV awareness education and discussions, from the perspective of Nordic concern for progress toward gender equality. Although this project spawned a number of NIKK papers about gendering HIV prevention¹⁴³, there seems to be no evaluation published in English or peer reviewed journals.

139. Esplen E (2006) *Engaging men in gender equality: positive strategies and approaches Overview and annotated bibliography*. Institute of Development Studies, Brighton, UK.

140. *Funded by*: Irish Aid.

141. *Most recently*: Philpott, Anne et al. (2006) Pleasure and Prevention: When Good Sex Is Safer Sex. *Reproductive Health Matters*, 14(28):23-31

142. *Funding: not known* but implemented in *dialogue* with Nordic, Baltic and N.W. Russian Women's Studies and Gender Research networks and other European education units, UNDP, UNAIDS, UNICEF, WHO European Network of Health Promoting Schools, SIDA and a range of Nordic organisations.

143. *For example*: Lewis, Jill (2003) *Gendering prevention practices a practical guide to working with gender in sexual safety and HIV/AIDS awareness education*. Oslo: Nordic Institute for Women's Studies and Gender Research (NIKK).

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Inner Spaces, Outer Faces

The International Center for Research on Women (ICRW) and CARE USA implemented the two-year *Inner Spaces, Outer Faces*¹⁴⁴ gender and sexuality initiative (ISOFI) from 2004 to 2006 to influence reproductive health outcomes. The initiative integrated gender and sexuality into CARE sexual and reproductive health programming, with local partners, including addressing HIV in sites in India and Vietnam through an organisational change strategy that promotes deep personal learning and structural re-alignment. ISOFI aimed to generate significant shifts in how a select group of CARE country offices undertakes reproductive health programming, transforming the organisations¹⁴⁵. The ISOFI methodology first focused on personal learning and change, and then segued to organisational learning and change, using structured iterative loops of reflection/learning → action/experimentation → analysis/assimilation. ISOFI requires a safe space for reflection and dialogue be carved out at all levels of an organisation. As staff pass through the process they are enabled to ensure issues of gender and sexuality are incorporated into their programmes and are able to discuss power, pain, pleasure and shame with each other, colleagues in partner organisations, and communities. Following the two-year pilot, CARE and ICRW have consolidated the learning and tools into the “ISOFI Innovation System”, field tested in India and Vietnam, in five intervention modules: 1) portfolio review and needs assessment; 2) gender and sexuality training; 3) Reflective dialogues (collective reflection); 4) personal learning narratives (individual reflection); and 5) participatory learning and action (application learning to interventions). There is also a participatory evaluation module that can be applied as a midterm review or end of process evaluation.

Examples of methodologies for transforming relations between men and women

Instituto Promundo Program H

In Brazil, Instituto Promundo developed Program H, an integrated gender equality and health promotion initiative for young men. Horizons, a global operations research programme¹⁴⁶, in collaboration with Instituto Promundo, has undertaken a quasi-experimental evaluation of Program H¹⁴⁷. One intervention component was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide “lifestyle” social marketing campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. One arm of the study focused on the group education only, a second provided a combination of both interventions, and a third delayed intervention to allow for a control period. At baseline, more than 70% of the young men were sexually experienced, with sexual initiation taking place at an average age of thirteen. The evaluation used the Gender-Equitable Men (GEM) Scale, and young men’s agreement with inequitable gender norms on the GEM Scale was significantly associated both physical and sexual violence against a partner. A comparison of baseline and six month post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time, while a similar change was not found at the control site. These positive changes were maintained at the one-year follow-up in both intervention sites.

144. *Funded by:* The Ford Foundation

145. Kambou, Sarah Degnan et al. (2006) *Walking the talk: inner spaces, outer faces, a gender and sexuality initiative*. Washington DC: International Center for Research on Women, and Atlanta: CARE USA

146. *Funded by:* the US President’s Emergency Plan for AIDS Relief, through USAID.

147. Pulerwitz, J et al. (2006) *Promoting more gender- equitable norms and behaviors among young men as an HIV/AIDS prevention strategy*. Washington, DC: Horizons/The Population Council.

South Africa: Men as Partners

EngenderHealth pioneered the Men as Partners (MAP) programme in South Africa from 1996 in collaboration with Planned Parenthood Association of South Africa (PPASA)¹⁴⁸. MAP, works with men to promote gender equality, end domestic and sexual violence, and reduce the spread and impact of HIV and AIDS¹⁴⁹.

