



A Plan of Action for

Mainstreaming Gender into the

***Promoting Sexual and Reproductive Health &
HIV/AIDS Reduction Program in Nigeria
(PSRHH)***

January 2007



TABLE OF CONTENTS

TABLE OF CONTENTS	2
ACRONYMS	3
INTRODUCTION	5
PSRHH Programme	8
PROFILES OF THE IMPLEMENTING PARTNERS	9
WHY MAINSTREAM GENDER INTO HIV & AIDS?.....	12
GOAL OF PSRHH GENDER STRATEGIC PLAN:	13
PSRHH GENDER MAINSTREAMING GUIDING PRINCIPLES	14
THE PSRHH GENDER STRATEGY	14
STRATEGIES ADAPTED TO MAINSTREAM GENDER IN PSRHH PROGRAMME INCLUDE.....	14

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ACRONYMS

AAN	-	ActionAid Nigeria
CBO	-	Community Based Organization
CSO	-	Civil Society Organization
FOSY	-	Female out of school youth
FSW		Female Sex Workers
MOSY	-	Male out of school youth
SFH	-	Society for Family Health
TOT	-	Training of Trainers
TW	-	Transport Worker
OPR	-	Output-to-Purpose Review
PEP	-	Peer Education Plus
PSRHH	-	Promoting Sexual, Reproductive Health, and HIV/AIDS Risk Reduction in Nigeria
SFH	-	Society for Family Health
USM	-	Uniform Service Men

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The energies and efforts that have gone into the development of the strategies are to say the least well expended and hopefully rewarding for not only for those who may use the information to meet their purposes, but more so to all those who made contribution to this noble exercise.

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We trust this strategic document will be useful to the broad range of stakeholders who are involved in programme and policy response to HIV & AIDS in Nigeria.

INTRODUCTION

Sustainable Development will only be achieved when men and women are given equal opportunities to actively participate in all spheres of the socio-economic and political life of the country. Participation of both genders is essential not only for the purpose of eliminating social inequalities but to contribute to economic growth. Available evidence-based research supports the assertion that equitable participation of men and women in the social, economic and political life of the country will lead to increased economic growth of their communities and improve the welfare of their families.

This document presents the plan of action for mainstreaming gender into the Promoting Sexual and Reproductive Health & HIV/AIDS Reduction in Nigeria (PSRHH) programme. The purpose of this plan is to outline how the PSRHH programme will address specific community gender needs in relation to HIV/AIDS/RSH. The plan also promotes the right of, women and men as well as young people to age-appropriate information on HIV and AIDS prevention and care services

The document is intended to:

- Serve as a framework for decision-making and mobilizing resources for PSRHH gender programming.
- Provide a basis for detailed planning and structured capacity development of PSRHH staff on gender programming.
- Provide the blueprint for educating, motivating and enlisting the support of target communities to achieve the PSRHH gender goals
- Provide tools for performance monitoring

The Nigerian Context

The status and condition of women and girls in Nigeria remains a major development challenge. This is coupled with the fact that poverty in Africa's most populous nation has a woman's face. There is no doubt that women are

disproportionately impacted by impoverishment, HIV and AIDS, conflict and violence. While women and girls play a vital role in production, reproduction and care of families, they remain systematically discriminated against and excluded from positions of social, economic and political power and from control of resources. They are denied access to land, excluded from decision-making (even with regard to decisions that affect their reproductive health). In many cases, they are also denied access to health. All these factors work in concert to impose disproportionate impact of HIV/AIDS on women and girls.

While there is a growing recognition, however, that gender inequality and the denial of women's rights limits economic growth in Nigeria and that women's rights are indeed human rights, approaches to poverty reduction rarely address the root causes or structures of the patriarchal systems which allow men to continue to infringe on the human rights of women and girls on a daily basis.

The HIV/AIDS burden and challenge to communities in Nigeria is increasing and provides cause for concern. The disease affects the most productive age group - the 18-45 year-old population. The disease has orphaned more children than wars and conflicts. HIV and AIDS has impeded the growth of emerging rural and urban economies, severely destabilizing the public sector and threatening to roll back development gains in the Nation.

While the states of the federation record, sometimes, vastly differing rates of infection and HIV prevalence, most are struggling to provide treatment, care and support to those living with HIV/AIDS. Six in ten people living with the virus are women, and women's vulnerability continues to increase in most countries of the world.

Many women in countries with high infection rates experience violence, unjust and high-risk inheritance practices and difficulties in negotiating safer sex. In addition, the inability of the state to provide the required care and support for HIV positive citizens has transferred much of the burden of care for the infected

and affected to communities. Ultimately women and girls shoulder the burden of care in many communities.

