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**Integrated Service on Health and Development Organization (ISHDO)**

Gender Mainstreaming Guideline

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# Purpose Of the Guideline

The purpose of this guideline is to support ISHDO in implementing its gender policy **and** to facilitate effective analysis and identification of the gender issues in the community and to design appropriate **gender- sensitive strategies and activities, allocate resources,** and define monitoring indicators through all stages of the program cycle. The ultimate goal of these guidelines is to approach activities in ways that both advance gender equality and achieve program results. recognizes that challenging gender norms and inequalities within the broader project framework will help achieve not only HIV results, but also other health and development goals.

The guideline is developed for ISHDO governance body, head and field office staff, counselors who work directly with local communities in different health, education & other development projects. It can also be used by partners to ensure that gender issues are integrated in design, implementation and evaluation of development activities and HIV/AIDS response in the community. It consists of key issues to be addressed in situation analysis, program and project designing, implementation, resources allocation, human resources development, monitoring and evaluation so that they will be sensitive to gender differences.

# Gender Mainstreaming Meaning

**Gender mainstreaming is** “the process of assessing the implications of any planned action including legislation, policies, or programs for women and men /boys and girls 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 policies and programs in all political, economic, and societal spheres so that women and men benefit equally, and inequality is not perpetuated.” (*United Nations Report of the Economic and Social Council for 1997)*

# Tools for Gender Mainstreaming in HIV Program

### Gender Analysis

is a critical first step in designing activities that are gender-sensitive. it will help to identify and analyze different needs, challenges, gaps, and opportunities to reach men and women. ISHDO/FFHCTP team members and sub-partners want to be sure that our HIV targets are met. To do this, we must understand how health differences between men and women can be traced back to the different roles and responsibilities that tradition or culture assigns each sex, particularly around power and decision making.

### Key Levels for Gender Analysis

### Gender awareness and sensitivity training:

This will enhance system-wide accountability. It will ensure that all implementers, policy makers and staff have training to identify and address the gender issues. Everyone in the program will be responsible for gender mainstreaming. Gender-specific HIV interventions will be considered.

### Gender-disaggregated data:

This will give accurate statistics on each intervention, indicating how many males and females received the services and demonstrated outcomes of the intervention.

### Gender empowerment:

This will measure progress toward realization of gender equality.

### Gender budgeting and audits:

These actions will analyze resource allocation in terms of shares directed toward meeting the needs of men and women.

### Capacity building for staff:

Program staff should be trained to understand gender mainstreaming and how to use the gender mainstreaming tools.

# Guiding Questions to identify Gender issues are incorporated in HIV continuum Services

The guiding questions are intended to be illustrative and not exhaustive. This are: -

## Gender Equitable OVC program

One can ask a number of questions to assess if and how gender influences OVC data and outcomes.

We list some here:

* How many children are orphaned or vulnerable, by sex and age?
* How many children are being raised by single female or male parents, by sex and age?
* Are girls and boys represented equally in lists of beneficiaries for every type of activity?
* Are sex-disaggregated data gathered from all activities?
* Does the program collect such gender-related details as how many boys and girls are in a household?
* Do girls and boys have equal access to information and services?
* Are there stereotypes or social norms that lead to greater abandonment either of boys or girls?
* When girls and boys pursue education or seek healthcare services, what common constraints do they face? Differing constraints?
* Are special considerations in place for girls concerning such sex-specific needs as access to sanitary towels and toilets in schools?
* Are boys and girls treated equally in community settings such as schools and health centers?
* Are equal resources spent on the education and health of boys and girls?
* Do boys and girls benefit equally from programs designed for OVC?
* Do adolescent boys and girls have equal opportunities for vocational training, income generating activities, or financial services, such as bank accounts and loans?
* Are sufficient quantities of appropriate food equally available for girls and boys?
* Are there existing gender norms and practices that may hinder program beneficiaries from accessing services?
* Do boys and girls have equal access to violence protection and reporting mechanisms?
* Do male and female caregivers have equal access to and control over financial resources to care for their children and themselves?
* What livelihood constraints do women and men face while caring for vulnerable children?

