

**MAINSTREAMING  
GENDER EQUALITY INTO  
NATIONAL RESPONSE TO  
HIV AND AIDS  
*NIGERIAN CASE STUDY***

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## ACRONYMS

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AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
AU	African Union
CEDPA	The Centre for Development and Population Activities
CIDA	Canadian International Development Agency
CISCGHAN	Civil Society Consultative Group on HIV/AIDS in Nigeria
CSO	Civil Society Organizations
DCGG	Donor Coordination Group on Gender
DfID	Department for International Development
ECOWAS	Economic Commission of West African States
ETG	Expanded Theme Group
ETWG	Expanded Theme Working Group
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FMOWA	Federal Ministry of Women Affairs
GTC	Gender Technical Committee
HEAP	HIV Emergency Action Plan
HIV	Human Immunodeficiency Virus

JICA	Japanese International Coordination Agency
MDGs	Millennium Development Goals
M&E	Monitoring & Evaluation
NACA	National Action Committee on AIDS
NASCP	National AIDS and STDs Control Programme
NEACA	National Expert Advisory Committee on AIDS
NEPWHAN	Network of People Living with HIV & AIDS in Nigeria
NGOs	Non Governmental Organizations
NNRIMS	Nigerian National Response Information Strategy
NRR	National Response Review
NSF	National Strategic Framework
PCA	Presidential Committee on AIDS
PLWAs	People living with HIV/AIDS
STIs	Sexually Transmitted Infections
SWAAN	Society for Women and AIDS in Nigeria
TWG	Thematic Working Group
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Agency for International Development

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## **INTRODUCTION TO THE CASE STUDY**

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The book is in two parts. Part 1 presents the situation analysis that sets out the context of the case study and Part Two presents the Case study in two sections. Section 1 describes the processes employed/steps taken in mainstreaming gender into the National Strategic Framework. Section 2 highlights and discusses the achievements, challenges and lessons learnt from the Nigerian experience of mainstreaming gender in the national HIV and AIDS response review and the development of the new National Strategic Framework on HIV and AIDS (NSF).

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## EXECUTIVE SUMMARY

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The government of Nigeria responded to the increasing rate of HIV/AIDS infection with the formation of the HIV/AIDS Emergency Action Plan (HEAP), a 3-year strategy that spanned 2001-2004. Towards the expiration of the HEAP the need for a review of the national response to the HIV/AIDS epidemic especially to meet the realities on ground was realized so a National Response Review as well as the development of a National Strategic Framework was planned. This provided an opportunity to mainstream gender equality that was missing in the HEAP into the national response to HIV epidemic. UNIFEM and CIDA advocated for the establishment of the Gender Technical Committee (GTC) with a mandate to promote and support the mainstreaming of gender as a cross cutting issue within the national response and also to promote a deeper understanding and commitment to gender-responsive HIV/AIDS response in Nigeria. UNIFEM in collaboration with CIDA and UNFPA funded gender consultants who worked with national consultants hired for development of the NSF to mainstream gender equality into the National Strategic Framework (NSF). The result is an engendered national framework which incorporates gender equality into every aspect.

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**PART ONE**

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**SITUATIONAL ANALYSIS OF THE HIV  
AND AIDS EPIDEMIC IN NIGERIA**

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## 1.1 Background Information

HIV/AIDS constitutes the greatest threat to Africa's development today, killing more people than wars and famine combined. Even in the face of increased political commitment and responses, HIV/AIDS poses an unprecedented threat to human welfare and socio-economic development. It is the fourth biggest killer worldwide but ranks as the leading cause of death in sub-Saharan Africa where death from HIV infection in adults is said to have surpassed that of malaria.<sup>1</sup> Women and girls are more vulnerable to infection and bear the burden of care for infected family and community members. Young women make up 60% of all 15-24 year olds living with HIV and AIDS globally and, compared to other regions of the world, more women than men are infected in sub-Saharan Africa.

Though women are biologically more vulnerable to HIV infection, there is evidence that gender roles and relations are inextricably linked with the level of individual risks and vulnerability to infection as well as the level and quality of care, treatment and support that the infected can access. Women and girls are reputed to be at the centre of the HIV and AIDS epidemic. A recent UNAIDS study reveals that HIV and AIDS programmes that address gender equality as a central goal maximize overall effectiveness. Unfortunately, this knowledge has not particularly influenced HIV and AIDS programming including in Nigeria. The United Nations General Assembly Special

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<sup>1</sup> Otiye-Igbuzor, E.J. HIV/AIDS, Human Rights and Women in Nigeria, WERRC Monograph Series No. 1, Women Empowerment and Reproduction Rights Centre (WERRC), Nigeria. pp. 1-22

Session (UNGASS) on HIV and AIDS in June 2001 with 189 country delegates in attendance stressed the point that gender equality and the empowerment of women are fundamental elements in the reduction of women and girls' vulnerabilities to HIV and AIDS. Delegates made a commitment to *intensify efforts to challenge gender stereotypes and attitudes and gender inequality in relation to HIV/AIDS, encouraging the active involvement of men and boys*. In addition, Millennium Development Goals 3 and 6 focus on gender equality and women and girls' empowerment and reducing the impact of HIV and AIDS, malaria and other diseases respectively.

Nigeria has the third largest population of people living with HIV/AIDS after India and South Africa. The HIV/AIDS population in Nigeria accounts for almost 4 million of a global total of about 40 million. Since 1991 when the first Sentinel Sero-Prevalence Survey was conducted in Nigeria, there has been a steady rise in prevalence from 1.8% to 3.8% in 1994, 4.5% in 1996 and 5.8% in 2001. Only in 2003 was there a slight, statistically insignificant decrease in the adult prevalence to 5.0%.<sup>2</sup> This corresponds to about 3,300,000 adults of which 1,900,000 (57%) are women.<sup>3</sup> In 2005, the prevalence rate in the country dropped to 4.4%. There were 2,600,000 adults living with HIV and 1,600,000 of these were women.<sup>4</sup> Nigeria's HIV and AIDS status is of great importance because of the lead role she plays in the affairs of regional and sub-regional bodies such as ECOWAS and

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<sup>2</sup> UNAIDS, Epidemiological Fact Sheet Nigeria, Update 2004

<sup>3</sup> Pennington, J., HIV and AIDS in Nigeria, <http://www.avert.org/aids-nigeria.htm>

<sup>4</sup> 2006 Report on the Global AIDS Epidemic. Annex 2: HIV and AIDS Estimates and Data, 2005 and 2003, pp. 505 - 506.

the African Union (AU) including economic activities and peace-keeping operations. Unless the trend in HIV transmission and the devastating impact of AIDS in every fabric of society is curtailed, it is bound to have a ripple effect on neighbouring countries and constitute a severe development crisis in the entire region. Nigeria's HIV/AIDS epidemic is mature and has moved beyond high-risk groups to the general population.<sup>5</sup>

#### **Commitments to HIV/AIDS and Gender**

UNGASS 2001

Stressed that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

Abuja

African leaders resolved to lead the battle against HIV/AIDS..... by ensuring coordination of all sectors at all levels with a gender perspective and respect for human rights, particularly to ensure equal rights for people living with HIV/AIDS (PLWAs)

Since the first reported case of HIV in Nigeria in 1986 there has been a gradual increase in high-level political commitment as well as government responses to the epidemic. The President of Nigeria, Ministers, State Governors, and some members of the National Assembly have made pronouncements on several occasions that highlight their commitment. Translating these pronouncements into action at the grassroots however remains a major challenge.

<sup>5</sup> Institute for Security Studies, Profile: Economic Community of West African States (ECOWAS), [www/iss.co.za/AF/RegOrg/unity\\_to\\_union/ecowasprof.htm](http://www/iss.co.za/AF/RegOrg/unity_to_union/ecowasprof.htm)

## **1.2. Gender issues in HIV and AIDS in Nigeria**

That HIV and AIDS affect boys and men differently from girls and women is no longer in doubt. This section examines the various factors that influence men/boys and women/girls' vulnerabilities to HIV and the differential impact of the epidemic. The factors and their relationships are diagrammatically presented in Fig. 1 in the Appendix. It is the appreciation of these factors, their differential impact on men and women and their human rights, as well as the need to address them if national responses to HIV and AIDS are to succeed that informed UNIFEM's work on gender equality in the context of HIV and AIDS.

### **1.2.1 Socio-cultural Factors**

Within patriarchal social structures, culture, tradition and religion play very important roles in establishing and perpetuating gender roles and relations. Gender norms and unequal power relations influence all aspects of the HIV and AIDS epidemic. Gender impacts vulnerability to HIV infection as well as the ability of women and men to access prevention, care, treatment, and support services and information.<sup>6</sup> Integrating gender and human rights perspectives into HIV and AIDS programming is imperative because it has become increasingly clear that men/boys and women/girls face different vulnerabilities and impact of the epidemic. In addition to physiological vulnerability to infection, social and psychological

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<sup>6</sup> How to Integrate Gender into HIV/AIDS Programs: Using Lessons Learned from USAID and Partner Organizations, May 2004, Gender and HIV/AIDS Task Force, Interagency Gender Working Group (IGWG), United States Agency for International Development (USAID)

vulnerabilities created by a set of interrelated economic, socio-cultural and legal factors are implicitly responsible for the feminization of the HIV and AIDS pandemic.

About 80% of HIV infection is through heterosexual transmission, the most common mode of transmission in Nigeria and therefore a critical factor in the response. Sexual behaviour is intricately linked with societal constructs of femininity and masculinity. Norms of femininity inhibit knowledge and assertiveness, and decrease women's ability to negotiate safer sex as they traditionally have no control over their bodies or sexuality. Similarly, norms of masculinity inhibit knowledge and support for shared decision making, and promote aggression and risk-taking by men. In the typical traditional and religious set up, *good women* are supposed to be shy, virginal and chaste with no knowledge of sex. They are quiet and submissive and as such cannot discuss or negotiate safer sex. Neither do they have a say over the fidelity of their sexual partners. Whether they would become infected or not is more a question of their male partners' choices. It is no wonder that the simple messages - *Abstain, be faithful and use condoms (ABC)* - completely miss the point with respect to women/girls' vulnerabilities in the country. For most women and girls, their situation rather than their behaviour is often risky. They mostly do not choose when or with whom to have sex.

In addition to their disproportionate vulnerability to HIV infection, women's child rearing and care-giving roles mean that they bear the burden of care for children, their spouses, the aged and other family members living with the virus or with AIDS. Many girls have dropped out of

school in order to provide care for a sick relative while women have given up paid jobs, petty trade or agricultural production to care for the sick. The care work is not recognized nor supported through public investment in women and/or subsidies.

On the other hand, certain traits stereotyped as masculinity contribute to men/boys' vulnerability to HIV and AIDS. Indulgence in alcohol, risk taking sexual behaviour, violence, adventure and promiscuity are acceptable as macho traits. Men/boys are expected to be experienced and knowledgeable about sexual matters and in order to maintain this false posture, many do not seek accurate information about the epidemic. The spread of such myths like 'sex with a virgin will cure a man of his STIs including HIV and AIDS' has been fuelled by such lack of knowledge by men. Culture, in this regard, increases vulnerability for men and boys.

There are other gender-based 'cultural' practices that increase men and women's vulnerability to HIV infection. The practice of female genital mutilation (FGM) as a traditional rite, using mostly unsterilized instruments presents very high risk for young girls and women. Even where sterile blades are used, FGM constitutes a violation of women/girls' human rights. Wife inheritance, wife hospitality (where a man offers his wife to a revered guest) and child marriage are harmful traditional practices as they predispose women to HIV infection. In some cultures, pubertal rites for young boys sometimes involve practical sessions of how to have sexual intercourse. The young boy is sexually initiated by having sex with an older woman.

Women are more likely to know their HIV status before their spouses due to non-consensual testing in antenatal clinics. They are often stigmatized and accused of bringing infection into their families. In Ibo language, for instance, sexually transmitted infections are referred to as *nsi nwanyi*, which literally means '*woman disease*'. Even as she provides care for her entire family, she may be kicked out of the matrimonial home.

In Nigerian society, being patriarchal, power is obviously tilted in favour of men. In order to halt the spread of HIV to women/girls and men/boys and to mitigate the impact of the epidemic, transforming gender roles and relations are imperative. There seems to be no other way to engender behaviour change.

### **1.2.2 Biological Factors**

The female reproductive organs have wide mucosal surfaces that remain in contact with seminal fluid for a long time after sexual intercourse. This increases women's vulnerability to infection. This is in contrast with the male organ, which is external. The age of sexual debut for young girls due to early marriage in some Nigerian societies can cause damage to the immature birth canal and cervix during sexual intercourse or prolonged labour during childbirth. The presence of a sexually transmitted infection increases the risk of HIV transmission by 2 to 9 times in both men and women.<sup>7</sup> Pregnancy related complications like anaemia, or caesarean sections may require transfusion of blood which exposes women to the

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<sup>7</sup> Population Reports, 1993. Sexually Transmitted Diseases, [www.prb.org](http://www.prb.org)

risk of being infected. Also, unprotected anal sex presents a great risk for HIV transmission.

### **1.2.3 Economic Factors**

Women's economic dependence on men is a key element of patriarchy. In several cultures in Nigeria, women do not own or control resources. They are often denied inheritance rights. Many women farm on their husband's farmland and in the event of his demise or divorce, have no claim to the land. Women also have limited access to credit.