An estimated three million HIV-positive Nigerians are in urgent need of HIV treatment and drugs. Yet essential services required mitigating the impact of HIV and AIDS including anti-retroviral treatments, condom access and orphan support only reach 8% of those who need them.¹

Everyday, HIV and AIDS claims the lives of 6,000 people and infects another 8,200. Tuberculosis (TB) is the leading AIDS-related killer; in some parts of Africa, 75% of people with HIV also have TB. Beyond the humanitarian crisis, HIV and AIDS also raise a broader array of socio-economic justice issues, especially regarding poor women and girls. In many African countries women have no asset security, especially property rights, severely compromising their ability to cater for family needs when spouses die as a result of AIDS related complications.

PSRHH Programme

Promoting Sexual and Reproductive Health for HIV/AIDS Reduction (PSRHH) in Nigeria is a 7 year partnership programme between the Federal Government of Nigeria, the British Department for International Development (DFID) and the United States Agency for International Development (USAID). The programme is aimed at supporting major initiatives for improving the health of the Nigerian population. The programme, which is being managed by Population Services International (PSI), an international non-profit organization is supporting the Nigerian Government's response to reduce HIV and AIDS which in turn is being coordinated by the National Action Committee on AIDS (NACA). The project is also supporting the Nigeria Response to Reproductive Health coordinated by Department of Community Development and Population Activities of the Federal Ministry of Health.

¹ UNAIDS report, 2004

PSI is implementing the PSRHH programme in partnership with Society for Family Health (SFH), ActionAid Nigeria and Crown Agents. The overall goal of the PSRHH programme is to “improve Sexual and Reproductive Health among poor and vulnerable populations in Nigeria”. Its success will be measured by indicators which feed into the programme’s objective: “to increase behaviors conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria”.

At the community level the PSRHH programme focuses on different target groups which are:

- Most at Risk Females-female sex workers
- Female Out-of-School youths
- Most at Risk Males - Male Out-of-school youths
- Transport workers and their assistants (Long Distant truck Drivers, Taxi drivers, inter-city bus and car drivers and Okada riders),
- Men in uniformed services (especially the Military and the Police in Nigeria)
- General Population (GP).

In achieving the PSRHH outputs PSRHH is committed to partnering with CSOs, CSO networks and coalitions in carrying out its work as spelt out in the community level behavior change strategy.

PROFILES OF THE IMPLEMENTING PARTNERS

ActionAid is an international development organisation registered in the Netherlands with headquarters in Johannesburg, South Africa. ActionAid International works in 45 countries in Africa, Asia, Europe and the Americas. A total of these country programmes, affiliates or associates are in Africa and are led by Africans. ActionAid was founded in the United Kingdom in 1972 and commenced operations in Africa in 1972 and in Nigeria in 1999.

Our works are defined in *Five Thematic Areas* of Reproductive and Sexual Health & Rights (HIV & AIDS), Right to Education, Right to Human Security in Conflict and Emergencies, Women's Rights, and Right to Just & Democratic Governance. Linking all these is our geographically based integrated Partnership Against Poverty (PAP) Programme, which is being implemented in 12 States.

ActionAid's vision is a world without poverty and injustice and where every person can exercise their right to a life of dignity. Its mission is to work with poor and excluded people to eradicate poverty and injustice. This mission has gained significant ground and relevance in the wake of the threats posed by the spread of HIV and AIDS, particularly in Africa.

AAN country programmes' are based on the Country Strategy Paper – *“Fighting Poverty in the Midst of Plenty”*. In pursuance of the strategy, we take sides with poor and excluded people, using a rights-based approach, forming partnerships and alliances with civil society, private sector, government and development partners for pro-poor reforms in the interest of poor people, especially women and vulnerable groups.

We act both locally and globally to make a difference in poor people's lives. Our emphasis in recent times has been on the Rights to End Poverty (RTEP) with the sole aim of bringing all on board to End Poverty Together.

AAIN Approach to Gender is informed by its Gender Policy which aims to promote gender equity through programmes, organizational culture, behaviour and public image. The Gender Policy builds on two pillars - gender equity and promoting women's rights. It prioritizes the needs of poor women and girls based on the recognition that gender, very often, intersects with and is influenced by other factors such as geography and disability.