## Gender-Equitable HIV Prevention and Vulnerability Reduction

* Are the sub-partners implementing awareness-creation activities for enhancing the full range of prevention messages; for example, condoms? Are there gender-related barriers to the use of condoms within the community? Is the program tackling these barriers? Does the program also promote male-specific prevention interventions; for example, couples counseling, sexual partners testing, or male circumcision?
* Is the program providing both male and female prevention services through various entry points that can be accessed easily by boys, men, adolescent girls, young women, and mobile women and men? If yes, how is this being done? If no, why not, and how can the program do so? Is it more difficult for certain groups to access these because of particular gender roles or expectations? Do any of the priority populations face particular social taboos or stigma by health providers or peers because of particular gender norms or expectations?
* Does the program build awareness about the availability of anti-retroviral drugs (ARVs), as well as existing services to encourage both women and men to seek health care services and to comply with treatment requirements?
* Has the program intensified awareness of the availability and importance of adherence to treatment (as well as of other existing high-impact referral services) to encourage both women and men to seek treatment and to comply with treatment requirements?
* Does the program promote the adoption of safer sexual behaviors and provide the correct information to dispel misconceptions that increase the vulnerability of women and men?
* Does the program implement activities that increase women’s economic independence by emphasizing entrepreneurship skills?
* Is the program promoting the integration of functional linkages between HIV and AIDS, family planning, and sexual reproductive health, with particular attention to USAID/FFHPCTA targeted population, including adolescent boys and girls?
* Is the program integrating sexual reproductive health rights in peer education trainings and education for out-of-school youth with a tailored approach that adequately meets the needs of adolescent girls and boys? If yes, how is this being done? Are gender norms and expectations taken into account?

##

## HIV Testing Services (HTS) and Counseling (HTC)

* Has the HTC program component considered the specific needs and concerns of women and men to facilitate easy access to those services for each sex?
* Has the program developed and implemented an HTC protocol that considers the gender dynamics of the epidemic and that provides guidance for pre-counseling, testing, and post-test counseling?
* Has the program intensified partner testing and counseling to effectively deal with gender-based violence (GBV), stigma, and discrimination issues that are commonly experienced by women and men living with HIV?
* Has the program encouraged the participation of women and men in index-case testing and counseling activities that promote provider-initiated testing and counseling? If yes, how is this being done?
* Has the program developed and implemented protocols for discordant couples? If yes, how is this being done?
* Are program data sex-disaggregated so they identify any gender-specific barriers?
* To encourage both women and men to seek care and comply with treatment, does the program create awareness about the availability of free ARV treatment and high-impact services? Are data disaggregated to identify any barriers that are specific to gender, age, or specific subgroups?

## Sexual Gender-Based Violence (SGBV):

Special Considerations:

* Has the program developed and implemented protocols for the management of SGBV, including the management of rape and other cases of sexual abuse? If yes, how is this being done? Do protocols address social stigma and needs of particular sub-groups based on gender norms? If no, why not?
* Has the program team (peer educators, lay counselors, community Engagement Facilitators [CEFs] Initiatives) developed an appropriate referral system for the management of SGBV? If yes, how is this being done? What can be done to improve it?
* Has gender been integrated into the training curriculum? How is gender understood among the staff? What about SGBV?
* Has the program widened survivor-friendly initiatives (such as support clinics) to increase access to treatment, care, and support services? Does the program have referral systems for the same?
* Does the program facilitate the referral to post-exposure prophylaxis (PEP) for survivors of sexual violence?
* Does the program implement gender-sensitive HIV communication strategies and integrate training on gender and SGBV in the existing capacity-building plans for USAID/FFHPCTA and LIP?

## Meaningful Participation for Females and Males in Program Design and Planning.

* Does the program promote equal involvement of both women and men, including specific interventions for men where they are well represented? If yes, how is this being done?
* Are activities disaggregated by appropriateness to gender and age? Are prevention services designed to be adolescent-friendly? Are females and males provided gender-informed attention when accessing HIV prevention services?
* Are monitoring and evaluation (M&E) tools designed to collect sex-disaggregated data? If yes, are data collected regularly and used to inform program improvement?
* Are reported program data sex-disaggregated to identify gender-related barriers to access or participation?