Stereotypes pervade the educational system in Nigeria. At all levels of education, subjects and courses are stereotyped as masculine or feminine. Careers that reflect care giving roles like nursing, teaching, catering and secretarial work are regarded as feminine, with girls encouraged by parents and teachers to opt for these courses. Remuneration is low compared to careers regarded as masculine, such as piloting, architecture, medicine, and engineering. It is instructive to note that when economic value of designated female careers increases it is usually 'hijacked' by males. For example, a crop like tomato, initially regarded as a female crop, suddenly became a male crop when its economic value increased.

Women of reproductive age are often discriminated against in employment in some establishments e.g. banks, for fear of absenteeism due to maternity leave. In some places, women receive unequal pay for equal work as they are excluded from certain allowances under the notion

that they have no dependants. Today, women constitute a higher percentage of the poor in the Nigerian society.

Lack of or low education of women and girls increases the spread of HIV and AIDS. Their low economic status translates to low self-esteem and lack of power to participate in the development process and to make decisions about their sexuality. Many women/girls succumb easily to sexual exploitation and other risky sexual behaviour, including survival sex. This increases their risk of infection. The reverse is often the case for men who often have more leverage over resources. Many men show off their wealth by the number of women they have as lovers and mistresses. Commercial sex workers who have been empowered to negotiate condom use report that men often offer higher pay to have sex without a condom.<sup>8</sup> This increases male and female vulnerability to infection.

Though women constitute the most tested group in Nigeria owing to non-consensual testing at antenatal clinics, they are mostly excluded from healthcare services because of their low economic status. They are also mostly stigmatized and discriminated against in health facilities.

#### **1.2.4 Political/Legal Factors**

Nigeria is a federal state with three arms of government: the legislative, the executive and the judiciary. These arms are replicated at the State and Local Government levels.

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<sup>8</sup> Derex-Briggs, I. 1995. A report of fact finding mission to Starlite Hotel, Sagamu, Ogun State, Nigeria

The activities of these arms are closely related and act as checks and balances for one another. At the community level, however, the institutions of governance are multivariate and include district heads, village heads, ward heads and traditional rulers. In some communities, however, this arrangement is not well delineated.

There is a dearth of laws that unequivocally protect women's rights. The 1999 Federal Constitution of Nigeria has clauses that discriminate against women. In Section 29, Sub-section 4(b), the 1999 Federal Constitution of Nigeria endorses child marriage when it proclaims that *every woman who is married shall be regarded as an adult*. Also, the penal code endorses wife battery when it proclaims *that wives may be corrected provided grievous harm is not inflicted* (Section 55 (1) (D) of the Penal Code, cap 89, Laws of the Federation of Nigeria (LFN), 1963, applicable in Northern Nigeria). In the criminal code, the defilement of a boy is a crime punishable by 7 years imprisonment, while defilement of a girl is only a misdemeanour punishable with 2 years imprisonment (Nigerian Criminal Code, 1948). In the penal code of 1958, sexual abuse of girls is only regarded as rape if the girl has not reached puberty. Although strong statements about the prohibition of discrimination based on place of origin, religion, status, and freedom from discrimination and compulsory acquisition of property, are found in sections 24, 44, section 15 subsection 2 of the 1999 Federal Constitution of Nigeria, a wide gap exists between the provisions of the law and their practice or implementation.

There are three major legal systems in Nigeria, statutory law (enacted by parliament), customary law (traditional),

and the Sharia law. Given these three legal systems, conflict of laws and the resultant ambiguity, particularly *vis a vis* women's status and rights is a real problem. There is also a separate court system for each legal system, thus compounding the problem. Customary courts administer "justice" on the basis of local social norms, beliefs and practices, resulting in significant variation in customary law and its implementation from one locality to another, most to the disadvantage of women. In the majority of cases, most Nigerians knowingly or unknowingly submit to customary and religious legal systems and the sanctions they apply despite the protection of their rights provided for by the constitution and other statutory laws.

Gender relations determine the ability of males and females to participate in governance, policy formulation, and decision making from household to national level.<sup>9</sup> There are household, community and national level restrictions on individual females who aspire to participate in political or communal affairs. This is in spite of gender neutral legislation. The violent manner in which elections are conducted in Nigeria almost completely excludes women from vying for elective posts. In general, females have significantly little or no space to participate in governance as males do. In a senate of 109 members, only 3 are women. Also, there are only 21 women of 360 members in the Federal House of Representatives. No single state Governor is a woman. Only 30 out of the 400 delegates to the National Political Reform Conference (NPRC) convened early 2005 were women.

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<sup>9</sup> The World Bank, 2004. Nigeria Strategic Country Gender Assessment Report

The disadvantaged position of women in the legal and political system as well as in the educational sector in the country limits their participation in decision making and also restricts their access to information, treatment and other services that would have reduced their vulnerability to HIV infection.

### **1.2.5 Environmental Factors**

The process of industrialization, especially in areas which were previously rural, has seen an influx of population. In the Niger-Delta areas of Nigeria, exploration of oil has resulted in the opening up of many rural communities. The influx of expatriates and the availability of loose foreign currency have also seen an influx of girls and increased commercial sex work. Nationals who work on the oilrigs migrate to these parts away from their homes for long periods of time. In such situations there is an increase in sexual networking. Industrialization in these parts has also resulted in the endangering of the ecosystem, killing crops and fish. This affects the livelihood of women who make up the majority of fish and crop farmers, impoverishes them and contributes to increased prevalence of survival sex. Migration is also rife in Nigeria. With the movement of the nation's capital from Lagos to Abuja, many federal civil servants were separated from their spouses. This promotes sexual networking. The 2001 Sentinel Survey showed that Abuja had one of the highest HIV prevalence rates in Nigeria. By 2003, Cross Rivers State took the lead. An understanding of these factors must be taken into consideration for effective HIV and AIDS programming.

### **1.2.6 HIV/AIDS Related Service Delivery**

Services for HIV and AIDS are gender blind. Access to health services is as much a question of affordability as it is of availability. For the majority of women who live in rural communities and villages, health facilities are far from the home and the cost of transportation therefore makes the facilities inaccessible.

The introduction of user fees, owing to privatization, has made health services a commodity to be bought and many poor people, especially women, can ill afford the cost. This is because of women's low access to and control over resources such as family income, time burdens and lack of decision making ability on whether or not to travel away from their homes to access health services. In the context of HIV and AIDS, women therefore lack access to information on prevention/protection methods and or treatment if and when they are infected especially as they are the ones mostly involved in giving care to infected family members.

Further, preventive measures, particularly male condoms are produced, cheap and readily available when compared to female condoms. However, due to cultural norms regarding sexuality, women are not in control of the decision whether on not to use the condom (male or female). Public information on HIV and AIDS erroneously assumes free agency of women to abstain, use a condom or be faithful. Many women testify to being infected with HIV in spite of having been faithful to spouses. In addition, ARV drugs are only available in a few referral hospitals in Nigeria and they are not free. Neither is the regular laboratory screening that is integral to ARV treatment.

**PART TWO**

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**CASE STUDY**

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## Section 1

### Review of National Response to HIV and AIDS

#### 2.1 The Nigerian National Response to HIV and AIDS (2001-2004)

When HIV was first reported in Nigeria in 1986, the immediate public response was denial. However, a National Expert Advisory Committee on AIDS (NEACA) was set up by government. In 1988, NEACA was replaced by the National AIDS and STDs Control Programme (NASCP) under the Federal Ministry of Health.<sup>10</sup> AIDS Control was integrated into the Primary Healthcare System in Nigeria in 1991 under the control of the National AIDS and STDs Control Programme (NASCP) with equivalent structures at state and local levels. Nigeria's response to the HIV and AIDS epidemic at this time was purely health sector-driven, as AIDS was initially perceived as another health problem. The first Sentinel Sero-prevalence survey was carried out in 1991 and has been done biennially since then. In 1997 the HIV/AIDS Policy was drafted and adopted.<sup>11</sup> Today, it is clear that the epidemic is a development issue demanding a multi-disciplinary and multi-sectoral response. This understanding informed the formation of relevant structures to plan and coordinate Nigeria's response. The government places high priority on prevention, treatment, care and support activities. The highest decision-making

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<sup>10</sup>Ovrawah, O, 2004. National Human Rights Commission Quarterly Report.

<sup>11</sup>Mafeni, J.O. & Fajemisin, O. HIV/AIDS in Nigeria: Situation, Response, Prospects, 2003. Policy Project, Nigeria.  
[www.aidtransparency.org/docs/HIV/AIDS%20in%20Nigeria](http://www.aidtransparency.org/docs/HIV/AIDS%20in%20Nigeria)

body is an inter-ministerial committee formed by the Obasanjo Administration in 2000 and is known as the Presidential Committee on AIDS (PCA). The President of the Federal Republic of Nigeria chairs the PCA and its mandate is policy formulation, resource mobilization and advocacy. In addition to this, there exists a national multisectoral coordinating body, the National Action Committee on AIDS (NACA). By 1999, the HIV prevalence rate was 5.4%. In 2001, there was another leap to 5.8% necessitating the formation of the HIV/AIDS Emergency Action Plan (HEAP) - a 3-year strategy that identifies activities which the federal government intended to pursue over the period 2001-2004. The HEAP served as an expression of the government of Nigeria's interest in and commitment to a dynamic and proactive response to the HIV/AIDS epidemic.

The objectives of HEAP include among others:

- Promotion of a national multi-sectoral and multi disciplinary mobilization for HIV/AIDS prevention;
- Increasing awareness and sensitization among the general population and strategically-targeted stakeholders;
- Promotion of a national understanding and acceptance of the principle that all communities and all persons must accept responsibility for providing care and support for those infected and affected by HIV/AIDS;
- Removal of human resource, financial, cultural and informational barriers to HIV/AIDS prevention;
- Mitigation of the impact of AIDS by providing affordable and accessible drugs, encouraging counselling to those infected and affected by AIDS; providing financial assistance to AIDS

orphans and providing micro-credit facilities to people infected and affected by HIV/AIDS etc.

The two main strategies employed in HEAP were: (a) creation of an enabling environment through removal of socio-cultural, information and systemic barriers as well as catalyzing community-based responses; (b) specific HIV/AIDS interventions through preventive interventions targeted to high-risk populations such as commercial sex workers, empowerment of women to negotiate safer sex, prevention of infection through MTCT, workplace policies and programs related to HIV/AIDS, care and support for persons infected and affected by HIV/AIDS and general interventions for the general population.

NACA had the principal responsibility for advocating government's proactive approach to responding to the HIV/AIDS epidemic and was also responsible for coordinating the timely and effective execution of HEAP. NACA's role was also to ensure that the entities responsible for the implementation of specific activities received the financial, organizational and human resources support required to undertake and complete assigned activities in a multisectoral environment. In addition, NACA was responsible for developing the institutional capacity of SACAs and LACAs which were to undertake to advocate and support the development of HIV/AIDS activities originating at the State and Local Government levels. NACA, supported by the Government of Nigeria and development partners, facilitated an extensive process of programme formulation that included a situation analysis, extensive consultations with national and international professionals in both private and public sectors and the identification and mobilization of

resources. Partners in this endeavour included CSOs, women organizations and the UN that had a theme group on HIV/AIDS - the UNTG. There was also the formation of the Expanded Theme Group (ETG) that comprised the UN agencies and other stakeholders including CSOs such as CISCGHAN and NEPWHAN.

UNIFEM actively participated in the UNTG and the ETG and advocated for the establishment of a Gender Technical Committee (GTC) that would support NACA and the ETG to strengthen the focus on women's rights and gender aspects of the HIV and AIDS epidemic. Following advocacy by UNIFEM, CIDA and other organizations, NACA and the ETG established the GTC. The purpose of establishing the GTC is to promote and support the mainstreaming of gender as a cross-cutting issue within the national response, and to promote a deeper understanding and commitment to gender-responsive HIV/AIDS response in Nigeria. The establishment of the GTC is a clear demonstration of the commitment of the Federal Government of Nigeria and NACA to ensure that gender is mainstreamed in the national response. A list of organizations participating in the GTC is presented in the Appendix.

### **2.1.1 Response Review and Development of the Nigeria Strategic Framework 2005 - 2009**

#### ***Nigeria assesses progress and develops a fresh strategic framework***

Towards the expiration of HEAP in 2004, NACA, in consultation with partners in the implementation of HEAP, spearheaded the review of the National Response to

HIV/AIDS. The objective was to draw lessons that would inform the development of a new National Strategic Framework (NSF) for the period 2004-2009. The review was to involve government and non-governmental stakeholders, including people living with HIV. The exercise was designed to assess progress, identify gaps in the national response, and develop a new strategic framework within the context of prevailing realities. The main goal was to review the National Response to the HIV and AIDS based on HEAP 2001-4. Specific objectives of and activities carried out during the process of the National Response Review (NRR) were:

- Review of progress towards delivering the HEAP.
- Review of the objectives, targets and expected outcomes based on the indicators in the Nigeria National Response Information Management System (NNRIMS), the monitoring and evaluation plan developed to support HEAP.
- Identification and sharing of strategic information about the National Response.
- Documentation and sharing of local best practices on the prevention and control of the HIV/AIDS epidemic.
- Incorporation of emerging issues in the response to the epidemic.
- Identification and agreement on main priorities and milestones for the following two years 2005/6.