Society for Family

Society for Family Health (SFH) is an indigenous Nigerian not-for-profit, nongovernmental organization specializing in public health interventions in the areas of HIV/AIDS, Reproductive Health, and Maternal and Child Health. Founded in 1983 and incorporated as a trust in 1985, it is headquartered in Abuja, Nigeria's Federal Capital Territory. Through its diverse activities in behaviour change communication, advocacy, research, community mobilization, product sales and distribution, SFH has reached out to tens of millions of Nigerians and contributed to the adoption of healthy behaviors and practices, and the alleviation of suffering and poverty in Nigeria.

SFH works in association with Population Services International (PSI), a US-based nongovernmental organization working in over 60 developing countries. This association guarantees the organization access to technical assistance, international best practices and experiences. In order to make its impact more prominent, SFH collaborates closely with communities, nongovernmental organizations (NGOs), community based organizations (CBOs), civil society organizations (CSOs) and other networks and coalitions. It also collaborates with the federal, state and local governments. Specifically it works closely at the national level with the National Action Committee on AIDS (NACA), National Planning Commission (NPC), and Federal Ministries of Health, Education, Water Resources, and Women Affairs as well as the National Agency for Food and Drug Administration and Control (NAFDAC). It has over the years also worked with a number of Implementing Partners (IPs) and donor agencies.

SFH is currently led by seasoned Nigerian professionals and has eight (8) divisions implementing its programs and activities, from six zonal offices that oversee sixteen (16) regional offices spread across the six geo-political zones of the country.

WHY MAINSTREAM GENDER INTO HIV & AIDS?

HIV/AIDS continues to pose a serious threat to human existence, its effects not only the human populations but also has adverse implications on the socioeconomic development of the world today. It is three decades since the disease began ravaging the world and a cure is still elusive. Sub-Saharan African has been the worst hit and within this continent, it is has been documented that about 60% of females especially within the age range of 15 -24 years are infected as compared to Men (UNAIDS, 2003).

In Nigeria, the 2005 sentinel survey estimated the number of people infected with HIV to be 4.4% with the highest prevalence of 4.7% - 4.9% among young persons between the ages of 20-24 and 25 -29 respectively. Quite similar to the trend on the continental level, women and girls in Nigeria account for almost 60% of infections, raising concern regarding the high vulnerability of women and girls to HIV infection. While female physiology may be a predisposing factor, religion, cultural and traditional practices and norms play critical roles in heightening women's vulnerability. The increasing feminization of HIV/AIDS has reinforced the call for policies and strategies that will bring about transformation in gender relations and support behavior change necessary to reduce the spread of HIV infection especially amongst women and girls. Studies have underscored the fact that unequal power relations between men and women in society heighten HIV prevalence rates.

The interplay of social, economic, political, legal and religious factors, amongst others, in increasing women and girls' vulnerability to HIV/AIDS have implications for women, men and national growth and development. Other determinants of women's vulnerability may include age, context, poverty, sexual norms, violence, denial of inheritance rights, widow cleansing and other harmful traditional practices.

²The 2005 **Output-to-Purpose Review** (OPR Report) drew attention to the need for a gender strategy for HIV/AIDS Prevention and Impact Mitigation within the PSRHH programme. The OPR also noted that the tools deployed in the Peer Education Plus (PEP) model were not very gender sensitive and suggested further assessment and upgrading of the tools. Gender sensitive indicators were not effectively developed elaborately for the programme, making it difficult to measure the extent to which gender issues have been mainstreamed into the programme. These informed the development of this strategic plan to guide actions for mainstreaming gender into every component of PSRHH program interventions.

GOAL OF PSRHH GENDER STRATEGIC PLAN:

The aim of this strategic plan is to ensure gender equity in the design and implementation of PSRHH program activities.

Specifically the objectives of the strategy are to:

- ◆ Achieve equity in opportunities to HIV/AIDS prevention, treatment, care and support services among women, girls, boys and men within target groups and general populations at the community level.
- ◆ Promote the elimination of all forms of discrimination against girls and women that impede access to information and services especially in the face of HIV/AIDS.
- ◆ Promote the equal participation of women, girls, boys and men in decision making in PSRHH program activities at all levels.
- ◆ Ensure women and girls' sustained empowerment for positive behaviour change with regard to HIV/AIDS

2

The 2005 OPR team's comments on the PSRHH gender programming highlights the concern that gender has not been effectively mainstreamed by the PSRHH team. The team further recommended that AAIN provides leadership to ensure PSRHH managers, field staff, CSOs and CBOs recognize the gender policy and practice it. To achieve this, AAIN was asked to build the capacity of the PSRHH team and CBOs on HIV/AIDS gender programming. This was to be followed by the development and implementation of an institutional gender assessment and awareness programme