The initial activity comprised educational workshops with men or men and women, lasting from an hour to a week, with more people reached with messages through the mass media, and local campaigns. EngenderHealth with PPASA developed the curriculum for the workshops. However, the focus of activity has expanded to include making strategic partnerships with local organisations that form the MAP network and provide a broad movement for change. The MAP network and methodology is now extending to other southern African countries¹⁵⁰. MAP evaluations¹⁵¹ have demonstrated that

- 71% of past MAP workshop participants believed that women should have the same rights as men, whereas only 25% of men in the control group felt this way.
- 82% of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38% of the control group felt that way.

Stepping Stones

Stepping Stones is a methodology for addressing gender, HIV, communication and relationships with communities¹⁵². It takes communities through a series of facilitated focus group discussions where young women, older women, young men, and older men have a space and private time with their own self-defined age and gender peers to address gender and relationship issues together. The methodology also provides space and skills for reporting back to the wider community on the concerns and solutions identified in the focus group discussions. Drama and role-plays are commonly used to help people communicate about subjects that are not normally spoken about openly - with others in the community or within the family. The training package promotes *gender equity, inter-generational respect and solidarity with HIV positive people*, in a human rights framework. It is an important resource for those seeking to transform gender roles, create a more gender-equitable society and reduce the spread of HIV¹⁵³. The methodology has been used by NGOs as an approach for integrating gender and HIV at community level in several African countries¹⁵⁴.

148. With funding from the Ford Foundation and CIDA.

149. <http://allafrica.com/stories/200610110932.html> [accessed November 13th, 2006]

150. With funding inter alia from SIDA, UNAIDS and PEPFAR through USAID's ACQUIRE Project.

151. Peacock, D. (2005) *The South African Men as Partners Network: Mobilizing Men for Gender Justice*. PowerPoint presentation at IGWG technical update on gender based violence, November 30th, Washington DC. http://www.igwg.org/eventstrain/presentations/Peacock_Web.ppt [Accessed August 31st, 2006.]

152. Welbourn, Alice (1995) *Stepping stones: a training package on HIV/AIDS, communication and relationship skills*. London: ActionAid.

153. Based on information from the Stepping Stones Users' Group, and the Stepping Stones feedback website: <http://www.steppingstonesfeedback.org/> [Accessed August 31st, 2006.]

154. Hadjipateras, Angela et al. (2006) *Joining hands. Integrating gender and HIV/AIDS: Report of an ACORD Project using Stepping Stones in Angola, Tanzania and Uganda*. London: ACORD

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Barker and Ricardo provide a comparative analysis of different approaches to applying a gender perspective in working with young men in Africa¹⁵⁵ that includes a review of Stepping Stones, and Men as Partners in South Africa. Both methodologies were found to be promising and worthy of scaling up. A recent evaluation of Stepping Stones reviews and synthesises all the previous evaluations, many of which were not rigorous, and establishes standards for future field evaluations¹⁵⁶.

Men's action for stopping violence against women

Sahayog, an Indian NGO working in the Hindi-speaking northern states to promote gender equality and women's health from a human rights framework¹⁵⁷. The Men's Action for Stopping Violence Against Women initiative (MASVAW) started as a campaign by concerned male human rights activists who collectively wanted to bring about change to reduce gender-based violence including domestic violence and sexual harassment. The initiative has many community-based organisation members and individual members who are attracted to the cause. Members raise awareness and visibility of gender-based violence by putting it on the agenda of local village meetings, using posters, writing to and for the press; they similarly require local village councils to include women's issues on their regular meeting agendas¹⁵⁸. Some MASVAW member organisations offer training in gender awareness and addressing gender-based violence for youth and others; many have established village monitoring committees and are involved in the casework of specific incidents of violence against women. Some hold regular classes for young men to reflect on and analyse their own attitudes and behaviour towards women. MASVAW aims to become a social movement for change and reduction in violence against women¹⁵⁹.

155. Barker, G and Ricardo C (2006) Program approaches applying a gender perspective in working with young men. Chapter 5 in: *Young men and the construction of masculinity in sub-Saharan Africa: implications for HIV/AIDS, conflict and violence*. Social Development papers no. 26. Washington, DC: The World Bank.

156. Wallace, T (2006) *Evaluating Stepping Stones: a review of existing evaluations and ideas for future M&E*. ActionAid International, Johannesburg, South Africa.