### **2.1.2 NACA Methodology**

The guiding principles for the review of the national response were the participation of stakeholders, consultation with key actors, inclusion of all sectors, wide

geographic representation and involvement of all tiers of government and the private sector. The review process consisted of a desk review, field visits, interviews of key informants and technical working group meetings. The draft report of each working group was presented to constituent consultative entities as established in the HIV/AIDS Partnership Forum (women, people living with HIV, civil society organizations, faith-based organizations) for their input and for validation. The NRR was done by eight thematic working groups, each focusing on a theme derived from the main components of HEAP. In order to capture the entire National Response, the Expanded Theme Group (ETG) on HIV and AIDS chaired by NACA designed the situation and response analysis around eight technical thematic areas which were:

- I. Prevention and behaviour change;
- II. Care, treatment and support;
- III. Policies, advocacy, legal issues and human rights;
- IV. Coordination and institutional arrangements, decentralization, local responses and social support;
- V. Surveillance, M & E and operational research;
- VI. Resource mobilization and management;
- VII. Socio-economic impact of the epidemic;
- VIII. Regional programmes, emerging issues and new technologies.

Thematic Work Groups (TWGs) were thus constituted around these thematic areas. Each working group was facilitated by two consultants recruited with the support of the United Nations system in Nigeria and NACA . Two senior consultants were put in charge of the entire exercise making a total of 18 consultants. Each thematic

facilitator was responsible for conducting the review in the assigned thematic area; data collation, information analysis, and compilation and presentation of the report; facilitation of TWG meetings in consultation and coordination of all the activities of the review for the thematic area including the fieldwork at all levels, information analysis, and compilation and presentation of the report. The entire facilitation team and members of the different TWGs were required to participate in a 3-day orientation programme and briefing on the objectives and process of the review and development of the NSF. The thematic facilitators were also expected to facilitate inclusion of cross-cutting issues where relevant to the thematic area. Gender was one such cross-cutting issue.

The GTC was charged with the central role of ensuring that gender was integrated as a cross-cutting theme both in the review and NSF development process. Of the 18 consultants hired to conduct the review and develop the NSF, only 6 were women. Expertise in gender analysis and mainstreaming gender equality in strategic frameworks and programmes was not specified as a requirement during the consultants' recruitment exercise. This is why additional consultants who are gender experts were hired to work with the initial consultants hired for the response review and NSF development.

### **2.1.3 The NRR: an Opportunity to Promote Gender Equality in the Response to HIV and AIDS**

The review of HEAP and the development of the NSF was a great opportunity for the country to assess the extent to which the realities of women, and Nigeria's commitments to human rights informed the national response during the

period 2001-4, and to ensure that they inform the National Strategic Framework for 2005-9. The development of the NSF provided UNIFEM, its partners and gender equality advocates an opportunity to influence and shape future HIV/AIDS programming and to ensure that responses recognize the unequal impact that the epidemic has on men and women and factor gender equality in HIV/AIDS strategies, programmes and resource allocation. The opportunity to mainstream gender into NRR and NSF was the product of sustained advocacy efforts, initiated by UNIFEM and CIDA in 2002 and later supported by other organizations.

## **2.2 The Multi-dimensional Strategy to Mainstream Gender and Human Rights into the National Response**

Building on its work within the UN Theme Group on HIV and AIDS, the sustained advocacy and partnership with NACA and the ETG, UNIFEM and CIDA, in collaboration with other members of the GTC developed a multi-dimensional strategy to support NACA in mainstreaming gender analysis and equality. The overall strategy included the following components:

- a. Strong visibility of the Gender Technical Committee (GTC) and engagement with National Action Committee on AIDS and the ETG during the preparatory stages of the National Response Review (NRR) and National Strategic Framework (NSF).
- b. Strong visibility and engagement through advocacy by UNIFEM in the UN System dialogue on technical support to NACA.

- c. Advocacy for the establishment of a ninth Thematic Area to focus on gender, or other form of presence of gender experts in sufficient number to make a difference.
- d. Supporting and influencing each of the 8 TWGs to mainstream gender equality in their work and output.
- e. Advocacy for a gender expert to work with the two lead consultants who were charged with overall direction of the NRR and development of the NSF, including putting together the NSF from the submissions of the TWGs.
- f. Keeping gender equality stakeholders briefed of progress so that they could endorse or validate the work of the gender experts during the consultations with constituent entities.
- g. Documenting the experience so as to draw lessons and share with other UNIFEM regions, and countries wishing to replicate the approach.
- h. Advocacy and training members of State Action Committees of AIDS (SACAs) and stakeholders at state level to include the gender equality aspects of the NSF in their respective State Strategic Plans (SSPs).

The individual strategy components are explained below.

***a. Strong visibility of the GTC and engagement with NACA and the ETG during the preparatory stages of the NRR and NSF***

In order to have a broad base of partners, NACA instituted the Expanded Theme Group on HIV and AIDS with members pooled from the UNTG as well as other

development partners including bilateral and multilateral organizations, line ministries, civil society, international NGOs and umbrella organizations. The ETG is coordinated and chaired by NACA and is a forum for exchange of ideas, input into policy processes, and providing technical support for programme strategies of NACA.

UNIFEM and CIDA engaged in many advocacy strategies during the period. The central goal of the UNIFEM-CIDA advocacy was the formation of a GTC charged with the responsibility of providing technical support to NACA and its partners to integrate gender and human rights perspectives into all HIV and AIDS programming. The proposals to carry out NRR and develop a new NSF provided perfect timing and space to articulate the roles of the GTC. NACA and the ETG debated and finally endorsed the formation of the GTC as an *ad hoc* committee the Terms of Reference of which were limited to the life of the NRR and NSF processes. UNIFEM hired a consultant to provide technical support for the establishment and operation of the GTC. The consultant worked closely with NACA to define roles for the GTC as well as its coordinator and secretary both of whom are NACA staff members. The key deliverables of the GTC were identified as:

- Effective gender mainstreaming tools developed and highlighted;
- A gender sensitive NRR report and NSF;
- A process report;
- Broader partnership on HIV AND AIDS.

The proposal for the NRR and NSF provided an opportunity for greater focus and definition of the role of the GTC. As

positive feedback on the process was shared among members of the GTC, there was growing concern for ensuring sustainability of the gender mainstreaming efforts after the life of the NRR and NSF development process. During one of the meetings held while the NSF process was still underway, members of the GTC came up with a set of resolutions, which they viewed as critical to taking the gender mainstreaming efforts forward. The resolutions were tabled before the chairperson of NACA. These included:

1. Extension of GTC TOR: As discussed earlier, the TOR for the GTC were initially operational during the NRR and NSF development process. This scenario was not healthy for ensuring effective implementation of a gender sensitive NSF. The TOR for the GTC was to be revised to extend the operation of the committee beyond the NSF development process.
2. Appointment of a gender focal person in the monitoring and evaluation (M & E) Department of NACA: As NACA was in the process of appointing positions in its M&E department, a suggestion was made to include gender mainstreaming in the job description for the position of the M&E Manager. It was also resolved that the M & E department would be responsible for monitoring gender and HIV/AIDS activities for NACA. UNIFEM was appointed to work closely with the senior manager at NACA to develop the TOR for this position which NACA was to fund. This was viewed as a positive move in showing political commitment to the cause of

gender mainstreaming but the position is yet to be filled.

3. Capacity Development Workshops for HIV/AIDS and Gender Equality: UNIFEM offered to support the dissemination of the NRR and NSF and conduct capacity enhancement workshops for HIV and AIDS stakeholders on Gender Mainstreaming in HIV and AIDS programming. UNIFEM, with support from UNFPA in form of an officer is carrying out the gender mainstreaming workshops in the six geo-political zones in the country.

The NACA chair accepted all of these proposals. The entire process, which spanned the period November 24<sup>th</sup> 2004 - January 28<sup>th</sup> 2005 was very rewarding as it produced tangible outcomes including gender sensitive NRR report and NSF document. In addition, the status of the GTC has been elevated to that of a standing committee of NACA with secretariat and the chair of the committee from NACA office. NACA's commitment to gender mainstreaming has also increased as demonstrated in the inclusion of gender analysis and mainstreaming skills as a requisite qualification for the post of a Monitoring and Evaluation manager that was advertised.

Having NACA play a lead role in the affairs of the GTC was very strategic as UNIFEM and CIDA envisaged that this could foster a sense of ownership as well as institutionalize gender mainstreaming within NACA operations and foster political commitment as well as action.

***b. Strong visibility and engagement by UNIFEM in the UN System dialogue on technical support to NACA - Advocacy role by UNIFEM in the UNTG on technical support to NACA***

In an effort to coordinate the UN agencies' work in their operating countries, the UN established a system of Theme Groups, mainly drawn from UN Agencies, around sectors of development. HIV and AIDS is one of such sectors. The goal of the UN Theme Group on HIV and AIDS is to support the country's efforts to address the AIDS epidemic. The UNTG is a forum for planning, managing and monitoring a coordinated UN response and provides a common entry point for national stakeholders to more easily access the full range of AIDS related services available throughout the UN system. It is also a forum that creates space for various agencies to highlight their programmes so that areas of commonalities are harmonized to avoid duplication of efforts and wastage of resources. In the UNTG on HIV and AIDS, UNIFEM engaged in dialogue with and advocated for strong technical support to NACA for the GTC and especially in the area of NRR and development of the NSF. This yielded results as the UNTG supported NACA (and the GTC) during the review and development process.

***c. Advocacy for the establishment of a ninth Thematic Area to focus on gender or other form of presence of gender experts in sufficient numbers to make a difference***

At the level of the GTC, many options or strategies to mainstream gender in the NRR and NSF process were debated. One of the options was for the GTC to train the

NSF team of consultants on gender mainstreaming, with the hope that they would systematically mainstream gender in their work. As the debate ensued, the weakness of this strategy was highlighted. There was no guarantee that the NSF consultants would quickly pick new skills within a short space of time and mainstream gender adequately to produce a gender sensitive NRR and NSF. As such, this option was not viewed as a viable one.

The second option was to have a ninth thematic area in addition to the 8 established as work areas of the NSF. The ninth group would address issues of gender and HIV and AIDS. The argument against this option was that gender as a cross-cutting issue needed to be mainstreamed in the 8 thematic areas of the NSF. Having it as a separate theme would miss the point and principle of mainstreaming.

The third option was to have members of the GTC participate directly in the NRR and NSF process, working with the consultants. The challenge around this option was that members of the GTC are full-time employees in their respective agencies. As such, participating fully in the NRR and NSF processes would not be feasible. Another argument was that gender mainstreaming is a discipline in its own right, which requires the engagement of people with relevant expertise and experience.

The fourth option was to engage gender consultants, who would work directly with the NSF consultants. This option was adopted and the GTC made it clear that the gender consultants constituted an active part of the committee. Initially four gender experts (3 national and 1 international) were brought on board. Each of them was to

work with two thematic working groups. Mid-way through the NRR and NSF process, a decision was made to hire an additional international gender expert to join the team. The international gender expert worked with the two lead international consultants in finalizing the NRR and NSF. This strategy was to ensure that the efforts of the gender consultants in the eight thematic groups were not lost nor edited out.

***d. Supporting and influencing each of the eight Thematic Working Groups (TWGs) to mainstream gender equality in their work and output***

Four gender experts worked with the TWGs (one expert per two working groups) to ensure that gender was mainstreamed into the review of their respective working groups and also in the development of the NSF. The process of review of the national response and development of the NSF occurred in different stages described below.

*Orientation of the TWG*) - The first major activity for the NRR and NSF process was a three-day orientation of the consultants (facilitators, technical assistants, gender consultants and other invited guests) on the NRR and NSF process. The purpose of the orientation was to bring all the consultants involved to a common understanding of:

- The purpose of the review process;
- The different roles of the various structures and groups;
- Appreciation of an overview of the HIV/AIDS situation in Nigeria;

- The rationale for gender mainstreaming at all stages of the development of NSF.

Within this orientation, the gender team had an opportunity for sensitization of the other consultants on gender mainstreaming. Relatively generous time - over two days - was allocated to this activity.

On the first day, one of the gender consultants made a presentation on the gender dimensions of HIV and AIDS. Among other things, the presentation covered issues around gender concepts, the linkages of gender inequality and HIV and AIDS, the rationale for gender analysis and gender mainstreaming and a brief introduction to gender mainstreaming frameworks in HIV and AIDS. The presentation generated some debate among the consultants. To complement the presentations, UNIFEM distributed packs of fact sheets on gender and HIV and AIDS, which most of the consultants reported as having been a good resource. The fact sheets which contain definition of gender concepts and description of mainstreaming frameworks are presented in the Appendix.

On the second day of the orientation of the TWGs, the strategy for the gender team was to share carefully selected tools for gender mainstreaming with the consultants. The gender mainstreaming awareness session was well received and generated a good debate. The presentations were also supplemented by distribution of handouts for future reference. The gender mainstreaming tools discussed during the session are:

1. Gender Analysis Framework for Policy Documents
2. Gender Analysis Tool
3. Gender Sensitive Indicators Tool
4. Engendered Logical Framework Analysis Tool (LFA)
5. Checklist for Mainstreaming Gender into Policies Programmes Tool

#### **Gender Mainstreaming in HIV AND AIDS Programming**

**Gender mainstreaming** is defined as *the process of assessing or taking into account the implications for women and men of any planned action including policies, legislation, or programmes in all areas and at all levels*. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. The concept of mainstreaming goes beyond accounting for gender considerations in programmes. Neither does it imply women's participation in a development agenda that is already decided. Rather, it entails paying attention to gender equality at every stage of policy formulation, programme planning, implementation, monitoring and evaluation and decision making with the full participation of women and men.