# Gender-Considerate M&E Activities

## Gender-Sensitive Indicators (GSI)

The first and best place to start developing gender-sensitive indicators is with the collection and analysis of sex- and age-disaggregated data to describe the divergent experiences of girls compared to boys and women compared to men. Measuring program impact on each group is also essential. GSIs will help to capture relevant norms, knowledge, attitudes, and behaviors that reflect gender relations among the target group. A health program, for example, should have some understanding of decision making in the household, women’s and men’s attitudes toward GBV, women’s access to resources, and girls’ and women’s mobility.

### Why do we need to use GSIs

Because it helps to track important considerations such as:

* Participation of girls, boys, women, and men in project activities;
* Access to decision making, project resources, and project services by girls, boys, women, and men, and whether this access is equitable;
* Expected and unexpected project outcomes for girls, boys, women, and men (compared with project objectives);
* Met and unmet practical and strategic needs of girls, boys, women, and men (compared with expressed needs);
* Changes in project budget allocation toward gender equity issues;
* Changes in the capacity to mainstream gender equality approaches by project staff, project partners, and government service providers and officials; and
* Identification of new gender inequalities in the project or as a result of the project

It is important to always ensure that all data is disaggregated by age and sex, and then analyzed. Analysis includes:

* Comparing the ratio of girls, boys, women, and men benefiting from each of the project’s outputs with the breakdown for the beneficiary population; and
* If comparatively more men vs. women or girls vs. boys are accessing the high-impact referral services, using focus groups and key informant interviews to determine why.

These steps reveal key gender gaps between girls, boys, women, and men.

# Key Guidelines

## Gender Analysis Guideline

Below are key guidelines on stake holder analysis, problem analysis, objective analysis and strategy analysis.

### Stakeholder Analysis:

* Examine gender roles in the intervention areas and relations in terms of the distribution of power and resources.
* Ensure gender analysis is included in the project analysis phase to determine the position of women in the project environment
* Identify the different perspectives of women and men on health, education and other development project related issues and barriers to women’s development (e.g., unequal access to resources, opportunities and decision –making power).
* Examine perceptions, potentials, realities and aspiration of both sexes through gender disaggregated data, by involving women, men, boys and girls as sources of information.
* Identify gender roles and contribution to economic development and management, along with constraints to women’s economics empowerment.
* Establish the existence and nature of gender of gender policies among collaborating agencies and the government.

### Problem analysis

* Identify the different levels of poverty issues on women and men.
* Distinguish and analyze the social, economic, political, and environment factors constraining women from economic empowerment.
* Ensure active involvement of women, men, girls and boys from in the identification and analysis of needs at household level avoiding unitary household modeling.
* Identify obstacles to women’s access to and control over natural, economic and basic social resources and analyze the contributing factors (internal and external factors).
* Articulate the priority of each gender and classify them as practical or strategic gender needs.
* Secure inclusion of gender analysis, indicating the links between poverty and gender disparity.
* Disaggregate all information by gender, age and any other relevant factors.
* Examine status of women in the project area, ability to exercise their legal human rights in relation to the influencing factors/social constructions.
* Ensure determine cause and effect relationship between levels of constraints and effect of gender inequality.
* Examine the influencing factors to gender disparity, identify external constraints and opportunity that should be considered during project planning.

### Objectives Analysis:

* Make sure that finding of the gender analysis have formed bases for identification of potential solutions in the project objectives.
* Secure that objectives are set from the identified gender perspective problems.
* Ensure that the objectives are specific on how the project intends to improve boys compared to girls and women compared to men from among the intervention areas.
* Examine solution to the gender problem in the intervention are assessed and prioritized based on the constraints and needs already determined.
* Confirm objectives are set to address noneconomic barriers to women’s livelihoods (such as literacy, health, self-confidence, Participation in decision-making and protection from gender-based violence).
* Ensure the project has aim to increase women’s access to and control over different resources and thereby address economic roles and practices of women in general and those who are living with HIV/AIDS in particular.