This strategy will form the basis for gender analysis and mainstreaming in **Promoting Sexual and Reproductive Health and HIV/AIDS Reduction.**

PSRHH GENDER MAINSTREAMING GUIDING PRINCIPLES:

- ◆ Include gender analysis in all operational activities of PSRHH. This involves mainstreaming gender throughout the project cycle; from the programme planning stages through to design, implementation, monitoring and evaluation. .
- ◆ Gender analysis should be conducted to identify the issues for women, men, boys and girls; provide baseline data for programme intervention, and to track progress and outcomes.
- ◆ Develop and use gender sensitive indicators for P/ M&E of programme.
- ◆ Form strategic partnerships with policy makers to influence policy development to promote gender sensitive programming

THE PSRHH GENDER STRATEGY:

In engendering the PSRHH programme, a gender audit of PSRHH project documents (the project proposal and log frame) and the programme activities at the community was facilitated. This was carried out in 2005. The report made key recommendations and pointed out the key steps to take to ensure that the PSRHH programme becomes more gender responsive. The recommendations have greatly influenced this strategic plan.

STRATEGIES ADAPTED TO MAINSTREAM GENDER IN PSRHH PROGRAMME INCLUDE:

PEP Model:

The PEP model is the major guide to implementing PSRHH interventions at the community level and has gender sensitive tools and pictorials reflected in all

aspects of the document. The engendered tools in the PEP are being deployed for HIV interventions among the various target groups.

³Gender Training of PSRHH Teams

All PSRHH staff shall undertake Gender training. The zonal managers (AAIN/SFH) will be trained as trainers and equipped with skills for practical work on gender mainstreaming and conducting step-down training for regional teams comprising SFH field staff and CSO partners. The regional teams will be trained to develop and support responsive gender programming. The field teams will then be responsible for stepping down training to CBOs and peer educators. This is to ensure that peer educators are sensitized to enable them collect and record sex disaggregated data during community activities. The training for field teams shall be conducted in all the six zones.

⁴Development of PSRHH Gender Manual:

A training guide or manual specifically customized to provide PSRHH staff, field teams and partners with skills and processes for mainstreaming gender in PSRHH work shall be developed. This manual will be circulated to the field teams and will be a reference point for their work in the communities.

Collecting Gender Disaggregated Data (at all field activities):

³ AAIN under the PSRHH programme organized gender training workshops for the its principal managers (SFH) and implementing partners (CSOs). The workshops were intended among other reasons, to build the capacity of SFH programme field teams and the CSO partners on HIV/AIDS gender programming and to enable them better appreciate the need and strategies for integrating gender into the PSRHH programme. The training workshops were conducted in 6 locations of Ikorodu, Lagos State (SW Zone); Maiduguri, Borno State (NE, Zone); Benin, Edo State (SS Zone); Kaduna, Kaduna State (NW Zone); Jos, Plateau State (NC Zone); & Enugu, Enugu State (SE Zone). The workshops were conducted between October and November 2006. A minimum of 22 participants was recorded in each training centre comprising of AAIN Zonal Programme Advisors (who served as facilitators); SFH Zonal Managers & Field officers; Programme Staff of CSO partners

⁴ The first draft of the gender manual has been produced and even pre-tested as it was the reference document for the zonal gender training. The feedback on the manual following the zonal workshops were also collated and informed a revision of the manual to comprehensively reflect the different zonal inputs.

Peer Educators having been sensitized on gender issues will play a key role in collecting sex disaggregated data at all events and also ensure that female participation is prioritized in all activities.

Gender Task Force:

The gender task force shall develop gender sensitive indicators and PSRHH report format for gender mainstreaming in programme. This will enhance monitoring and evaluation of data being collected and inform program strategies/ actions and track progress. The gender task force is made up of gender specialists, gender focal persons (AAIN and SFH), and a cross-section of PSRHH staff with gender expertise at institutional and programming levels from AAIN, SFH and field teams. The SFH field teams and CSO partners under the supervision of the ZPAs will assist in implementing and monitoring this strategy, and in proposing additional actions required to achieve the objectives.

Progress Reports:

The task force will produce bi-annual progress reports on gender commitments to the PSRHH programme, to track changes that have occurred as a result of gender mainstreaming in the programme. The progress reports will specifically target programme access to the Female Out-of-School Youths FOSY and gender issues among the target groups.

Gender Planning in Programme Cycles:

All PSRHH planning cycles both at macro and micro levels should reflect 50% of women's participation. This is an effective way of involving women and to enable them analyze and contribute to policy development and planning processes that would have impact on them.