The thrust of gender mainstreaming in HIV and AIDS programming is to ensure that overall, interventions are directed towards attaining positive impact that are equitable to both men/boys and women/girls. Recent UNAIDS study demonstrates that HIV and AIDS programmes that have gender equality as a central focus improve overall effectiveness. In programming, the roles of women and men and their relative power determine who carries out an activity and who benefits. Taking into account the inequalities and designing programmes to reduce them should contribute not only to more effective development programmes but also to greater social equality/equity. Experience has shown that sustainable changes are not realized through activities focused on women or men alone. Details of guidelines for gender mainstreaming into HIV/AIDS programming can be found in the Appendix.

During a process of evaluation exercise by the NSF consultants, the majority, including lead consultants,

acknowledged the usefulness of the gender sensitization exercise. The consultants highlighted how they were able to apply the skills in both the NRR and NSF process. Details of all these gender mainstreaming tools are in the Appendix.

During the first half of the NRR and NSF process, each gender consultant was allocated two of the TWGs. Allocation of gender experts to the TWGs was based on their relative competences in the respective thematic areas. The lead gender consultant was attached to and responsible for overseeing the activities of the whole NRR and NSF process.

#### *Stage 1: The NRR Desk Review Process*

This stage of the NSF development process entailed a two-week period of desk review of Nigeria's response to HIV and AIDS during the HEAP's lifespan (2001-2004). The first major assignment undertaken by the gender experts during the NRR was to work with their respective TWGs to conduct a desk review on HIV and AIDS responses between the period 2001 and 2004. In mainstreaming gender into this activity, each of the gender consultants worked closely with their teams and applied various communication skills to interrogate the literature and find areas where achievements in gender mainstreaming were scored. Areas with clear gender gaps were also identified and articulated in the review reports. This exercise entailed constantly reminding the TWG members of the gender issues in their respective thematic areas. Besides being purely a desk review of HIV responses, the interaction between the gender

consultants and others further enhanced the skills of the TWG members in gender analysis.

The desk review exercise, which involved a review of the key policy documents that include the HEAP, the NNRIMS, National HIV and AIDS Policy and thematic specific secondary data, mostly employed the gender analysis mainstreaming framework, which was made reference to earlier and presented in the Appendix.

Interviews with some of the gender consultants revealed that the role of the gender consultants in the team-driven desk review led to other achievements beyond the production of gender sensitive review reports. It led to further orientation and capacity enhancement of the facilitators and the technical assistants on gender and HIV and AIDS, especially on their ability to apply gender analysis skills in the NRR. It also led to a substantial change in the attitude of some of the facilitators and technical assistants, from a state of mild/overt resistance to that of acceptance and compliance.

This development is reflected in the following excerpts from interviews conducted after the NRR to sample opinion of the entire team about the process of gender mainstreaming:

*To compare my present experience with past experience, it is one thing to have gender training and another to practise it. The present process has broadened my knowledge and built my capacity on how to actually mainstream gender.*

*Working with gender consultants was worthwhile. The quality of work was enhanced. To have someone who looked at what you were doing and pointed where something was not okay was useful.*

*I have enjoyed working with the gender consultants. It has helped me appreciate the extent of gender neutrality and blindness in our national HIV and AIDS documents.*

*I liked the team spirit between the gender experts, facilitators and technical assistants. This also contributed to a strong sense of joint ownership of the products of the NSF process.*

Overall, gender mainstreaming in the desk review process was very rewarding for the gender experts and the entire team.

### *Stage 2: Consultation and Validation of Desk Review*

Towards the end of the first two weeks of review of the national response, constituency groups were identified from different parts of Nigeria and constituted into an "Expanded Technical Working Group". During this stage more technical experts, drawn from most parts of the country came together and worked in their respective thematic working groups. The main goal of the exercise was to validate the desk review, fill in gaps in the review

as well as begin to brainstorm on emerging and potential issues, which were to form the base for the development of the new NSF. This exercise lasted for one week and was characterized by high-level discussion and long hours of work.

*Validation of the NRR by the Expanded Technical Working Group (ETWG)*

The members of the ETWG underwent an orientation, the highlights of which included:

- Address by the NACA chairperson on the importance and rationale of the NRR and NSF process;
- Presentation on the overview of HIV and AIDS in Nigeria;
- A brief presentation on mainstreaming gender in the NRR and NSF process in Nigeria.

In the absence of a comprehensive gender orientation for the ETWG, the gender team adapted a strategy where they worked very hard within their respective ETWG to sensitize the members on the importance of gender mainstreaming. This was a mammoth task since each gender expert had responsibility for two working groups. The gender consultants became focal points for advice on issues on gender mainstreaming. Their presence in the groups was visible and their roles very clear to all group members. Despite what appeared to be a tough beginning for gender during the orientation, the experience in the ETWGs marked a great turning point in the working relationships between the gender team and the lead consultants.

As indicated earlier, the consultative and validation exercise of the desk review involved more technical experts drawn from many parts of Nigeria. A chairperson who was assisted by a co-chair facilitated each thematic group. Each group had up to 24 technical experts. This larger group, unlike the smaller group of facilitators and their technical assistants, only had a short stint of gender awareness. As such, the degree of appreciation of gender tools of analysis and the mere concept of gender among this group varied greatly. The role of the facilitators in these groups was more of record taking and sharing key highlights of the desk reviews. Gender consultants were part of these groups, although they had to share their time between the two groups. The major role of gender consultants was to ensure that gender issues, pertinent to the thematic group were raised in the discussions. The gender consultants also played a second role of simultaneously building the capacity of the new members of the thematic group to appreciate gender issues. During this stage the "Gender Equality Analysis Tool" was used (see details in the Appendix).

*Stage 3: The Development of the National Strategic Framework*

National HIV and AIDS Frameworks usually take two possible formats, a narrative one or a matrix with summary sections in the narrative form. Nigeria's NSF has the later format. This stage of developing the NSF was characterized by stages within stages. The first stage within this stage involved a team for each thematic group made up of the thematic group facilitators, technical assistants and the gender consultant. As a team each respective group developed their first zero draft of

the NSF. This exercise lasted for one week. The second stage of this stage was a plenary session of all the consultants together. The purpose of the plenary session was to check on both the soundness of the proposed strategies and the degree to which gender had been mainstreamed in the zero draft of the NSF. The exercise also looked out for repetitions across sectors which needed synchronization.

- e. Advocacy for a gender expert to work with the two lead consultants who were charged with overall direction of the NRR and development of the NSF, including putting together the NSF from the submissions of the TWGs***

UNIFEM, CIDA and other members of the GTC advocated for a gender expert to work with the lead consultants who were directing the NRR and development of the NSF. This was not approved so the lead gender consultant worked with the two lead consultants to, as stated earlier, ensure that the inputs by gender consultants working with the thematic groups were not edited out during the final development of the NSF. Her inter-personal relationship skills and expertise on gender issues helped greatly to forge a cordial relationship with the lead consultants in working together to write the NSF.

- f. Keeping gender equality stakeholders briefed of progress so that they could endorse or validate the work of the gender experts during the consultations with constituent entities***

A consultant was hired by UNIFEM to consult and liaise among constituent entities - UNIFEM, NACA, GTC,

consultants and all gender equality stakeholders, to keep them informed of progress as the process went on for endorsement and or validation of the gender experts/consultants. The regular meeting with the constituent entities helped in no small measure in achieving the aim of ensuring that inputs by constituent members are incorporated into the framework

***g. Documenting the experience so as to draw lessons and share with other UNIFEM regions and countries wishing to replicate the approach***

The plan was for the gender consultants to document their experiences/actions and strategies to draw lessons to be shared with others. This proved difficult as the consultants' work load was rather heavy. They were each very busy with the 2 thematic working groups during the day, they compared notes at night to ensure that the inputs were made and had to prepare for the following day sessions so documenting the experience / exercise was not possible. This is why the documentation of the process is being done after the gender mainstreaming exercise.

***h. Advocacy and training members of SACAs and stakeholders at state level to include the gender equality aspects of the NSF in their respective State Strategic Plans (SSPs)***

Gender was mainstreamed into the various aspects of the NSF. The exercise has been finalized and the NSF (2005-2009) launched in October 2005. In order to ensure that the mainstreaming of gender is not only on paper and at the national level, UNIFEM in collaboration with UNFPA is

carrying out dissemination/gender mainstreaming workshops for SACAs at the state level to ensure that they incorporate gender equality aspects of the framework into their strategic plans.

The strategy of having gender specialists as core members of the NSF team has been extremely effective. The 8 key objectives of the NSF have strong gender components, indicators are gender sensitive, and key activities of the framework target certain percentages of men, women, girls and boys. One of the unexpected outcomes of the gender mainstreaming process was the informal advocacy of the gender specialists. The senior programme officers as well as the Chair of NACA have reacted positively to the gender mainstreaming process. NACA advertised for a full-time, government-paid, gender focal staff person who will be housed in the Monitoring and Evaluation unit of NACA to support other programme officers in gender mainstreaming in their programmes and for monitoring the implementation of the gender aspects of the NSF. NACA also agreed to the continuation of the Gender Technical Committee (GTC) which is now a committee of NACA and provides support to the gender focal person at NACA and development partners implementing HIV/AIDS programmes. Although there were numerous challenges involved with the process, the strategies adopted by UNIFEM have shown positive results and can be used as an example for other countries.

Support for the gender experts was provided by members of the GTC: UNIFEM, CIDA and UNFPA. This was a critical aspect of the advocacy efforts for gender mainstreaming. Without the financial support to back the advocacy efforts, it would have been impossible to bring the gender consultants on board.

## 2.3 The National Strategic Framework (NSF)

Efforts were made to ensure that all components of the NSF were crafted in a gender sensitive manner. This started with the crafting of the goal of the NSF.

### ***NSF Goal***

During the development process the NSF goal was to

*Reduce HIV/AIDS prevalence, provide equitable care and support and mitigate its impact on women, children and other vulnerable groups of the general population in Nigeria by 25% by Year 2009.*

In the final version of the NSF the goal is to

*Reduce HIV/AIDS incidence and prevalence by at least 25%, and provide equitable prevention, care, treatment and support while mitigating its impact amongst women, children and other vulnerable groups and the general population in Nigeria by 2009.*

Objectives of the Nigerian NSF are crafted around the 8 thematic areas of focus. As much as possible, consultants made efforts to ensure that the objectives were gender sensitive.

Examples of NSF objectives 3 and 4 below provide an idea of how the gender mainstreaming tools were used in developing a gender sensitive NSF.

### ***Objective 3***

*To increase access to comprehensive gender-sensitive prevention, care, treatment and support services for the general population, PLWAs and orphans and vulnerable*

*children by 50% in 2009, and mitigate HIV/AIDS impact on the health sector.*

**Objective 4**

*To increase gender-sensitive non-health sectoral responses for the mitigation of the impact of HIV/AIDS by 50%.*

Each thematic objective has a number of strategies which vary with thematic group. Again, as much as possible and appropriate the consultants debated and made efforts to design gender sensitive strategies. The activities in the NSF are also developed against the strategies. This is an area of the NSF development that was characterized by extensive debate around designing gender sensitive activities. The gender situation analysis of the specific strategies provided the basis for the development of gender sensitive activities. For example, in the area of Home Based Care (HBC), it was observed that the area is mainly dominated by women care givers who, as the epidemic grows, will face burn-out. Against this background, the design of HBC activities suggested greater focus on male involvement in this area. The same was true for male participation and involvement in VCCT and PPTCT programmes.

On the other hand, in areas where women participation was low, the design of activities in the NSF recommended an increase in service delivery and participation of women. Examples were women's access to ARVs, and the need for the development of gender sensitive youth friendly corner which are currently dominated by male youths. What was most gratifying during such debates was the

fact that suggestions for gender mainstreaming and accompanying justifications were not only coming from the gender experts, but from the whole team of consultants; facilitators, assistants and two male lead consultants. All consultants were slowly getting on board of the gender mainstreaming wagon. However, it must be noted that sometimes, once in a while, one would comment "*Wait a minute guys, Is this a gender document?*" Such comments were made when some of the consultants felt that there was possibly an overdose of the gender mainstreaming efforts. The whole team however would make a general mutually accepted consensus on the right way to take.

In the same vein, and where possible, the gender sensitive objectively verifiable indicators (OVI) were also developed. In retrospect, reflecting on how the plenary sessions progressed, it should be noted that not as much effort was spent on developing gender sensitive assumptions and risks. Only very few assumptions and risk assessment attempted to address the gender concerns. Overall, the NSF development benefitted from using the gender mainstreaming tools which were shared during the orientation of the consultants.

Developing a gender sensitive matrix was the most engaging and exciting part of the NSF development process. Not only were all the tools described above used effectively, but the exercise had the added advantage of building the capacity of the all the consultants for gender mainstreaming. Asked to share what they liked most about the whole process, in an evaluation exercise, more than 60 percent of the NSF consultants identified the development of gender sensitive NSF matrix as the most

exciting and engaging process. The following are some of the excerpts from the consultants' evaluation exercise on what they liked most:

*The presentations and discussion in the plenary session provided insights for identifying gender sensitive indicators across a wide range of situations of HIV and AIDS.*

*The gender team devised ingenious ways to incorporate gender dimensions in the objectives, strategies, and activities of the NSF matrix.*

**Consultants: Coordination Group.**

*The most interesting aspect of the process is the development of the matrix stage when I had to apply the knowledge and skills I learnt on gender mainstreaming in the earlier stages of the process.*

**Consultant: Policy, Advocacy, Legal and Human Rights Issues**

## **Section 2**

### **Achievements, Lessons Learnt and Challenges**

The achievements and lessons learnt are presented in four sections:

- Achievements and lessons learnt
- Best practices
- Missed opportunities
- Challenges

It is hoped that through sharing these experiences, future exercises can make use of what worked and improve on areas where the Nigerian experience may have missed it.