### Strategy Analysis:

* Ensure finding of the gender analysis from the bases for identification of possible results and selection of strategies to be followed by the project.
	+ Make certain that selected approaches will address the interests of all stakeholders by gender, age, etc.
	+ Examine the influencing factors determining gender inequality in the intervention areas analyzed to identify entry points and options for change.
	+ Confirm the gender concern included in the analysis of problems, stakeholders and objectives make a base for selection of relevant strategies.
	+ Make sure consultation with different age and gender categories in prioritizing problems, choosing and designing project strategy.

## Gender sensitive **planning** Guideline

The planning phase is where the main outputs of the analysis phase are presented on a format called log frame matrix.

**Key guideline**

* + Confirm the outcomes of the situation/gender analysis are addressed in the project planning and representation of women in the process.
	+ Verify that overall objective is formulated, activities are planned and budget lines as well as resources are allocated and scheduled from gender perspective.
	+ Ensure that project objectives and strategies that addressed the gender issues are properly presented in the log frame matrix.
	+ Ensure the representation and active participant of women and men in the planning process and check that their gendered interests are reflected in the decision made.
	+ Confirm that indicators are gender specific and formulated in a participatory manner, for the project purpose, outputs and inputs.
	+ Make sure that planned activities consider the gender workload distribution and potential contribution of different gender and age categories, in the intervention areas.
	+ Ensure objectives and strategies are designed to ensure gender equality.

Identify whether the project aim to reduce discrimination against women and it is planned to ensure equal right to women and men the intended activities are going to be monitored. Program and Project Implementation Guideline

**Key guideline**

* + Certify target of the project are intended toward achieving improvement by gender, changing the stereotyped attitude as well as prejudice of the society towards females.
	+ Ensure appropriate participant of both sexes in the project implementation and technical packages.
	+ Confirm female beneficiaries are involved in the management of the project as actively as male counterparts, focusing on equivalence in numbers and positions.
	+ Make sure that men understand the reason why the project is increasing participation of women in decision making and support it.
	+ Ensure men and women have equal access to project information, resources and opportunities to carry out their responsibility.
	+ Make sure that gender awareness trainings are conducted for staff members and other stakeholders, so as to raise consciousness about social construction of gender in the intervention areas.
	+ Monitor selection of data collection methods to have scope for gender disaggregated information.
	+ Confirm women’s participation doesn’t merely increase their workload, but means their active involvement in decision-making in managing the project activities, in addition to having equal pay for work of equal value.

## Program/Project Monitoring and Evaluation Guideline

* Ensure gender impact indicators are identified to monitor the project planned activities from gender perspective.
* Evaluate the different impacts the project may have had on men and women, in addition to the imbalance of power relations between them.
* Ensure gender balance of staff on project evaluation team, along with inclusion of assessing impact on gender relations on the evaluation’s TOR.
* Evaluate women and men equal participation in decision making processes at household and community levels.
* Ensure men and women’s equal access to and control over livestock resources, in addition to access to basic social services.
* Monitoring the incidence of women and girls suffering gender related violence.
* Assess the progress on women empowerment in terms of basic resource ownership, economic improvement, developing confidence, self-esteem, capacity for leadership and self-organization, etc.
* Make sure assessment of change on gender stereotypes and discriminatory attitudes towards women and girls in the community.

# Developing Gender sensitive indicators

Through the process of strengthening gender equality in the process of health, education and other development project, five broad dimensions of gender responsive indicators, in which change can potentiality occur, are illustrated below. For each of these dimensions possible indicators are suggested. Consequently, the gender sensitive indicators that are used to measure development impacts on gender equality include;

* Changes in the balance of women and men access to resources and decision making.
* Incidence of gender –based violence.
* Discrimination against women,
* Women’s empowerment and
* Sensitization of men and women to the need to strengthen gender equality.