157. Funded by: the MacArthur Foundation, OXFAM, DANIDA and UNFPA

158. See: http://www.sahayogindia.org/partners_ngos_activites.htm [Accessed August 31st, 2006.]

159. For more information see: http://www.sahayogindia.org/msbrow/msb_f_web.htm [Accessed August 31st, 2006.]

EXAMPLES OF GOOD PRACTICE

- All the measures described in [Key interventions and approaches to women's empowerment and HIV](#), particularly the initiatives and projects in the sections [NGOs and women's empowerment and HIV activities](#) and [Transforming gender roles and relations between men and women](#) are promising practices that promote the empowerment of women to reduce their vulnerability to HIV. All are well worthy of implementation. However, as yet, they have only been implemented on a pilot basis or at small scale, and not all have been rigorously evaluated. Thus it is not yet known whether they can be brought to scale in any given country or whether they can be transferred to other countries and cultures.
- [Donor policies and strategies](#) and contributions to multilateral and UN Agencies that provide leadership and technical support for women's empowerment and HIV, along with the needed [Change in recipient/partner countries](#) are vital, complementary measures to individual and community level empowerment initiatives. They are essential contributions to an enabling environment.
- Other related aspects of good practice include working with women and men to identify the drivers of particular HIV risk behaviours — using shared learning or Participatory Learning and Action methodologies. [Stepping Stones](#) can assist communities to identify drivers of HIV risk behaviours and to respond effectively. Responses that empower women and men to counter the particular drivers identified are then designed with the women and men affected, to ensure both ownership and action.¹⁶⁰

160. For another example of a shared learning initiative that sought to understand the drivers of cross-generational sex and found that not all young women are vulnerable and/or passive see [ANNEX 2](#)

GAPS IN KNOWLEDGE AND PROGRAMMING

There are a number of gaps in our knowledge of women's empowerment and HIV.

At community and individual level, we do not know whether interventions with women (such as in the IMAGE study) to counter the low self esteem and vulnerability can lead to lasting change in relations between men and women, beyond the life of the intervention. Years of parenting and socialisation of girls that discriminates against them financially, educationally, and in access to other resources within the family, compared with their brothers, might result in return to the inequitable status quo after the completion of an apparently successful intervention.

We also do not know whether NGO programming that works on a relatively small scale in a given country, can be brought to scale within that country, and whether that programming can be replicated successfully in other countries.

There is a need to pilot, monitor and evaluate, and then bring to scale provision of social transfers — either cash or vouchers — as a mechanism for increasing girls' access to schooling in low-income countries. It is not known whether partner / recipient country governments can effectively and efficiently implement cash transfers nationally. It will be important to track country experience and also compare cash transfers or vouchers that are conditional on school attendance with poverty alleviation measures that provide unconditional cash transfers to the poorest families¹⁶¹. Implementation monitoring as provision of social transfers are taken to scale will be vital for identifying lessons learned and good practice that might be implemented in other countries.

Although OECD/DAC members have strong [policies and strategies](#) for women's empowerment and HIV, and provide leadership for women's empowerment at global level, both directly and through support for [multilateral institutions](#) that also provide technical leadership and support to countries, there is often a gap between policy and practice. This is particularly evident where ODA is channelled to general budget support and SWAps. Donor staff in country may lack guidance and tools for engaging partner/recipient countries in discussion around the policies and change needed for women's empowerment and HIV. This is in part from anxiety about seeming to be imposing conditionality. However, discussions with partner/recipient countries need to include how the partner is moving towards achieving the Millennium Development Goals (MDGs). Partner/recipient countries' own poverty reduction strategies need to address women's empowerment and HIV if they are to make progress towards the MDGs. Where several donors contribute to a "common basket" of funding it is important that donor staff use harmonised guidance and tools for discussion of poverty reduction and attaining the MDGs. One important area for donor dialogue and technical assistance that will contribute to women's empowerment and reduction of vulnerability to HIV is strengthening countries' own policies and service provisions for educating girls. These measures must ensure that all girls receive primary education and that there is no gender disparity in access to secondary education. This means also that donors and diplomats dealing with HIV and gender inequality learn do speak about sex and power differences. For example the Netherlands Ministry of Foreign Affairs is regularly training staff in sexual and reproductive health and rights and HIV.

161. One experimental intervention that aims to generate data on the costs and benefits of conditions attached to social cash transfers was scheduled to commence in September 2006. The Zambia Social Welfare Department and Care International will implement and evaluate the intervention in Chipata. Schubert, Bernd and Rachel Slater (2006) *Social cast transfers in low-income African countries: conditional or unconditional?* Dev. Policy Rev. **24**(5):571-578

NEW INITIATIVES TO EXPAND KNOWLEDGE OF WHAT WORKS IN WOMEN'S EMPOWERMENT AND HIV

Although there are gaps in our knowledge of what works for empowerment of women and reduction of vulnerability to HIV, there are a number of current donor commitments or initiatives underway that are likely to fill in the knowledge gaps and provide sound evidence for how to achieve women's empowerment, transformation of gender relations, and reduced vulnerability to HIV over the next few years.