#### **2.4 Achievements and Lessons Learnt**

##### ***Achievements***

1. **Gender responsive National Strategic Framework:** One of the achievements of the process is the development of a strong gender responsive NSF that is informed by gender principles and that has gender mainstreamed throughout. Further, the process has contributed to raising the visibility and legitimacy of gender equality concerns within HIV/AIDS programming within the UN system and other stakeholders. In addition, women's groups, especially positive women's groups were involved in the process of the review and the development of the NSF.
2. **Institutionalization of the Gender Technical Committee:** The elevation of the status of the GTC

to that of a standing committee of NACA is a major achievement that would further ensure sustainability of the outcomes. Another key achievement is the inclusion by NACA of gender analysis and mainstreaming skills as part of the requisite qualification for the post of a Monitoring and Evaluation Manager. This demonstrates high level political commitment to gender mainstreaming.

3. **Strengthened Partnerships:** The process of gender mainstreaming into the development of the NSF has further strengthened and expanded partnerships between institutions working in the area of gender and HIV and AIDS. There are strengthened partnerships-link between NACA, UNIFEM, CIDA and other GTC members. Membership of the GTC has increased tremendously over the course of the NRR and NSF process. Members of the GTC have forged a partnership led by UNIFEM in collaboration with NACA to organize gender mainstreaming workshops across the country for policy and decision makers as well as programme planners at various levels including NACA, line ministries, SACAs, LACAs, uniformed services, faith-based organizations and civil society organizations. Other partners include the British Department for International Development (DfID) and UNFPA. Also, UNIFEM/CIDA advocacy strategies, coupled with various methods including lobbying, issues clarifications and diplomacy employed by the gender experts, won the confidence of NACA, the ETG and the TWG members.

4. **Enhanced Skills:** Through formal and informal methods the capacity of all 18 consultants hired by NACA and who were paid for by UNDP was strengthened with regards to gender mainstreaming. It is expected that they would each bring these skills to bear on the national response to HIV and AIDS through their work. Also, the skills of the gender and other consultants were enhanced especially in the area of team work. Most of them met for the first time during the exercise and were able to work together successfully as a team. The gender team was a rallying point throughout the entire process.

#### ***Lessons Learnt***

Several lessons learnt through the NRR and NSF processes are:

1. **Creation of an enabling environment for advocacy:** Prior to the expiry of HEAP and the proposal to conduct a response review and develop a new NSF, UNIFEM and CIDA had established a solid advocacy base over the years. UNIFEM and CIDA persisted and remained focused in their demand for the establishment of a Gender Technical Committee that will promote a deeper understanding and commitment to gender responsive HIV/AIDS programming in Nigeria. The decision to review the national response on HIV/AIDS and the development of the new strategic framework provided an opportunity to fill the gender gaps in the response in use until then. This shows that advocacy must have a specific goal and efforts put

into it need to be strong to stand the test of time to yield results.

Further, successful advocacy requires a variety of methods, both formal and informal which must in addition take place at various levels across a wide spectrum. The Nigerian experience entailed advocacy at management and operational levels to ensure that training included gender dimensions and to ensure that the gender experts were part of the working groups. Distribution of resource materials, establishing good rapport with the team members and lead consultants were very effective strategies.

2. It became apparent during the review and development of the NSF that advocacy yields fruits when backed by resources, both human and financial. Though NACA and the ETG expressed commitment to gender mainstreaming, only UNIFEM, CIDA and UNFPA made finances available to hire gender experts to set the process in motion. In the absence of skilled personnel, it would have been practically impossible to integrate gender perspectives in the processes and documents. Reiterating the above, the Regional Programme Director of UNIFEM, Anglophone West Africa Regional Office, in a chat with the lead gender expert said:

*Successful advocacy has to combine technical know-how and resources in order to translate messages into policies and programmes, particularly*

*in the face of limited understanding of gender and gender mainstreaming process. Often, political will is not matched with resource allocation.*

**Florence Butegwa, UNIFEM Programme Coordinator for West Africa.**

3. Another lesson is that effective advocacy requires broad based partnership. Though UNIFEM and CIDA initiated advocacy for the formation of the GTC, it was not until other key players came on board to speak with the same voice that the ETG saw the need not only to establish the GTC but also to extend its mandate beyond the NRR and NSF processes

Key lessons learnt:

- Existence of an enabling environment is important for advocacy.
- Advocacy needs to be backed by human and financial resources.
- Effective advocacy requires broad based partnership and long term commitment.

4. Long term commitment to advocacy as demonstrated by UNIFEM and UNFPA is required to ensure that strategies in the newly developed gender responsive NSF do not remain only on paper. The agencies have committed to ensuring that the principles of gender equality mainstreamed into the national framework are also implemented at state levels through mainstreaming workshops

for SACAs and policy implementers at the state level. As a result of collaboration between the two agencies, ongoing workshops in the six geopolitical zones of Nigeria will ensure that this is implemented at state levels

In summary, the achievements and lessons learnt are profound and constitute a positive beginning in ensuring that gender equality remains a central focus in HIV and AIDS programming.

## **2.5 Best Practices**

This section highlights some of the best practices in the process of mainstreaming gender in the NSF process for Nigeria. The discussion of best practices will be presented in two parts. The first part addresses best practices at the institutional level while the second part shares best practices at the operational level of the experiences of gender consultants with the NSF process.

### **2.5.1 Best Practices at the Institutional Level**

#### ***Establishment of the Gender Technical Committee***

The best practice for gender mainstreaming in the NSF in Nigeria at the institutional level was the establishment of the Gender Technical Committee. As already highlighted earlier, UNIFEM and CIDA had invested time in advocacy efforts for having a working committee which would provide guidance on gender mainstreaming to Nigeria's HIV and AIDS responses (see section 2.2 for details on this process).

### ***Advocacy and Forging Strategic Partnerships***

Membership of the GTC is large. The one positive thing about this large membership is the potential advocacy role on issues of gender and HIV and AIDS that these organizations may play within their own organizational HIV and AIDS activities and also for supporting national level efforts for mainstreaming gender in HIV and AIDS responses during and beyond the NSF process. Another advantage of the large membership is that it can provide expertise in monitoring implementation of NSF

Besides the GTC, which is part of the Expanded Theme group on HIV and AIDS, there also exists the Donor Coordinating Group on Gender (DCGG). The group meets once every month to share experiences and strategies on joint programming on gender activities across sectors in Nigeria. Through the leadership of UNIFEM, the GTC provided updates to this group on the gender mainstreaming exercise for the NSF process. During one of the meetings of the DCGG which was held during the course of the NSF process, in January 2005, UNIFEM updated the group on the NSF gender mainstreaming process. One of the members of the gender team for the NSF made a quick presentation to this group on the gender mainstreaming process in NSF till then. There was a great interest from the DCGG on the NSF process. This kind of interaction with strategic development partners can be used as a platform for other partners to buy-in to future gender mainstreaming programmes in the HIV and AIDS activities.

In a nutshell, the existence of a formidable GTC committed to the gender mainstreaming process for the

NSF, made it possible for Nigeria to chart a unique experience of systematically mainstreaming gender into the development of the NSF. The establishment of the GTC also provided an opportunity for forging partnerships to put in motion a common agenda for mainstreaming gender into the HIV and AIDS responses in Nigeria. Sharing the process of gender mainstreaming with the DCGG has also broadened the support and commitment to gender equality principles in the fight against AIDS.

### **2.5.2 Best practices at Operational Levels**

At the operational level, best practices include the following:

- Presence of a Gender Team for the NSF Process
- Levels of Dedication and Sense of Ownership of the Process
- Accommodation Arrangements for the Gender Consultants

#### ***The Gender Team***

The Nigerian Gender Mainstreaming Process in the NSF would have been a different story had the GTC, ETG and NACA not made the decision to have a team of gender experts on board during the whole process of NSF development. Putting together a team of committed gender consultants by the GTC and the decision of the

consultants to work with the 8 thematic groups was a best practice in its own right. If gender experts were only to review and give feedback to the process, maybe a different scenario would have presented. The working modalities of the gender team are good practices to learn from the Nigerian experience. The gender consultants worked as part of the team of consultants in all their activities and in working towards the deliverables for the NSF process. In reality, the gender consultants went beyond providing technical expertise on gender, to providing technical support to the whole content and structural aspects of the NSF deliverables.

#### ***Sense of Ownership of the Process***

The working relationship between the gender team, the 8 thematic area consultants and the lead consultants, contributed to a unique relationship which was conducive for a productive working process. There was a high sense of dedication to the process by all consultants involved. The following are some of the excerpts from an evaluation exercise, where the consultants were asked to comment on what they liked best from the process:

*I liked the team spirit between the gender experts, the facilitators and technical assistants. This also contributed to a strong sense of joint ownership of the products of the NSF process.*

**Consultant: Prevention and Behavior Change Group.**

*The whole process is quite interesting, mostly the respect of the gender experts, who are totally committed to this cause.*

*Their commitment is quite an encouragement.*

**Consultant: Policy, Advocacy, Legal and Human Rights Group.**

### ***Accessibility and accommodation arrangements***

Proximity and the willingness of consultants to be called upon at any time was a great advantage. Having observed the importance of regrouping as a gender team and mapping out strategies for the gender mainstreaming for the NSF process, it became apparent that the gender team had to be booked in one hotel. With the support of one of the gender consultants who had a good relationship with one of the hotels, all the four consultants were booked in one hotel, one floor and in rooms next and opposite to one another. This may seem minor but this accommodation arrangement was indeed a good strategy/practice. It became easier for the team to share experiences and materials, regroup at short notice to strategize and plan for the next activities.

While this was a good practice for the gender consultants, the other consultants who were all also accommodated in one hotel strongly felt that having the gender consultants housed in a different hotel created a challenge for them, as they could not reach the gender consultants that easily. They either had to wait for the next day when the teams met or some of the consultants had to hire taxis between the two hotels to work on urgent assignment. If the gender consultants had been booked in the same hotel with the other consultants, this could possibly have had an added advantage for the whole group. The one opportunity, which lasted one week, when the gender

consultants had to move to the same hotel with the rest of the consultants, demonstrated the benefits of staying in one hotel for all the consultants. Gender consultants were able to spend more time with their teams in the evening. Based on these experiences, if the funds allow, there is value added in having all the consultants working under one roof.

## **2.6 Missed Opportunities**

Based on the Nigerian experience, the missed opportunities for this process are shared in this section. We carefully examine what could have been done better for a more efficient process of gender mainstreaming of the NSF process. Three major issues are discussed and include the following:

- Prior and adequate preparation of the gender team;
- Gender sensitization of NSF consultants and members of the TWG;
- The balance of gender consultants to the 8 thematic working groups.

### ***Prior Adequate Preparation of the Gender Team***

The gender team arrived more or less at the same time with the rest of the consultants for the NSF development exercise. This resulted in a hurried nature of gender orientation for the NSF consultants. Orientation of NSF gender consultants would have benefitted from the gender team having started a week before the rest of the NSF consultants. This would have allowed for many critical and important activities, which had to be

simultaneously done with providing technical assistance to the gender teams' respective thematic groups.

While the gender orientation of the NSF consultants can be described as generally successful, it could have been more successful had strategically selected additional handouts, key to the NSF process, been packed and distributed for the consultants in a folder for reference. Indeed the NSF consultants received copies of the gender mainstreaming tools covered during the orientation, but there were other relevant materials which were later developed by the gender team during the course of the exercise, which would have been more effective had they been part of the orientation training package.

During the course of the first two weeks of the NSF development process, the gender consultants developed a gender analysis framework for key policy documents which was shared with the consultants and successfully used for the review and development process. This is a tool which served two purposes. It provided guidance for a gender sensitive review of key HIV/AIDS policy documents and also assisted in developing a gender sensitive HIV and AIDS policy document. This tool was shared among the consultants but the timing of sharing the tool and ensuring its best use value was not very strategic. The NSF consultants at this time were overwhelmed with having to meet the set deadline of delivering the desk review of their respective thematic areas. The consultants' use of the framework may not have been the same, had they received this package as part of the tools during the orientation period.

The gender team during the first two weeks of the NSF process, also simultaneously reviewed the key HIV and AIDS policy documents: the HEAP, NNRIMS, and National HIV and AIDS Policy. For most of the consultants, they were coming across these important policy documents for the first time. This exercise would have benefitted the whole process had the gender consultants conducted desk review of these policy documents prior to the start of the NSF process.

The gender team also developed summaries of gender issues for each of the 8 thematic areas of the NSF working groups. This was done before the consultations with the TWG for validation and update of the desk review exercise. The summaries of the gender issues in the 8 thematic areas of NSF would have been of greater value to the team of NSF consultants had such materials been distributed during the three days orientation of NSF consultants and also for use by the larger TWG. The gender issues summaries could have been used as a tool for sensitizing the NSF consultants and TWG members in gender issues in the respective thematic areas.