## Empowerment of women

## Indicators

* Has women’s self- esteem and self –confidence to influence social processes, increased?
* Is community attitude in addressing social construction improved and enabled women to exercise their capacity for leadership?
* Have women’s capability to involve in eliminating gender-based violence against women and girls, like FGM, Early marriage, etc., increased?
* Have the intervention community equally involved in the elimination of gender discriminations in society and enabled to work towards shared responsibility of household work, on reproductive health, family planning, etc.?
* Have gender stereotyping in women’s economic activities reduced and their economic empowerment enhanced?

## Women’s Equal Participation in Decision-Making

Gender responsive indicators should measure the achievement of equal participation of women and men in decision-making concerning public and private spheres. It should also indicate their equal involvement in the process of project execution.

## Indicators

* Do women enjoy greater participation in the process of community decision makings in situations where they were previously disenfranchised?
* Has the influence of women on decision-making in the project increased in relation to that of their male counterparts?
* Have women’s family decisions (e.g. No. of children to bear, type of contraception, Children’s education) increased at household level?
* Have the traditional social barriers to equitable participation of women in community decision making reduced?

## Access To and Control over Resources

Under this, the gender indicators should assess whether women and men have achieved more equal access to and control over economic and natural resources and basic social services.

## Indicators

* Have women’s access to, and control over livestock and other economic resources (household finances, equipment, other assets) increased?
* Do women share the workload more equally with men and have more time for them?
* Do women and girls have access to health services on an equal basis with men and boys and according to their gender specific needs (e.g., reproductive health)?
* Do girls enjoy equal access to schools with boys? Has the school environment become safer for girls and the curriculum less gender stereotyped?
* Have women’s capability to involve in eliminating legal programmatic barriers to equitable recourse access and control of assets, increased?

## Gender Based Violence against Women

The gender sensitive indicators should measure the incidence of gender-based violence against women and girls and percentage of women and girls suffering. The indicators also measure whether activity of assessing the practice of violence against women is implemented, monitored and documented throughout the program cycle.

## Indicators

* Do the community’s attitude and beliefs of considering FGM as a religious obligation changed and mothers convinced to stop the practice?
* Has the project led to a decrease in violence against women, or has it caused or exacerbated violence, or the fear of violence?
* Has the number of women suffering personal incidents or threats of violence in the community or household been affected?
* Has shifting gender roles have made women more vulnerable to sexual exploitation, domestic violence and rape?
* Has gender-based vulnerability of women and girls to harmful traditional practices, like FGM, abduction, and others decreased?
* Do fewer women and girls suffer gender related violence?
* Do many victim women and girls access legal services and protected from violence?

## Gender Stereotype and Discriminatory Attitudes

Here the gender indicators should assess whether gender stereotype and discriminatory attitudes towards women and girls been challenged and changed.

## Indicators

* Do men and women better understand how unequal power relations between them have discriminated women and kept them in poverty?
* Are women’s unpaid reproductive household chores and caring work better valued?
* Have changes in the traditional gender division of labor occurred with men taking on more households and caring work?
* Is greater value is attached to girl’s education?
* Where violence against women is the accepted norm, is this increasingly rejected by the public, especially by men themselves?
* Are more men taking action to tackle discrimination against women?

# Communication

The ISHDO communication strategy will play a central role by amplifying the shared advocacy on gender equality. The communications strategy is to support knowledge management and communication that contributes to the transformation of ISHDO’s institutional culture by communicating gender sensitive attitudes and practices that promote building consensus internally and externally. Communication process should involve men and women at all levels as gender-sensitive information flows are essential for mainstreaming gender. Key messages and knowledge products tailor made for outreach and communication will be key outputs. Gender sensitive language and images will be used in all internal and external communications and staff must have the capacity to communicate in gender sensitive language and way.

# Conclusion

For USAID/FFHPCT to achieve its goal of mainstreaming gender across the project activities in totality, all sub-partners are expected to develop systems that will enable the organization to collect and use sex- disaggregated data to analyze how HIV program interventions impact women and men. There is a need to monitor and evaluate gender issues and behavioral changes toward gender equality. All the activities by HIV prevention champions must address the gender-related barriers. Therefore, it is important for all sub-partners to ensure that the community structures are knowledgeable of the important roles they play in the gender mainstreaming process and provide adequate resources and support to make this a reality.

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