Expansion of programming for transformation of relations between men and women

The Dutch NGO *Stop AIDS Now!* is currently establishing a gender and development project to promote gender equality and reduce vulnerability of women and girls to HIV/AIDS with its network of NGO partners and local groups, "counterpart organisations", in Kenya and Indonesia¹⁶². The project, with a timeline from mid-2006 to end 2008, draws on current thinking and experience in gender and methodologies for transforming relations between men and women. These include involving men and boys in reducing the vulnerability of women and girls to HIV. Evaluation of the counterparts' programmes should provide further evidence on whether existing methodologies for transforming gender roles and relations between men and women can be transferred to other countries and cultures.

In Tanzania, Family Health International is implementing a youth intervention that will include elements of Promundo's Program H with complementary interventions for young women (Program M) that seeks to transform gender roles and empower young men and young women to adopt improved reproductive health behaviours and reduce vulnerability to HIV. Promundo itself is partnering members of the MAP network in South Africa. These initiatives will provide evidence on the applicability of Program H in the African context.

New knowledge generation/research initiative

A new research initiative is currently being implemented by the Institute for Development Studies, University of Sussex¹⁶³. At present, in its long inception phase that involves local research partners in four countries around the globe, this initiative is important because it will generate new knowledge on what works where in gender equality and reduced vulnerability to HIV.

Women's justice and empowerment in Africa initiative

The Women's Justice and Empowerment Initiative¹⁶⁴ will be implemented in South Africa, Zambia, Kenya and Benin over three years, the initiative will include awareness raising, improving the criminal justice system, and victim support. This initiative will 1) build on known good practice — for example Benin has passed a family code and a sexual harassment code, and outlawed polygamy; 2) instigate training for police

162. *Funded by:* the Netherlands Government

163. *Funded by* DFID

164. *Announced by* the US President in June 2005 with USD 55 million in new funding

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to improve investigation of rape and violence against women, and for prosecutors and judges to improve prosecutions for rape and violence against women; and 3) establish - or in the case of South Africa bring to scale - victim support centres providing case management for victims of violence and comprehensive services for legal, medical, and psychosocial counselling support for women who have experienced violence.

New human rights commitment

The Legal Empowerment of Women Initiative will provide further evidence on how rights-based approaches to women's empowerment can impact the HIV epidemic over the coming years¹⁶⁵. This initiative is part of a comprehensive approach to HIV that recognises the importance of promoting and protecting human rights, with a particular emphasis on four key areas including promoting children's rights, gender equality and women's empowerment to address the feminisation of AIDS.

165. Announced on World AIDS Day, December 1st 2006 by the Government of Canada with CAD 120 million in new funding

CONCLUSION

The greatest challenge for women's empowerment and HIV is instigating change at the required scale to achieve wide impact on vulnerability to HIV. This will require:

1. significant political commitment reflected in continued donor and multilateral institutions' leadership,
2. improved and harmonised discussions between donor and recipient governments to ensure:
 - i. an adequate policy environment,
 - ii. reformed and enhanced justice systems that protect women's rights to property ownership and inheritance; protect women's and children's interests in family court jurisdiction over divorce and custody; and ensure proper justice for women who experience violence,
 - iii. availability and accessibility of primary schooling for all children, a safe school environment, and equity between girls and boys in access to secondary education,
 - iv. tracking spending and reporting on services and programmes for the empowerment of women and girls and prevention of HIV.

Sexual and reproductive health status affects vulnerability to HIV. Gender inequality, poverty, stigma and discrimination, and social exclusion and marginalisation of the most vulnerable populations both affect and are affected by HIV infection and SRH status.¹⁶⁶ Linking HIV prevention with empowerment of women is fundamental to giving women equitable access to prevention and to stemming the tide of the HIV pandemic. This can be achieved by:

3. Integrating HIV prevention with SRH information and services — including family planning, mother and child health care. This is another important area for donor coordination and harmonisation to ensure women have access to a full range of choices to protect themselves from HIV.
4. Meeting the sexual and reproductive health needs of sexually active young women, married and unmarried, eliminating the barriers to accessing information and services and ensuring "youth friendly" facilities. These provisions are urgently needed to reduce the catastrophically high and rising HIV prevalence in young women in many countries in Africa, and prevent rising prevalence in youth elsewhere.
5. Providing access to a comprehensive package of SRH information and services to women living with HIV. This is important for informed choice in family planning and the prevention of mother-to-child-transmission.