Despite these missed opportunities, repackaging these critical materials developed during the course of the NSF process will go a long way in ensuring sustainability of future gender mainstreaming efforts for HIV and AIDS responses in Nigeria. The packaged material can be used for future gender capacity enhancement training for a gender sensitive implementation of the Nigerian NSF.

### ***Gender Sensitization of NSF Consultants and Members of the TWG***

Gender sensitization training for the NSF consultants and members of the TWG was carried out though the time frame for completing the NSF development was very tight. This resulted in rushed orientation of NSF consultants and the members of the TWG - a much larger group with an average of 24 members per thematic group of 8. Therefore, very little sensitization on gender issues on respective thematic groups could be done. Neither did such a tight schedule allow for sharing important gender mainstreaming tools relevant to the NSF development process with all members of the TWG. For an effective gender mainstreaming, there is need for planning for more time for the NSF activities. Adequate time should also be allocated for gender sensitization for all who will be involved in the NSF process. This also goes for those doing the administrative aspects of the process, for them to appreciate the value of such activities.

To emphasize the importance of gender capacity enhancement for the NSF consultants, it was asked what could have been done better. The following were some of the sentiments of the NSF consultants from an evaluation exercise:

*Materials on gender should have been sent ahead of time prior to the NSF process.*

**NSF consultant**

*If consultants had gone through a well structured gender training course, prior to the NSF, their skills would have been*

*enhanced at a much faster speed. This would have also removed the burden on the gender team for so much of their advice during the process.*

**NSF consultant**

### ***Balance of Gender Consultants to Thematic Working Groups***

Mobilizing resources for financing gender consultants for a process such as the NSF development, which lasted between two and three months is indeed a major challenge. The Nigerian experience, where one gender consultant was responsible for working with two thematic working groups, presented a challenge. The activities for the respective 8 thematic groups were very tight. Given the working modalities of the gender consultants and the thematic groups discussed earlier, where the gender consultants were part of the teams, it was difficult for the gender consultants to follow issues through, as they had to attend to other groups. This challenge was most visible during the consultations with the TWG members and the development of the initial NSF matrix drafts. Had each gender consultant remained in one group throughout the process, this would have reduced time spent on improving on the quality of the NSF deliverables, particularly the NSF development which was time consuming.

For the benefit of other countries which may also go through this same process, it is recommended that more resources for engaging individual gender consultants to each of the thematic working groups be mobilized for a more efficient and quality gender sensitive output.

## **2.7 Challenges**

The section on missed opportunities highlighted those aspects of the process which could have been done better for an efficient gender sensitive NSF process. In doing so, some of the issues have also indirectly addressed the challenges around gender mainstreaming for the NSF process. This section attempts to share overall challenges for gender mainstreaming of the NSF at three levels: the institutional level, the operational level of the gender team and the operational level of the NSF consultants.

### **2.7.1 Institutional /Administrative level**

There was inadequate/uneven expertise of the consultants especially in the area of gender. Thus, at the initial stage it was a challenge to negotiate space to introduce gender to the mainstream-NSF consultants who did not have gender expertise as gender was not a condition for their recruitment. However, the common purpose/goal of developing a new NSF helped them to overcome this and to work together as a team. The gender consultants eventually became resources to the whole team during the process.

#### ***Financial Resources for Gender Consultants***

The Nigerian experience had the privilege of having the establishment of a committed Gender Technical Committee within the NACA Expanded Theme Group on HIV and AIDS. This committee was particularly established to focus on gender mainstreaming in the NSF process. It was from this committee that resources for hiring gender consultants were mobilized from the

participating organizations who offered to support the process. However, in the absence of such a dynamic and formidable committee, there is a foreseeable challenge for raising financial resources for the gender consultants. Despite limited resources, the gender consultants for the Nigerian process were fully funded by UNIFEM, CIDA and UNFPA, members of the GTC. This indeed is a good role for such development partners though they somehow overstretched themselves in doing this. However, to institutionalize political commitment to gender mainstreaming for national coordination bodies such as NACA and National AIDS Councils, as they are known in some parts of Africa, it is recommended that national AIDS coordinating bodies demonstrate their commitment to gender mainstreaming process by availing financial resources to support the engagement of gender consultants.

***Commitment for Implementing a Gender Sensitive NSF***

Developing gender sensitive HIV/AIDS policies and national strategic frameworks for HIV and AIDS is indeed a very welcome and laudable activity. However, ensuring the implementation of a gender sensitive NSF, (through implementation of gender sensitive HIV and AIDS programmes), is yet another different activity. There remains a major challenge of ensuring continuity of gender mainstreaming in future HIV and AIDS responses in Nigeria.

There is need for stakeholders in HIV and AIDS field to allocate resources, both human and financial, for enhancing the capacity of key HIV and AIDS implementers to mainstream gender in their work. It is thus

recommended that there be more advocacies to NACA to put a plan in place for coordinating capacity enhancement of key HIV and AIDS stakeholders on gender mainstreaming. Given the awareness and already rich advocacy efforts for this cause among the donor community and the GTC participating organizations, it should be possible to raise funds for this cause.

### **2.7.2 Challenges at the Operational Level of the Gender Team**

#### ***Skills Requirements for Gender Consultants***

For the gender consultants, the assignment required a good balance of skills in both practical experience with gender mainstreaming and a broad knowledge of HIV and AIDS issues. Such a balance is not usually easy to strike. The gender consultants' team had a mixed bag of such skills. Some consultants had rich skills in HIV and AIDS and not so rich skills in experiences with gender mainstreaming, although they had good background to gender issues. Other consultants had good skills in practical experience in gender mainstreaming and average skills in knowledge of HIV and AIDS. On the other hand some consultants had a good balance of both skills in practical experiences with gender mainstreaming and a broad knowledge of HIV and AIDS issues. The team was able to quickly pick who had what skills and maximized their efforts through cross pollination of skills.

Against this background, it is recommended for future similar exercises, that selection of gender consultants be based on a good balance of practical gender mainstreaming skills and a broad knowledge of HIV and

AIDS issues. It is also important to improve on the general expertise of consultants used for an important exercise such as the review process and the development of the NSF.

The challenge then is finding the right skilled people who have both the gender analysis and mainstreaming skills along with the broad understanding of programming on HIV and AIDS. It would also be sustainable and forward-thinking for NACA to establish partnerships with training institutions who have established programmes on gender equality and HIV/AIDS e.g. the Regional AIDS Training Network.

Another suggestion is to forge alliances with academic/training institutions as this allows for a sustainable resource in the country that can be called upon on an on-going basis. The other benefit to this is that alliance with institutions allows for drawing on expertise from a team of people rather than one consultant.

## **2.8 Conclusion: Mainstreaming Gender in the National Strategic Framework (NSF) for HIV/AIDS in Nigeria 2005- 2009**

What will be the indicators that gender is mainstreamed in the NSF? Gender mainstreaming in the NSF means that all aspects of the document adequately reflect gender considerations. If gender is reflected in the principles, objectives, strategies, activities and output indicators of the NSF it would be considered a gender sensitive document that has mainstreamed gender. If gender is considered in the objectives but not seen in the activities

and indicators, strategic framework matrix, the document would be said to suffer '*gender fade away syndrome*' - that is, starting with the brightness of gender sensitivity but ending with conventional gender blindness.

The summary of the NSF matrix and that of each of the 8 thematic areas will be carefully examined to ascertain to what extent gender issues are reflected in the objectives, strategies, activities and indicators.

The NSF summary has one goal and 8 objectives. The goal is framed in a gender sensitive language and states:

*To reduce HIV/AIDS incidence and prevalence by at least 25%, and, provide equitable prevention, care, treatment and support while mitigating its impact amongst women, children, other vulnerable groups and the general population in Nigeria by 2009.*

The eight objectives in the NSF are:

- To increase programme implementation rate by 50% from 2005 to 2009 through improved coordination mechanisms and effective mobilization and utilization of resources
- To have 95% of the general population make the appropriate behavioural changes (safe sex, abstinence etc) through social mobilization and greater access to information by 2009.
- To increase access to comprehensive gender sensitive prevention, care, treatment and support services for the general population, PLWAs, and PABAs including orphans and vulnerable children (OVC) by 50% in 2009 and

- mitigate HIV/AIDS impact on the health sector.
- To increase gender sensitive non-health sectoral responses for the mitigation of the impact of HIV/AIDS by 50%.
  - To have 95% of specific groups make appropriate behavioural changes (safe sex, abstinence etc) through social mobilization by 2009.
  - To strengthen national capacity for monitoring and evaluation of the HIV/AIDS response such that the national monitoring and evaluation plan is 100% implemented by 2009.
  - To build national capacity for research, knowledge sharing, and the acquisition and utilization of new HIV/AIDS technologies.
  - To improve the policy environment (policies, guidelines, legislations) that supports safer sex practice, reduces stigma, promotes positive living and rights of women and the general population, particularly PLWAs.

A careful reading of the Nigerian NSF shows a good example of a document that has reasonably mainstreamed gender. All the critical components of the document give due considerations to gender issues. The 8 thematic areas with the 8 objectives have an array of well designed gender sensitive activities.

The NSF matrix is designed to relate each activity with target beneficiaries. This design was deliberately made to enhance gender sensitivity of outputs. Each activity clearly spells beneficiaries to be women, men, vulnerable groups and the general population. It is an opportunity to ensure that women and girls are not marginalized in the

benefits of the activities as is usually the case when these distinctions are ignored. The matrix has provided for 50% participation of females in all activities such as meetings, trainings, workshops, seminars, committees, partnership groups, and recruitment and training of health workers. Gender equality is also reflected in mobilization and utilization of artists, teachers, Faith Based organizations, line ministries, researchers, professional associations, consultants, NGOs and CSOs in general and the private sector. Provision is made for even community outreaches on HIV/AIDS prevention and advocacy meetings with influentials to fully employ the principle of gender equity. Gender and youth friendly centres, in-and-out of school youths, are all issues that have been subjected to gender sensitive planning.

Activities could be planned but there could be gaps in implementation and so designing gender sensitive objectives and activities is not enough, it is important to track mainstreaming of gender at all stages of implementation. For instance, an activity may provide for training of 100 people made up of 50% male and 50% females in home based care, but at the level of implementation over 90% trained could be women. To track such anomalies in implementation and ensure that gender is mainstreamed at the level of implementation, the NSF provided gender friendly and objectively verifiable indicators. For example, where 100 people are to be trained, we expect objectively verifiable indicators (OVI) to be the number trained by gender. In this case, gender is mainstreamed at all the critical components of the programme, and is dynamic enough to track anomalies at the level of implementation and seek redress in the mid-term review.

The relative success achieved in mainstreaming gender in the NSF points to the benefits of using gender expertise in social development programming. Gender is adequately mainstreamed in both the process and final output of the NSF because of the gender expertise deployed to impact the process at all levels. Gender issues were not merely grafted in the NSF. It was a systematic development through effective participation of gender experts in all the thematic groups and in plenary sessions. This contributed in eliminating conventional gender blind and presumably gender neutral programme designs, and replacing with gender sensitive ones. The gender mainstreaming process of the NSF is less conventional and that is why it is more effective as it has the underlying issue of the rights of women to have equal access to services and resources.

To be sure, the so called gender blind and gender neutral policies and designs are never truly blind and neutral. Underneath them are concealed benefits that are skewed in favor of men, and gender mainstreaming helps to confer such benefits to both men and women. Experts employ gender analysis to help see beyond the conventional realm by exploring areas where questions of equity arise as to who is benefitting and who is not benefitting from the programme outputs. Gender mainstreaming is a progressive development that emphasizes social justice and equity, ensuring that no gender is disadvantaged or suffers as a result of programme design, implementation, monitoring etc.

The process of gender mainstreaming in HIV/AIDS programming is indeed a good practice worthy of emulation by other countries. This book describes in a stepwise manner, the intricate path towards the

development of a gender sensitive National Strategic Framework on HIV and AIDS in using the “model” [or process] undertaken in Nigeria. The successful blend of advocacy, lobbying at different levels, training with availability of expertise and financing employed at every stage is a lesson worthy of replication.

## **2.9 Recommendations**

- The rights of women in having equal access to services and resources should underlie HIV/AIDS programming for effectiveness and success.
- Part of the national AIDS planning should consider funding and incorporating gender expertise within the National AIDS coordinating bodies so that technical expertise can be available on an ongoing basis.
- National AIDS coordinating bodies should demonstrate their commitment to gender mainstreaming process by availing financial resources to support the engagement of gender consultants.
- For an effective gender mainstreaming, there is need for planning for more time for the NSF activities. Adequate time should also be allocated for gender sensitization for all who will be involved in the NSF process.
- More resources for engaging individual gender consultants to each of the thematic working groups

need be mobilized for a more efficient and quality gender sensitive output.

- Increase deployment of gender experts in programme design at all levels .
- Promote country wide training in gender equality and mainstreaming to increase stock of gender experts.
- Maintain a register of gender experts and their affiliate institutions so that they could be contacted at short notice.

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## **APPENDIX**

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### **1. Gender Concepts and Definitions**

The ability to communicate with clarity about gender concepts is a fundamental requirement for mainstreaming gender perspectives into various aspects and sectors of development. This section attempts to clarify gender concepts and offers simple definitions. It also offers a conceptual framework for gender mainstreaming in HIV/AIDS programming.

#### **Understanding Gender**

In all societies, gender has emerged as an important criterion for assigning roles and responsibilities as well as rights. It plays a key role in shaping women and men's access to and control over resources. Culture is often invoked to legitimize and perpetuate gender differences and to justify unequal power relations between males and females. Cultural values, beliefs and norms in Nigeria as in several African countries portray women/girls as subordinate to men/boys.