Partnerships with Policy Makers:

The CSO partners and CBOs shall be empowered to take up community level advocacy with policy makers and other gatekeepers on issues that address the needs of men, women, girls' and boys. This is to bring about an enabling

environment for the participation of vulnerable and at risk groups of males and especially females in program activities.

Gender Training Experts:

Provision will be made for a poll of gender experts, who will be engaged in responding to training needs of new staff, refresher gender training for staff and partners. This would assist in providing necessary skills to staff and partners for engendering and addressing gender gaps in programming. This group will comprise of gender experts and/or specialists from AAIN and SFH. The group will facilitate and perform the role of building the capacity and skills of staff and partners in undertaking gender analysis and mainstreaming into programmes at all stages.

Gender Participatory Monitoring and Evaluation (PM&E):

There will be gender mainstreaming in the PSRHH Participatory Monitoring and Evaluation framework to generate gender sensitive indicators and a reporting format for gender mainstreaming in PSRHH that would be used to monitor progress.

This requires putting together input, output, process, outcome and impact indicators that are clear and show how the framework will address the diverse needs and challenges of girls, women, boys and men from the project inception and plan to PM&E.

It will also address:

- ◆ How gender relations influence the spread of STIs/HIV/AIDS using both qualitative and quantitative gender disaggregated data,
- ◆ Gender relations and behavior as well power relations in reproductive health issues.
- ◆ Risk vulnerability which differs according to whether you are male or female.

Information gathered will relate and align with PSRHH gender strategy and feed into the biannual reports. Gender sensitive indicators will constitute positive actions to increase gender equality in programming. The reporting format will focus on identifying gender gaps for all the targets groups in the programme and actions taken in addressing the gaps.

Gender sensitive indicators for mainstreaming gender in PSRHH program

PSRHH gender strategic objectives	Input indicator	Output indicator	Outcome indicator
<p>◆ Achieve equity in opportunities to HIV/AIDS prevention, treatment, care and support services among women, girls, boys and men within target groups and general populations at the community level.</p>	No of HIV/AIDS training sessions on prevention, treatment care and support for FOSY, MOSY, FSW, TW, USM (M/F) INFLU & GP.	No of training sessions held for each of the target groups. (disaggregated by gender)	Increase in percentage of women and men that have access to HIV/AIDS information and education on reproductive health.
	No. of men and women, boys and girls targeted in program activities among the target groups. (especially the FOSY)	No. of men, women, boys and girls reached in program activities. (disaggregated by gender)	Increased women access to female and male condom.
	No. of PE's and peers targeted among the FOSY and MOSY in programming.	No. of PE's and peers engaged in training sessions and trained. (By gender disaggregated data)	50% of women, men, boys and girls that have access to treatment. Increased no. of CBO's pushing for gender sensitive activities at the community and state level.
<p>◆ Promote the elimination of all forms of discrimination against girls and women that impede access to information and services especially in the face of HIV/AIDS.</p>	No. of awareness and mobilization activities for targeted groups.	No. of awareness and mobilization activities conducted for each of the target groups.	Reduction in stigma against women, men, boys and girls that are HIV infected.
	No. of program incentives for each of the targeted groups	No. of participants involved in awareness and mobilization activities (disaggregated by gender)	Increased awareness about HIV/AIDS and increased access to gender sensitive information Increased no. of women and men living positively.

		Considerable level of	
		stigma reduction among women and men	
◆ Promote the equal participation of women, girls, boys and men in decision making in PSRHH program activities at all levels.	No. of FOSY, MOSY, FSW, USM, (M/F) INFLU & GP involved in decision making in program activities.	Equitable no. of women, men, boys and girls taking on leadership roles in the governance of CBOs especially the FOSY.	Emergence of FOSY and MOSY led CBO's.
	Are there opportunities for women, girls, men and boys to effectively participate in governance and decision - making in CBO's?		Improved representation of women in program activities, governance and leadership.
◆ Ensure women and girls' sustained empowerment for positive HIV/AIDS response.	Empowerment strategies provided to women and girls for positive response to HIV/AIDS.	No. of program activities and empowerment strategies provided for women and girls especially the FOSY and alternative life skills for the FSW.	Increased no. of women and girls provided with alternative life skills and empowerment strategies.
	No. of women and girls in each target group empowered with necessary information and skills for positive HIV/AIDS response.		Increased no. of organizations focusing on gender sensitive reproductive health care activities.
	Participation of women organizations in HIV/AIDS policy development, planning and implementation.	No. of women organizations that have participated in policy development, planning and implementation.	Increased no. of women organizations involved in HIV/AIDS policy development, planning and implementation.