Donors can assure better integration of AIDS and SRH policies and programmes based on gender equality, women's empowerment and human rights.

166. WHO/UNFPA/UNAIDS/IPPF (2005) *Sexual and reproductive health & HIV/AIDS a framework for priority Linkages*. Geneva: World Health Organization may be downloaded from http://www.who.int/reproductive-health/stis/docs/framework_priority_linkages.pdf

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Programmatic interventions need to be implemented at a greater scale, and evaluated to identify good practice that should then be brought to scale globally to

- improve women's economic empowerment,
- enhance women's self esteem,
- build assertiveness and skills to negotiate safe and responsible sexual practice, including the use of condoms, as well as
- transform gender roles and relations between men and women, and to reduce gender-based violence.

**ANNEX 1:
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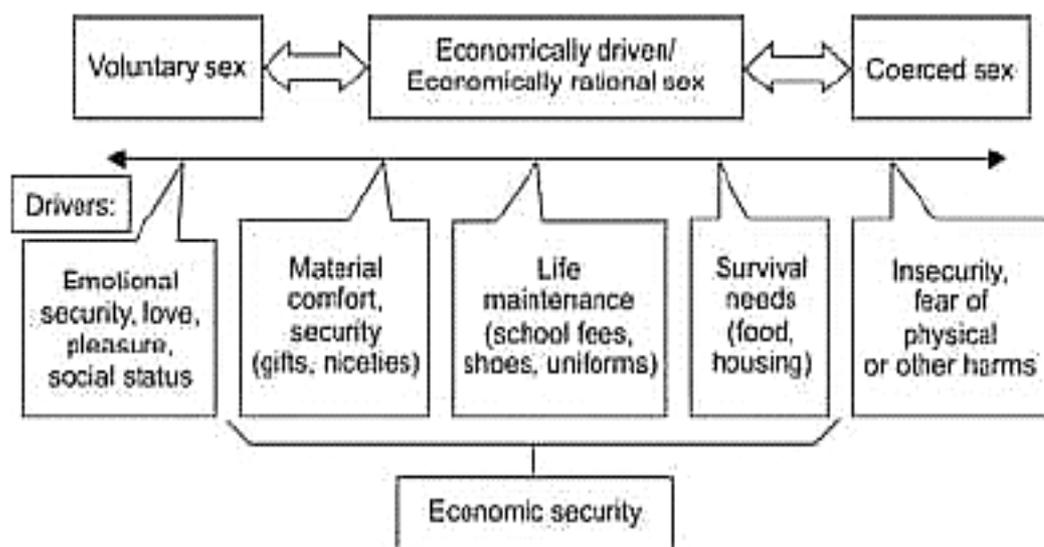
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**ANNEX 2:
AN EXAMPLE USING SHARED LEARNING TO IDENTIFY DRIVERS OF RISK
BEHAVIOUR**

Save the Children Federation USA (SC) in Malawi sought to understand the drivers for a risk behaviour - cross-generational sex¹⁶⁷. Working with young women in their programme area, SC mapped cross-generational sex and identified its drivers. The model SC and the young women developed for cross-generational sex posits a “continuum of volition” for young women’s participation. This extends from fully voluntary → involuntary coerced sex → sexual violence. The drivers vary from emotional security; financial security, survival security to coercion. This model suggests that not all young women are vulnerable and/or passive. Some empowered youth choose to engage in relationships for “security gains” (emotional or economic). Further along the continuum, “economically rational sex”, ranges from sex for “desired material benefits” to sex for survival. Coerced sex and sexual violence, where the young woman is forced into participating is a symptom of huge power asymmetries and complete lack of regard for women’s and girls’ health and well-being. Each driver requires a different response. In a voluntary relationship, an appropriate response is to make that relationship safe. If the young person is forced into a relationship, an appropriate response is to ensure protection, although this may be difficult or impossible during incidents of coercion or physical attack.

Figure 1, below, presents a diagram of the continuum identifying the different drivers according to the degree of volition.

Figure 1: The continuum of volition for young women’s involvement in cross-generational sex and the related drivers for the risk behaviour.



167. Weissman, A et al (2006) Reframing and addressing cross-generational relationships in Malawi. *Exchange on HIV/AIDS, sexuality and gender*. 1(1) March: 10-11.

**ANNEX 3:
PERSONS CONTACTED BY TELEPHONE AND/OR EMAIL FOR THE REVIEW**

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