Gender is an analytical category comparable to and which has the same status as class, ethnicity, race, state etc. Just as class, ethnicity and race have been exploited to oppress individuals; the term gender captures the reason for women's subordination in patriarchal systems.<sup>12</sup>

**Sex:** This is the biological classification of the human race into females and males by virtue of differences in the reproductive system.

**Gender:** Gender refers to what it means to be male or female. It is an array of societal beliefs, values, norms and attitudes that determine and shape what is acceptable as male and female behaviour and roles. It may also be defined as the economic, social, political and cultural attributes and opportunities associated with being male or female. Unlike sex, gender roles and relations are not fixed. They vary from one society to another and can change over time.

**Patriarchy:** Patriarchy is defined as control by men. It is a societal construct in which men are the *dominant element* in public affairs. This is the basis on which many societies are formed. Under this arrangement, certain elements are dominant and include: women's economic dependence on men, female child rearing, and men's access to women's bodies for sex. In this sense, the Nigerian society is patriarchal.

**Gender Roles:** Within patriarchal systems, activities and roles are associated with one sex or the other and are preconceived via gender stereotypes. In many parts of the

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<sup>12</sup> Otiye-Igbuzor, E.J, 2002; Gender and repr. Rights in Nigeria, WERRC Newsletter.

world including Nigeria, *reproductive roles* (related to maintaining human and social resources) child bearing, child rearing, cooking, cleaning, caring for the sick etc. are regarded as 'feminine' roles. On the other hand, *productive (remunerative) roles* are assigned to men and stereotyped as 'masculine'. Gender role stereotyping gives rise to a distinct pattern of time use that allocates more time to remunerative/economic activities. Women's lopsided engagement with reproductive work (which is unrecognized and non-remunerated) reduces their time allocation for productive activities.

**Femininity and Masculinity:** These terms describe manners or features commonly attributed to being female or male. Gender is a social construct within which certain behaviours are stereotyped as feminine or masculine. In Nigeria, *good women/girls* are shy, virgins, chaste, quiet, do not talk about sex, are sexually submissive and inexperienced, non-assertive, obedient, submissive, economically dependent, weak, and vulnerable, emotional, often irrational. *Men/boys* on the other hand are assertive, macho, do not cry, violent/aggressive, domineering (even bully), risk takers, breadwinners, capable of bearing pain, strong and bold, not afraid of darkness, unemotional, adventurous, disciplinarian, virile, sexually aggressive and experienced, independent, free and individualistic, proud, ambitious, egotistical, and are success-oriented. *Feminine behavior* in men is frowned at. The dictionary definition of the word *effeminacy* is very instructive. Wikipedia<sup>13</sup> defines effeminacy as a character trait of a male showing femininity, unmanliness, weakness, softness and/or delicacy, which contradict

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<sup>13</sup> Wikipedia, the free online encyclopedia, in [wikipedia.org/wiki/Podcasting](http://wikipedia.org/wiki/Podcasting)

traditional masculine, male gender roles. In Nigeria, successful women are often described as '*men*'.

**Gender equity:** The process of being fair to women/girls and men/boys. Fairness cannot be achieved outside the context of redressing years of inequalities and relegation experienced by women/girls in society. Gender equity strategies aim at bridging the gap between women and men so that they can operate from a level playing field. Affirmative action is a gender equity strategy. Equity strategies eventually result in gender equality, which is the ultimate goal.

**Gender equality:** This refers to the ideal egalitarian situation where women and men enjoy equal human rights, opportunities, resources and the benefits from development. It does not necessarily mean equal numbers of men and women in all activities or simply the same treatment. It challenges societies, institutions and constructions to ensure that women and men have equal access to equal opportunities. **Gender inequality** is not without economic effect. In the short term, it contributes to less than optimal outputs and under-development of human resources. In the longer term it has a multiplier effect on the shortfall in outputs and overall human development.

**Access to Resources:** Access is defined as the opportunity or the ability to make use of a resource. Providing access to resources and services is a key component of the quest for gender equality.

**Control over Resources:** This is a step above access to resources. It refers to the power to decide how a resource is used, who has access to it and the capacity to derive

### **Box 1: Determinants of Gender**

Culture  
Religious beliefs and practices  
Norms and values of the society  
Institutional legal framework  
Policies  
Education system  
Media  
History

**Gender Issues:** These arise where an instance of gender inequality is recognized as unjust. The fact that women contribute the bulk of their time and energy to unacknowledged, unremunerated care and support of the sick and orphans, is a gender issue. Also, that young girls are forced into early marriages, which expose them to the risk of HIV infection, is a gender issue. There are many gender issues in the context of HIV&AIDS.

**Gender Sensitive Indicator:** This is a number, fact or a perception whose purpose is to point out how far and in what ways a development programme or project is meeting its gender objectives and achieving results related to gender equity.

**Gender Budget:** This is a budgeting method that takes account of how a government or organizational budget affects men and women, boys and girls. A gender budget does not mean creating separate budgets or looking for additional resources for women. A gender budget involves an analysis of a total budget, with regard to benefits of population by gender. Gender Budget initiatives can

improve transparency, participation and gender analysis of national or organizational budgets. For example, a gender budget for NACA can analyze how allocation of total budget to any given activity benefits women and men, boys and girls.

## **2. What is Gender Analysis and Why is it Necessary in HIV&AIDS Programming?**

Gender analysis refers to the methodologies that identify and interpret the socio-economic consequences of gender inequities, differences and relations for achieving development objectives.<sup>14</sup> Gender analysis focuses on understanding and documenting the differences in gender roles, activities, needs and opportunities in HIV&AIDS programming. It involves disaggregation of quantitative and qualitative data by sex in order to provide an empirical evidence for highlighting the differential impacts of gender relations on the programme and the relative benefits to women and men.<sup>15</sup> Gender analysis is used to distinguish the resources, activities, potentials and constraints of women relative to men in a given socio-economic group or context, in order not only to address distortions and disparities between women and men, but also to facilitate maximum efficiency in pursuing development goals.

Gender analysis examines the differential effects of projects and programmes on men and women as a result of their social location, access to and control over resources as well as decision making capacity. In HIV&AIDS programming, there is need to conduct gender

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<sup>14</sup> A Manual for integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action, IGWG, [http://: www.prb.org](http://www.prb.org)

<sup>15</sup> *Ibid.*

analysis at all levels from policy formulation to National HIV&AIDS Strategic Framework development, priority setting, data collection, design and implementation of HIV and AIDS programmes as well as monitoring and evaluation. Gender analysis is the basis for identifying problem areas where gender imbalances may impact negatively on the direction of the HIV epidemic. It is also a **critical tool** for gender mainstreaming and gender-sensitive planning, monitoring and assessment of the impacts of development intervention at specific points in time. Box 2 summarizes the importance and purpose of gender analysis in development.

**Box 2: The Purpose of Gender Analysis in HIV&AIDS Programming**

- To reveal the linkage between gender and vulnerability to HIV&AIDS
- To highlight gender inequalities that worsen the HIV& AIDS epidemic
- Enhances project effectiveness and ensures long term sustainability by addressing underlying obstacles to the campaign against HIV&AIDS
- To make visible gender relations that have a negative impact on the spread of HIV&AIDS
- To understand the impact of gender relations and gender inequality on HIV&AIDS
- Enables identification of gender inequalities or gaps that limit maximum participation of men and women in the campaign against HIV&AIDS
- To identify how HIV&AIDS programme interventions affect men and women differently
- To expose traditional and cultural power imbalances that may work against the control of the epidemic
- To focus on transforming attitudes and practices that would militate against effective prevention efforts
- To ensure that both men/boys and women/girls participate and benefit from HIV&AIDS programme interventions
- To provide the much needed information base for mainstreaming gender into HIV&AIDS policies and programmes

### **3. Guidelines for Gender Mainstreaming**

Gender mainstreaming goes beyond women's participation as it entails bringing into account the experiences, knowledge and interests of women and men to bear on the HIV&AIDS agenda. Best practices on gender mainstreaming entail some of the following:

*Adequate Consultation of Women and Men at all Levels:* There is need for adequate consultation for both men and women at all levels and stages of design, implementation, monitoring and evaluation of HIV&AIDS policies and programmes. The consultative process should employ a menu of participatory methodologies to ensure that the views, experiences, knowledge and suggestions of men/boys, women/girls are taken into account.

*Attention to Gender Equality as an Overall Objective:* There is need for explicit attention on gender equality as an overall objective in all stages of interventions. It means therefore that gender issues have to be raised at all of policy and programme processes.

*Inclusion of Gender Equality Perspective in all Analyses:* Collection of sex-disaggregated qualitative and quantitative data is imperative as it provides empirical evidence of the impact of gender relations on HIV&AIDS programming and its benefits to men/boys and women/girls.

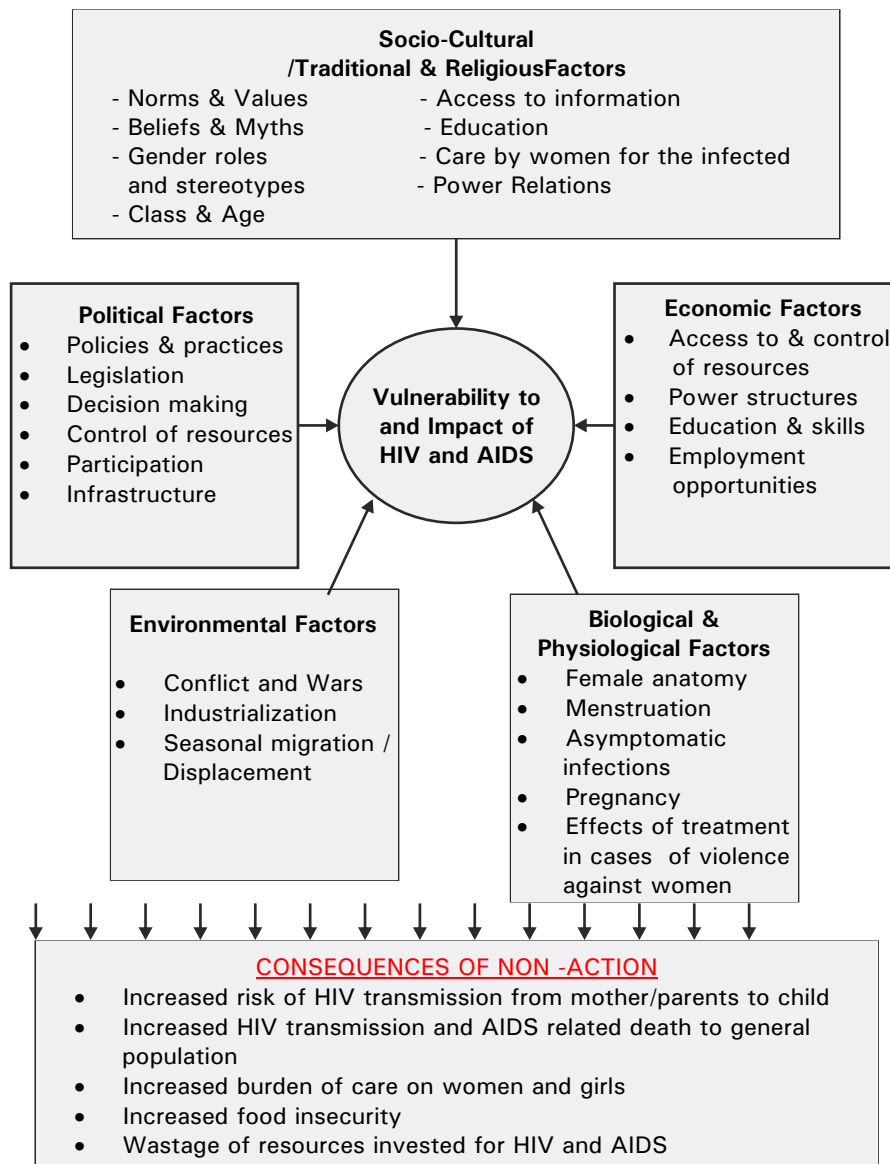
*Development of Measurable Goals and Indicators:* The goals and indicators in projects should be able to measure process as well as impact. This means that the monitoring design should ensure that all information is generated and

recorded in a gender sensitive way. Setting up measurable goals and indicators also implies that there has to be a starting point, a baseline data that acts as a benchmark for achieving set goals and targets. Gender sensitive indicators should reflect access to and control over resources, decision making, leadership and management roles, changes in the social status of men and women and changes in self perception.

*Attention to Project Strategies, Activities and Budgets:* This is necessary to ensure that the various aspects of the project or programme components take into account the different needs and impact of interventions on men and women. There should be a clear relationship between the planned activities and the budget to support those activities.

*Organizational Capacity Building and Change:* Gender mainstreaming as an organizational strategy to promote gender equality depends on the skills, knowledge and commitment of staff involved in management and implementation. There is therefore need to develop appropriate understanding, commitment and capacity as well as address issues of gender inequality in organizational structure and operations.

**Fig. 1: Conceptual Framework for Mainstreaming Gender into HIV and AIDS Programmes**



This conceptual framework can be used as a tool for gender analysis of different areas of HIV and AIDS programming (e.g. prevention, care and support). The five broad components: socio-cultural/traditional and religious factors, economic factors, political factors, biological and physiological factors and environmental factors, provide a starting point for brainstorming on vulnerability to and impact of HIV and AIDS. The bullet points within each of the five components are not exhaustive. They provide areas in which analysis of vulnerability can be done. Gender analysis of HIV and AIDS using these five components, will expose the differential vulnerabilities and impacts on women/girls and men/boys. Emerging gender issues in the various areas of the HIV and AIDS epidemic provide the much needed information upon which action can be taken to address gender inequalities. The box on consequences of non-action (not an exhaustive list) provides some suggestions on the implications of not mainstreaming gender perspectives in programming. The framework also highlights appropriate action and suggests possible strategies that could ensure gender mainstreaming.

#### **4. The Gender Analysis Framework for Policy Documents Tool**

This tool, developed by a team of gender consultants during the process of desk review, begins by identifying the common key components of a policy as: the executive summary, contextual background, goal and objectives, strategies, monitoring and evaluation. The tool highlights the importance of gender mainstreaming in the key components of any policy document and also provides guiding questions for gender analysis for each policy

component. The framework serves two purposes. It can be used to review an existing policy and it can also be used as a guide for developing or reviewing a new policy to ensure gender sensitivity. See Table 1 for a summary of the contents of this framework.

## **5. Gender Equality Analysis Tool**

The gender equality analysis tool is used for designing any project interventions in any given sector of development. The tool is used as a guide to the integration of gender equality concerns within the entire project not to create a separate, stand-alone, women's components within the project. The following are highlights of this tool.

- The gender equality strategy should be developed as part of the project design and be more fully detailed as part of the project implementation plan. It should follow from the projects' gender analysis and a gender disaggregated baseline.
- The gender equality strategy should address constraints to gender equality in the context of the project, and tap the opportunities, entry points identified in the gender analysis.
- It should consider in relation to the general results and purposes of the project, activities to support women's participation, particularly in decision making, to address the needs and priorities of women as well as men, to reduce gender inequalities.
- It provides for discussions of probable differentiated impacts of the project on women and men stakeholders in the community.

**Table 1: Summary of a Gender Analysis Framework for Policy Documents**

<b>Components &amp; Gender Importance</b>	<b>Guiding Questions</b>
<p><b>Executive Summary</b> Should carry the gender message of the policy</p>	<ul style="list-style-type: none"> <li>• Are gender issues captured as important?</li> <li>• Do components of executive summary reflect gender concerns?</li> <li>• What are the negative implications of Disregarding gender issues?</li> </ul>
<p><b>Contextual Background</b> It illuminates the full background to the topic. It should examine how males and female by age groups affect or are affected by the HIV/AIDS situation.</p>	<ul style="list-style-type: none"> <li>• Is specific situation of males and females clearly articulated?</li> <li>• Is there a clear gender diagnosis of both the problem and impact of HIV/AIDS?</li> <li>• Is information disaggregated by gender both qualitatively and quantitatively?</li> </ul>
<p><b>Goals and Objectives</b> These provide an overall strategy direction and thus should have clear gender goals and objectives informed by gender sensitive contextual background.</p>	<ul style="list-style-type: none"> <li>• To what extent are goals and objectives informed by a gender diagnosis of the problem?</li> <li>• By merely assessing the goals and objectives, can one identify a gender strategy for the policy?</li> <li>• Are they clear enough to direct or inform gender sensitive strategy for the policy?</li> </ul>
<p><b>Strategies /Guidelines</b> Strategies provide a road map for addressing the identified challenges and thus should be informed by gender sensitive situation analysis and goals and objectives</p>	<ul style="list-style-type: none"> <li>• Do strategies address specific gender related problems in HIV and AIDS?</li> <li>• What are gender gaps in the existing policy strategies?</li> <li>• What emerging gender issues should be considered for new strategies?</li> </ul>
<p><b>Monitoring and Evaluation</b> Measure changes and impact over time resulting from responses to the epidemic. As such it should also measure changes over time of the gender sensitive strategies.</p>	<ul style="list-style-type: none"> <li>• Is M&amp;E informed by a gender sensitive baseline?</li> <li>• Are indicators gender sensitive?</li> <li>• Is there a gender sensitive model for sharing information?</li> </ul>

- It looks at constraints, risks, opportunities, costs related to the integration of gender equality in the project.

This tool makes use of the question, discussion and justification technique. From any point the tool examines who will benefit. It asks questions about who among men and women will gain, what the opportunities are for addressing gender inequalities among men and women. The tool calls for justification of actions based on existing gender analysis of the situation at hand.

#### ***How the Tool was Utilized***

Given the diversity among the group members in each technical working group, and the conviction for importance of gender during the validation discussions and brain storming on potential strategies for NSF, the gender equality analysis tool was used widely. The gender consultants and some members of the team, convinced of the importance of gender, spent quite some time justifying and presenting convincing data for the importance of addressing gender dimensions in the thematic working group. The first few days of this action-packed week was characterized by some level of resistance to gender mainstreaming. The gender consultants used various techniques to convince strong opponents to gender mainstreaming. This included taking the gender discussion over during tea/coffee and lunch break. Some gender consultants provided mini side-sessions of the value of gender mainstreaming to individual members outside the bigger group.

As time went during this week, and the discussions were coming closer to brainstorming of potential thematic group strategies for the NSF, it was becoming evident that the greater majority of the technical working group members were conscious of the importance of proposing gender sensitive strategies for their respective thematic groups. Even during the absence of gender experts (when gender experts had moved to other groups), group members continued to discuss and debate the gender implications of their suggested strategies for the NSF. Groups which were facilitated by chairs who already had a good appreciation and grasp of gender issues in HIV and AIDS, had a much easier task of handling the gender issues in their groups. The relatively well-balanced gender representation of the group chairs and their co-chairs also helped to make the gender discussions more prominent.

## **6. The Gender Sensitive Indicators Tool**

This tool provides a reminder of what constitutes a gender-sensitive indicator. An indicator is an item of data that summarizes a large amount of information in a single figure or qualitative description in such a way as to give an indication of change over time and in comparison to a norm. A gender-sensitive indicator can be defined as an indicator that captures gender-related changes in society over time.<sup>16</sup> The tool provides information of what is needed for the development of gender sensitive indicators.

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<sup>16</sup> Adapted from CIDA's collection of Gender Mainstreaming Tools: Tool 12: Gender Sensitive Indicators.

*Sex-disaggregated data:* This will be required to build most indicators since there is need to compare the situation of women and girls with that of men and boys.

*Qualitative and Quantitative data:* There is need to appreciate that gender-sensitive indicators can take the form of both quantitative and qualitative data. Qualitative indicators usually have to do with people's perceptions and are largely subjective. Quantitative indicators are numerical measurements of change and are largely objective. The use of both types of indicators allows for triangulation of findings in order to get a deeper understanding of the scope and scale of the change measured by the indicator.

The tool also provides a set of examples of gender sensitive indicators at different levels of the project. See Box 3.

## **7. The Engendered Logical Framework Analysis Tool (LFA)**

This is a tool to assist in integration of gender equality considerations in the project LFA. Its questions will help in designing the components of the LFA in a way that supports full integration of the gender dimensions. It is not a template for a separate "Gender LFA". See Table 2.

### **Box 3. Examples of Gender-Sensitive Indicators**

#### Input Level - Resource

- Total number of participants in a project/programme, male female ratios
- Male-female ratios in Nigeria's HIV/AIDS coordination bodies, NACAs, SACAs and LACAs
- Percentage of project budget spent on gender-targeted activities
- Degree of satisfaction of project staff with gender awareness training provided

#### Input Level - Activities

- Total person days of participation and male female ratio of participants and trainers
- Total number involved in project by gender e.g. number on ARV programme, number of HBC providers, number of youth peer educators, number involved in couple/partner counselling
- Number of gender-sensitive youth friendly centres established

#### Output Level

- Change in attitude of males towards HIV positive wives or partners, who participated in couple counselling for VCCT versus those males who did not participate
- Change in levels of burden of care for patients, in households or communities with male involvement in HBC
- Degree of satisfaction on the part of male participants and female participants with respect to project results achieved

#### Outcome Level

- Change in gender division of labour around care of orphans and the sick
- Change in decision making power of males and females in Nigeria's coordination bodies of NACA, SACAs, and LACAs
- School enrolment rates of OVC by gender compared to school enrolment rates on non orphans by gender
- Percent drop in early marriages of young girls
- Percent drop in HIV prevalence among youth of ages 12 to 24 by gender

**Source:** Adapted from CIDA's collection of Gender Mainstreaming Tool for the Nigeria HIV/AIDS NSF.

**Table 2. Engendered Logical Framework Analysis Tool (LFA)**

	<b>Narrative Summary</b>	<b>Performance Indicators</b>	<b>Means of Verification</b>	<b>Assumptions/ Risks</b>
<b>Project Objectives</b>	Is the gender dimension taken into account at the policy / national level in order to reach long-term gender equality (GE) results?	What measures can verify the achievement of the gender - sensitive goal?	Are data for verifying the goal, outcomes, outputs and activities sex - disaggregated and analyzed in terms of gender?	What important external factors are necessary for sustaining the gender - sensitive goal? Are there risks associated with integrating GE in the project and how can they be mitigated? Are there risks associated with not integrating GE in the project and how can they be mitigated?
<b>Project Outcomes</b>	Does the project have outcomes that could contribute to reducing identified gender gaps or inequalities?	What measures can verify achievement of the gender responsive objectives?	What gender analysis tools are appropriate?	What important external factors are necessary for sustaining the gender responsive outcomes? Are there risks associated with promoting the integration of gender equality and how can they be mitigated?
<b>Project Outputs</b>	Is the distribution of benefit taking into account gender inequalities, as well as gender roles and relations? Are gender affirmative action measures necessary to close identified gender gaps?	What measures can verify that project benefits accrue to women as well as men and to different groups of women?		What important external factors are necessary for achieving gender-targeted project output results? Are there risks associated with integrating gender equality and how can they be mitigated? Are there risks associated with not integrating GE and how can they be mitigated?

## **8. Checklist for Mainstreaming Gender into Policies Programmes Tool**

This tool provides critical questions one could use in designing gender sensitive policies or programmes. It emphasizes the importance of gender mainstreaming at all stages of policies or programme and warns on falling into a trap known as the “gender-fade away syndrome” where it is possible to skip gender analysis for other components of policies or projects (Table 3).

### ***How the 3 Tools were Utilized***

The three tools were all applied in the development of the NSF. The overall message of the three tools particularly “*Engendering Logical Framework*” and “*Check List for Mainstreaming Gender Into HIV/AIDS Policies/ Programmes*”, was to ensure that gender is addressed in all components of the NSF and is not only articulated in some components of the NSF matrix or narrative. As much as possible, in developing the NSF, consultants had to avoid getting trapped in the “*gender-fade-away syndrome*.”

## **9. List of GTC members**

CEDPA	The Centre for development and Population Activities
CIDA	Canadian International development Agency
CiSCGHAN	Civil Society Consultative Group on HIV/AIDS in Nigeria

**Table 3. Checklist for Mainstreaming Gender into Policies/ Programmes**

Component Part	Critical Questions to Address
Contextual Background	<ul style="list-style-type: none"> <li>✓ Does HIV situation analysis address gender disparities in prevalence levels?</li> <li>✓ What gender concerns put males and females in a different problem situation?</li> <li>✓ Does the situation analysis address how gender inequalities contribute to the spread of HIV?</li> </ul>
Goals/Objectives	<ul style="list-style-type: none"> <li>✓ To what extent do the policy goals and objectives address the principles of gender equality?</li> <li>✓ To what extent do the goals and objectives aim to narrow gender gaps?</li> </ul>
Policy Environment	<ul style="list-style-type: none"> <li>✓ Does the government's political commitment to HIV and AIDS indicate the need to address gender inequalities?</li> <li>✓ Does the policy address gender representation in the various levels of leadership for coordination of HIV/AIDS response?</li> <li>✓ Is the HIV/AIDS policy informed by existing national, regional, international gender sensitive policies, treaties, conventions or documents?</li> <li>✓ Does the policy reinforce the need for existing legal framework (inheritance laws, property rights, marriage laws, employment laws) to address gender inequalities in the context of challenges presented by HIV and AIDS?</li> </ul>
Policy Thematic Areas	<ul style="list-style-type: none"> <li>✓ Are gender issues clearly articulated around thematic areas of the policy?</li> <li>✓ Are there clear strategies to address gender issues in the policy thematic areas?</li> <li>✓ Are policy strategies for all thematic areas empowering to both men and women, particularly women who are most disadvantaged?</li> </ul>
Implementing Strategy	<ul style="list-style-type: none"> <li>✓ Are administrative and coordinating structures representative with regard to gender, vulnerable groups, and PLWHAs?</li> <li>✓ Are resource allocation systems gender sensitive?</li> <li>✓ Are policy monitoring and evaluation systems in place gender sensitive or do they need a review to address gender issues?</li> <li>✓ Is there a commitment for gender sensitive research based on regular review of HIV and AIDS implementation?</li> </ul>

**Source: Tool Developed by Dr. Neddy Matshalaga**

DfID	Department for International Development
FMOWA	Federal Ministry of Women Affairs
JICA	Japanese International Coordination Agency
FMOA	Federal Ministry of Agriculture
NACA	National Action Committee on AIDS
NEPWHAN	Network of People Living with HIV & AIDS in Nigeria
Policy Project	
Save the Children Fund U.K.	
SWAAN	Society for Women and AIDS in Nigeria
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
World Bank	
Partners in Development	